Deaths of unnamed children: Malnutrition and Destitution among Adivasis in Kerala

May 2013

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Adviser to Commissioners of the Hon’ble Supreme Court
In the case: P.U.C.L. vs UoI & Ors.
(W.P. No. 196 of 2001)
**ABBREVIATIONS**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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</thead>
<tbody>
<tr>
<td>AAY</td>
<td>Antyodaya Yojana</td>
</tr>
<tr>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
</tr>
<tr>
<td>AWC</td>
<td>Anganwadi Centre</td>
</tr>
<tr>
<td>AWH</td>
<td>Anganwadi Helper</td>
</tr>
<tr>
<td>AWW</td>
<td>Anganwadi Worker</td>
</tr>
<tr>
<td>BPL</td>
<td>Below Poverty Line</td>
</tr>
<tr>
<td>CDPO</td>
<td>Child Development Project Officer</td>
</tr>
<tr>
<td>CHC</td>
<td>Community Health Centre</td>
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<tr>
<td>FPS</td>
<td>Fair Price Shop</td>
</tr>
<tr>
<td>GP</td>
<td>Gram Panchayat</td>
</tr>
<tr>
<td>ICDS</td>
<td>Integrated Child Development Scheme</td>
</tr>
<tr>
<td>IFA</td>
<td>Iron Folic Acid</td>
</tr>
<tr>
<td>IMR</td>
<td>Infant Mortality Rate</td>
</tr>
<tr>
<td>ITDP</td>
<td>Integrated Tribal Development Project</td>
</tr>
<tr>
<td>JHI</td>
<td>Junior Health Inspector</td>
</tr>
<tr>
<td>JPHN</td>
<td>Junior Public Health Nurse</td>
</tr>
<tr>
<td>LM</td>
<td>Lactating Mother</td>
</tr>
<tr>
<td>MNREGA</td>
<td>Mahatma Gandhi National Rural Employment Guarantee Act</td>
</tr>
<tr>
<td>NFHS</td>
<td>National Family Health Survey</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Governmental Organisation</td>
</tr>
<tr>
<td>NRC</td>
<td>Nutrition Rehabilitation Centre</td>
</tr>
<tr>
<td>NRHM</td>
<td>National Rural Health Mission</td>
</tr>
<tr>
<td>PDS</td>
<td>Public Distribution System</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Health Centre</td>
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<tr>
<td>PW</td>
<td>Pregnant Woman</td>
</tr>
<tr>
<td>SNP</td>
<td>Supplementary Nutrition Program</td>
</tr>
<tr>
<td>ST</td>
<td>Scheduled Tribes</td>
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<tr>
<td>------</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
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The continuing deaths of children in the Attappady Hills, Palakkad district in Kerala has shocked the conscience of the entire country. Sadly, since majority of these children either were stillborn, or died within days of being born, they have not even been given names by their family, and died unnamed. While this crisis unfolding in Attappady is receiving some attention from the State Government, it is necessary to understand that this is a manifestation of the rampant poverty and acute hunger among Adivasis in Kerala.

The Constitution of our country provides a special status and privileges to the Adivasi community. Further it mandates for the State to be protectionist of children. Added to this is the right to food that can be seen as an implication of the fundamental “right to life”, enshrined in Article 21 of the Indian Constitution. Indeed, the Supreme Court has explicitly stated on multiple instances, that the right to life should be interpreted as a right to “live with human dignity”, which includes the right to food and other basic necessities. These constitutional guarantees and rights are the ones that stand violated with each child’s death or when a child is forced to survive under conditions of malnourishment and food/nutritional insecurity.

It is in this context that this report is being brought out with the hope that it will spark a debate on malnutrition among the Adivasi, and also on other backward conditions in Kerala, since this situation is not limited to Attappady.

The report is based on the visits to various oorus and meetings with NGOs, officials and representatives of the Government of Kerala. I am grateful to Shri. Rajendra Prasad, President, A national Trust for Tribal Education, Development and Research (THAMPU) and the staff of his organisation for kindly assisting in the visits to the oorus. The perspectives, views and observations provided by Smt. Kaali K., Thayikula Sangham Naickerpadi, Smt. Rani, ST Promoter in ITDP, Vannandura, Palani s/o Late Jakkan, Thaze Boodhayar, Velangiri s/o Lakshmanan (Moopan of Vallakulam, Sholayur Gram Panchayat) and his wife Kuppmma, Abey Georga and Jyothi Krishnan have contributed immensely to understanding the issue.

The courageous parents who have lost their children including Smt. Chelli w/o Velan and Smt. Rangi w/o Raman of Vallakulam, Sholayur Gram Panchayat, Smt. Veerama w/o Selvan, Kadambara South, Sholayur Gram Panchayat and Shri Nagan s/o Pannalli, Edavani, Pudur Gram Panchayat, were kind and patient and informed us of the cruel fates that have befallen them.

The adivasis of Vannandura, Vellakulam, Vechapathi, Varagampadi, Kadambara South and Edavani have enriched this report with their knowledge and world-view.

I am thankful to Shri V.N. Jithendran, Director of Social Justice, Thiruvananthapuram, Smt. P.K. Jameela, Director of Health Services, Directorate of Health Services, Thiruvananthapuram, Dr. Sreehari M., District Programme Manager, NRHM, Pallakad, Shri Radhakrishnan, Project Officer, Integrated Tribal development Project (ITDP), Smt. Bindu Gopinath, CDPO, Social Justice department
and Dr. Ibrahim (in-charge) and Prashant V. (PRO under NRHM) at Government Tribal Super Specialty Hospital, Kottata, at Attappady, for highlighting the various measures being initiated to address this crisis and also sharing their views on the reasons for the crisis.

It would be inappropriate if I fail to acknowledge Ms. P.K. Jayalakshmi, Hon’ble Minister for Welfare of Scheduled Tribes, Youth Affairs, Museums and Zoos, Government of Kerala, Thiruvananthapuram, who took off much time from her busy schedule to highlight the urgency with which the State Government has responded to the deaths of children in Attappady and the various measures introduced and in the pipeline.

Finally this report is possible only due to the support by Shri Ajaykumar VB, Shri Riyasudheen A from RIGHTS and Shri Raghu Eraviperur from Jananmunnettam, Thiruvananthapuram who have facilitated the visits to Attappady and have contributed immensely to the report, especially the segment on “Malnutrition in Kerala”. I am also grateful to Ms. Sai Keerthana, law student at School of Law, SASTRA University, Thanjavur for translating the Malayalam documents into English.

I hope that this report will initiate a fruitful debate on the serious conditions of malnutrition in Attappady in particular, and Kerala in general, especially among the Adivasi, Dalit and fishing communities, and spur the State Government to take all necessary steps to ensure that the children have a chance of a healthy life.

Clifton D’ Rozario
Adviser to the Commissioners of the Hon’ble Supreme Court
Deaths of unnamed children: 
Malnutrition and destitution among Adivasis in Kerala

The death of even one child due to malnutrition is a tragedy. Not only does this constitute a serious human rights violation and a breach of constitutional obligations, it is also downright unconscionable. However, continuing deaths of numerous children due to malnutrition, all from a particular community in a particular area, is not merely a tragedy but a crisis of massive proportions, reflective of a breakdown in governance and indicative of systemic and structural problems in that society.

Over the past few weeks such a crisis has come to light in the Attappady region of Kerala where scores of children have died due to malnutrition. It has to be said that the consistency of this recurrence is shocking and over 22 children are reported to have died due to malnutrition in this region over the past 4 months or so.

Generally speaking, malnutrition related deaths are products of a breakdown in the family and community, lack of food and nutritional security, economic vulnerabilities, absence of or inability to access government services and other such contributory factors and circumstances. In the case of the present crisis in Attappady, it is found that there is hardly any attempt to comprehensively evaluate and understand the reasons and factors contributing to this crisis. Though there are some anecdotal and offhand arguments, such as placing the blame on alcoholism as the single primary cause for these deaths, these, in our considered opinion, are incorrect, and rather irresponsible. There can be no one single reason for these continuing deaths, and this report attempts to point to the various conditions that have cumulatively contributed to this crisis.

There is a desperate need to comprehensively understand the social, political and economic conditions in Attappady, which are giving rise to these infant deaths and this report attempts to do so at least as a beginning towards such a comprehensive evaluation.


The starkness of childhood malnutrition has very serious human rights implications. It can render completely null every single human rights commitment undertaken by the state and make a mockery of the claims of the state to render to all its citizens, justice: social, economic and political. The legal obligations of the Indian state underlying the prevention of child malnutrition find expression both in international covenants and in our Constitution. These obligations can be understood as under.
The legal framework concerning the rights of children is embodied in the Convention on Rights of the Child, 1990, which is the most heavily ratified treaty in the world. Needless to say the CRC has also been ratified by the Government of India and thereby binds the Government of India. It would be important to understand the issue of childhood malnutrition from the point of view of the basic principles underlying the Convention, as the issue of malnutrition centrally involves the very core of the CRC.

The Committee on Rights of the Child has identified four general principles, which are referred to as the ‘soul of the treaty’. These four articles are essential to understanding the spirit of the Convention as they set out the overarching principles that guide the interpretation of all other provisions. These are in Article 2, (non discrimination), Article 3 (best interest), Article 12 (right to participate) and Article 6 (right to life)

**Article 6 (Right to life)**

Article 6 mandates that *every child has the inherent right to life.* Article 6(2) mandates that *States Parties shall ensure to the maximum extent possible the survival and development of the child.* It is submitted that the question of survival and development of children are seriously impacted by childhood malnutrition.

The effects of chronic malnutrition on children below the age of five are irreversible. The life long implications are in terms of physical development as well as mental development, measured by a child’s intellectual quotient (IQ).

As such, the seriousness of childhood malnutrition as an issue of child rights is that it affects the very right to survival of the child as well as the physiological and psychological development of the child.

**Article 2 (non discrimination)**

Article 2 mandates that *State parties shall respect and ensure the rights set forth in the present Convention without discrimination of any kind, irrespective of the child’s or his or her parent’s or legal guardian’s race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.*

The right not to be discriminated against (Article 2) is also key to any understanding of malnutrition. The documentation indicates that it is not all children who are equally at risk of suffering the consequences of malnutrition. The children who are more at risk of becoming victims of malnutrition are from the adivasi community. As such it is clear that malnutrition among adivasi children is
also the result of discriminatory actions by a range of both state and non-state actors.

**Article 12 (right to participation)**

Under Article 12, the child has the right to *express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.*

This principle is fundamental to combating the problem of malnutrition. As documentation has revealed, the choice of food provided by the state to children under the age of six does not seem to take into account the opinion of children themselves. If the food is not palatable and the children have expressed their opinion, then this opinion needs to count in decisions made about the supply of food to children.

**Article 3 (Best Interest Principle)**

This is seen by the Committee on the Rights of the Child and various other commentators as a key provision, which guides the interpretation of the other articles in the Convention itself. The principle reads, *in all actions concerning children…the best interest of the child shall be a primary consideration.*

It is submitted that decisions regarding children including the choice of food, the number and quality of anganwadi centers, etc., should be conditioned by the principle of best interest of the child.

A number of rights are relevant when it comes to addressing the key issue of malnutrition in children. There are specific rights pertaining to standard of living, social security, health and mentally and physically disabled children that are centrally involved when it comes to addressing the issue of malnutrition in children.

- **Article 27** recognises the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.
- **Article 26** recognises for every child the right to benefit from social security, including social insurance, and mandates that the state shall take the necessary measures to achieve the full realization of this right in accordance with their national law.
- **Article 24** recognises the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
- **Article 23** recognises that a mentally or physically disabled child should enjoy a full and decent life, in conditions, which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.
The state is mandated to ensuring that children are guaranteed the above-mentioned rights. To ensure these rights the problem of child malnutrition has to be redressed urgently.

**Constitution of India**

These international commitments of the Indian state are reflected in the Indian Constitution itself. The Constitution of India shows great solicitude towards the rights of children below the age of six years. There is constitutional cognizance taken of the vital importance of early childhood care.

**Article 45** – provides for early childhood care and education to children below the age of six years and mandates that the State shall endeavour to provide early childhood care and education for all such children.

**Article 39(f)** provides that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment.

Article 39(f)'s mandate to protect children from 'material abandonment' in particular is a clear constitutional recognition of the responsibilities of the state to ensure that children are given opportunities and facilities to develop in a healthy manner.

If the Directive Principles are read along with the mandate of the right to life under Article 21, then it is not merely that the state must endeavour to fulfil these rights, but rather that the state is obligated to protect and defend the right of children to be protected from 'material abandonment' through the provision of 'early childhood care and education'.

The fact that the right to life under **Article 21** has been read widely has now been established in a plethora of Supreme Court decisions. The Supreme Court has read the Fundamental Rights and Directive Principles in a complementary manner, reading in the Principles into the Rights.¹ Chandrachud C.J. in *Minerva Mills v. Union of India*, observed that, "fundamental rights are not an end in themselves but are the means to an end". It was further observed that the Fundamental Rights and the Directive Principles "constitute the core of commitment to social revolution and they together are the conscience of the Constitution."

In light of the observations of the Supreme Court with regard to the complementary reading of the Directive Principles and Fundamental Rights, as well as the expansive understanding of the right to life as going beyond mere animal existence, Article 45 and Article 39(f) should be read into right to life under Article

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¹ *Unnikrishnan v. State of Andhra Pradesh*, AIR 1993 SC 2178
² *AIR 1980 SC 1789*
21. Children in India are entitled as a matter of right to effective early childhood care and education as well as protection from material abandonment.

Both from the point of view of international legal commitments undertaken by the Indian state, as well as from a constitutional point of view, the protection of children from malnutrition, particularly of children below the age of six, is mandatory. It is this promise which is violated when children's very right to develop as human beings is destroyed through the entirely preventable blight of malnutrition.

PUCL vs. Union of India and others³ (commonly known as the Right to Food case)

The right to food can be seen as an implication of the fundamental “right to life”, enshrined in Article 21 of the Indian Constitution. The Supreme Court has repeatedly stressed that the right to life should be interpreted as a right to “live with human dignity”, which includes the right to food and other basic necessities. In Francis Coralie v. Administrator, Union Territory of Delhi and Ors.,⁴ the Hon’ble Supreme Court made the following observation:

"We think that the right to life includes the right to live with human dignity and all that goes along with it, namely, the bare necessaries of life such as adequate nutrition, clothing and shelter and facilities for reading, writing and expressing one-self in diverse forms, freely moving about and mixing and commingling with fellow human beings. Of course, the magnitude and content of the components of this right would depend upon the extent of the economic development of the country, but it must, in any view of the matter, include the right to the basic necessities of life and also the right to carry on such functions and activities as constitute the bare minimum expression of the human-self."

Similarly, in Shantistar Builders v. Narayan Khimalal Totame⁵, the Supreme Court stated: "The right to life is guaranteed in any civilized society. That would take within its sweep the right to food…"

The Hon’ble Supreme Court has further expanded the constitutional understanding of a basic entitlement to survival through a series of landmark orders in PUCL vs. Union of India and Others which have laid emphasis on the state’s responsibility to ensure survival of its citizens. The Court has observed:

"In our opinion, what is of the utmost importance is to see that food is provided to the aged, infirm, disabled, destitute women, destitute men who are in danger of starvation, pregnant and lactating women and destitute children, especially in cases where they or members of their family do not have sufficient

³ Writ Petition (Civil) 196 of 2001
⁴ (1981) 1 SCC 608
⁵ (1990) 1 SCC 520
funds to provide food for them.”

The court has also observed:

“The anxiety of the Hon’ble Court is to see that the poor and destitute and the weaker sections of the society do not suffer from hunger and starvation. The prevention of the same is one of the principle responsibilities of the Government – Central or State.”

The Hon’ble Supreme Court has also specifically addressed the issue of early childhood care by converting the ICDS scheme into a legal entitlement, with directions to “universalize” ICDS vide an order dated 28th November 2001.

In April 2004, several marathon hearings on ICDS were held in the Hon’ble Supreme Court and detailed orders were issued, followed by further orders on 7th October 2004, in which a few key directions were made, including that: “All SC/ST habitations should have an anganwadi “as early as possible”. Until the SC/ST population is fully covered, all new anganwadis should be located in habitations with high SC/ST populations.”

Thereafter the Hon’ble Supreme Court passed another order on 13th December 2006, where the entitlements of children under the age of six have been further strengthened, especially in regard to “universalization with quality” in a time-bound manner.

These orders of the Hon’ble Supreme Court should have worked as useful wake-up call to the State government, at least as far as the universalization of ICDS and provision of proper nutrition is concerned. Instead the present situation stands testimony to the failure of the State to take all the necessary steps. Some of the important directions of the Hon’ble Supreme Court including “universalization with quality”, “Anganwadi on demand”, “anganwadis in all SC/ST habitations” have not been fully complied with.

It is submitted that the Hon’ble Supreme Court, through these orders, has substantially contributed to the growth of jurisprudence on children’s right to food, which has to be complied with in letter and spirit.

2. Attappady – an Introduction:

Attappady is a tribal development block located on the eastern sloping plateau in the Western Ghats, in Mannarkad taluk of Palakkad district of Kerala and covers an area of about 745 sq. kms. It is a part of the Nilgiri Biosphere Reserve, which covers parts of the three states of Kerala, Tamil Nadu and Karnataka.

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6 Ibid, Order of 23 July, 2001
7 Ibid, Order of 20 August, 2001
8 Spread across the three states, the Nilgiri Biosphere Reserve is the first global biodiversity hotspot in India identified by the UNESCO under the Man and Biosphere Programme.
The population of Attappady consists of adivasis and non-adivasis; the three adivasi communities being the Kurumbas who are essentially forest communities and have been categorised as a ‘primitive tribe’, the Mudugas, and the Irulas. There are 187 hamlets known as ‘oorus’ in Attappady, which are habituated by both the adivasis and the non-adivasis. The non-adivasi population, referred to locally as ‘vandavasis’, consist of migrants from Tamil Nadu, residing mainly in the eastern low-lying region of Attappady, and migrants from the rest of Kerala, who live mainly in the western regions.

The key figures in the adivasi communities for each ooru include the ‘Moopan’ who is the chief of the ooru, and his wife the ‘Moopati’; the ‘Kurutala’ who takes care of relations between the ooruses, taking a leadership in resolving inter-ooru conflicts, if any; the ‘Bhandari’ who is responsible for ensuring food security in the hamlet, particularly in making sure that nobody in the hamlet goes hungry, and the ‘Mannukaran’ who is responsible for conducting agricultural operations on time, as well as for the distribution of agricultural land within the hamlet. Various studies have documented the traditional agricultural practices of the adivasis, which was in the form of community agriculture, in which the labour and produce were shared. They also have their own family lands.

The Attappady Block is divided into the three Gram Panchayats - Agali, Sholayur and Pudur. From various studies it is learnt that initially the formal structure of governance in the area was established through the formation of the Attappady Panchayat in 1962, which was trifurcated into the Agali, Sholayur and Pudur panchayats in 1968. The details of the Gram Panchayat-wise ooruses are as follows:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Gram Panchayat</th>
<th>Irula Ooruses</th>
<th>Muduga Ooruses</th>
<th>Kurumba Ooruses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Agali</td>
<td>53</td>
<td>18</td>
<td>0</td>
<td>71</td>
</tr>
<tr>
<td>2</td>
<td>Pudur</td>
<td>43</td>
<td>5</td>
<td>19</td>
<td>67</td>
</tr>
<tr>
<td>3</td>
<td>Sholayur</td>
<td>44</td>
<td>1</td>
<td>0</td>
<td>45</td>
</tr>
<tr>
<td>4</td>
<td>Total</td>
<td>140</td>
<td>24</td>
<td>19</td>
<td>183</td>
</tr>
</tbody>
</table>

Presently the situation is such that due to various factors, including government takeover of the forest lands, wildlife protection initiatives, settler inflow, establishment of governmental bureaucracy, familiarity with the settler practice of commercial agriculture, deforestation, soil erosion, displacement demanded by the ‘development’ and so on, the traditional practices have gradually

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9 “Dynamics of Land Use in Recently Settled Forest Areas: A Case Study of Attappady, Kerala”; Sanathanan Velluva, Division of Economics, Kerala Forest Research Institute Puechi, Thrissur, and Department of Applied Economics Cochin University of Science and Technology Cochin, Kerala

10 “Towards a Praxis Model of Social Work: A Reflexive Account of ‘Praxis Intervention’ with the Adivasis of Attappady”, By P. Madhu School of Social Sciences, Mahatma Gandhi University Kottayam. These details correspond to 183 ooruses though now it is stated that there are 187 ooruses.
become irrelevant and the adivasis have been reduced to daily wage labourers depending on settler entrepreneurs.\textsuperscript{11} This is dealt with in some detail subsequently in the report.

3. Immediate context – deaths of children due to malnutrition:

Over the past few months there have been recurring deaths of scores of children in Attapaddy. These deaths have been reported from the Government Tribal Super Specialty Hospital, Kottathara, Thrissur Medical College, Kokhikode Medical College, and also include home deliveries in the oorus in Attappady.

Dr. Ibrahim (in-charge) and Prashant V. (PRO under NRHM) of the Government Tribal Specialty Hospital, Kottathara provided the following list of 6 children who had died recently.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Address</th>
<th>Date of delivery</th>
<th>Sex</th>
<th>Birth weight</th>
<th>Date of Death</th>
<th>Weight at time of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Baby of Meenakshi</td>
<td>Edavani</td>
<td>16.04.13</td>
<td>M</td>
<td>1.1 kg</td>
<td>16-04-13</td>
<td>1.1 kg</td>
</tr>
<tr>
<td>2</td>
<td>Sajitha d/o Meenakshi &amp; Rajendran</td>
<td>PHC Pudur, Swarnagadha</td>
<td>27.05.12</td>
<td>F</td>
<td>2.200 kg</td>
<td>15-04-13</td>
<td>4.300 kg</td>
</tr>
<tr>
<td>3</td>
<td>Vishnu s/o Selvan &amp; Manjamma</td>
<td>Kadampara North</td>
<td>15.12.13</td>
<td>M</td>
<td>2.850 kg</td>
<td>29-03-13</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Kaliyamma d/o Selvan &amp; Veramma</td>
<td>Kadampara South</td>
<td>19.06.12</td>
<td>F</td>
<td>2.200 kg</td>
<td>02-04-13</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Baby of Ponnamma &amp; Maruthan</td>
<td>Nellipathy ooru</td>
<td>23.03.13</td>
<td>M</td>
<td>800 gm</td>
<td></td>
<td>800 gm</td>
</tr>
<tr>
<td>6</td>
<td>Baby of Ponnamma &amp; Maruthan</td>
<td>Nellipathy ooru</td>
<td>23.03.13</td>
<td>F</td>
<td>400 gm</td>
<td></td>
<td>400 gm</td>
</tr>
</tbody>
</table>

What is apparent and shocking is the abysmally low weight of the children at

\textsuperscript{11} Ib\textit{id}
the time of birth. Further, two of the children who have died, Sajitha and Kaliyamma, were also low birth weight children who have died few months after their birth, indicating that, had there been proper intervention, these children could have been saved.

However, this alone does not paint the full picture of the crisis.

According to Shri. Rajendra Prasad of THAMPU (an NGO), 36 children have died in the past 16 months, including those listed below. He also informed that the last time this region saw such a crisis was in 1996 and 1999 when there were 25 and 32 starvation deaths in this region.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Place</th>
<th>Date</th>
<th>Details.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chembavattakkadu</td>
<td>December 2012</td>
<td>45 day old child of Saraswathy w/o Manikuttan died.</td>
</tr>
<tr>
<td>2</td>
<td>Kolappadi ooru</td>
<td>1.01.13</td>
<td>Baby boy of Muruki w/o Nanchan died</td>
</tr>
<tr>
<td>3</td>
<td>Plamarachodu</td>
<td>20.01.13</td>
<td>The baby boy of Vasantha w/o Murukan dies during delivery.</td>
</tr>
<tr>
<td>4</td>
<td>Vechapathi ooru</td>
<td>February 2013</td>
<td>5 day old premature baby of Puspha w/o Maruthaochalam died at Coimbatore Medical College</td>
</tr>
<tr>
<td>5</td>
<td>Paloor</td>
<td>16.02.13</td>
<td>Twins of Lakshmi and Kumar died in hospital on delivery.</td>
</tr>
<tr>
<td>6</td>
<td>Vellakalam</td>
<td>13.03.13</td>
<td>Ranki and Raman have lost their child on delivery on a premature delivery on 6th month. The couple has lost their first child early in 2011.</td>
</tr>
<tr>
<td>7</td>
<td>North Kadampara</td>
<td>24.03.13</td>
<td>Three month year old child of Managla and Selvan died at Thrissur Medical College</td>
</tr>
<tr>
<td>8</td>
<td>Vellakalam</td>
<td>25.03.13</td>
<td>Vanchi and Vellankari couple lost their child in Thrissur Medical College</td>
</tr>
<tr>
<td>9</td>
<td>Vellakalam</td>
<td>25.03.13</td>
<td>Twins of Chelli and Velayadhan has died in hospital during a premature delivery on 8th month.</td>
</tr>
<tr>
<td>10</td>
<td>Nellipathy</td>
<td>23.03.13 &amp; 25.03.13</td>
<td>Ponamma and Maruthan, have lost their twin children at GT Hospital on respective dates.</td>
</tr>
<tr>
<td>11</td>
<td>Vannnathara ooru</td>
<td>2.04.13</td>
<td>Baby of Rukmini w/o Velan died during premature delivery.</td>
</tr>
</tbody>
</table>
Shri Prasad made these observations in regard to the unfortunate children who had died:

- Except one, all children who have died are premature deliveries born between the 6th and 8th months.
- Except for one child who is 2.5 years old, all are stillborn or died within days of delivery.
- The weight of these children is between 550gm to 1.4kgs, except for two children who weighed more, in the range of about 2.5 kgs
- 90% of mothers are anemic while 2 suffer from sickle cell anemia
- Infant Mortality Rate (IMR) in Attappady is four times higher than the State average of 12.

Dr. Sreehari M., District Programme Manager, National Rural Health Mission (NRHM) who is based at Pallaked District Hospital, commented that the health status of the adivasi population in Attappady is extremely poor and observed that the average birth weight is 1.61kgs in Attapady. He also added that anemia is rampant among the adivasi communities and there are at least 200 cases of sickle cell anemia in the Block.

What is even more horrifying is that these deaths continue till date.

On 13th May 2013, a new-born adivasi child died of malnutrition at the Government Tribal Specialty Hospital, Kottathara, taking the toll to 37 children in the last 16 months. The child was born to Kavitha and Vinodkumar of Pattimalam ooru, Agali Gram Panchayat on 12th May 2013. The mother was anemic.

On 17th May 2013, a two-and-half-year-old child, Shyam, son of Krishnan and Sunitha of the Paloor ooru of Pudur Gram Panchayat, died of malnutrition at the Kozhikode Medical College Hospital.

Smt. P.K. Jameela, Director, Directorate of Health Services, Government of

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12 The Hindu, Tuesday, May 14, 2013
13 The Hindu, Saturday, May 18, 2013
Kerala candidly stated that there will be many more deaths of new-born children in the coming few months since most of the women who are pregnant now (about 536 identified so far) are themselves underweight and highly anemic.

It is important for us to recognise that malnutrition deaths in Attappady are not to be seen in isolation, but should be understood in the broader context of malnutrition in Kerala.

4. Malnutrition in Kerala:

According to the National Family Health Survey India - 3 (NFHS – 3), in regard to Kerala:

- 56.1% children aged between 6-35 months are anemic
- 32.7 % ever-married women aged between 15-49 are anemic
- 33.8% pregnant women aged between 15-49 are anemic.
- Infant mortality is estimated at 15 deaths before the age of one year per 1,000 live births
- Under-five mortality is 16 deaths per 1,000.
- Perinatal mortality, which includes stillbirths and very early infant deaths (in the first week of life), is estimated at 11 deaths per 1,000 pregnancies that lasted 7 months or more.
- Perinatal mortality in rural areas, at 15, is much higher than the rate in urban areas.

As per the Audit Report (General and Social Sector) for the year ended 21 March 2013, the percentage of malnourished children below the age of six years in the State ranged between 27 and 39. Test check of records in Idukki, Malappuram, Palakkad and Thiruvananthapuram districts indicated that 110 out of 1180 children who died during 2011-12, were severely malnourished. Further, at the end of March, 2012 the number of severely malnourished children in Palakkad was 4,633 (where only 3% of 1.37 lakh children were weighed).

Theeradesha Samrakashna Samithi, a grassroots organization working among coastal people, and RIGHTS, an NGO, have submitted a detailed report highlighting the prevalence of hunger and malnutrition particularly among children belonging to the Adivasi, Dalit and fishing communities. They have deprecated the effort of the State Government to portray the crisis in Attappady as an isolated incident when this is the case across Kerala. The following figures are illustrative of the same.

Malnutrition among children in Kerala
As seen above, the NFHS survey reveals the serious extent of malnutrition in the state of Kerala.

There are other problems in the implementation of ICDS in the state including in regard to the infrastructure for Anganwadis Centres (AWC). A study conducted by RIGHTS during the year 2012\textsuperscript{15} found that:

- 41% AWCs do not have their own buildings and those AWCs which have their own buildings are congested with not enough space
- 85% AWCs do not have electricity connection
- 73% AWCs have no drinking water facilities
- 72% AWCs do not have gas connection

\textsuperscript{14} National Institution Monitoring Bureau

\textsuperscript{15} CDS and Panchayath Budgets, as per the RIGHTS submissions. See Annexure

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KERALA

Prevalence (%) of undernutrition (<Median – 2SD) among Pre-school Children (NNMB Rural Surveys 2003-06)

<table>
<thead>
<tr>
<th></th>
<th>Underweight</th>
<th>Stunting</th>
<th>Wasting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td>Kerala</td>
<td>29.5</td>
<td>40.3</td>
<td>34.8</td>
</tr>
</tbody>
</table>

Source: National Nutrition Monitoring bureau\textsuperscript{14}
55% AWCs do not have toilets
94% AWCs do not have any playground for children
43% AWCs do not have a separate kitchen.

Even more shockingly, ICDS covers only 25.1\%^{16} children in the state between the age group 0-6 i.e., 75% of the children are not receiving entitlements under ICDS and furthermore there is no assessment of the health and nutritional status.

The pattern of budget allocation in the state budget is also a sign of state apathy towards the issue. “ICDS expenditure as a percentage of total revenue expenditure of state is just around 0.6 percent during the entire tenth and eleventh plan period. It needs to be seen how the increase in number of beneficiaries can be managed with a static allocation of financial resources to ICDS.”^{17}

Moreover, the Auditor General in its report on ICDS, tabled in the Kerala Legislative assembly during the budget session of 2013, gave a dismal picture, and the report literally blasts the government by following comments^{18}:

- The department was not preparing any long term perspective plan. In the absence of the plan, there were deficiencies in creation of new Anganwadi Centres (AWCs) and insufficiencies in the delivery of services to beneficiaries in various components in ICDS.
- There was a shortage of 8,619 AWCs (21 per cent) in the State. Fourteen additional AWCs, sanctioned in 2005 by GOI, were yet to be operationalized.
- Many functional AWCs in the test checked ICDS projects were functioning in rented premises and lacked basic infrastructure facilities like safe drinking water, toilets, etc.
- The percentage of child population who were not immunized against Polio and DPT in Palakkad and Malappuram districts were respectively 36 and 31.
- The objective of universalization of Supplementary Nutrition Programme was not achieved as 56 to 66 per cent of the identified beneficiaries were not covered under the Scheme.
- The percentage of malnourished children below the age of six years in the State ranged between 27 and 39. Test check of records in Idukki, Malappuram, Palakkad and Thiruvananthapuram districts indicated that 110 out of 1180 children who died during 2011-12 were severely malnourished.
- GOI guidelines stipulating periodical weighment of child beneficiaries under Supplementary Nutrition Programme to assess their nutritional status was not adhered to during 2007-12.

In spite of the existence of low income rates, the incredible achievements in

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^{16} Integrated Child Development Services Data Tables, available online at [http://wcd.nic.in/icdsdatatables.htm](http://wcd.nic.in/icdsdatatables.htm) (last visited 12/05/13)

^{17} Mid Term Appraisal of the XI Plan of Kerala- Planning commission of India

the life index is said to be the core of Kerala’s development\textsuperscript{19}. One of the points highlighted as specific to what is know as the Kerala Model of Development is that the distribution of economic services based on equality and social justice has been obtained. The statistical data of achievements in health and educational sectors have been constantly evoked as the signs of victory of the model. While the ‘Kerala Development Model’ gained national and international appreciation as an adaptable development idea, according to RIGHTS, the experiences of the marginalized of Kerala was entirely excluded from the much acclaimed statistical information and academic studies. The basis for this argument of RIGHTS is drawn from the Human Development Report 2005, which while discussing horizontal inequalities that persist in Kerala among Dalits, Adivasis and fishing communities, pointed out that: “….There is no denying one’s location within the network of social affiliation substantially affects one’s access to resources…”\textsuperscript{19}. Tellingly, NFHS-3 states that the infant mortality rate declines sharply with household wealth and is lower for women who belong to other backward classes than for women who do not belong to the scheduled castes, scheduled tribes, or other backward classes.

**Dalits**

Dalits constitute around 10% total population of the state. 81% of scheduled caste population lives in villages, 95.6% are agricultural labors and wage labors\textsuperscript{20}. 60% of Scheduled Caste persons live in 25,906 scheduled caste colonies in Kerala\textsuperscript{21}. Children compose 12% of the total dalit population\textsuperscript{22}. In the Dalit community, 70% are wage labors and 83% hold less than 10 cents of land, more than 60% living in ghettos, lag behind overall development\textsuperscript{23}.

The percentage of children under 5 years of age, who are classified as malnourished in Kerala is as follows:

\textsuperscript{19} Kerala Padanagal, Kerala Shastha Sahithya Parishath, as quoted in the RIGHTS submissions.
\textsuperscript{20} Census data 2001
\textsuperscript{21} Kerala Institute of local administration – under RTI , as quoted in the RIGHTS submissions.
\textsuperscript{22} Economic review 2011
\textsuperscript{23} “Lessons of Discrimination in Development”, report by RIGHTS
The chart above exemplifies the miserable malnutrition status of Dalits in Kerala.

**Adivasi**

In Kerala, adivasis constitute 1.4\(^{24}\) percent to total population. The adivasis in Kerala are not only geographically concentrated, but are overwhelmingly rural. Highest concentration of Scheduled Tribes is seen in Wayanad district (37.36 \%) followed by Idukki (14 \%) and Palakkad (10.8 \%). These three districts together account for over 60 per cent of STs in the State. The coastal district of Alappuzha has the lowest percentage\(^{25}\) (0.15 \%). Children constitute about 14 \% of total adivasi population.

RIGHTS, in their submission, have referred to the above survey conducted by National Nutrition Monitoring Bureau on children from adivasi communities up to

\(^{24}\) Census data 2011  
\(^{25}\) Kerala Government Economic review 2011
the age of 12 months, and found that 9.1% are Severe under weight, 32.2% suffer from severe stunting and 7% from severe wasting.

The Planning Commission of India in its ‘Kerala Development Report’\textsuperscript{26} states that:

“… rural poverty among adivasis in Kerala persists and comes to more than two-and-half times that of the rural population of Kerala in general. Adivasis constitute only around one per cent of the state’s population, nearly one-fourth of them still live below the official poverty line; the actual incidence of poverty among them could be even higher, this high incidence of poverty among adivasis points to the various dimensions of social inequalities prevalent in the state ….”

As RIGHTS accurately puts it, the situation unfolding in Attappady today is a manifestation of acute hunger and poverty among adivasis in Kerala.

**Fishing communities**

Theeradesha Samrakshana Samithi has made a submission referring to its survey in 2012 in Alapad Panchayath, which has 8 fishing villages (out 222 fishing village in the state). They noted that from the survey, it was found that 54 % children below the age of 0-6 are malnourished!

Reference is also made to the lack of infrastructure in the 27 AWCs in Alapad Grama Panchayath, as seen below:

- 12 AWCs have no electricity
- 19 AWCs have no toilet
- 12 AWCs have no weighing machine
- 14 AWCs have no playground
- 4 AWCs have no drinking water
- 11 AWCs have no toys

Theeradesha Samraksha Samithi have stated that though most of the AWCs do not have weighting machines, the growth monitoring charts are all “duly” filled up. They have also observed that underweight and stunted children are classified as “normal” while their survey among 4467 families in the panchayaths in 2012 reveals that 54% children are malnourished!

According to the Kerala Government Economic Review 2011:

“…Fishermen community still remains underprivileged in Kerala. Nine districts of Kerala have coastal areas. The Kerala coastline running to about 600 kms. forms 10% of India’s coastline. The number of fishermen of Kerala is

\textsuperscript{26} Planning Commission State Development Reports, available online at http://planningcommission.gov.in/plans/stateplan/index.php?state=b_sdrbody.htm (last visited 14/05/13)
estimated at 189200, one-fifth of traditional fishermen in India. People living in the long coastal belt have all the disadvantage of environmental mismanagement. Congested living, lack of safe drinking water and sanitation, high prevalence of water borne diseases, low immunization status and family planning achievements...”

According to RIGHTS, the health indices of fishing communities are more or less same as dalits and adivasis.

According to a study conducted by RIGHTS, the infrastructure provided to AWCs are also disproportionately inferior when it comes to the AWCs catering to the dalit, adivasi and fishing communities, as seen below:

<table>
<thead>
<tr>
<th>Sl No.</th>
<th>Infrastructure</th>
<th>Dalit</th>
<th>Adivasi</th>
<th>Fishing communities</th>
<th>State average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No building</td>
<td>51.8</td>
<td>41</td>
<td>51</td>
<td>45</td>
</tr>
<tr>
<td>2</td>
<td>No electricity connection</td>
<td>72</td>
<td>87.4</td>
<td>85</td>
<td>26</td>
</tr>
<tr>
<td>3</td>
<td>No drinking water</td>
<td>79.2</td>
<td>67.6</td>
<td>64.5</td>
<td>Data not available</td>
</tr>
<tr>
<td>4</td>
<td>No toilets</td>
<td>79</td>
<td>56.2</td>
<td>50.75</td>
<td>37</td>
</tr>
<tr>
<td>5</td>
<td>No separate kitchen</td>
<td>37</td>
<td>48.2</td>
<td>42</td>
<td>Data not available</td>
</tr>
<tr>
<td>6</td>
<td>No gas connection</td>
<td>79</td>
<td>89.6</td>
<td>49.25</td>
<td>40</td>
</tr>
<tr>
<td>7</td>
<td>No playground</td>
<td>65.2</td>
<td>81.6</td>
<td>90</td>
<td>Data not available</td>
</tr>
</tbody>
</table>

All this points a very painful picture of the dalit, adivasi and fishing communities in the state of Kerala.

Having examined the state and incidence of malnutrition in Kerala, it is now important for us to look at the socio-economic conditions of the families whose children have died.

5. Parents of children who have died: Socio- economic conditions

As per official records more than 22 children have died due to malnutrition since the turn of this year. An understanding of the socio-economic conditions of the children who have died is essential.

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27 Kerala Government Economic Review 2011 as quoted in the RIGHTS submissions
28 Anganwadis and Panchayath Budget – A study, RIGHTS (2012)
Vellakulam ooru, Sholayur Gram Panchayat

In Vellakulam ooru, Sholayur Gram Panchayat, 4 children have died of malnutrition. This ooru is entirely Irula except for 2 settler families. They have lost most of their land to the settlers who have bought the land but do not reside in the ooru. Right at the beginning of the ooru there are signposts reading “Varna Bhoomi Organic Farm”, which is a very large agricultural land sub-divided into plots and owned by a person from Tamil Nadu who does not reside in the ooru. The adivasis are now left with very little land and are not cultivating for the past 15 years due to various factors including lack of capital, wild animals, etc.

- Chelli w/o Velan is a 28 years old Irula woman who lost her twins. One of the twins died on 13th March 2013 (still birth) while the other child died after three days. According to Smt. Chelli the 1st child was born at 11.00 pm on 13th March while the second child was born later that night at 3.00 am. She could not go to the hospital since her ooru is remote, it was late at night and there was no transportation. She was in the 8th month of her pregnancy. The cost of hiring a jeep is Rs. 1000/- during the day and Rs. 500/- during the night, which they could not afford. Even otherwise, the vehicles do not ply in the night due to fear of wild animals, especially elephants. Two days after delivery the doctors came after being informed by the ASHA worker Paapa who is from the same village. The doctors came from Sholayur PHC and informed her that her children were underweight. The doctor saw the newborn child and said she weighed 750gms and also informed her that she was anemic. During her pregnancy she got some nutrition from the anganwadi but not regularly, and the doctor from Sholayur PHC came once a month. She does not work and her husband makes brooms, which is sold in the Society and receives Rs. 20/- per broom. The entire family, consisting of 6 households, owns 7 acres of land, which is very insufficient. The land is in the name of Velan’s father. This is rain-fed land and the area has suffered from drought for past 3 years. Further, the family lacks the capital to do agriculture, and the problems of elephants is serious. She had an APL card and that was taken last week to be converted to BPL. The ration shop is in the next village Vechhipadi, which is about 2 kms away. She has another child Anitha who is 4 years old and is underweight.

- Rangi w/o Raman (25 years and 40 years respectively) has lost all three of children in utero. Her 1st child was delivered stillborn about 5 years back. During this pregnancy she went to the Sholayur PHC and was seen by the doctor. She lost her child in the 5th or 6th month of pregnancy. Her 2nd child died around 2011 in Government Tribal Specialty Hospital, Kottathara, in the 6th or 7th month of pregnancy. Her 3rd child was delivered stillborn at home in the 5th month of pregnancy in March 2013. Rangi is anemic. She said that she has continuous bouts of fever every 6 months, and during each bout her head heats up and she experiences severe breathing problems as well. She has tried different treatments, and went to a private ayurveda doctor at Annkatty, who
gave her some oil for massage. However, this did not cure her. She also went to Sholayur and Kottathara for treatment, but the medicines have not helped. She has not received any service whatsoever from the AWC, i.e. no nutrition or iron tablets or doctor check-ups. The mobile unit of the health department would come once a month to the village and she was checked during these visits. She has a BPL card (AYY). The family buy 7kgs of rice from the ration card once a week along with wheat, kerosene and sugar. The family has a joint family holding of undivided 10 acres for 4 families, which is cultivated by her husband’s elder brother. They don’t have an NREGA card. Raman makes brooms like many others in the ooru. They eat rice and sambar three times a day.

Kadambara South, Sholayur Gram Panchayat

Kadambara South, Sholayur Gram Panchayat is an Irula ooru. There has been one death due to malnutrition in this village, of Kaliyamma on 2.04.13 at Government Tribal Specialty Hospital, Kottathara. Her mother Veeramma w/o Selvan, was distraught and blamed the hospital for the death of her child. This was her first child. When Veeramma was pregnant she was working in the brick kilns at Coimbatore and she had come back for delivery. The mobile unit doctor had seen the child and said that she should be referred to the hospital. Veeramma believes that her child was okay, but deteriorated when she was admitted in the hospital. Her husband’s family owns a very small piece of land, which they don’t cultivate. They neither have a ration card nor an NREGA card.

Edavani in Pudur Gram Panchayat

Nagan s/o Pannalli is from the Edavani ooru in Pudur Gram Panchayat. He and his wife Meenakshi (26 years old) have just lost their son who died on 16-4-2013. Their 1st child died at Pudur PHC, but their 2nd child Sunil is alive and is now about 5 years old. They have just lost their 3rd child, which was born premature in the 7th month of pregnancy and was stillborn. This was at the Government Tribal Specialty Hospital, Kottathara. Nagan was agitated when he saw that his wife was not receiving proper health care. She was taken to hospital on the 4th, 11th and 16th of April but not once was she admitted. She was very weak and the doctor gave her some tablets and sent her back. On the morning of the 16th she was taken to the PHC Pudur. From here she was taken by ASHA worker, Mahish JPHN, her husband and her mother to Kottathara since her condition was serious and she needed hospitalization. However, the doctor there sent her back, saying that she did not require hospitalization. In the meantime, assuming that she would be admitted to the hospital, the other medical staff from Pudur PHC had already returned to Pudur with the jeep. Since his wife was not being hospitalized, Nagan rushed to Pudur PHC and requested Manish to tell the doctor to get his wife admitted. At this time, Meenakshi, who was waiting at the Kottathara bus stand, developed labour pains and was taken back to the hospital at about 1.45 a.m. At 2.00 Meenakshi gave birth to
a still-born premature baby. It is significant that during all her check-ups the Doctor would say that Meenakshi was anemic and she needed good food, but when she was pregnant she did not get food at the AWC. Nagan was employed as a Watcher under AHADS. But now he is unemployed and works as daily-wage employer. In this village there were 5 watchers and 2 animators. All NREGA functions have remained suspended from December 2012 onwards.

These are only some of the instances of malnutrition deaths in Attappady. It is evident that systemic failures on the part of the state are responsible for the appalling state of affairs. Therefore, we need to see how the government in Kerala has responded to this crisis.

6. Response of the Government:

Utsa Patnaik has noted that while the incidents of hunger rises, it is seen that those who govern and also those who are associated with making or influencing policy generally go into a ‘denial mode’. Recourse is normally also taken to attributing various and often inconsequential factors for the deaths. In this context, the State Government of Kerala has honestly admitted and acknowledged that the spate of child deaths in Attappady finds its roots in malnutrition. Perhaps the State Government was left with no choice but to do so in the face of the positive role played by the media in exposing this crisis.

As these repeated news reports highlighted the recurring deaths of adivasi children due to malnutrition, the State Government called for, and received reports from the ITDP, the Social Justice Department and NRHM.

The Report by Shri Radhakrishna of the Integrated Tribal Development Project is rather brief and provides details of the deaths of 4 children, and of the 2 children who were then receiving treatment in the Government Tribal Specialty Hospital at Kottathara. This report points to the failures of the social justice and health department as one of the ‘problems’ and lists out a few solutions including improvement of the supplementary nutrition programme under the ICDS and improvement of the provision of health facilities. The Report rather bluntly exposes some of the immediate causes for the spate of malnutrition deaths but does not provide any analysis of the possible reasons behind such a massive crisis.

The Social Justice Department has come out with an ‘Action Plan for Attappady’ which points to certain steps to be taken regarding improvement of anganwadi buildings, reforms in nutrition supply, filling of staff positions, etc. This action plan contains no analysis of the probable causes leading up to this immediate crisis except for tangentially alluding to alcoholism and child marriage.

The Health Department has prepared a report in which it highlights the lack of adequate infrastructure and manpower resulting in limited health care facilities in Attappady. It also points to certain cultural practices such as adolescent marriage and pregnancy, and no exclusive breast-feeding, and alcoholism. It details the ‘Attappady Health Package’ containing long term and short term measures to

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29 The Republic of hunger and other essays
improve the sub-centres, mobile medical units, PHCs, CHC at Agali and the Government Tribal Specialty Hospital at Kottathara.

Various ministers including Ms. P.K. Jayalakshmi, Hon’ble Minister for Welfare of Scheduled Tribes and Social Welfare Minister Shri Munir have visited Attappady and publicly acknowledged the malnutrition deaths. The Tribal Department has prepared a note on the various steps to be taken by the Health Department, Social Welfare Department, Panchayat Department/ Department of Rural Development, Civil Supplies Department, Tribal Department and the Agriculture Department, and also a series of general steps to be taken, among which one important proposed step is the protection of land rights of tribals and restoration of alienated land.

While various packages have been conceptualized and are sought to be implemented, there is no clear indication of the period within which they would be implemented. Furthermore, there is a lot of ignorance in regard to the details of the packages, leading to confusion in the villages in Attappady.

Shri Radhakrishna, Project Officer, ITDP has issued a press release on 13.05.13 detailing the immediate measures that have been taken in Attappady block to address the crisis.

Further, according to the local officials, several actions and programs have been undertaken to prevent child deaths in Attappady, including the following:

- Between 11/4 and 19/4, a survey was conducted by 28 Teams consisting of JHI, JPHN, ASHA workers, Anganwadi Workers (AWWs) and ST Promoters, for each sub-centre. They visited all the houses in their jurisdiction. The survey covered 7565 houses and 23,597 persons. 536 cases of malnutrition and anemia identified, of these 69 were Severely Malnourished while 463 were anemic. These 536 include children below 6 years, and Pregnant Women, Lactating Mothers and adolescent girls.
- In a Health camp conducted on 20.04.13 at the Government Tribal Specialty Hospital, Kottathara, 843 patients have been given medicines. Medical officers have informed that for further treatment, these patients have been checked in mobile units.
- ASHA workers have been given medical kits by NRHM. Steps have been taken to distribute iron, folic acid tablets weekly through Anganwadis to pubescent girls. Medicines have been made available in all sub-centres.
- Four staff nurses have been appointed by NRHM to the women’s ward to strengthen it in Kottathara hospital. A gynecologist trained in scanning has been appointed. 2 staff nurses have been appointed to Agali CHC.
- Strict orders have been given to ensure that junior public health nurses reside in all sub-centres. To renovate 25 health sub-centres, 50 lakhs has been given by health department and work has started.
- Under the Social welfare department a new ICDS project officer and 5 supervisors have been appointed. Milk, eggs and bananas are being given in anganwadis.
• Strict orders have been given to anganwadi workers to make house visits between 3:30-5 pm. It has been decided to train anganwadi workers in treating pregnant women.

• Social welfare department has taken a decision to stop the supply of food from the agency that has been supplying food, and get the same from the civil supply corporation.

• Camps have been held by civil supply department, with the help of ITDP, to make the ration card of APL sections of adivasis into BPL.

• Shri S. Subbaiah has been appointed as a Nodal Officer based at Agali, to coordinate the various schemes and packages announced by the Government.

The gravity of the situation is such that the Hon’ble Chief Minister has intervened and, according to Ms. P.K. Jayalakshmi, Hon’ble Minister for Welfare of Scheduled Tribes, has undertaken a personal commitment to ensuring that all necessary steps are being taken to prevent these unfortunate deaths of children belonging to the adivasi communities. She mentioned that the Chief Minister is personally involved in getting the situation rectified, and that on 25-04-2013, he called for a meeting of the concerned ministers, including the Minister of Social Justice, Minister of Health and the Minister for Welfare of Scheduled Tribes, and senior officials of the departments. During this meeting the Attappady package has been approved, and it will soon be implemented.

From the minutes of the meeting, it can be seen that the various components of the ‘Attappady Package’ are intended to improve the health services, functioning of the anganwadis and also revive the traditional agricultural practices in the region, along with implementation of the Kurumba package, which itself includes house construction, buying of land, electrical works, soil conservation, drinking water program, road, health, poverty alleviation, community area development, etc.

7. Observations, findings and conclusions:

There is no single reason or explanation that can alone explain the deaths of more than 22 children in a spate of five months and the fact that 90% of adivasi women are anemic and/or underweight, or explain how the average birth weight of children is about 1.6 kgs. However, it is necessary to develop a comprehensive framework to understand these, if any effective intervention is to be conceptualized in the best interest of the Adivasis. Interestingly, the oft-repeated over-population argument as the cause of malnutrition is definitely not applicable to Attapaddy, given that its population is merely around 70,000 in an area of 745 sq kms.

It is a well-established fact that malnutrition is one of the major public health problems in India. The term Malnutrition is used usually to indicate a state of undernutrition resulting from inadequate intake of food (calories or protein), lack of diversity in food intake and/or inability to fully utilize the food due to illness (such as diarrhea, worm infestation). Poverty is seen as one of the immediate causes for malnutrition.
While poverty and destitution among adivasis is not endemic to the adivasis in Attappady alone, the present crisis is symptomatic of the collective impact of socio-economic disempowerment of the adivasi community, collapse in governance, and serious lack of administration.

Without doubt, there is a grave need to ascertain the root causes for the current crisis and conceptualize measures to address the same. Conceptually these various reasons and explanations could be grouped as:

I. Marginalization and impoverishment of the Adivasi community
   a. Land alienation
   b. Failure to provide forest rights
   c. Change in lifestyle
   d. Disempowerment and voicelessness of the Adivasi community
   e. Alcoholism
   f. General lack of awareness:
   g. Collapse of traditional systems

II. Collapse of governance structures
    a. Collapse of Governance Structures
    b. Lack of food and nutritional Security

III. Failures in the implementation of ICDS in the region
     a. Functioning of Anganwadi Centres (AWCs)
     b. Failure to identify and treat malnourished and/or anemic children/persons

IV. Lack of adequate health services
I. The marginalization and impoverishment of the adivasi community

a. Land alienation and Minoritisation: Adivasis and Vandavasis

“There is not much infiltration of strangers into the valley now, but it will begin as soon as roads are built, and the best land will be leased to plainsmen instead of to the Irulars... the result will be that they will be depressed first into cultivating tenants and then into landless coolies, and instead of becoming a free but primitive tribe, they will become a depressed class. This fate certainly awaits them.”

Perhaps the single-most important contributory factor to the child malnutrition deaths, and the cause for the overwhelming poverty of the adivasis, which fails to be addressed to date, is the alienation of land and minoritisation of the adivasis in Attappady.

While historically Attappady was an almost exclusively tribal dominated area, inhabited by three distinct tribal communities, viz. the Irulas, the Mudugas and the Kurumbas, they are now the minority population in the face of waves of migration of ‘vandavasis’ from Tamil Nadu and Kerala into Attapaddy from the beginning of the second quarter of the 20th century.

According to Ramu, a Muduga from Karara ooru in Agali Gram Panchayat, initially the settlers were from Tamil Nadu, mostly Gounders who settled in Eastern part of Attapaddy. Subsequently, Muslims, Christians and other Hindus have settled in the west part of Attapady and on the north bank of river Bhavani. Various studies have analyzed in detail the influx of settlers into Attapaddy and the structured manner in which the adivasis have been reduced to landless labourers on their own lands and a minority as well.

To quote from a study on Attappady:

“The influx of settlers into this tribal area coupled with government policies right from the colonial period, have been the most decisive factors in the above mentioned resource alienation and the resultant disempowerment of the tribal community. The organized land grabbing from the tribal people and the resultant land alienation of the past six decades has weakened the social and political bargaining power of the tribal people in their own territory. The disintegrating tribal community severed from their resource base and the degrading ecosystem has created a very uneasy social situation in Attappady, reflected in tensions, conflicts, aggressiveness, increasing suicides and so on.”

30 Letter from Gwynn, dt. 5.2.1944 as quoted in “From Degradation to Regeneration: Issues of Power, Governance and Participation”; Abey George and Jyothi Krishnan, Lead – DRC, Kerala
31 “From Degradation to Regeneration: Issues of Power, Governance and Participation”; Abey George and Jyothi Krishnan, Lead – DRC, Kerala
The influx of settlers into the valley has disproportionately altered the demographic pattern of Attappady from a situation where adivasis were the sole inhabitants of the valley to a state of being reduced to a minority. The changing population trends in Attappady (1931-2001) are seen below:

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Population</th>
<th>Adivasi Population</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1931</td>
<td>8440</td>
<td>NA</td>
<td>100</td>
</tr>
<tr>
<td>1941</td>
<td>9834</td>
<td>NA</td>
<td>100</td>
</tr>
<tr>
<td>1951</td>
<td>11300</td>
<td>10200</td>
<td>90.26</td>
</tr>
<tr>
<td>1961</td>
<td>20799</td>
<td>12972</td>
<td>63.14</td>
</tr>
<tr>
<td>1971</td>
<td>39183</td>
<td>16536</td>
<td>42.20</td>
</tr>
<tr>
<td>1981</td>
<td>62242</td>
<td>20659</td>
<td>33.19</td>
</tr>
<tr>
<td>1991</td>
<td>62033</td>
<td>24227</td>
<td>39.06</td>
</tr>
<tr>
<td>2001</td>
<td>66171</td>
<td>27121</td>
<td>40.98</td>
</tr>
</tbody>
</table>

The migration into Attappady has also meant that the adivasis have been alienated from their lands. The process of land alienation was not a one-time affair, but continues to take place even today through land transactions (both legal and illegal). Leasing and mortgaging have emerged as the two ways in which possession continues to be transferred out of the adivasis’ hands. For instance, it is very common for adivasis to approach non-adivasis for a loan in the event of a financial crisis. While doing so, they pledge a part of their land. In most cases however, they are unable to repay the borrowed amount, which accumulates interest over time, and this finally ends up in the transfer of ownership in order to repay the amount. In other cases, non-adivasis cultivate adivasi lands on a nominal lease for a short period of time to start with. In many of the reported cases, the non-adivasis retain the land even after the stipulated period of time. There are also umpteen instances of blatant grabbing of land, and dispossession of the adivasis using physical force. Hence, land alienation continues to be a serious social problem in the area.32

The only official estimate of the extent of land alienated from adivasis was published in the government report of 1982.33

<table>
<thead>
<tr>
<th>Tribe</th>
<th>No. of houses</th>
<th>No. of families</th>
<th>Population</th>
<th>Cultivated area (in acres)</th>
<th>Area alienated (in acres)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kurumbas</td>
<td>203</td>
<td>216</td>
<td>938</td>
<td>3304</td>
<td>26.00</td>
</tr>
<tr>
<td>Mudugas</td>
<td>388</td>
<td>417</td>
<td>1691</td>
<td>1266.25</td>
<td>1083.78</td>
</tr>
<tr>
<td>Irulas</td>
<td>3152</td>
<td>3310</td>
<td>14958</td>
<td>11580.89</td>
<td>8996.41</td>
</tr>
<tr>
<td>Total</td>
<td>3743</td>
<td>3943</td>
<td>17587</td>
<td>16151.14</td>
<td>10106.19</td>
</tr>
</tbody>
</table>

32 Ibid
33 Ibid
According to this report, out of a total of 16151.14 acres of land cultivated by the tribals, 10106.19 acres (62.57%) had been alienated. Amongst the three tribal communities, the Mudugas had lost the maximum percentage of land (85.58%). The Irulas, who were more in number, and who cultivated a large extent of land, also lost a considerable portion (8996.41 out of 11580.89, i.e. 77.68%). In comparison the Kurumbas, who lived in the reserved forest zone, lost the least amount of land (0.78%).

Shri Ramu, Karara ooru, Agali Gram Panchayat, strongly articulated that with the influx of settlers has completely destroyed the livelihoods of the adivasis. Referring to the Government report recording more than 10,000 acres of illegal land alienated from the adivasis, which according to him is a much larger figure today, he states that if this is not addressed then the adivasis will become a minority and will be completely dominated. This fear is borne out by the fact that a considerable percentage of adivasis earn their livelihood today through daily-wage labour, having become landless or marginal landowners. Without doubt, a dualistic economy has emerged in Attappady through land alienation of the tribals - a non-tribal flourishing economy and a tribal declining economy.

The reduction of Adivasis to landless peasants or marginal farmers is seen all across the country and the same is seen in Attappady as well. Writing about the conditions in Andhra Pradesh, Prof. K. Balagopal in his typical and blunt style has this to say:

"The tribal areas of Andhra Pradesh present a disheartening picture: events are fast overtaking the adivasis, and there is no concerted effort to oppose them. Land and the produce of the forest remain their main source of livelihood, but availability of land is restricted by forest reservation on the one hand and non-tribal encroachment on the other. They cannot move out of the forests and seek livelihood in the strange and – it often seems to them – hostile society of the plains. Where they do, they are exploited ruthlessly by the plains-people. In the forests, their struggle to increase their livelihood opportunities calls up clashes with the forest department and the non-tribals.”

One of the constant complaints of the adivasi communities was also that the non-adivasis always gain from schemes that are said to be implemented in the interest of adivasis, due to which adivasis have minimally enjoyed if at all the benefits of various schemes, programmes and developmental programmes in Attappady.

Without doubt, it is necessary that the State Government address this fundamental issue, failing which the questions of poverty and malnutrition cannot be addressed.

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34 “Dynamics of Land Use in Recently Settled Forest Areas: A Case Study of Attappady, Kerala”; Sanathanan Velluva, Division of Economics, Kerala Forest Research Institute Peechi, Thrissur, and Department of Applied Economics Cochin University of Science and Technology Cochin, Kerala

comprehensively.

b. Granting of rights over forest:

According to Shri Rajendra Prasad, THAMPU, the Forest Department has seriously infringed upon the rights of adivasis over the forests. This opinion has been expressed by several of the adivasis in numerous oorus. Palani, from Tale Boothayar, lamented the lack of full and proper implementation of the Scheduled Tribes and other Traditional Forest Dwellers (Recognition of Forest Rights) Act, commonly known as the Forest Rights Act or FRA.

According to Lingan s/o Mallan and several others in Edavani, Pudur Gram Panchayat, the Forest Rights Act was not implemented. He related the manner in which the surveyors and officials had rejected their claims for rights over forest land, on the ground that the lands being claimed were difficult to survey!

c. Change in lifestyle

It is necessary to acknowledge and understand that the lifestyle of the adivasi populations have been fundamentally, though not necessarily irreversibly, altered. Time and again it was emphasized that the alienation of land coupled with the reduced dependence of the forest, has reduced the adivasis to destitution.

Agriculture used to be the main source of livelihood for most of the adivasis in Attappady, which was supplemented by collection of forest produce and hunting. Smt. Kaali K., Nackerpadi, of the Thayikulom Sangham and several others remembered that the crops that they previously used to grow including ragi, chama (bajri), jola, thomara (horsegram), etc. and that these were very nutritious. However, with the influx of the settlers and resulting land alienation they have lost their main source of livelihood, agriculture, and their share of forest produce and hunting as a source of livelihood has dwindled too.

Ramu, a Muduga from Karara ooru in Agali Gram Panchayat, emphasized that the adivasis were self-reliant and grew various types of crops including 12 types of pulses, cereals, etc., in addition to which they gathered fruits and roots from the forest. Thus their food basket was nutritious and had great variety. He recalled that his forefathers used to eat only one cooked meal at dinner, and for the rest of the day they would collect and eat nutritious foods from the forest. He added that in his parents’ generation, couples had more than 7-8 children and still there was no question of children suffering from hunger or malnutrition, let alone any malnutrition deaths.

Now, only a very meagre share of their family income comes from forest produce and, that too, only to families living near forest and in remote forest areas. With the settlers occupying more and more land in the area, adivasis changed from cultivators of own land to landless agricultural labourers. Further, it appears that the vulnerability of these adivasi communities is increasing all the while.

36 Supra note 34
In Vellakulam, Sholayur Gram Panchayat we met with Smt. Shiva w/o Kaali Vellakulam, who is a victim of bonded labour at a brick kiln in Coimbatore. Several persons from this ooru migrate to the brick kilns in and around Coimbatore to earn their livelihood. There was no NREGA for several months in the village and several persons were forced to migrate to the brick kilns in search of livelihood in February 2013. Shiva went with her husband, Kaali and her minor son Biju who is less than 1 year old. While doing the work they also took some advance in various installments as payment for the work. The work was difficult, and the conditions of work were very poor. Moreover there was a death in the family, so they had to return. Before returning they sought for some money from the brick kiln owner. Susbsequently, they did not return to work. Then the owner and a few other persons came to the ooru, at which time her husband, Kaali, ran away and hid. These persons then forcibly took Shiva and her son to the brick kiln and made her work there. The police was informed of this incident, and they rescued Shiva and her son. This incident is a very big indicator of the growing destitution of the adivasi communities.

Further a number of adivasis who do own land are not cultivating their lands for various reasons, including: unsustainably small land ownerships, lack of capital and infrastructure to carry out agriculture, conflict with wild animals especially elephants, and drought since they are dependent on rain-fed agriculture.

One positive example of the way forward, perhaps, is the ooru, Tale Boothayar in the Pudur Gram Panchayat, which has 41 Kurumba families and no settlers. According to Palani s/o Late Jakkan, a Kurumba from the village, all the families are agriculturists and own land though they don’t have pattas for much of their land. This ooru is a big beneficiary of AHADS, which has provided irrigation through pipes for their agricultural lands. These pipes draw water from the upper reaches of the perennial Varagar stream through gravity flow. They are now cultivating bananas and paddy in these irrigated lands, while they cultivate their traditional crops including ragi and payr in the rain-fed forest cultivations, which is sufficient for their own needs through the year. In addition they pick minor forest produce (MFP) including honey, etc. There are no malnutrition deaths reported here, though one malnutrition death is report from the ooru Edavani, which is about a one-hour walk from Tale Boothayar, where the Kurumba families are dependent on rain for agriculture and are yet to receive land rights over the forest cultivations.

Smt. Kaali K., Naickerpadi, from the organisation Thayikulom Sangham, very clearly articulated that neither she nor her 90-year old mother can remember such a crisis in all their lifetime. She concluded that these deaths cannot be a recent phenomenon and are a result of a long process of change in lifestyle, change in culture, environment and change in living. This is the root cause for these deaths.

d. Disempowerment and voicelessness of the Adivasi community?

Arundhati Roy very famously said “We know of course there's really no such thing as the 'voiceless'. There are only the deliberately silenced, or the preferably
unheard.” In Attappady these words ring true to the extent that the adivasis we met repeatedly highlighted the problems they faced and were clear in regard to the solutions, especially in regard to the need for lands to be restored to them. It has to be concluded that the State Government has to hear these voices of the adivasis and do what is just and necessary to ensure that the adivasi populations are freed from the poverty that has engulfed them.

e. Alcoholism:

Repeatedly it has been heard that alcoholism is rampant in the area and that this is one major cause for the present crisis. Several persons have stated that though sale of alcohol is banned in Attappady, illicit liquor is brewed by adivasis in numerous oorus and sold openly. Also bottled ‘english’ liquor is purchased from across the border in Tamil Nadu and smuggled in from Anakatty.

Ms. P.K. Jayalakshmi, Hon’ble Minister for Welfare of Scheduled Tribes, was of the firm opinion that alcoholism is one of the primary reason for the backwardness of the tribal communities and hence the malnutrition in the district. Smt. Kaali K., from the Thayikulom Sangham also voiced her concerns about alcoholism being a serious problem and this was though sale of alcohol is supposedly banned in Attappady. She was emphatic in stating that the Excise Department was not performing its duties and says that there is lack of staff and vehicles.

Shri Ramu, a Muduga from Karara, Agali Gram Panchayat, expressed the view that the adivasis were robbed of their lands, forests and also of their dignity and this was forcing them into alcoholism, and any attempt to deal with alcoholism can be successful only if the reasons driving adivasis into alcoholism are dealt with.

f. General lack of awareness:

It is amply clear that there is a general lack of awareness among the adivasi communities about the functioning of the various departments and their rights and entitlements. In Vellapallam, the opinion of the adivasis is that they don’t have any right to question the AWW in case the AWC is not open, or if food is not served to their children, or to demand for the doctors to provide them with better health service. It is apparent that the adivasi community is disempowered to the extent that they do not feel any ownership over the institutional structures like the AWCs and the PHCs.

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g. Collapse of traditional systems

“People from the Tazhe Goolikadavu hamlet recall how the traditional system handled a situation of food shortage in the past. In the event of a family not having food to eat, the bhandari used to go to all the houses in the hamlet, asking for food that could be given to the hungry without disclosing their name. Food collected in such a manner was given to the family in need. The bhandari who went to collect the food was treated with reverence, and the food was given graciously.”

Along with the collapse of the traditional ways of agriculture, one is also witness to the traditional systems of support that existed in the community previously. Perhaps, this is also an indication of the manner in which the entire community has been reduced to penury without the capacity to help each other.

B. The complete collapse of governance structures:

a. Collapse of Governance Structures

Without doubt, children and the conditions of their lives are the best indicators of good governance of a nation, state or local administration. The present crisis in Attappady reflects not merely the failure of the officials of the Health, ITDP, Social Justice, LDPIs and the district administration but a collapse in the governance structures in the district.

The fact that NREGA has not been implemented since at least December, 2012 is an indicator of the lackadaisical approach of the administration even in the face of such a big crisis. In fact, despite the enormity of the crisis and the media attention that it has garnered resulting in a massive public outcry, the systems of governance are as faulty as before. AWCs are still not opened on time, if they are opened at all; nutritious food is not being supplied; there are no steps to provide the severely malnourished children with immediate nutrition and health rehabilitation; the hospitals continue to function in the same manner as before, though the number of doctors in the Kottathara hospital and the CHC at Agli has increased and they are making an effort to make a difference, yet the fact remains that there is an absence of any comprehensive programme or immediate steps to ensure that the adivasi women currently pregnant who are definitely underweight and anemic are taken care of and have a chance of a normal delivery of a living child.

There is also a need to review the development activities in Attappady over the past four to five decades, where the district administration has focused on construction of infrastructure such as roads, buildings and communication networks. The financial allocation for the same has been met from various tribal development programmes or the Tribal Sub Plan. Apart from the fact that such

38 “From Degradation to Regeneration: Issues of Power, Governance and Participation”; Abey George and Jyothi Krishnan, Lead - DRC, Kerala
39 “Recommendations Of The Health And Nutrition Sub-Committee Set up by the Committee constituted by the State Government to address child malnutrition and infant mortality in Karnataka”, December 2011, Bangalore, Karnataka
activities did not meet the most fundamental livelihoods needs of the adivasis, construction-oriented activities also created much room for corruption.

b. Lack of food and nutritional Security

Malnutrition is largely a consequence of food and nutrition insecurity, although the underlying reasons leading to this are many. Food security can only be guaranteed if all three components: food availability, food accessibility and food utilization are adequately addressed in the community. Food security is defined as a state when all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life.

- **Food availability** is considered achieved when all individuals have sufficient quantities of food consistently. They can get this food through household production, other local outputs, commercial imports, or food assistance.
- **Food accessibility** is not only a factor of economic resources to access, it also depends on the geographic and socio-cultural issues that enable or impede regular access to food.
- **Food utilization** is the actual biological use of food, where both the quantity and the quality of the food eaten, along with potable water are considered important elements.

Three distinct, but inter-related aspects of nutrition security include food availability, food access, and food utilization. Each of these has an impact on the nutritional status of the community and the most vulnerable groups – the child below 5 years.

The present situation is such that, owing to the impoverishment and destitution of the adivasi community, they are struggling to ensure food security for the family. In that their dependence on the settlers or the Government (NREGA) for labour has limited the options of the food brought to the family’s food basket. If at all they are only eating rice and dhal three times a day with no limited nutritional value, leading to the nutritional insecurity of the community. They are unable to supplement this staple diet to nutritious fruits, vegetables and meat.

Smt. Kali and other spoke at length of the nutritional security they enjoyed prior to the settlers and when they had uninterrupted access to the forest.

C. The failures in the implementation of ICDS in the region

a. Functioning of AnganwadisCentres (AWCs):

AWCs are the operational units through which the Integrated Child Development Services (ICDS) Scheme is being implemented. Pertinently its objectives are to improve the nutritional and health status of children in the age-group 0-6 years and to reduce the incidence of mortality, morbidity, malnutrition and school dropout. This is sought to be achieved through a package of services comprising: supplementary nutrition, immunization, health check-up, referral
services, pre-school non-formal education and nutrition & health education.

In effect the AWCs are conceptualized as the sole measure to prevent malnutrition, and the spate of child deaths due to malnutrition represent a complete failure of this system of service delivery.

Smt. Bindu Gopinath, Child Development Project Officer (CDPO), Social Justice Department at Attappady informed that there are 187 oorus catering to which 172 AWCs have been provided. She fairly admitted that there are serious problems in the functioning of the AWCs from the provision of nutrition to the supervisory system. She also pointed out that the infrastructure provided to the AWCs was grossly insufficient as seen below:

i. 132 AWCs have own buildings
ii. Only 9 AWCs have drinking water facilities
iii. Only 49 AWCs have no water supply
iv. 123 AWCs have toilets, though the usage is uncertain since the water supply is not guaranteed.
v. Only 8 AWCs have baby-friendly toilets

According to the Audit Report (General and Social Sector) for the year ended 31 March, 2013, as against the sanctioned strength of 295 CDPOs/ACDPOs and 1,302 Supervisors, only 214 CDPOs/ACDPOs and 1150 Supervisors were in place leaving a shortage of 81 CDPOs/ACDPOs (27%) and 152 Supervisors (12%) as of March 2012.

The irregular functioning of the AWCs has also been pointed out by the ITDP which categorically states that the supply of supplementary nutrition in the AWCs is irregular. Moreover the diet is monotonous and food with nutritional value like eggs, milk, bananas, etc. is not being distributed. According to the Audit Report, Iron Folic Acid (IFA) tablets were not seen supplied to any of the AWCs test checked.

In regard to the coverage of the supplementary nutrition programme, according to the Report, the coverage of beneficiaries in the test check districts was very poor during 2011-12 as only 4.38 lakh out of 11.51 lakh (38%) identified beneficiaries were covered.

According to the Audit Report (General and Social Sector) for the year ended 21 March, 2013, the number of children attending AWCs show a declining trend. Fifty nine out of 60 AWCs visited by the audit showed poor attendance of children mainly due to the lack of infrastructural facilities.

It is must be pointed out that despite the furore over the deaths of children and declarations made by the State Government, the AWCs are not functioning remains abysmal. On our visit to AWC at Vellakulam, Sholayur Gram Panchayat, where 4 children had died due to malnutrition, we found that the centre was not open even at 11.00 am. We were informed by some of the Adivasis that it usually is opened at about 11.00 – 12.00 everyday and the AWW leaves by 3.00 pm. They informed us that food is served twice at 2.00 pm and 3.00 pm. Subsequently, the AWW, Smt. Geeta came to the AWC and during our conversation she informed us that she is an Irula from Varangampadi ooru which is about 8 kms away and she has to walk to the ooru. She also added that she is a Councilor from Ward No.7,
Varagampadi in the Sholayur Gram Panchayat, and was late since she had a meeting at the Panchayat. Until the time we left no food was served to the children and there was no indication of food being cooked. Further, contrary to the claims by the Department, no eggs, bananas and milk was distributed. When we asked the AWW for the weighing scale it appeared as though it was being opened for the first time and there was no rope to hang it by, indicating that it was not used. There were no registers in the AWC except for the pregnant women register, which was wrongly filled. The AWW got really agitated and began shouting when questioned about the register and failure to provide food to the children.

Our next stop was at the AWC at Vechapathi, Sholayur Gram Panchayat, which at the time of visit, about 11.30 a.m. was open but neither the AWW nor the AWH were present nor were there any children. On enquiries with the residents of the house nearby we were informed that the AWW has not come and that the AWH had gone to fill water. Incidentally in this ooru one child had died of malnutrition, but we were unable to meet the family since they had gone for work. We were informed that the AWW is one Smt. Selvi and she hails from Varagampadi.

The AWC at Varagampadi, Sholayur Gram Panchayat, was open and running when we visited it. The AWW, Smt. Vasantha was a non-tribal (Ezhava) from Kathalakandi (2kms away), while the AWH is Smt. Bharathi, an Irula from Varagampadi. The AWC was open and running and there were 5 children in the AWC. We were unable to inspect the files since the same were in the AWW’s house, which she said she had taken home since she was finalizing the survey for the meeting to be held the next day. The AWW informed that there were 13 children listed in the AWC of which 10 regularly attended, but only 5 had attended on that day since the others had gone for a nearby festival. One child, Malvika, is seriously malnourished. Except for double food no other steps have been taken in regard to this child. She informed that from 29th April onwards milk (150ml), banana (100g) and egg (100g) is served on Monday and Thursday, Tuesday and Friday and Wednesday and Saturday respectively. The AWW said that beetroot, greens and carrot are cooked with the uppama. The AWW has to purchase these along with the eggs, bananas and milk with her own money, and she was reimbursed these amounts spent once a month from the department at the monthly meeting held around the 25th of every month.

The AWC at Kadambara South, Sholayur Gram Panchayat, was open. In the AWC 10 children are enrolled, but only 3 children were present. The AWW was not there and we were informed that she had gone for a meeting. The AWH, Smt. Lakshmi, had cooked kanji and payr and the children were eating the food when the Team went there. The moong dhal was of very small quantity and it could literally be counted in each plate, being about 12 grains of moong dhal! One child Mahesh was in the AWC and was seriously underweight. On enquiry it was found that her name is not on the attendance register. Her mother’s name is Shanthi and her father’s name is Kumar. The growth register bears her name but the chart was wrongly marked. We weighed this 3½ year child and she weighed only 9 kgs.

The AWC at Edavani, Pudur Gram Panchayat is run in a small bamboo shed
with no sitting place inside. There is sufficient space only for cooking and storage of grains. The AWW, Smt. Vanaja, had gone for a meeting and she informed us of the same when we met on the way from Boothayar. Smt. Maari w/o Pannalli is the AWH and she said that not all children eat here and this is mainly because the food is boring with only kanji, upma and payr. She also spoke to the difficulties in transporting food grains for the AWC and that they had to carry the grains all the way from Boothayar, and in case they engaged labour for the same, a part of the food grains had to be paid as labour charges. No eggs, milk or bananas were served in the AWC. During monsoons the entire village is cut off and transport of grains for the AWC is very difficult.

b. Failure to identify and treat malnourished and/or anemic children/persons:

Perhaps one of the crucial findings is the failure to identify and treat the rampant malnutrition and anemia in the adivasis of Attappady. According to Dr. Sreehari M., District Programme Manager, NRHM, Pallakad, the average birth weight is 1.61kgs in Attapady. This is contrary to the official reports of the health department. Further, 90% of the women are anemic and there are at least 200 cases of sickle cell anemia in Attappady. Dr. Sreehari made a very important observation that the adivasi children in Attappady suffer from protein deficiency, which is known as Protein-Energy Malnutrition (PEM) and is the most lethal form of malnutrition. It is basically a lack of calories and protein. Food is metabolized into energy by the body, and the energy contained in food is measured by calories. Protein is necessary for key body functions including provision of essential amino acids and development and maintenance of muscles.

However, there is no definite programme to identify all children and persons suffering malnutrition and anemia in Attappady. The AWCs where growth monitoring of children is supposed to take place for all children below the age of 6 years are non-functional and there is no proper growth monitoring taking place. As pointed above, in the case of Malvika, a seriously malnourished child in the AWC at Varagampadi, Sholayur Gram Panchayat, except for double food, no other steps have been taken in regard to this child. Further in the AWC at Kadambara South, Sholayur Gram Panchayat, we found erroneous growth chart markings in regard to a 3½ year girl, Mahesh who weighs a mere 9 kgs. In Vannandura, 2 children are severely malnourished. Dr. Sreehari stated that on 4th May 2013 a medical camp was held and the doctor gave iron tablets and prescribed that their diet should be observed for the next 15 days.

According to the Audit Report, no records were seen maintained in the test check AWCs in respect of identified malnourished children referred to PHCs for further check-up.

Shri Radhakrishnan, Project Officer, ITDP informed us that between 11.04.13 and 19.04.13 a survey has been conducted by 28 Teams consisting of JHL, JPHN, ASHA workers, AWWs and ST Promoters, for each sub-centre and they visited all the houses in their jurisdiction. They covered 7565 houses and 23,597 persons and
found 536 cases of malnutrition and anemia, of whom 69 were severely malmnourished while 463 were anemic. These 536 include children below 6 years, PW, LM and adolescent girls. These claims are contrary to reality and hence it is imperative that a comprehensive survey be carried out in this regard.

D. Lack of adequate health services

According to the report of the Health Department, the health facilities provided in Attappady include a Community Health Centre (CHC) at Agali, three Primary Health Centres (PHCs) at Sholayur, Anakatty and Pudur, 28 sub-centres under the PHCs and a Government Tribal Specialty Hospital at Kottathara. Three mobile medical units are also said to be provided. Further, there are two out-patient clinics under the ITDP department which also provides free vehicle facilities to shift patients for better treatment to the District Hospital at Pallakad and other Medical Colleges.

However, while the physical structures of these institutions exist, the same cannot be said about the services they offer. In fact the ITDP report categorically states that the PHCs are not working efficiently; that the three mobile units are not at all active; and that the out-patient clinics under ITDP do not have sufficient doctors. From the report of the Health Department it is seen that there are several posts which are vacant including that of the Civil Surgeon at the Government Tribal Specialty Hospital at Kottathara. One of the shocking admissions in the report is that there is poor immunization level among children below the age of five. It is necessary to highlight that the PHC at Anakatty does not function as required. On our visit to the PHC, we found that it was completely deserted and none of the staff were in the PHC. We called for the Staff Nurse, Smt. Manu from the quarters, who informed us that the doctor, Dr. John Jose Ross had gone to Agali for a conference. The PHC was completely deserted. There was no staff at the Hospital and we had to ask one of the adivasis who was waiting to get the wound of his injured minor son dressed, to go and inform the nurse that we had arrived. Subsequently we learnt from the residents that he doctor was never present and that they did not depend on the PHC for any serious treatment. Smt. P.K. Jameela, Director of Health Services, Directorate of Health Services, herself admitted that some of the doctors were not performing as per requirements, including Dr. Jose Joseph Ross at Anakatty PHC, and the gynecologist at Kotattara Hospital, who was on leave on account of her mother’s illness. Further, according to Dr. Ibrahim (in-charge) and Prashant V. (PRO under NRHM) of the Government Tribal Super Specialty Hospital, Kottathara, the posts of Surgeon and Anesthetic are vacant and there is no physician in the hospital. The water supply to the hospital is essentially untreated river water, which is extremely unhygienic, but there is no choice. They also informed us about the lack of staff in the hospital, especially the lack of a gynecologist. Incidentally the gynecologist who was appointed here has been on leave for a long time, and now they have a gynecologist on contract-basis. Due to the lack of a gynecologist, the Ultra Sound Scanning machine could not be used for the past 3 years since they
could not get the required certificate under the PNDT Act. Even this hospital does not have the necessary infrastructure, so patients have to be referred to Thrissur Medical College.

It is necessary to highlight that the deaths of children cannot be attributed solely to the lack of health infrastructure, but the quality of health services is also responsible. For instance, the case of Chelli w/o Velan, from Vellakulum ooruv who lost her twins is illustrative of the negligence of doctors who failed to provide adequate treatment. This kind of negligence on the part of the doctors at Sholayur PHC is also noticed in the case of Rangi w/o Raman, also from Vellakulam, whose child was still-born in the 5th month of pregnancy. This is the third child she has lost in utero, however, the doctors have not taken any steps though she went to the Sholayur PHC every month of her pregnancy.

Perhaps one of the most poignant episodes is that of Nagan s/o Pannalli and his pregnant wife Meenakshi from Edavani ooru who lost their son. The doctors at Government Tribal Specialty Hospital at Kottathara refused to admit her despite the requests of the ASHA worker and the JPHN from Pudur PHC. Thereafter she developed labour pains as she waited in the bus stand and when rushed to the hospital she gave birth to a stillborn premature baby.

These experiences do not merely point out to a lack of health infrastructure in Attappady but also call into question the commitment with which the health staff are performing their duties here. We were informed that generally doctors do not want to be posted here due to the lack of living facilities and the general backwardness of the region, and that added incentives are being provided to lure doctors here. This approach is shortsighted and instead the State Government must ensure that the best health staff are compulsorily posted here at least for the next 2 years till this crisis is addressed.

8. **Recommendations:**

It is necessary to appreciate that the State Government has publicly admitted to the deaths of these children due to malnutrition and has not attempted to cover it up. Furthermore, the Government has taken several steps already and it has also taken the initiative to envisage several ‘packages’ with short-term and long-term measures to address this mammoth crisis. However, there is much to be done in terms of the implementation of these measures. Moreover, there are some obvious measures that are required to be taken up, which, unfortunately, do not find any mention in the packages announced by the State Government.

I. **General:**

1. An enquiry must be conducted into the deaths of the children due to malnutrition, to ascertain the exact causes for their deaths, and to ascertain whether the same could be attributable to dereliction of duty by government officials.
2. The State Government must constitute a year-long “Attappady Mission” headed by a retired Judge of the Hon’ble High Court of Kerala and consisting of experts in the fields of Health, Nutrition, Children, Law and Adivasis and also representatives from Dalit/Adivasi organisations, NGOs and others to periodically overview the implementation of the various measures to be taken in Attappady.

3. The State Government must undertake, on war-footing, extensive ‘Health Camps’ in every ooru to identify every malnourished and/or anemic child, adolescent and all pregnant women and ensure that they receive proper nutrition and health care. There must be individual monitoring of all of these persons to prevent any further deaths in the Attappady area.

4. A similar exercise is required to be carried out throughout the State, focusing on Dalit, Adivasi and fishing communities, to identify all the children who are severely malnourished in the State.

II. Children at risk of death from severe malnutrition

These following steps have to be taken on an immediate basis.

1. Treatment of moderately and severely malnourished children: There is a certain need for a war-footing programme in regard to children already identified as moderately/severely malnourished. In regard to all of these malnourished children, it is imperative that the following steps are taken on a war footing and within a fixed time frame:
   • Every child must undergo an immediate health assessment, and those children identified as ‘severely malnourished’ must be given required medical treatment immediately.
   • The protocol for severely malnourished children as per WHO guidelines must be followed.
   • It must be ensured that the children are provided with the freshly cooked meals as per the suggested diet for severely malnourished children, whether they are being treated in the hospital/NRC/PHC or in the AWC itself.

2. Feeding of severely malnourished children: In regard to the children not requiring hospitalization, community based nutrition centres should be started in villages with severely malnourished children, which could be the AWCs themselves, in which the children would be fed a special diet of locally available nutritious food including local pulses and cereals, eggs, vegetables, milk, bananas, fruits, etc.

5. Establishment of NRCs: To facilitate the treatment of children requiring hospitalization, the State Government should set up Nutrition Rehabilitation Centres, linked to the Community Health Centre at Agali and Government Tribal Specialty Hospital at Kottathara. Further, to facilitate the treatment of children requiring hospitalization across the State, the State Government should constitute a year-long “Attappady Mission” headed by a retired Judge of the Hon’ble High Court of Kerala and consisting of experts in the fields of Health, Nutrition, Children, Law and Adivasis and also representatives from Dalit/Adivasi organisations, NGOs and others to periodically overview the implementation of the various measures to be taken in Attappady.

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should set up Nutrition Rehabilitation Centres, linked to the Community Health Centres and District Hospitals throughout the State.

3. *Families of severely malnourished children must immediately be given AAY ration cards:* Antyodaya cards should be provided to the families of all children suffering from severe malnutrition immediately.

4. *Identification of all women including pregnant women and lactating mothers with malnutrition and/or anemia:* It is necessary that there be a comprehensive survey to identify all women, including pregnant women and lactating mothers suffering from malnutrition and/or anemia, conducted by the Social Justice Department, Department of Health and the Department of Tribal Affairs with the full participation of the local bodies, activists and NGOs.

5. *Child tracking system:* Individual ‘child tracking’ is particularly important to prevent extreme under-nutrition as well as prolonged illness (often evident in loss of weight). The profile of each child is required to be maintained with an online monitoring system.

6. *AWWs to work exclusively in Anganwadis:* The AWW should not be allowed to hold any other post including that of elected representatives and they must not be made to do any other work except those required under ICDS.

7. *Awareness campaign against child malnutrition:* The State Government must undertake an extensive awareness campaign to inform people about malnutrition, its harms, treatment, etc.

8. Eggs/bananas and fresh milk shall be provided to all adivasi children, women including pregnant women and lactating mothers and adolescent girls in Attappady.

9. Psychiatric help must be made available, both for mothers who have lost their children and for the community.

10. The Government should pay minimum wages as fixed under the provisions of the Minimum Wages Act to the mother/guardian/relative during the period of treatment of the child, since there would be loss of income and earnings during this period.

### III. Provision of nutrition in Anganwadi Centres

Nutrition should be provided in the anganwadis in strict compliance of the Orders of the Hon’ble Supreme Court as detailed above and it shall be in the form of hot cooked meals of locally available nutrition sources.

### IV. Universalisation of ICDS

1. The State Government must ensure universal coverage of ICDS as directed by the Hon’ble Supreme Court and all the 187 oorus should be provided with AWCs.

2. The Government must evolve a mechanism for transport of food grains to the interior oorus, so as to ensure that no family or person is left out of the
V. Need for comprehensive package and time-bound implementation of the same

1. While various packages have been conceptualized and are to be implemented, there is a lot of ignorance and confusion in regard to the details of the packages. It is necessary to develop a comprehensive holistic package and to take steps to inform the dissemination of information in this regard to all the villages.

2. Given the gravity of the situation and the need for immediate action, it is imperative that there be time-bound road map for implementation of the Comprehensive/various packages of the Government.

3. The implementation of the new schemes/packages, etc. should be implemented by the “Ooru Vikasana Samitis” (OVS)\(^{40}\) and the participation of the community and overseen by the “Attappady Mission” as recommended above.

VI. Proper health services

1. As things stand, the linkages between ICDS and the Health Care system are disjointed and ineffective. There is much scope for better integration of ICDS with basic health services such as health checkups, growth monitoring, detection of under-nutrition, mass de-worming, disease surveillance, micronutrient supplementation, health education, etc.

2. Necessary directions should be issued to ensure that a doctor visits every AWC at least once a month.

3. The Government should ensure that there is regular supply and timely distribution of IFA tablets to adolescent girls, pregnant and lactating mothers in addition to providing proper counseling regarding health, hygiene and nutritional aspects.

4. The Government should ensure that every child enrolled in the AWC is subject to medical check-up by a medical officer at least once in two months and in respect of severely malnourished children, such medical check-up should be at least once in two weeks.

5. Innovative measures in this field should include:
   - A pre-fixed ‘Nutrition and Health Day’ each month, with mandatory joint

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\(^{40}\) OVS are established under AHADS. While their representation on formally elected councils has increased, there has not been a corresponding increase in their participation in decision-making processes. The non tribals continue to exercise an upper hand in all aspects of socio political life in the valley. Hence steps must be taken to empower the OVS first. “From Degradation to Regeneration: Issues of Power, Governance and Participation”; Abey George and Jyothi Krishnan, Lead – DRC, Kerala
presence of the Anganwadi worker and community health worker, and it should also serve as the designated day for the distribution of 'Take-Home-Rations' as well as the weighing of children below the age of three;

- Common training programmes for health and ICDS staff;
- Joint monitoring of child growth by ICDS Supervisors and health staff; and
- Regular provision of medical kits with adequate stocks of common medicines such as ORS, anti-malarials, anti-diarrhoeals, etc.

6. The health department must initiate steps to deliver its services to the children, especially malnourished children, through the anganwadi centres.

VII. Provision of infrastructure to Anganwadi Centres:

1. State Governments should make available medical kits, toilet facilities, and drinking water in all ICDS projects.
2. Minimum infrastructural standards for AWCs should include (at the very least): (a) a well designed independent building with an attractive appearance surrounded by a compound; (b) located in a convenient and accessible space; (c) with separate space for cooking and storage; (d) having toilet facilities; (e) source of drinking water on the premises; (f) storage space for the registers.
3. It is submitted that the State Government should prepare a time-bound schedule to ensure the provision of own buildings with all infrastructure for all anganwadis across the State.

VIII. Children with moderate malnutrition

1. It should also be noted that while this field visit was only able to throw light on the situation and the number of children suffering from severe malnutrition, it is equally important to ensure that children who are in moderate stages of malnutrition do not slip into severe malnutrition. The Government of India\(^1\) has cautioned against neglecting moderate malnutrition.
2. Children with moderate malnutrition should be provided with eggs/bananas and fresh milk and double rations of nutrition as is being provided for the children with severe malnutrition.
3. It is important to prevent the onset of malnutrition and to treat malnutrition in early stages.

IX. Food security of the families

1. It is submitted that one of keys to fighting child malnutrition is ensuring the

\(^1\) Guidelines for Management of Grade I & II Malnutrition in Children, department of Women and Child Development, GOI, New Delhi
food security of the family as a whole. It is thus necessary to ensure that the PDS, MGNREGA and other social security schemes such as Indira Gandhi National Old Age Pension Scheme (IGNOAPS), National Maternity Benefit Scheme (NMBS), etc. are fully operational.

2. **Public Distribution System:** Ensure that the FPS are functioning in compliance with the law and strict action should be taken against any irregularity and the State Governments should not distribute less than the prescribed 35 kgs of food grains per month to a BPL/AAY card holding.

3. Community feeding of all pregnant women, lactating mothers, adolescent girls and children including those who are moderately and severely malnourished

4. **Pensions:** All persons eligible for pensions under various schemes including eligible senior citizens, widows, disabled persons, etc. must be given the pension immediately. Further senior citizens in the households with children suffering from severe malnutrition must also be provide with old age pension

5. **MNREGA:** The State Government has to be directed to ensure the proper implementation of the MNREGA, since this is a crucial entitlement ensuring livelihood security for poor rural families. The Government should review the performance of the MGNREGA in Attappady block through social audits. The Government should also increase the number of days of work from 100 days a year to 200 days a year as also the wages to at least Rs. 300 per day and the Special assistance package of 63 crores under NREGA for Attappady must be immediately implemented.

**X. Monitoring and Supervision**

1. Monitoring mechanism must be set up with a monitoring Committee at the block-level with civil society and NGO representation

2. Once a month grievance day should be held at the Block-level, Gram Panchayat level and the village level to give a space for persons to voice their grievances and have them addressed.

3. Staff and students of Social Work Departments in colleges should be mobilised in the monitoring of the programme to eradicate malnutrition.

**XI. Capacity building of AWWs, AWHs, CDPOs and DDs**

1. Anganwadi workers should be trained to publicly display a list of children at risk and report the progress of these children to the mothers, committee or panchayat. Supervisors, for their part, should be responsible for verifying the accuracy of these records and helping Anganwadi workers to maintain them.

2. It is also noticed from various visits across the State that one constant refrain for lack of proper implementation of ICDS is the lack of staff. In this regard it is required that all vacant posts must be filled and an additional worker needs to be appointed in the AWCs with the specific task of looking after children
below the age of 3 years.

XII. Restoration of lands illegally alienated from adivasis

1. The State Government must constitute a “Special Land Tribunal” to redress the grievances related to land alienations within one year.

2. The Report of the Government of Kerala on land alienation whereby more than 10,000 acres of land has been found to be alienated from the adivasis needs to be acted upon

3. The State Government must immediately undertake exercise to identify all the lands that have been alienated from the adivasis illegally, along with GIS maps and trace these ownerships. Detailed planning and proposed steps towards restoration must be prepared in regard to each piece of alienated adivasi land.

4. Restoration of alienated lands:
   A. All clearly illegal alienations must be immediately nullified and the lands be restored back to the adivasis
   B. Lands alienated through mortgage need to be redeemed and restored back to the adivasis.
   C. In cases where lands were actually purchased by non-adivasis, the State Government must compensate the non-adivasis and restore the lands back to the adivasis.

5. Prevention of any further alienation of adivasi lands: The State Government must undertake an exercise to identify all the lands in the hands of the adivasis and undertake biological fencing, i.e. planting of shrubs, trees, hedges, etc under NREGA and ensure that no further alienation of lands takes place henceforth.

6. Institute criminal cases for offences punishable under Section 3(1)(v) of the Prevention of Atrocities Act against non-adivasis who have illegally alienated lands from the adivasis

7. Provide all necessary support in a time-bound manner to revive and support the traditional and other agricultural practices of adivasis on their lands

8. Any agricultural package to be implemented by the State Government at this juncture in Attappady must necessarily be limited solely for the benefit of the adivasi communities.

9. There are orders in favour of restoration of land to the adivasis, which have not been complied with, and the adivasis do not have the necessary

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42 A restricted form of this recommendation has been made in the note submitted to the Hon’ble Minister for Tribal Development
43 This has been recommended as per the note submitted to the Hon’ble Minister for Tribal Development
44 One of the constant complaints of the adivasi communities is that the non-adivasis always gain from schemes that are said to be implemented in the interest of adivasis, due to which they have minimally enjoyed if at all the benefits of various schemes, programmes and developmental programmes in Attappady.
wherewithal to pursue this legally or otherwise. The State Government must undertake an exercise in a time-bound manner in regard to these favorable orders and ensure compliance of the same and restoration of the lands to the adivasis immediately.

10. It must be ensured that the adivasis have full and complete control over their lands and its produce and various insidious practices of non-adivasis to take control of the land and their produce should be dealt with firmly.

11. The common lands of the oorus and the adivasi communities have to be identified and protected.

XIII. Development activities to all oorus

1. The Government should immediately take steps towards developmental activities in all oorus, including provisions for water supply, bus services and roads.

2. The Government must evolve a mechanism for transport of food grains to the interior oorus, so as to ensure that no family or person is left out of the distribution.

XIV. Implementation of the Forest Rights Act

Immediate steps should be taken to ensure the implementation of the Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006 within a time-bound manner including providing individual and community rights within a fixed period not extending beyond one year.
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<td>17</td>
<td><strong>Annexure – 12:</strong> English press reports</td>
</tr>
</tbody>
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