

Sheopur Disaster

!!An Alert Note!!
on
Death of Children in Patalgarh

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DEATH OF SAHARIYA CHILDREN

Background

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

Patalgarh has been in the news for the past three weeks, for the most distressing reasons- death of 13 innocent children¹. Patalgarh is a village situated in Sheopur, a Sahariya dominated district of the state of Madhya Pradesh. The village, which is part of the Karahal Block, is situated at a distance of 70 kms from the district headquarters and 65 kms from the block headquarters. It can be reached by taking the Goras road from Karahal and one has to travel through the thick forest and bumpy, muddy roads.

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

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

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

They say that four days after the death of Kamondi some children in the village started developing red rashes on their body accompanied by fever. On seeing this, the elderly members of the community, which is superstitious, said that it was the curse of the Goddess, which had come upon the children, and so there was no need to show the doctor. Gradually the rashes spread over to other children,

¹ February 9th, Dainik Jagran;

now accompanied by vomiting and loose motions. In due course (February, 2005 to be exact) the children started dieing one by one and the number reached an alarming one, with 13 children dead and 80 children hospitalized². The parents of children say that the children did not have enough food during the course of their illness.

It is clear from the above stated account that the first cases of measles had been detected in September 2004 and the first death due to the post measles occurred in February; 2005. One cannot understand how the health department could be so irresponsible and waits for five months after the first case to take any relief step. This incident is however not news to us, because, this has always been the gimmick of the administration, which waits for some large scale disaster to happen before showing made-up concern by suspending a few government authorities. If the health department had been careful and alert enough this tragedy could have been averted because it has occurred almost 5 months after the first symptoms of the disease have been seen. It is high time the State fixed a liability for those government officials, other than suspension and enquiry!

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

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

² February 11th, Dainik Bhaskar(Newspaper)

11	Jamuna	Chulli	1 years	Within one week	Patalgarh	Sheopur
13	Rampyari	Kalla	5 years	Within one week	Patalgarh	Sheopur
14	Lalla	Shramsingh	7 years	Within one week	Patalgarh	Sheopur

Points at a glance -

- The first incidence of measles occurred Patalgarh village in September 2004.
- Authorities came to know about the disease in February when the situation became very severe.
- Five children lost their lives on 5-2-2005.
- Within a week 13 children died.
- Team of doctors from G R Medical College and UNICEF reached the village.³
- Two village level health workers were suspended for alleged negligence.⁴
- The number of children hospitalized rises to 50 on 9-2-2005.⁵
- The number of children hospitalized rose to 60 on 11-2-2005.⁶
- The medical team identified the disease as one relating to post measles complications.⁷
- Within a week the number of children hospitalized rose to 80.
- Patalgarh village is inhabited by people belonging to two communities- Sahariya and Marwadi Gurjar.
- The Medical College team has found that the post measles complication spread only among the Sahariya children.

Steps taken by the administration in Sheopur.

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

³ News dated 9th February 2005 in Naiduniya.

⁴ News dated 9th February 2005

⁵ News dated 9th February 2005 in Nai Duniya.

⁶ News dated 10th February 2005 in Navbharat.

⁷ News dated 10th February 2005 in Dainik Bhaskar.

the cases summoned an ambulance from the District hospital and got the children admitted there.

On 8-2-2005 two children lost their lives at the district hospital and after this a team of doctors headed by Dr Ghanshyam from Gwalior and Dr B K Saxena, Child Specialist from Shivpuri District hospital arrived at the hospital. These doctors made chek-up and also took blood samples of the children and promised to send the reports. Gradually the number of children hospitalised rose to 80.⁸

According to the block medical officer Dr. R K Saxena, the disease is not measles but a mixed viral disease. He also says that one out of the 13 children died one and a half months ago. Ram Singn's wife, who gave birth to twin daughters Ganga and Jamuna, was very anemic and the children were severely malnourished, which ultimately led to their death. Some of the children who are still in the hospital are in a bad condition. Ramvaran, 18 months old has swollen belly which is a symptom of *mixed viral infection*, Jugral, was given immunization on 18-7-2004 apart from this several of the children admitted in the hospital are showing symptoms of fever and cough. According to the doctor, the disease has been there in the village from last year.⁹ If this is the case then, how come the ANM's who are supposed to visit the village at regular intervals and keep a check on the condition of the children, lactating mothers and pregnant women, did not know of the critical conditions that had come up? If they were aware of the severe condition that was forming in the village why the District Medical team was not made aware of it? Perhaps these unanswered questions are not the concern of the government machinery. Either ways, it was undoubtedly an irresponsible act on the part of the ANM and as of now, no liability has been fixed for such acts, which is perhaps the reason why they seem to repeat themselves.

As usual when the situation became critical, the government and other agencies came to the rescue of the helpless. The administration has suspended two village level medical workers.¹⁰ But the main question to be addressed here is, whether anything concrete and meaningful can be achieved from these suspensions. The situation keeps repeating itself and the administrative authorities wake from their slumber only when some large scale disaster occurs.

The situation in Patalgarh village.

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

⁸ News dated 11th February in Dainik Bhaskar.

⁹ As spoken to the Right to Food Fellow, Uma Chaturvedi.

¹⁰ News dated 9th February in

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

Government schemes.

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

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

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

None of the social security schemes have been implemented in the village. A few people in the village had received Old Age Pension for a few months but it stopped. When asked, the Sarpanch of the village told the people that, the government had stopped giving pension after 1 year. 70 year old Gajri Bai lives in a dilapidated hut with her husband who is around 80 years of age and till date they

have not received any help from the administration or the government. Same is the case with the Vidhwa Pension Scheme- none of the widows in the village have received it. Beba Prem Bai is a widow with four small children and she has no land or any other means of livelihood. Similarly Tilnia Bai is also a widow who does not have any support, she keeps her family alive with the money derived from labour which fetches her around Rs. 50 per day and in a month she gets an average of 8-10 days of labour. The condition of the disabled in the village is no different.

Sahariya children: In the shadow of malnourishment

A situation analysis

As per the data provided by the Regional Medical Research Institute of Tribals in Jabalpur, 93% of Sahariya children are victims of severe malnourishment and 15% are almost on the verge of death, due to malnourishment¹¹. The average life span of a Sahariya is 45 years, which is 25% less than that of an average man's life span.¹² The conclusions of this survey were even accepted by the Supreme Court. It is difficult to trace even a single child, youth or a family that is not a victim of severe malnourishment and anemia. However the health and nutritional status of these children is the last priority on the list of the government. This can be clearly understood if we look into the functioning of the Anganwadi centers and the Mid Day Meals scheme in the state, especially in Sheopur.

Kuposhan Niwaran Abhiyan

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

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

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

¹¹ According to the data obtained from a study conducted on "The Status of Malnutrition in the State of Madhya Pradesh" by the Regional Research Institute on Tribals, Jabalpur.

¹² Study conducted by the Regional Research Institute on Tribals, Jabalpur.

Another question which needs some probing is whether, providing one cup of boiled daliya can improve the health condition of these children? As per the Supreme Court recommendations, under the consolidated child development program the children under 6 years of age should be provided supplementary food on regular basis and they should be given 30 calories or 8 to 10 grams of food containing proteins, if the case is of malnourishment than the child should be given double amount of stated meals. But the ground reality is that in the Sahariya populated area this problem is ignored and thus supplying double amount of supplementary meals is not possible for the anganwadis because the supply to from the government itself is not in accordance with the increased demands. This grim reality is underlined by the statistics available for MP. Of the total population of 10,618,323 who are in the age group of 0-6, only 2,334,789 are enrolled under the SNP - a mere 22%. While the norm for the average number of children to be enrolled per AWC is 80, only 57 is the actual enrollment figure. Similarly where the norm set for pregnant mothers is 20 per AWC, only 15 are actually enrolled.

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

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

The issue relating to malnutrition cannot be singled out and seen. It is linked with a number of other issues like the functioning of the PDS in the region, the break up of the traditional food security system of the people, the non functioning social security schemes and the ICDS, lack of means to earn livelihood, and above all

the irresponsible attitude of the government The health status of a family is directly dependant on the earning capacity of the family. The Sahariya community which depended mainly on the forest and its produces for livelihood has been ousted from there for the simple reason that, the state can earn more revenue from its control over the forests.

Shivpuri model of Negligence- Despite the fact that there are Supreme Court orders saying that the ICDS should be implemented in full, in Shivpuri district of Madhya Pradesh in the year 2003-2004 the budgetary allocation for supplementary nutrition was Rs. 2,51,23,000/-, and the department only spent Rs. 90,19,557/-. This result- long and interrupted disruptions in the supply of nutrition to highly vulnerable children and mothers living in the Sahariya dominated area of the state. Today, even after the intervention of the Supreme Court Commissioners, the supply of supplementary nutrition is still in a situation of havoc.¹³

Findings and Recommendations of the Medical College Team¹⁴

Findings :

- The post measles complications arose only among children of families of 120 Sahariya Adivasis in Patalgarh village.
- The disease has spread due to malnutrition.
- There are 120 children in the age group of 2-10 years in the village, out of which 13 have died and 80 children are inflicted by post measles complication.
- All the children in the village are malnourished and their resistance capacity is not strong enough.
- When immunization was given to these children, their resistance capacity was so weak that they caught up with the disease.
- After this the children also started having vomiting and diarrhea which is fatal.
- If the children had not been malnourished, they would not have died due to post measles complications.

Recommendations :

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

¹³ Issue raised by the Right to Food Campaign Madhya Pradesh Group.

¹⁴ News dated 11th February 2005 in Dainik Bhaskar.

The major drawbacks-

1. The question of accountability is one which has been constantly ignored. Although the Supreme Court has stated that, in the case of starvation deaths and deaths due to malnutrition, the Chief Secretary of the concerned State and the Collectors are to be held liable, the order seems to be only on paper and not in practice.¹⁵ It is high time that the order be complied with. Also, the general trend seen is one where, when there are deaths each time, the lower level authorities (village level health worker, panchayat secretary etc) are suspended but, the higher level officials like the District Medical Officer, Collector etc, should also be held liable. These incidents keep happening because of corruption so immediate steps should be taken to make officials liable in their personal capacity.
2. Another issue that has arisen is one relating to transparency of the concerned authorities. When the Right to Food Fellow approached the office of the District Medical Officer to get some data on the immunization of children in Patalgarh village, the lady in the office gave the register to her. But later when the DMO arrived, he was furious with the lady and ordered the register to be brought back. The DMO now refused to release any data to the public. The Right to Food fellow had applied for a copy of the information under the Right to Information, however even seven days after the application evidently no step has been taken. Keeping people out of bound from public information is not in keeping with the concept of transparency.

The sad story of the Sahariyas.....

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

¹⁵ Fifth Report of the Commissioners.

them. They were evicted from the forests in the name of forest protection and development.

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

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

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

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

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

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