

***Report of the Fact-Finding Team, Oct 2004***  
**on large-scale incidence of infant mortality among Paudi Bhuyans  
in Haldikudar Panchayat under Lahunipada Block of Sundargarh district**

**Background** :

The successive media reports of infants dying in large numbers across the State, especially in tribal populated regions have evoked sharp reaction among various sections of society. This gruesome chain of occurrences, taking place in quick succession and that too in a brief time-span speaks volumes about the callousness and inefficiency of the State agencies entrusted to ensure minimum health-care and food security for the concerned tribal population. It has again been proved that the various development programmes designed and implemented by Government at Centre or State for the socio-economic development of the poor tribals have in no way mainstreamed them to the level of general population. In stead, the development efforts so made have perpetuated poverty, marginalisation, food insecurity, indebtedness and in a word, all-round immiserisation among the tribal population.

As regards the unfortunate, large-scale incidence of infant mortality reported recently from among the tribal segments of the State, the alarming situations were found in Dongriguda village under Jharigaon block of Nawarangpur district, where 11 infants died during June-July, and next in Sanjal and other adjoining villages of Lahunipada Block of Sundargarh district where 28 infants died during August-September. The situation in all these places is still critical.

Moved by the hair-raising media reports, a fact-finding team consisting of Mr. Pradip Pradhan a Social Activist, Mr. Chitta Behera a Human Rights Activist, Mr. Laxmidhar Nayak a Journalist and Ms. Jeevan Jeeta Pradhan an apprentice of social work visited Sanjal and other villages of Lahunipada block from 2nd to 4th October 2004 to ascertain the truth and magnitude of the reported casualties in terms of infant mortality, the immediate factors responsible for the said incidence and aspects of vulnerability of the concerned tribal population.

The team visited villages Sanjal and Sulabdihi under Haldikudar GP and interacted with the concerned villagers including women, Ward members, Govt. officials, Volunteers of local NGO Sundargarh Gram Unnayan Pratisthan to collect essential information about the facts at ground level. The team came across some startling findings which are worth sharing with all concerned with sustained development of tribal community in our State.

**About the Area where infant mortality occurred**

Sanjal, a forest-surrounded tribal village of four hamlets, about 17 km. from Lahunipada block headquarter comes under Haldikudar Gram Panchayat. This village has a total of 110 families out of which 47 belong to Paudi Bhuyans and 63 to Mundas. It is accessible by a kutchra road from Lahunipada. The other village visited is Sulab Dihi which is also a tribal village and similarly accessible. 42 families of Bhumja tribe and 22 families of Munda tribe are residing in this village. Each of these villages has an anganwadi centre and a primary school. Livelihood of the tribals depends on jhum cultivation (called Bhiringa in local dialect) of paddy and cereals and collection of NTFP. Minor girls as young as 13 to 15 years are found to have been married and each having one or two babies. Physically thin and weak looking, the Bhuyan tribals are incapable of doing any hard work. Most of the infants and children looked pale out of severe malnutrition and anaemia.

Angawadi workers who do not stay in these villages prefer to stay about five km. away and occasionally visit the village centres. A sort of diarchy exists in respect of the management of Anganwadi centers, in the sense that the key of the center is kept with the Anganwadi worker while cooking and distribution of food rests on the Helper. Only boiled wheat and Dal with no sugar or salt is served. Again only those children who come to the center avail the food provision while others get deprived of it.

Community Health Care Centre is located in Khutugan village which is 9 km. away from the village. The tribals hardly visit the health centre due to long distance. They generally depend on indigenous herbs and witchcraft as prescribed by their native quack to treat the patients even in critical emergencies. PDS items are distributed once in a month at Dharanjam village which is 8 km. away from the village. If a card-holder could not turn up on the appointed day, he loses his share for the same month. The tribals sell the NTFP to the traders at a price dictated by the latter. The tribals are hardly aware about such provisions as food to be served under ICDS programme, Immunisation, Minimum Procurement price of NTFP, supply of free medicine for them and other Govt.run welfare and social security programmes.

In Sanjal village 11 infants of the life span of 3 days to 4 years died. All are from Paudi Bhuyan community. Similarly in Sulabdihi village 7 infants within age-group of 3 days to 5 years died. They are from Bhumija & Munda community. As reported by S.N. Samantaray, ABDO of Lahunipada Block, a total of 14 infants died starting from 30th August till 16th Sept. 2004. They are yet to get the authentic report from the concerned medical officer about the sudden increase in the number of infant deaths. But as per the report prepared by ICDS, total nos. of infant deaths amounted to 28 upto the end of September in the villages like Phuljihar, Uskada, Papamunda, Sasha, Anugul Uppergiria. and the causes of sudden spurt in infant mortality were reportedly due to pneumonia, anaemia and septicemia.. It was reported by the ICDS office at Lahunipada that infant delivery was invariably executed by TBA, not by any doctor in the health centre. During last one year, no development work has been undertaken in Sanjal village. Following the media hype on infant deaths, a pond renovation work with a sanction of Rs. 60,000/- has been started to provide the employment to the distressed families among the Bhuyan community. But surprisingly, most of the wage labourers found working under this project were from non-Bhuyan groups.

### **Measures taken by Govt. in the face of alarming incidence of infant mortality in the Lahunipada Block**

As reported by the ABDO, the following measures have been taken up by the administration.

- (A) A five-day medical camp with doctor and free medicine was organised in the concerned villages. The suffering infants have been treated and free medicine distributed.
- (B) A special medical team as commissioned by the Project Officer, Paudi Bhuyan Development Authority at Banei was deputed to the affected villages.
- (C) A pond renovation work with sanction of Rs.60,000/- is being carried out in Sanjal village to provide employment to the Paudi Bhuyan families in distress.
- (D) Regular monitoring is going on to check the infant mortality in the block.
- (E) There is a proposal from the administration that 918 families out of total 988 Paudi Bhuyan families living in 22 Paudi Bhuyan inhabited villages will be covered under Antodaya Anna Yojana.

### **Problems as perceived by the team**

Recent reports of large-scale infant mortality mostly among the tribal community, especially among the Bhyuans in Sundargarh have raised a volley of disquieting questions among the concerned

citizen groups across the State. The first and foremost among them concerns the very relevance of the so-called welfare schemes and programmes of Govt being run with a great fanfare, and also the very capacity of Govt.-orchestrated delivery mechanism that is in place to implement them. The team's visit to the area affected by infant mortality provided an opportunity to understand overall a practical functioning of the Government's poverty alleviation programmes as carried out by the service delivery system in the surveyed villages.

### **1. ICDS Project**

Since 1975 this project is being implemented with the avowed objective to reduce infant mortality and morbidity by way of raising the nutritional standard of the infants within the age group of 0-6 years. As per the scheme there ought to be an Angawadi centre run by an Anganwadi worker in a project village. Angawadi worker is responsible for provision of food along with performing play and songs for the village children. But it was found in the Sanjal village that Angawadi worker does not stay in the village and occasionally visits the village center, where only boiled wheat (Balgar) and dal is served on some days of the month to the children who could come to the centre. Only those children belonging to the hamlet situated near the Centre can afford to visit the Centre. Sanjal having four hamlets, the children of other 3 hamlets can't come to the centre in the early morning merely due to the distance factor. The food is neither served door to door. As reported by the villagers, less than fifty percent of the eligible children happen to visit the centre to avail the food provision. Earlier jiggery was being supplied with wheat, but it has been stopped since three months now. The Dal supplied by ICDS is highly sub-standard and adulterated. So the functioning of this project supposedly to increase the nutritional standard of the children remains questionable.

### **2 Health Service :**

There is a CHC in Khuntagan which is 8 km. away from the visited villages. Doctors are reportedly found absent throughout the year. The health centre is run by the Puri Medical staff. As reported by the people, whenever they go to hospital for treatment, they never get free medicine but only the prescription to purchase the medicine. The tribals hardly go to health centre due to long distance. They depend on quacks and herbs for treatment. The tribes do not have money to purchase medicine.

### **3. Public Distribution System**

Only a single item of PDS i.e. rice is distributed, and that too on a single day i.e 20th of every month. If a beneficiary could not go to bring his share of rice on that very day or be not able to deposit the bulk money required to avail the ration, he loses it till the appointed date of the next month. Secondly, the venue for PDS rice distribution is 8 km. away from village. Under the circumstances, it remains to be seen, whom does the PDS serve and where go the bulks of food grain earmarked for the tribal families?

### **4. NTFP**

Exploitation of the tribals in NTFP trade is still a phenomenon in this area even in the post- NTFP policy era which is highly propagated as pro-tribal. The tribals are not as yet aware about price fixed by the Panchayat Samiti. Secondly there is no mechanism to strictly implement it. No scope for value addition to NTFP exists in the villages, which could have provided some additional income to the tribals.

## **5. Development Work**

There is no planned work being carried out for providing wage labour to the tribals. Since last one year, no development work has been implemented except a pond renovation work which has also been started after the reported death of infants in Sanjal village. At the work site, it was seen that mostly Munda tribals were working. Bhuyans for whom the work was primarily targeted don't have a visible presence. In course of the discussion with the concerned contractor, he frankly articulated viewpoint that engaging Bhuyan tribes in the work will not yield much benefit to him. We also found that with frail and weak health of the Bhuyans did not permit them to do hard work. Thus getting minimum wage is still a distant dream for the tribals in the visited villages.

### **Interface with the Officials**

- Responding to the query regarding the cause of infant mortality, the staffs at the office of Anganwadi Supervisor and of Block Development Officer told in one voice that unless the tribals be aware, we can't do anything to change the ground reality. To our question as to why the tribals have not been yet aware even after 57 years of independence, these officials didn't have any answer.
- Under National Maternity Benefit Scheme, the pregnant women of BPL category are to be given Rs. 500/- each before 3 months of their delivery. As reported by Anganwadi worker of Sanjal village, out of 21 applications, 15 women have been covered. Remaining 7 women couldn't be covered for want of financial provisions from above. However by now their delivery has been over.
- The team couldn't see any work undertaken by Paudi Bhuyan Development Authority. So it remains to be investigated by all concerned as to whether PBDA played at all any role in changing the socio-economic life of tribals during last twenty years of its existence, and if so, what is that.
- The health condition of the tribals is very deplorable. Chronic weakness and ill-health is just a symptom of the food insecurity constantly plaguing the tribals. The team observed that unless food is ensured for the tribal population including adult men and women, mere medical intervention here and there or ICDS scraps will not save the children from high scale of morbidity and mortality, otherwise unavoidable.
- It is also observed that the tribals are so poor that they do not have money to purchase medicine. While interacting with the people, it was revealed that getting medicine free of cost in government run hospital was only a matter of populist propaganda. (K) This area also witnesses the fast declining forest cover and consequent deterioration of the life support base of the tribals. How the tribals can survive in the face of ever increasing depletion of natural resource, is a vexatious imponderable that stares every one in face today.

### **Response from NGO, Sundargarh Gram Unnayan Parishad**

As a non-Government organisation working with the tribals for last 15 years, SGUP has intervened in its own way to check the several knotty problems of the area including infant mortality by undertaking sanitation programme and development of kitchen garden in the concerned villages. The objectives of the organisation are to educate the tribals about sanitation

and to provide them with nutritious food. This organisation is planning to take up FFW programme to generate employment for the tribals.

### **Summing up**

The problem of infant mortality or other such problems are so complex, interwoven, multifaceted and deep-rooted that the team thought it wise to reserve their comments on any definite recommendation as to how to ameliorate the tribal situation in the surveyed region. In stead we place hereunder our general understanding of the scenario as a whole so as to help all concerned arrive at their own respective conclusions regarding the reasons and possible remedies, if any of the all-round malady that grips the Paudi Bhauyan community at the present critical stage of their survival. During our brief interaction with the parents of the victim-children, and also with the Panchayat functionaries and Govt. Officials entrusted with the tribal development, we in fact found that nobody, neither the victim population nor the Government agencies was serious about the problem at ground level. Parents don't see the sudden hike in death of their children as a worrying phenomenon, but as usual happenings occasioned by the will of God. Govt. Officials see it as an occasional mishap, for which the tribals themselves were mostly responsible. The Panchayat functionaries are not at all disturbed by it and think that such issues were outside their purview.

So the question pertinently arises, why the Govt. should spend so much money on different schemes that don't deliver? And again, why Govt. officials turn so serious to defend themselves when some media reports on mishaps like infant mortality rock the political and administrative class in terms of their credibility and legitimacy?

The incidence of infant mortality in this or that place is not new to us. But it becomes alarming as and when it takes place at an escalated rate and in very many places, especially backward tribal pockets across the State. As we know, such incidence in many places goes unreported too. Only when the incidence is highlighted in the media, the Govt. immediately shows up a flurry of hyper-activity, just to render lip service to the cause of tribal or child welfare. Suddenly the Government activates its elaborate hierarchical machine from top to bottom and starts issuing circulars filled with sermons on dos and don'ts and organizes some eye-washing fieldlevel programmes like medical camp for a day or two in the affected areas. With time passing on the atmosphere gets cool and things go as usual. The media hype is also shifted to some other sensitive and eye-catching issue that might crop up meanwhile. Now the question comes, is it the way the State and civil society including media continue to behave?

Last but not the least, supposing that the development schemes are implemented honestly and properly by the Govt agencies or PRIs, can we hope to see the end of the tragedy that goes on crippling the tribal community more and more since independence?

### **Major recommendations of the Sharing Workshop held on 9 Oct 2004 at Bhubaneswar on Fact Finding Report of large-scale incidence of infant mortality among Paudi Bhuyan Tribe in Lahunipada Block of Sundargarh district**

The Workshop was held at 3.30 PM in the afternoon of 9th October 2004 at ODESA Bhavan, Bhubaneswar with Mr.Rabi Das, Editor Paryabekshak in chair. About 60 persons from NGOs, media, academia, political parties, trade unions and Panchayatiraj institutions attended the Workshop. Among the participants were also present such persons working in various capacities in the concerned area as Mr.Shyamapad Rout Executive Director of SGUP (Sundargarh

Unnayan Parishad, Mr. Ashok Mohanty of CITU (Central Indian Trade Unions), and Mr. Kishor Giri, Sarapanch, Haldikudar GP under which the Bhuyan inhabited surveyed villages of Sanjol and Sulabhdhihi fall.

After deliberations by the participants on the Report of the Fact Finding Team presented by Mr. Pradip Pradhan, the following recommendations emerged as summed up by the Workshop Chairman Mr. Rabi Das.

### **Long Term Measures**

- In view of the alarming incidence of largescale infant deaths that took place within a brief span of about a month in the Bhuyan inhabited villages, there should be a special medical investigation by a team of experts to ascertain whether the said casualties were caused by pneumonia, anemia and septicemia as shown by the local doctors or some other genetically induced or environmentally produced factors, exceptional in nature, be they Sars, Anthrax or any other.
- In view of the peculiar behaviour pattern that still persists among the Paudi Bhuyans in refusing to accept the rationale of the various programmes and services of the Government, a fresh study be conducted by a team of anthropologists, sociologists and local NGOs to ascertain the factors responsible for their deep-rooted alienation from the Government orchestrated mainstream development paradigm in the post-independence period, with special reference to their alienation from specialized agencies like PBDA and ITDA supposedly working for their all round development over decades.
- Need for a debate to bring the tribal regions of 5th Schedule ( the concerned Bhuyan villages are now under the 5th Schedule) under the purview of the 6th Schedule of Constitution as recommended by NCRWC –2002 with a view to provide autonomy to the tribals in managing their affairs at the grassroot level.

### **Short-term measures**

- With a view to tighten the Government machinery responsible for administering the various public utility services to the Paudi Bhuyan region, necessary disciplinary action to be taken against the defaulter personnel responsible for delay and casualness in responding to the alarming incidence of infant deaths in the region.
- The Paudi Bhuyans for whom the food-for-work programmes were started in the wake of the reported deaths of their children were found to be ignored in respect of employment in the actual construction sites. This serious loophole in the implementation process should be plugged.
- The PHC being situated far away at a distance of 9 km from the concerned Bhuyan villages, the tribals are unable to avail the medical facilities in emergencies. A Sub-PHC or a Mobile Health Clinic be set up for these vulnerable villages, and proper medical services including free medicines be made available to them which is not the practice today.)
- Compulsory provision of cooked food with addition of salt and sugar by Anganwadis daily to the children at their doorstep to be ensured. Moreover, in stead of the adulterated food materials

as being served now-a-days, quality stuff to be provided to the Anganwadis.

- The rations under the PDS are now available only on a single day in a month against the block payment of cash by the card holders, and that too in a far away place. The persons who fail to turn up to collect their rations on the appointed day due to want of money, bad weather or his sickness forfeit his claim for the whole month. Such a haphazard delivery system should be drastically overhauled to help the card holders avail the rations on any day of the month and in the vicinity of their respective villages.

- In view of the failure of the schemes of PBDA or ITDA to reach the Bhuyans and improve their lot, a thoroughgoing review of their role performed hitherto need be undertaken. However awaiting such a review, it should be made mandatory for their officials to visit the concerned Bhuyan villages at least every alternate day to redress their multiple grievances.

- The agricultural implements and inputs like plough, yoke, seeds, fertilizers and vegetable seedlings to be provided to the Bhuyan families free of cost.

- The Bhuyan tribals to be protected against the harassment caused by the foresters and RIs on flimsy grounds. Every Bhuyan family to be provided with Patta of his homestead and cultivable land.

- In view of the fast decreasing forest cover in the region owing to hand-in-glove relation between the deployed forest officials and illegal timber contractors and consequent depletion of natural resources posing thereby new threats and challenges to the tribal population, the Government with a view to take drastic measures to cry a halt to such nefarious games should organize multi-stake holder consultations at different levels to find out the alternative means of forest protection by the tribals themselves.

- The Bhuyan tribals are not getting proper price for their non-timber forest produce from the Panchayat administered collection points. The Government should hold consultations involving the representatives of all concerned stake holders to remedy the situation.

- The local NGO SGUP which is already involved in very many ways for ameliorating the miserable conditions in the Bhuyan villages should be involved in administration of different Government run schemes and as well in social audit of the various Govt schemes targeted at Bhuyan tribes in the region. There is provision of Govt. to constitute Block-level Co-ordination Committee and District-Level Co-ordination Committee at Block and District level to co-ordinate and monitor the development activities undertaken by different organisations and to sort out issues collectively. But it is not functioning anywhere in the state. Now it is urgently required to constitute and activate these bodies which will sit once in every month .

**Report by  
Pradip Pradhan, Social Activist**