

‘Emergency relief’ fails to prevent child starvation in India

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Between June-December 2008, at least 43 children died of malnutrition related illnesses in Khalwa block, Khandwa district, Madhya Pradesh, India. Far from being concerned, the state government blames the deaths on ‘diseases’ and ‘parental ignorance’, due to some of the parents belonging to a tribal community. According to a local human rights group, Spandan Samaj Seva Samiti (Spandan), the families of the deceased children continue to struggle for survival on a daily basis. Not only is there no improvement in their living conditions, but the emergency relief measures initiated by the government after the death of 27 children between August and September were recently withdrawn.

August 2008

Four-year-old Chhotu died suffering from diarrhoea, malnutrition and weight loss in the village of Mohalkhari. Chhotu’s father Suraj has two acres of non-irrigated farmland, which is unable to provide adequate nutritious food for his family. His six-month-old son Sagar was suffering from malnutrition and a respiratory infection.

Due to the illness of his two children, Suraj could not cultivate his land and was forced to borrow 2000 rupees (USD 40) at an interest of 50 per cent for their treatment. The family earlier had an Antyodaya Anna Yojana (AAY) card—a public food distribution card for the poorest, entitling holders to subsidized rice and wheat—that was replaced with a Below the Poverty Line (BPL) card, even though their economic status has not improved. As a result, while the family is getting poorer, they have to pay more than before—under the AAY card—to buy goods from the ration shop. Furthermore, Suraj’s family borrowed grain to get by, which they have to pay back double.

Three other children besides Chhotu and Sagar suffered from a lack of sufficient and nutritious food and clean water in Mohalkhari; four of them died in August.

September

Following Chhotu’s death in August, Suraj was faced with the death of his younger son in September. In the neighboring village of Medhapani, Shivram lost his 18-month-old daughter Shivani. The infant suffered from a fever, respiratory infection and malnourishment. A migrant and a landless farm labourer, Shivram finds it difficult to provide food for his family on a daily basis. As he has no ration card, he had to borrow 1000 rupees (USD 20) to buy grain.

Vishram is another landless labourer with no ration or job cards. His three-year-old son Ravishanker wasted away with fever and diarrhoea before his death.

According to a World Health Organization (WHO) report ‘Management of the Child with a Serious Infection or Severe Malnutrition’ (2000), the symptoms exhibited by malnourished children include oedema, airway and breathing difficulties, dehydration from diarrhoea, infections of the ear, throat and skin, pneumonia, and mouth ulcers. In the space of four months—August-November—and across 13 villages in the Khalwa block of Khandwa district alone, 23 children died of malnutrition with symptoms such as fever, diarrhoea, respiratory infection, blisters and swelling.

‘Emergency

measures’

After the malnutrition deaths were publically reported, Spandan noted that administrative authorities

began providing relief for children in those villages. Hundreds of children were brought to the public Nutrition Rehabilitation Centres (NRCs; Bal Shakti Kendras) and the Shaktiman project was introduced to 299 Child Care Centres (Anganwadi centres; AWCs) throughout the district. The NRCs are part of a welfare scheme to treat malnourished children living in remote forest villages, while the Shaktiman project was launched in 2007 to ensure nutrition for children, predominantly in the tribal areas of Madhya Pradesh. UNICEF India also provided skilled human resources and Ready to Use Therapeutic Food (RUTF) for malnourished children.

Until the time of the children's deaths, seven Public Distribution Shops (PDS) in the 13 villages sold only a total of 20 kilograms of rice and wheat per ration card per month. Moreover, the shops did not open every day. This is contrary to the guidelines of the central government and subsequent orders by the state government in 2003, that every PDS must provide a total of 35 kilograms of grain (15 kilograms of rice and 20 kilograms of wheat) per month to card holders. After the children died, and in response to directives from the central government, the Khandwa district collector ordered the PDS to open throughout the month and provide 35 kilograms of grain.

Unfortunately, all these relief measures were apparently only meant to tide over the 'emergency situation' and once the limited funds ran out, they were withdrawn. The problem with such short term measures was spotlighted by the death of two-year-old Tulsi Bisram, who died a few days after she returned home from the NRC. Tulsi received treatment at the NRC for eight days, where her condition improved. Once at home however, her family was unable to provide her with the necessary nutrition, resulting in her death in November 2008.

In the same manner as the withdrawn child welfare and nutrition programs, the seven PDS have reverted to opening only a few days per month and selling merely 20 kilograms of grain.

October-December

Including Tulsi, six children died of malnutrition in three villages of Khalwa Block between October and December 2008. Neither Tulsi nor any child in her community ever received medical care by the AWC, which is situated far away. Moreover, no medical staff from the AWC visited the community to provide check-ups for mothers and infants.

None of the six deceased children's families have AAY or BPL cards. And yet, all six families suffer from a lack of food, and some even borrowed money to obtain food. The families are either landless or have non-irrigated small scale farms, from which it is difficult to produce food for everyday consumption. In either case, the rainy season—during which most of the children died—is the hardest time of the year.

Food security

It is clear that immediate relief is not enough to prevent malnutrition deaths and cannot ensure food security. Together with ensuring the basic needs of food and health care for vulnerable groups, measures improving their livelihood should also be put in place.

India's public services of food and health care such as the PDS, AWC, Primary Health Centre and public hospitals are mandated not to provide for emergencies, but to consistently ensure food security as well as prevent malnutrition. They have been developed since India's ratification of the International Covenant on Economic, Social and Cultural Rights in 1979. The right to food is a fundamental right in India. It is a shame that thousands are denied this right due to the inefficient and corrupt bureaucracies running the public services.

In the majority of instances, the AWC or other public health institutes are inaccessible to vulnerable groups due to distance. They then have to see a private doctor, who is closer, even though the fees are higher and they usually have to take out a loan to afford medical care.

In 2003, the Supreme Court ordered that PDS shopkeepers should have their authorizations cancelled for any of the following reasons: They do not keep their shops open throughout the month; fail to provide grain to BPL families at BPL rates; make false entries on BPL cards; engage in black-marketing and siphon away grain to the open market; and/or hand over ration shops to non-authorized persons or organizations.

In addition, the Public Distribution System (Control) Order of 2001 states that any person contravening any provision of the order will be punished under Section 7 of the Essential Commodities Act (ECA) 1955; imprisonment for a term of not less than three months, which could be extended up to seven years together with a fine.

The PDS throughout Khandwa district—throughout the country in fact—have never been held accountable for their illegal actions however, encouraging them to commit infringements time and again.

Another important issue regarding food security within tribes is their lack of ration cards. A Supreme Court Order dated 2 May 2003, decreed that six ‘priority groups’, including primitive tribes, would be entitled to AAY cards. Additionally, in April 2004, the Court asked the central government to direct state governments to accelerate the issue of AAY cards to primitive tribes. Some tribes in Khalwa block such as the Korku still have neither AAY nor BPL cards. Although they are not officially identified as a primitive tribe, they have been demanding AAY cards as they are a group vulnerable in food security. Due to their continuous exposure to malnutrition and food insecurity, in September 2008, the Supreme Court Commissioners and Advisors recommended to the Madhya Pradesh government that all those who have no ration cards but have applied, should be entitled to ration cards.

Despite these clear failures on the part of public services, the government continues to avoid responsibility, either by saying the children died of disease and not malnutrition, or referring to ‘parental ignorance’ in a tribe that holds superstitious beliefs. The ‘diseases’ responsible for the children’s deaths are all the symptoms and signs of malnutrition, as noted by the WHO.

In January 2009, Spandan submitted a letter to the Khandwa district collector and responsible government authorities regarding these matters, who have yet to respond.