Fact-finding Report on “Situation of Children suffering from Malnutrition” in Lahunipada Block of Sundargarh district, Odisha

1. Introduction

Sundargarh is a scheduled district of 17 Blocks having more than 52% tribal population. Lahunipada is one of the Blocks having 17 GPs with concentration of 65.2% tribal population as per 2001 census. It has significant presence of Paudi Bhuyan, one the most neglected Primitive Tribal Groups (PTG) in the state. As per Demographic profile of 2007 prepared by State Govt., Paudi Bhuyan tribe concentrates in 22 villages of 5 GPs with total population of 3914. Total no. of 962 families out of approximately 1000 families are enlisted as BPL category. Almost all the people are poor and live in very wretched condition. Literacy rate among Paudi Bhuyan is 19.24%. Their villages are located in remote forest and hilly terrain. This inaccessible physical location keeps the people aloof from so called development process. The people largely depend on forest and forest products. They gather different fruits, tubers, leaves and seasonal foods like mushroom as their prime food throughout the year. Lack of irrigation does not allow them to go for settled agriculture. However they grow crops like millets, pulses and some amount of paddy during monsoon if there is good and timely rainfall. To improve socio-economic condition of the Paudi Bhuyan, the Govt. has started special project called Paudi Bhuyan Development Agency (PBDA) in Lahunipada Block since 1978-79.

Depleting forest and natural resources, uncertain rainfall and non availability of food has put the people in acute food shortage during last few years. This has led to serious health hazard to the children and women in every village. As per study undertaken by Jivan Vikas, a local NGO, more than 70% of children in every village are malnourished. All Paudi Bhuyina people are hill dwelling primitive tribes. They practice shifting cultivation and use to change their place in every three to five years. This has been reduced now and they have started permanent settlement in different suitable locations. Not a single family had any record of rights of the land till 2012 when 155 out of 867 families applied for forest land patta and got their land title under the new Forest Rights Act.

2. Visit of the Fact-finding Team

The Team members have come across the news in mass media about a number of Paudi Bhuyan children suffering from malnutrition and large scale child death among Bhuyan Tribes in Lahunipada Block. Being perturbed over the news, a 3-member Team of Right to Food Campaign, Odisha consisting of Pradip Pradhan, Tapan padhi, Child Rights Activist and Bhajamana Mahanta leading local NGO called Jivan Vikas had made visit to the Paudi Bhuyan villages to ascertain the truth of the reported news and understand the problem of the Bhuyan tribes and the reason for large scale child malnutrition and assess implementation of various food security programme in the villages dominated by Paudi Bhuyan and performance of Paudi Bhuyan Development Agency (PBDA). On 13th and 14th May, 2013, the Team covered a number of Paudi Bhuyan villages — Sanjol, Budhabhuiin, Dhokamunda of Haldikudar, Talbahali and Daleisara Gram Panchayats which are inaccessible and forest-infested areas, met Anganwadi workers, villagers, manufacturer of Chhatua (Take Home Ration), Medical Officer, Primary Health Centre(N), Medical officer and pharmacist of Community Health Centre, Lahunipada, Additional Block Development Officer, Lahunipada, Special Officer and Staff of PBDA, Nutritionist-cum-Councillor of Nutrition Rehabilitation Centre (NRC), Banei, Sub-divisional head quarter and interacted with them about implementation of various programme undertaken to address the problem of Paudi Bhuyan tribe, soliciting their views on issues of child malnutrition etc.

During visit, the Team members came across a number of children within the age group of 0 to 3 years suffering from malnutrition in number of villages of Haldikudar, Talbahali and Daleisara Gram
Panchayats. Terrible situation of malnutrition of the children was found easily visible from their body posture, physical condition, thin figure. It was felt that acute food shortage and lack of nutritious food has resulted in malnutrition of the children in this area. Malnourished children whom the team identified in the villages is as follows.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of village</th>
<th>Name of parents (F for Father, M for Mother)</th>
<th>Name of malnourished children (Male/Female)</th>
<th>Approximate Age</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Haldikudar Gram Panchayat

1. Sanjal village (1) Pala Mundari (F) Sukulal Mundari (M) One year The parents could not speak exact date of birth of the child
2. DO Jambe Munda (M) Suraj Mani Munda 5 month do
3. DO Sana Munda (F) Ramachandra Munda (M) 8 month do
4. Sanjal village (2) Jana Giri (F) Laxman Giri do
5. DO Gurubari Nayak (M) Mantu Nayak (M) 1 year do
6. DO Vansi Nayak (F) Tuti Nayak (M) 1 year do
7. DO Bara Dehuri Rajani Dehuri 4 year do
8. DO Dula Dehuri (F) Dhaneswar Dehuri (M) 1 year do
9. DO Parbati Dehuri Gahma Dehuri 1 year do

Talabahadi Gram Panchayat

10. Budhabhuiin village Sukanti Dehuri (F) Arpita Dehuri (F) 2 year do
11. Do Tari Dehuri (F) Kajal Dehuri (F) 1 year do
12. DO Pana Dehuri (F) Rajesh Dehuri (M) 1 year do
13. DO Parbati Nayak (F) Manoj Nayak (M) 3 year do
14. DO Rai Dehuri (F) Rupali Dehuri (F) 2 year do

Daleisara Gram Panchayat

15. Dhokamunda village Nandini Munda (M) Jogendra Munda (M) 2 Year do
16. Do Magsira Munda (F) Saraswati Munda (F) 2 year do
17. Do Manguli Munda (F) Nandini Munda (F) 2 year do
18. Do Ajit Munda (F) Jasangi Munda (F) 10 month do
19. Do Redhu Munda (Grandfather) Fakir Munda (M) 1 year 7 month do
20. Do Manguli Nayak (M) Nakula Nayak (M) 1 year 6 months do

(NB- There are so many malnourished children in these Gram Panchayats as reported by the villagers)
3. Discussion with ICDS Staff
ICDS (Integrated Child Development Scheme) programme is undertaken by Govt. since 1975 which aims at providing nutrition food and health service to the children, pregnant and lactating women free of cost with a view to check malnutrition and infant mortality and maternal mortality in the state. The 6 types of service are provided through Anganwadi centre located in each village or hamlets. As ICDS is one of the major programme claimed by the Govt. implemented to address malnutrition issue, the Team has curiosity to understand why the children of Paudi Bhuyan continue to suffer from malnutrition despite ICDS programme being implemented in this area since last 30 years. Accordingly, the Team members visited Anganwadi Centres and interacted with Anganwadi Workers about services provided to the beneficiaries.

a. Sanjol Anganwadi Centre (2)
On first day of the visit, the Team met Basanti Jamuda, Anganwadi Worker in Sanjol Anganwadi Centre (2) under Haldikudar Gram Panchayat, 35 km away from Block headquarter. It was found that the centre was locked by the villagers due to the conflict with CDPO centring around the illegal appointment of helper from another village. After the request made by the team, the villagers opened the centre. The worker did not show any document like stock register, meeting register of Mothers’ committee and Chhatua distribution Register. No pre-school education is imparted. The worker has identified only four malnourished children which have been reported to Govt. whereas the Team came across a number of children suffering from acute malnutrition. When asked less number of malnourished children reported, the AWW remained silent. Even the Worker is not well-trained to assess weight, height and MUAC (Middle Upper Arm calculation) to know whether a child is malnourished. It was also found that the worker has not referred many children to Primary Health Centre, Khuntaan for further treatment. The Team also met beneficiaries to know about quality and quantity of Chhatua distributed to them. Basanti Dehuri, Gurubari Nayak, Parbati Dehuri said that they were getting only one packet Chhatua per month instead of two packet. As per ICDS guideline issued by Govt. of Odisha, the malnourished children are entitled for 6 kg of two red packet Chhatua (3 kg each packet). But in this centre, no malnourished children have received red packet chhatua. Chhatua was found tasteless and the stock is very old. The packets do not carry name of the manufacturer and date of manufacturing.

b. Sanjol Anganwadi Centre(1)
The Team found Anganwadi Worker Smt. Sebati Mahanta absent in the centre as reported by the Helper the AWW seldom comes. While inspecting the records, it was found that no records like Chhatua distribution Register, stock register, Meeting Register of Mothers’ Committee are updated. Weight machine is defunct. No instrument is found to assess whether the child is malnourished. The Helper Indumati Munda reported that one child has been malnourished. But the team identified five children malnourished from their physical condition. The beneficiaries like Malin Munda reported about receiving one packet chhatua in each month.

c. Budhabhuin Anganwadi Centre
This centre comes under Talbahali Gram Panchayat, 35 km away from Lahunipada Block headquarter. At the time of the visit to this centre, the Angawadi Worker had already left the centre. The centre is running in a rented house. The building sanctioned for the centre is under construction since last three years. However, the Team interacted with beneficiaries of Budhabhuin village and noticed number of malnourished children as mentioned in Table above. The beneficiaries like Arpita Dehuri, Tari Dehuri, Parbati Nayak, Rai Dehuri said that they were getting one packet chhatua in each month (each beneficiary is entitled to get two packet chhatua in each month) which was later on denied by the worker at the time of interaction over mobile.
d. Dhakamunda Anganwadi Centre
Dhakamunda Angawadi Centre which is situated in forest and hill areas comes under Daleisara Gram Panchayat, around 40 km away from Block head quarter. This Dhakamunda village is dominated by Paudi Bhuyan and Munda tribe. During visit, the tam noticed a number of malnourished children of Munda tribe and found their health condition deteriorating day by day. On query about deteriorating health condition of the children, the parents like Nandini Munda, Magasira Munda, Manguli Munda could not say anything. The Team felt that shortage of food, unhealthy environment and lack of health service has led to this disastrous situation in this area which was confirmed by Medical staff of PHC, Khuntgaon and CHC, Lahunipada later on. On the way returning from the this village, the Team member saw Anganwadi Workers and Supervisors carrying some malnourished children with their parents for treatment. When they were asked about it, they remained silent.

4. Distribution of Chhatua- A failed device to check malnutrition
As per new guideline issued by Govt. Of Odisha in 2010, each beneficiary like children (7 month to 3 years), malnourished children (7 month to 6 years), pregnant and lactating women are entitled to get two Packets of Chhatua in each month as per the following provisions.

<table>
<thead>
<tr>
<th>Category of beneficiary</th>
<th>Quantity of Chhatua</th>
<th>Each packet containing quantity (two packet chhatua in each month)</th>
<th>Colour of Packet</th>
<th>Amount allocated per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (7 month to 3 years)</td>
<td>4 kg</td>
<td>2 kg</td>
<td>Sky blue</td>
<td>Rs. 4/-</td>
</tr>
<tr>
<td>Pregnant and lactating women</td>
<td>5 kg</td>
<td>2.5 kg</td>
<td>Yellow</td>
<td>Rs.5/-</td>
</tr>
<tr>
<td>Malnourished children (7 month to</td>
<td>6 kg</td>
<td>3 kg</td>
<td>Red</td>
<td>Rs.6/-</td>
</tr>
<tr>
<td>Malnourished Chhatua (3 to 6 years)</td>
<td>2 kg</td>
<td>2 kg</td>
<td>Red</td>
<td>Not known</td>
</tr>
</tbody>
</table>

The Govt has taken policy decision to hand over Women SHGs for preparation of Chhatua. Accordingly, Jagruti Women SHG, Khuntgaon has entered into an agreement with the administration for preparation and distribution of Chhatua in Haldikudar Gram Panchayat. Ma Ganga Jamuna Women SHG, Tileibani is supplying to Anaganwadi centres under Talbahali Gram Panchayat. The Team visited to Jagruti Women SHG to make a query about less quantity of Chhatua distributed to the beneficiaries. The Team met Sandhya Raput, secretary of SHG at her house at Khuntgaon. It was found that she has infrastructural set up with all instruments and machine in her house for preparation of Chhatua. She and her husband are engaged in preparation of Chhatua. When the Team asked about packet containing no information about her organisation’s name and address and date of manufacturing, she did not reply anything. The Team wanted to see availability of red packet chhatua meant for malnourished children. Despite her hard search, she could not show it. The Team got confirmed that there is no supply of red packet chhatua to the centres despite of high incidence of reported malnourished children in the area.

5. Interaction with Doctor and Staff of Primary Health Centre, Khuntgaon
The Team visited Primary Health Centre, Khuntgaon and interacted with Dr. Pullock Ranjan Mallik, Medical officer and Smt. Mathamani Rath, Lady Health Visitor about steps taken by hospital to
address malnutrition issues in the locality. According to Dr. Mallik, “PHC observed Monthly Nutrition Day on 15th of each month for treatment of the children suffering from malnutrition. The Govt. has not allotted any medicine to the PHC to be given to the malnourished children. On Nutrition day, the staffs of Community Health Centre attend with the medicine and provide it to the patients as per prescription of the doctor. Many a times, they prescribe the medicine to the patients and ask them to purchase from the open market, in case of shortage or non-supply of medicine. They prescribe and provide iron syrup, albendazole syrup and protein powder to the malnourished children”. When the Team requested the doctor to carry out special drive to treat the malnourished patients by visiting the places, the doctor declined to do it as they do not have the vehicle, no fund and no medicine. PHC has been allotted one Ambulance with no fund for oil. Many times, they could not offer Ambulance in case of emergency due to lack of fund. Similarly, funds under Annual Maintenance Grant, Untied Grant have been stopped since 2010. They are receiving just Rs. 50,000/- as fund under Rogi Kalyan Samiti(RKS). PHC has not been provided with any medicine to treat the patients suffering from malnutrition.

6. Interaction with Doctor and Staff of Community Health Centre (CHC), Lahunipada
The Team Members have the interest to understand about activities taken up by CHC, Lahunipada to address child malnutrition issues in the Block. It was found that the post of Medical officer is lying vacant for so many months. The Doctor in-charge Dr. Basant Kumar Mishra was also absent on the day of the visit. At last the Team met Dr. Srilipi Pradhan who was treating outdoor patients. During interaction with her, the Team expressed their interest to know about steps taken up by them to address malnutrition issues. She emphatically said “though we treat the malnourished children on Nutrition Day, we do not address the malnutrition issues. Because, the Govt. has imposed restriction on supply of free medicine upto Rs. 200/- and within such a small amount, we cannot prescribe costly medicine which is highly required for treating the patients. For example, protein powder is required for malnourished children. But we could not give it as it is costs more than Rs. 200/-. What we do, we just address symptom of malnutrition like cough, fever, dysentery by prescribing medicine upto Rs. 200/- which is free of cost. Almost all children coming on Nutrition Day are malnourished who, I feel, require special treatment.” To ascertain the fact, the Team also verified bill and vouchers of medicine purchased from a particular Medicine shop and supplied to the malnourished children and found that these medicines are not for treatment of malnourished children.

7. Interaction with Child Development Programme Officer (CDPO), Lahunipada
The Team could not meet the CDPO as she had gone to Sundaragarh to attend the meeting called by Collector. The Team also did not get any worthy staff who could respond the query about malfunctioning of Anganwadi Centre.

8. Meeting with staff of Paudi Bhuyan Development Authority (PBDA)
Paudi Bhuyan Development Authority, Khuntgaon which has started since 1979-80 is a special project undertaken under Tribal Sub-plan scheme for socio-economic development of Paudi Bhuyan tribe. To understand about role of PBDA and activities taken up to address malnutrition issues, the Team members visited the office of PBDA and interacted with Special Officer and staff. They said that PBDA does not have any kind of programme to address malnutrition issues. They carry out various programme for developing infrastructure, promotion of agriculture and horticulture in 22 Paudi bhuyan villages. While verifying their Annual activity plan for last year, it was found that most of the activities are construction work like road, culvert etc. The Team felt that these activities have been taken up just to siphon off fund in the name of infrastructure development for paudi Bhuyan. They also appraised the team that earlier, health camp was being organised in Paudi bhuyan village which is stopped now. Sometimes, PBDA offers vehicle for carrying patient to any hospital within the district free of cost.
9. Visit of the Team to Nutrition Rehabilitation Centre (NRC), Banei
The State Govt. has opened this Nutrition Rehabilitation centre in Banei, Sub-divisional headquarter in the month of March, 2013 to provide treatment to the malnourished children free of cost. The Team visited the 10 bedded- centre, found 9 children being treated. The team got satisfied with the management of the centre and treatment made to the malnourished children. Ms. Kusum Nili, Nutritionist-cum-Caretaker was found managing the centre efficiently and effectively.

10. Overall issues aggravating Malnutrition
a. The Team got terribly disturbed having seen the condition of the malnourished children in Tileibani Block. Wherever the Team visited, they witnessed large scale malnourished children in each and every village. Malnutrition is caused due to shortage of nutritious food and lack of proper treatment. To address, the Govt has special ICDS programme to provide nutritious food and ensure immunisation, health check up and health programme to provide free treatment and medicine to the patients. But the Team found that both the programme have precariously failed to address the malnutrition issues in the area. Though PBDA has special role for socio-economic development of Paudi Bhayan, it has failed to improve nutritional standard of the people through promotion of agriculture and horticulture.

B. Anganwadi Centres are not running properly. The Anganwadi Workers confine themselves to providing cooked food to the children. Organising meeting with the women and educating them about health care, conducting health check properly, referring the children to hospital for treatment has been ignored by them. That’s why the Team came across a lot of malnourished children whom the Anganwadi Workers have not referred to the hospital.

c. The Anganwadi centres also lack instruments like weight machine, measurement tape for assessing the child whether he or she is malnourished. In Sanjol centre, the weight machine is defunct since last one year. Measurement tape is not found in any centre. The Anganwadi Workers are hardly concerned about health situation of tribal children in this area.

d. There is no effective monitoring of AWC by the supervisors and CDPO. That’s why the malnourished children have not been properly identified. Had it been properly monitored, the malnourished children would have been properly treated and sent to Nutritional Rehabilitation Centre (NRC), Banei, Sub-divisional headquarter.

e. Chhatua (Take Home Ration) is a nutritious food supplied to the children, pregnant and lactating women through Anganwadi centre. Each beneficiary is entitled to get two packet of Chhatua per month. But it was reported that the beneficiaries are given one packet of Chhatua in many villages like Sanjol, Budhabhui village etc. The quality of chhatua is very low, tasteless, old stock and not eatable. The date of manufacturing and name of woman SHG is not mentioned in the packet. It is continuing since last two years, though monitored by Supervisors of office of CDPO, Lahunipada. The Secretary of Jagruti Women SHG accepted it as mistake.

f. Both Primary Health Centre and Community Health Centre have failed to address this problem. The PHC does not have fund, or infrastructural support or medicine for making special drive to treat the malnourished children. Though the doctor is aware about the situation, he is seen helpless to address it without resources. Similarly, the Community Health Centre could not make proper treatment of malnourished children due to lack of resources. The doctors could not prescribe costly medicine which is required for malnourished children. Because the Govt has restricted expenditure upto Rs. 200/- for giving medicine to the patients free of cost. The tall claim of Govt in
providing free health service to the poor is defeated here. Because of this restriction, the malnourished children continue to suffer and die.

g. Paudi Bhuyan Development Authority which has mandate for all-round development of paudi Bhuyan tribe and working in this block since last 30 years has failed to address malnutrition issue of the tribals. It has failed to ensure food security of the tribals, though it has spent crores of rupees for development of agriculture and horticulture in this area. Lack of food security and that too nutritious food has led to malnutrition among the children of paudi Bhuyan tribe.

11. Recommendation  
The Team felt that the situation of malnourished children of Paudi Bhuyan tribe is equal with that of the children of Ethiopia and Somalia. Their photograph presented below gives glimpse of their physical condition and deteriorating health condition. The callous and indifferent attitude of Govt. officials in Lahunipada Block has led to rise of malnutrition among the children. The carelessness among ICDS official has gone to such an extent that they simply forget their duty to assess the deteriorating health condition of the children and fail to send them to the hospital for treatment. The Team also came to know that the Anganwadi Workers have been instructed not to show more malnourished child in the report and ignore it. Keeping it in view, the Team makes the following recommendations to the State Govt. to take the steps immediately to save the children of Primitive Tribal Groups from malnutrition, hunger and food insecurity.

a. The Women and Child Development Dept in State Govt. should constitute a high-level committee to enquire into large number of children suffering from malnutrition and take action against the officials like Anganwadi Workers, supervisors and CDPO, Lahunipada for their gross negligence in identifying the malnourished children and sending them to hospital or NRC, Banei.

b. The Angawadi workers are found not trained to assess the situation of malnourished children. All the centres are found lack of instruments or instruments defunct. Keeping it in view, it is recommended that the Govt. should make an enquiry about it and take action against the officials responsible for not supplying instruments to the centre.

c. Chhatua is found rotten, tasteless and old stock. There is neither name of manufacturer nor date of manufacturing. Preparation of Chhatua is not properly monitored. Business people are engaged in the name of Woman SHG to do this work. The Team felt that there is unholy alliance among the business people, woman SHG and ICDS officials to get profit from this business. So it is recommended that the State Govt. should send a special team to collect chhatua randomly from the beneficiaries and send it to the laboratory for quality testing. The Agreement signed will Ma Jagruti SHG and Ma Gnga Jamuna SHG should be cancelled.

d. Primary Health Centre should be provided sufficient fund, infrastructural support including vehicle to deal malnutrition problem in this region. Both PHC and CHC should be instructed to make special drive to visit the villages and provide instant treatment to the malnourished children and mothers.

e. Restriction with regard to expenditure for cost of medicine upto Rs. 200/- should be withdrawn in context of treatment of malnourished children. Because, the protein powder which is highly required for a malnourished children could not be prescribed by the Doctor due to this restriction. There should be special instruction from the Dept. of Health and Family Welfare to CHC, Lahunipada to provide medicine to the malnourished children under treatment at least up to Rs.1000/-. 
f. The location of the villages of Paudi Bhuyan is far away from block head quarter. It is hilly and inaccessible area. It is not practically possible on part of suffering parents to come with his/her malnourished children covering long distance. It is also felt that because of lack of transport facility, they could not come to PHC and CHC. So keeping it in view, there should be special health camp by the Medical team in these remote and accessible pockets and in case of any serious health condition; the malnourished children should be referred to NRC, Bonai. As parents will accompany the child to NRC, Bonai for treatment (for treatment, the parents has to stay with the child for at least 14 days in NRC), their dependent children shall suffer. In this context, proper arrangement shall be made for their livelihood.

g. The Govt. Should engage an independent monitoring team (not Govt. officials) who will make visit to these tribal areas to enquire into implementation of various programme and submit the report. The Govt. should take action accordingly. So that such situation will not aggravate further.

h. Paudi Bhuyan Development Authority has failed to ensure and strengthening nutritional standard of the tribals. Its activities need to be reviewed. Mere pumping of money under central schemes will not address any issues of the tribals, unless it is properly monitored, evaluated and planned. So it is recommended that the Annual Activity Plan should be modified keeping in view the pressing problem of the tribals like malnutrition, food insecurity etc. There should be special component in Annual Action Plan to address malnutrition problem among Paudi Bhuyan tribes.

Team Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pradip Pradhan</td>
<td>State Convener</td>
<td>M-99378-43482</td>
</tr>
<tr>
<td>Tapan Padhi</td>
<td>Core-body Member &amp; Child Rights Activist</td>
<td>M- 94376-35267</td>
</tr>
<tr>
<td>Bhajamana Mahanta</td>
<td>Secretary, Jivan Vikas</td>
<td>M- 94371-68823</td>
</tr>
</tbody>
</table>

**Grand Mother of Dhakamunda village holding her malnourished grand child whose parents have died.**

**Manguli Nayak is holding her child of 1.6 years old suffering from malnutrition.**