

STORIES OF MALNUTRITION: DON'T TELL THEM THEY ARE HUNGRY!

A PRIMER FOR BEGINNERS



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PREFACE

This document seeks to make a succinct articulation of the issue of malnutrition as it confronts the lives of children and women of the tribal communities of Madhya Pradesh. The narratives, via the recounted stories define the direction and distance that the development effort of the State has yet to traverse, both in terms of policy thrust as well as in terms of effective and efficient programme implementation. It bares the lack of linkage between the lives of the community and the provider-centric nutrition combating system of the government. Sugna, an Anganwadi Worker puts it bluntly, thus:

“I am supposed to open the Anganwadi centre at nine in the morning, but the majority of people leave the village at dawn to collect firewood or for daily wage work. People start returning home after five in the evening and by that time, Anganwadi is closed (at 3 pm) for the day”. The document raises pointed question as to the positioning of the community in the setting of the government’s public health nutrition system.

Likewise, the document questions the State’s role in creating a void between the community and the forests through its misplaced sense of modern development (occurring on the unchecked deforestation). The report is aptly critical of the fire-fighting response to malnutrition-related deaths of children whereby some bags of food grains are dumped in the households of the affected families. The insights make a keen reading and serve a host of strategic prescriptions to address the menace of malnutrition.



MESSAGE

We know it. We understand it: it is not the body which is seized by disease. It is the state and the social system immersed in cesspool of disease.

Malnutrition is a challenge and, at the same time, a big question staring at us. In last twelve years, during several discussions, we came across numerous instances where malnutrition was often defined in technical jargon. We often pondered: was it not possible to think of malnutrition in human terms; is it not possible to present the human face of malnutrition through anecdotes, tales of children's unspoken suffering?

The tales cannot be fictitious fruition of creative minds; at the same time all the characters cannot be constrained on paper. Thus, we felt, weave different facets of malnutrition in such a way that people could relate them to their lives, the life around them and feel that it's their stories being told.

We are not sure about the genre of writing associated with this. But one thing is certain, the data and numbers, and the situations are not fictitious. This document contains some basic and primary details narrated by the people living with under-nutrition and this is precisely why we have titled it, "Stories of Malnutrition: Don't tell them they are Hungry! ".

Your critical comments and valuable suggestions are welcome.

Vikas Samvad Team

VICIOUS CYCLE OF HUNGER AND MALNUTRITION



Rights denied

Narayan Sahariya is from Kakra village in Shivpuri district of Madhya Pradesh. Sahariyas are categorised as a Particularly Vulnerable Tribal Group (PVTG) by the Government of India. It means that this tribe is critically endangered with respect to health, nutrition, education, agriculture and livelihood. The situation is very acute, as the population of this tribe is either dwindling or has been stagnant over a considerable span of time. Surdas, the famous bard, reveals the true meaning of Sahariya in his verses: ‘sa’ means sathi, the friend, and ‘hariya’ means tiger, or the friend of tiger. ‘Hariya’ also means forest. To sum up, this community is harmoniously entwined with nature.

Sahariyas lived a life of content and dignity, deriving nutritious food and livelihood from the jungle and its riches for centuries. Badilal, an old Sahariya man says: “the forest gives achaar ; in the month of Chaitra the forest gives tendu (another wild fruit), Kanker, gond (resin), imli (tamarind); in Baisakh, bil and umar; in Ashadh, minji, gilum and khajur; in Bhado, kakor, fang and pamar vegetables; in Kartik ber, makoha and sahjan, and in Magh and Falgun, amvla.”

All that was needed for a square meal, to satisfy hunger and that too with nutritious food of the highest quality, was available to the Sahariya tribal community from the surrounding environs. Now, these items are out of the reach for the community. Seven children were born in Narayan Sahariya's family, but three of them died and the fourth is in a critical condition. His neighbours say that all the children were born weak, and according to the doctor, they were anaemic and malnourished, the reason for their death. A government study reports that almost all children from Sahariya community in Madhya Pradesh are weak and anaemic and 93.5 per cent children are malnourished. The government terms it as malnutrition, meaning the lack of enough nutritious food. What went wrong for a community, which had access to abundance till the turn of the century? Does this imply that their way of life has been interfered with? ‘

The forest’, which was not merely a collection of trees and shrubs but an eco-system, which the tribal community like, Sahariyas had nurtured for generations; government turned this ‘forest’ into a ‘commercial commodity’. The tribal, including Sahariyas, never begged for food. They evolved their own system in sync with the immediate surroundings. This system does not hum any more with sounds of the flowing streams and the chirping of birds and the celebration on the arrival of a new season. It has crumpled under the weight of so called development which made the Sahariyas painfully conscious that they are no more masters of their own fate, that they are now a dispensable piece in the development project; or to put it bluntly, that they are independent no more and that they are at the mercy of - not just dependent on - the government. The State has been ruthless in its approach and clinical in its methodology.

The government and its institutions have made it clear to the Sahriyas that they should wait gratefully for ‘somebody’ to bring them the daliya or some such thing to feed their children. The day that ‘somebody’ fails to arrive, their children starve. The children need to cultivate the habit of sleeping hungry as that ‘somebody’ will fail to arrive often - because they, the children, are not a priority for the system to which that somebody belongs.

Even if that somebody representing some institution of the government reaches the village, his/her arrival time and duration of stay will not be decided by the community. It is decided by the system situated miles away from the ground reality and oblivious to the community needs. Sugna, an adivasi woman from Devkheda says, “I am supposed to open the Anganwadi centre at nine in the morning, but the majority of people leave the village at dawn to collect firewood or for daily wage work. People start returning home after five in the evening and by that time, Anganwadi is closed (at 3 pm) for the day.” The people have no place in the system, a place to take decisions about themselves. Eight kilometres from the block headquarters of Pohari is the village of Kakra; it is a common sight to see children breaking a nut similar to ber (jujube), eating a small seed from it. Tribal communities use minor forest produce, abundant in nature, for food. Many of these have high nutritional content. I sat with children to devour the seeds

and asked where to find them. One child pointed towards the heap of cow dung lying nearby, saying, “animals grazing in the forest eat the fruit berry and the seed comes out with their dung.” Are you shocked? So was I. Children told me that the seed is called Gontha or Gonthi.

We visited a few households in this village, sat with the families and talked. Each household had 10-20 kg of wheat, that’s all. They get only wheat in the ration (Public Distribution System/PDS) shops. Not a single household had dal (thick soup of pigeon pea - a source of proteins) for last twenty days. Kids, cuddled in their mother’s or grandmother’s laps, were chewing at dry roti (a kind of bread). It was hard to think of nutritious food here.

Two hand pumps were dug for drinking water across the road about 600 meters off; this is the only source the village has. There is not a single lake/water tank in the village. Sahariyas were allotted plots of land between 2002 and 2004. Although the land records show that the community has land, in reality the tribal never received the land deeds. In 2002, forty families of Nonheta-Khurd village were allotted land pattas (official papers indicating ownership rights), but till date they do not know where this land is.

People have regularly submitted written applications for land survey and settlement, but to no avail. It seems that the political powers’ attitude is to keep the deprived and marginalised barely alive. Consequently, hunger has snowballed into a perpetual disease, children being the first casualty. If a story appears in the newspapers, 40-50 kilogram of grains is dumped in the houses from where a child death has been reported. This is what happened in Kakra - twenty sacks of food, and twenty sets of utensils were sent along with a warning to the people to ‘never tell anybody that children died of hunger! This is how the crisis of starvation death is handled!

The resources the Sahariyas used to have to fulfil their food requirements are out of their reach, resulting in malnutrition and almost perpetual starvation. When people have nothing to eat, illness is bound to increase. UNICEF’s report (published in 2012) has some distressing statistics: In 2010 more than 600,000 (six lakh) Indian children died of pneumonia and diarrhoea. Of the 2.1 million (21 lakh) deaths worldwide, this was India’s lion share. Just give it a thought: are pneumonia and diarrhoea such fatal diseases? Answer is, plain no. A disproportionate number of children dying of these diseases are malnourished, for malnutrition compromises with the strength to fight illness. Malnutrition is a national issue. Even the Prime Minister of India says malnutrition is a national shame. It is written on the walls. Malnutrition is not a disease in itself; it is a cause of many of illnesses.

A child becomes weak due to malnutrition, aloof, inactive, sullen; unsmiling and falls ill time and again. Is this what we call ‘Bachpan’, the childhood? Mind you, nobody dies of two-three days of hunger. But if we get less food continuously, we become weak and a weak body invites

many a diseases. And yes, a meal does not mean just roti (bread) or rice, or just cereals and grains. A complete diet consists of cereals, pulses, fruits, leafy vegetables, peapods, tubers and milk, and if one is used to eating eggs or meat, that too. Everybody should get these in order to be healthy.

We eat everyday, but never ask, is food a necessity? Can a motorbike run without petrol, oil, lubricants, air in the tyres? If a machine cannot run without fuel, how will the human body work without food? When children do not get age appropriate complete and nutritious food, they become morbid. They cannot tell us what they need, and we are unable to understand what their requirements are. Lack of food with adequate nutritional ingredients causes malnutrition. Therefore, we need to make a pledge that children will get complete nutritious food each day. Children will never be morbid and malnourished if they get nutritious food right from birth.

In the meanwhile, a mother came to the country yard, where we all were talking to the people. She started murmuring – Is our hunger a fairy tell, you are so much interested in listening to it. Why you are reminding us that our stomach is empty?

BIRTH OF MALNUTRITION



The educated people say that the tribal children are falling prey to malnutrition. In all the government schemes, tribal have been labelled as marginalised, backward or indigenous communities. Apart from these groups, rest of the society is deemed developed! However, there is more to it than meets the eye.

The Baiga and the Gond tribal from Dindori, Mandla, Balaghat, Sidhi and Seoni districts of Madhya Pradesh used to harvest twenty-five types of mushrooms, five types of honey, twenty-eight types of tubers and forty-five types of vegetables. These produce ensured their food security and protected them from severe illness. The government will have to impose a blanket ban on deforestation in order to give back communities their lost heritage and wealth.

Tribal communities can harvest Amvla (Indian Gooseberry), medicinal plants, tamarind, chironji, harra-behada, tendu, mahua from the forest which provide a tangential base to their livelihood. Thirty years back 56 types of grains were found in the fields and homes of the tribal communities in Mahakoshal region of Madhya Pradesh. Today, people know mere 28; of the 28 types of tubers, people now know about 13 while only 21 and 27 fruits and vegetables are left in the collective psyche of the people. The community, which the government classifies as backward, was using 262 types of ingredients in their cuisine. So who is backward and poor?

Barkobai, living a life of misery due to displacement in Singrouri in Balaghat district of Madhya Pradesh says, “ look brother, you have come from Bhopal; we listened to you; now you listen to us: you displace us from forest and the “roti”, the livelihood has been washed off. Government is content to throw some grains and instigate infighting. But enough is enough; we are being told

that we have encroached the land, vacate it now; we have been living here for centuries, how come we became encroachers? Illegal? Somebody tell us where to go, now we cannot enter the forest, cannot take animals to graze, cannot worship our gods in the forest; we used to get tubers to satisfy our hunger, it has been taken over by the government!"

The present development paradigm has wrought havoc on the sustainable livelihood of tribal communities and thrown them asunder. This precisely is the reason this community has fallen prey to hunger and social insecurity. The total land under irrigation in Madhya Pradesh is about 37 per cent of cultivated land. But the tribal dominated areas and districts have less than 10 per cent of land under irrigation. Their land is undulating, on the hills and plateaus. These produce ragi, kodo, kutki, sanva, and pulses etc., often termed coarse grain. In reality these are fine and smaller compared to their famous counterparts like rice and wheat and have better nutritional value. The yield (per acre) of these crops is low compared to the other widely used modern day crops (though the absolute yield of so-called coarse grain per acre is low, the return on investment is very high because of the low external inputs and less risk of failure). Despite low yields, the tribal areas contribute to 90 per cent of the nutritional produce in the state. Thus, despite lack of irrigation, the area produces sufficient nutritious food.

Talking about irrigation, it is generally overlooked that the areas with less or no irrigation facilities and less relief work have often evolved rich nutritional traditions and practices giving rise to a robust economic system. Why this focus on wheat and rice? We all know (if not, it is time we learn) that 100 g rice has 6.8 g of protein and 0.7 milligram iron while Bajra (sorghum) has 10.6 g protein and 16.9 milligram iron. Wheat has 11 milligram calcium while ragi or nachani have 344 milligram calcium per hundred gram. Why we tend to forget such basic nutritional facts?

It is often reported in the newspapers that the tribal are sustaining on grass. This is an evidence of ignorance combined with urban arrogance! What the newspapers denigrate as grass is in fact a high protein food source called Sanva. It contains more protein and iron than wheat per unit weight and can withstand abrupt climatic changes. If we ensure that the local nutritious grains are produced and consumed and reach the platter of the tribal, malnutrition can be banished!

Bhaiyalal, a farmer from Gurva village in Betul district says, "don't talk of those government schemes; the officers give us wheat and rice seeds and advise us to cultivate these crops; they tell us that we'll get good price for our produce. When there is no water in the field, how can we manage these water-thirsty crops?"

Lamtu Baiga from Dindori says, "The officers have no idea about the agricultural practices of the Baigas". They came and distributed rice seeds. They don't have kodo-kutki (millets) seeds; they neither asked nor did they try to understand what we cultivate. Our community cannot live without eating kodo-kutki and drinking 'pej' (soup) of maize." Now, who is ignorant, who is backward and who is immature?

Gender bias and hunger

Women in our homes eat the last, not occasionally but as a custom, every day. So she will eat the leftovers. If there is nothing left, she goes hungry. Please give a serious thought to this: when there is nothing left for her to eat, is she going to cook food just for herself? I would say, no, not at all! A double workload, at home and outside, and excluded from the 'right to eat', is this not the story of women vis-à-vis food security?

It is generally believed that the women do not perform a productive role in progress and livelihood of family. The fact that 70 per cent of the backbreaking toil in the farms is done by the women, flies in the face of this effervescent myth. Just put the household work in proper economic perspective, translate it into equities of production and it becomes evident that if the women shy away from doing this labour-intensive work at home, the entire social system will come apart, leading to economic consequences as well as social disintegration. Despite this, women are discriminated against in terms of eating priorities. It is eulogised that a woman who eats the last after feeding every member in the family is an ideal woman/wife/mother. This norm is so deeply entrenched that in case of paucity of food supplies, the boys and male members are served first and the girls and female members eat last. The main earning person or the head of the family, invariably a male member irrespective of his role in economics of the family, decides the priorities and is responsible for distribution of food. The girls are always persuaded and regimented into moulding themselves as sacrificial goats, as the epitomes of sacrifice. In the families where the women work and earn, the norm is to hand over the salary or the money earned to the male members of the family. Besides, there is such an immense workload at home that the women rarely get time to eat properly. Studies have shown that the women observe fast for two to three days a week or more; the reasons for such fasting is not entirely religious, cultural or spiritual; lack of sufficient quantity of food supply in the family compels the women to forgo food in the guise of fasting. Besides, the religious scriptures are full of what the women should and should not eat. For example, rich food or onions, garlic and meat are taboo for the widows. The (il)logic being, why should a woman eat such food when her husband is no more! Such a woman, it is decreed, should lead a frugal life revoking all earthly goods! It is also felt that eating such food will raise sexual urges in the woman. In some communities, women are allowed such food before puberty, after which the proscription are in place.

In some communities there are strict norms to feed pregnant women less food, otherwise, as the myth goes, the foetus will not get enough space in the womb stuffed with food! Another reason is, the full meal would make her obese and put her off work at home and in the field. Besides, several rituals are observed during the seventh month of pregnancy in almost all states. During this time the pregnant woman is fed with sweets made out of coarse and fine flour, ghee, guar beans etc. After this, the woman has to compulsorily eat these things regularly till delivery. At the same time, the pregnant woman is proscribed milk or milk products, groundnut and any product which has whitish tinge and/or is sticky in nature. The dais (midwives) believe that these products create a thin layer around the foetus prolonging the delivery or making it

complicated. Food grains like bajra and fruits like papaya are also included in 'strictly prohibited' category perceiving these as full of calories, this belief that these food products are harmful in pregnancy is a myth. In Gujarat, milk products like curd find no place in the pregnant women's platter. The social customs are replete with suggestions to avoid these things. At the same time, the pregnant women are fed guar beans, sweets made from resins, parsley etc regularly. These products are believed to give strength and milk potential in the breasts.

Post delivery, the women get specially prepared food for a few days. Why do women get special food during the pregnancy and immediately after deliver for a few days? Because, the society is interested in the birth of a healthy child and its wellbeing. But it sounds thoughtless to believe that healthy children can be produced by feeding the women just for 9 months of pregnancy!

Festivals and celebrations could further strain women. During these days, special dishes are prepared and women have to work overtime for this. Besides, these festivals require women to fast and work too. For example, there is a tradition of fasting during July-August in Gujarat. This is also the season of cultivation and farm work is at its peak. Fasting during this time, while continuing to work in the field and at home, could be detrimental to women's health.

It needs no further proof that women not only live a life of secondary importance in eating but are systematically pushed into hunger and starvation through a system of traditions and customs. What I mean is we should understand the system which keeps some people hungry in order to control the reins of power. As a nation we are not a struggling economy that we cannot buy food and that the land is not so degraded that crops cannot be raised on it! It is all about power. If people get enough food, good food, nutritious food and on time, the body and mind would be in perfect harmony and the able minds would start reflecting on the prevailing social situation. They might talk about equity and equality and about capacities and all those ideas which my society would loath to discuss, leave alone accept!

However, in every epoch it seems that somebody throws a stone in the water, which creates ripples all around. Embers from the pits of dead hope sparkle for a while before extinguishing into oblivion. The society penalises not only those who dare to bring about changes but also those who silently wish for a change. The system is harsh on women and their counterparts, the men who are part of their lives, are the arbiters in this process.

The policies foster it in its lap.....

Malnutrition is a word that had been coined by technical experts. Simply put, it means, the situation that arises out of not getting enough to eat. Let's have a look at the sources of our food, its entry points.

Food is linked to employment. If people have employment, they will get food. The country should create twenty five million job opportunities per year. In reality, a mere two to three million jobs get created. Despite the fact that more than a quarter billion people in India are

dependent on agriculture, the government spends the least on this sector. Instead, the government drains two thirds of its treasury on sectors employing just 10 per cent of population.

The central government launched the policy of Special Economic Zones (SEZ) in 2004-05. Under this policy, the government will acquire hundreds of thousands of acres of land for a few companies to set up factories. The government claims that this will usher in an era of mass employment - lots of people will get jobs and development will set in.

Every company putting up its factory in the SEZ will get a 100 percent tax holiday for first five years. The next five years the tax rebate will come down to 50 per cent and in the next five year period, the company will have 50 per cent tax rebate on the profit earned through exports. And that is not all: the companies will get 100 per cent income tax exemption for 10 to 15 years.

In 2010, the government acquired 510,370 acre land for 194 SEZs. Employment to 550,000 people was claimed through these SEZs which comes to 2 persons per acre. So think it over and decide for yourself, is it the right developmental choice where, in addition to land, the government is exhausting water and destroying forests?

Marauding agriculture in quest for development results in malnutrition.....

Agriculture contributes 14 per cent to the Gross Domestic Product while it provides employment to 67 per cent of the population. So if there is a crisis of unemployment, it would transform into, as a corollary, crisis of production.

As per the Economic Survey of India (2012), the total grain production in the country stood at 244.8 million tonne in 2011. About 61.469 million tonne (25.1 per cent of the total production) was distributed through ICDS, Public Distribution System (PDS) and Mid-Day Meal programme. For last two years, many experts, apart from the agriculture minister and corporate representatives, have repeatedly said that it is not feasible to implement a nationwide universal National Food Security Act as we don't produce the required quantity of food grain. Next, it was said that, if such a universal programme is implemented across India, the government will have to buy the entire produce of the farmers. This is not true.

About 78 per cent Indians do not get adequate nutritious food and do not have the buying capacity; so cheap ration is a necessity. The truth is, the government need to procure only 55 per cent of the food grain produced to address hunger and malnutrition; the rest 45 per cent would be available in the market (for those who can buy it).

As per the Economic Survey of India (2012), the availability of pulses in 1961 was 69 g per person per day which has come down to 31.6 g per person per day in 2010-11. The government is immune to these stark findings. We have to keep in mind that the children's capacity to fight the diseases is greatly marred by protein deficiency. At present, only 16 per cent of land producing

pulses is irrigated. The edible oils too, are not within easy reach of people. As of now, we import 50 per cent of our edible oil needs. A mere 27.1 per cent of our oilseed farming is under irrigation.

In 1951 we were producing 50 million tonne cereals which has increased five folds since then. But the government fiddles with the statistics with regard to food supplements. It is hard to believe that development sans agriculture can bring food security in the country.

In 1961, the average availability of foodgrains per person per day was 399.7 g. At the time of ushering in the New Economic Policies, the availability was 468.5 g. Since then there has been either a sustained downfall or stagnation in production. In 2010-11 the average availability of grains per person per day has come down to 407 g. Thus the development has taken us back to a situation prevailing in 1961.

The fact is, the government always shied away from taking fundamental steps to tide over the agriculture and food crisis. In 1950-51, agriculture contributed 53.1 per cent to the gross domestic product. This has come down to 13.9 per cent in 2012. On the other hand, the services sector contribution increased from 30.3 per cent to 59 per cent. Successive governments have maintained that 56 per cent population is still dependent on agriculture, and this has to change - a sizable part of this section needs to be shifted to other sectors, and are trying hard to do that. This has taken the shape of facilitating big multinational companies' entry in the agriculture sector, to turn hundreds of thousands of hectares of land into corporate farming, to turn agriculture into an industry where only big money and sharks can operate, in the process annihilating the small and marginal farmers and turning them into cheap labourers. The government is preparing a roadmap for this shift, making life of farmers a hell. This is pushing the farmers to commit suicide - one farmer commits suicide in India every half an hour!

Government is moving towards corporatisation of governance and has slackened the restrictions which, hitherto, safeguarded the interest of small traders, small farmers and the majority of people. It has allowed foreign companies to invest directly in retail trade, and as a consequence, the big companies will capture the retail trade and decide what is (or is not) sold in the retail market. In other words, these multinational companies will decide what we should eat and wear. This will bring in profound changes in lifestyles and practices. The next step would be to influence and bring about changes in production. In India over 50 million retail trading families in sync with 200 million farming families run the market, effectively keeping the interests of the general public in proper perspective. Now, big foreign companies will decide what will be sold in the market and what will be sown in the fields of India.

Ever inflating malnutrition cauldron...

Anthropometric Definitions of Malnutrition

Stunted: Stunted growth refers to low height-for-age, when a child is short for his/her age but not necessarily thin. Also known as **chronic malnutrition**, this carries long-term developmental risks.

Under-weight: Under-weight refers to low weight-for-age, when a child can be either thin or short for his/her age. This reflects a combination of **chronic and acute malnutrition**.

Stunted and **Under-weight** children are most likely to suffer from impaired development and are more vulnerable to disease and illness.

Mothers should monitor their babies' growth from birth by taking them monthly to the local clinic where they will be weighed and have their growth plotted on a chart. This should ensure that correct information and advice are provided to mothers support the appropriate growth of their babies.

Wasted: Wasted refers to low weight-for-height where a child is thin for his/her height but not necessarily short. Also known as acute malnutrition, this carries an immediate increased risk of morbidity and mortality. Wasted children have a 5-20 times higher risk of dying from common diseases like diarrhoea or pneumonia than normally nourished children.

Based on anthropometric criteria, acute malnutrition can be divided into severe or moderate. Children with acute malnutrition need immediate medical attention. A child suffering from severe malnutrition is at risk of dying if not treated immediately.

Marasmus: When children do not get enough energy-giving food their bodies become thin and they feel weak. Children with marasmus look old and wrinkled. Their skin is dry and their faces are thin, with sunken cheeks and large eyes. Their abdomen looks swollen. They present sagging skin on legs and buttocks. Children with marasmus cry a lot, are very irritable and have increased greedy appetite. They are liable to all kind of disease.

Kwashiorkor: When children do not get enough variety of the right kind of food, for example when they eat only cereal-based porridge, their bodies (especially their stomachs and legs) swell so they may look fat. Micronutrient deficiency, particularly anti-oxidant nutrients, might be a probable cause. Sores develop on their skin and at the corner of their mouths. Their skin becomes pale and starts to peel off. Kwashiorkor children are most likely to lose their appetite and an interest in their surroundings.

Kwashiorkor children present with what is called pitting oedema in both feet and lower limbs. Oedema can also expand to the whole body.

Marasmus and kwashiorkor symptoms can be combined. A child suffering from these conditions is at risk of dying.

HOW SUDDENLY MALNUTRITION ERUPTS?



Friends, malnutrition sets in slowly, not all of a sudden. When the body does not get nutrition for a long period of time, it becomes malnourished. There are three main factors that cause malnutrition: (i) children not getting appropriate and adequate nutritious food, (ii) illness like fever, pneumonia, diarrhoea etc and, (iii) lack of proper care and treatment. These three factors, in turn, could be the manifestations of poverty, ignorance and discrimination.

If we understand these factors and their root causes properly, we can save children from the menace of malnutrition. The moment a woman is pregnant, she should get adequate nutritious food, or else, the foetus and the mother are exposed to danger. If a child does not get nutritious food in sufficient quantity, its body and brain do not develop. At birth, the child should weigh a minimum two and half kg. A child born less than this weight is malnourished. So is there no solution to this problem?

Of course, there is. The child should be exclusively breastfed for first six months after birth and nothing else. But we have a tradition of feeding honey and ghutti right from day one!

This is not good for the child. Immediately after birth (within 30 minutes), the child should be given only mother's milk - thick, yellowish milk called colostrum. In some communities this is considered inappropriate and thrown out, in some communities it is not. Oral feeds like Honey, ghutti or water can invite infections, which could be fatal to the infant's life. In the first six months of life, the child should only be breastfed, i.e. exclusively breastfed. The breast milk is the complete food to meet infant's hunger and thirst needs. In addition, it serves as the first stage

immunity as well for disease prevention.

What if the child is not malnourished from the birth?

The child might not be malnourished at birth. However, that does not mean that we should disregard its feeding regimen. If the feeding regimen is appropriately taken care of, the child would not fall in the malnourishment trap.

What can be given to the child, along with mother's milk, after six months?

After six months, the child has to be fed food that is tender, soft and mashed so that it is easy to gulp and digest. For example, mashed daal (lentil, pulses) soups, mashed rice, roti mixed vegetables, boiled eggs etc. This should continue till nine months and later on the child should be given dal (pigeon pea thick soup), roti (flattened bread made out of wheat flour), rice, fruits and vegetables. When the child is one year old, it starts eating normally and requires as much as half of what an adult needs. If a child does not get adequate nutritious food for two years, its physical and mental development is stunted, which maybe as much as 80 per cent of normal development. While initiating the complementary feed at six month age, the infant must be continued with the breastfeeding, well in to 2 years age and of possible, even beyond. In addition, care (early childhood care and development) and treatment (in case of any symptoms of illness) are two other aspects that should not be ignored during this time. If these things are not taken care of, a child becomes malnourished.

In short, the child should not be kept hungry; moreover, it is not enough that the child is stuffed with food - the child should get different coloured food in its platter. Milk is white in colour while bathua (white goose foot) leaves, chicken pea (leaves) and spinach are green; papaya is yellow while tomato is red, ground nuts are pink and dal (pigeon pea/lentils) black as well as yellow. More the diversity and more the colours, better the nutritional diversity for the child.

We haven't seen children die of malnutrition in the past, so why are the children falling ill due to hunger?

In the past, the food we ate had most of the nutritional elements in it. As the situation changed, the food habits changed, the things on the platter changed.

What was it that we used to eat previously that made us immune to disease?

In the past, people used to have sorghum in their diet which had better protein and iron content. People used to eat various millets, such as sanva, ragi, kakum and kodo-kutki which had better protein, fibre and iron content. People also savoured tubers which contained more calories and

calcium. The leafy vegetables like amaranth and radish were always used. All these were rich source of iron and vitamins. Why on earth would somebody be malnourished after eating all these things?

Why people, all of a sudden, stopped eating these things?

Not all of a sudden! As the area under wheat and soybean increased, the crops that were being sown earlier went out. The traditional crops are not thirsty for water, nor are they capital intensive. Even then, these are not grown in many areas. Some communities still grow such crops but their share (number of farmers and area under crop) is almost negligible.

If we go back to cultivating these (traditional) crops and eating them, would that help us to avoid malnutrition?

Exactly; eating these food stuffs would make us healthy and children's development will be positive. We can also not generalised the specific requirements for keeping our children "well-nourished". There are a few essentials Diversity of Food, 30-40% of our calorie requirements should be fulfilled through non-cereal food items (such as eggs, fruits, vegetables, milk and its product and even through non-vegetarian food stuffs). We cannot manage malnutrition single-handedly through food availability. We also will have to ensure health care, access to safe water, sanitation (access and behaviour), improved status of mother (in the context of gender discrimination), proper infant and child feeding practices.

Are the children's deaths we have seen or heard of are due to some sort of illnesses?

When a child falls ill, it has fever, cold, malaria, bronchitis, measles, diarrhoea or some such thing. Whatever the illness, child gets weak, is it not? So where does malnutrition come in the picture? On the one hand, illness weakens the body, and lack of adequate nutritious food renders the body incapable of fighting the illness on the other. This accentuates the impact of the disease. The illness also affects appetite of the child and body loses its capacity to digest the food. The body does not get the required nutrients. Therefore, if the children are not taken care of appropriately from birth, they may succumb to illness. Diseases are always waiting for a child to get weak.

What should be done at such times?

If the child falls ill often, it means its body is getting weak. The child is not in a position to fight the disease and loses appetite. In this situation, the child should be administered easily digestible but nutritious food. If that does not happen, malnutrition spreads its tentacles. Conversely, if the child does not get adequate nutritious food regularly, it falls ill time and again. Thus, lack of complete food pushes the child in a vicious cycle of illness and malnutrition.

In our community/society we pay enough attention to the children...

That's true but with a rider! Do we provide enough attention to the health and development of the child? Food could be good and enough but the hands that prepare the food and feed the child - are they clean? If we do not follow sanitation and hygienic practices, we invite illness in our homes. In most cases, children do not get immediate health care and treatment. So a common cold or a fever turns into life threatening condition.

What should be done?

The question is should we wake up only after the child falls sick? Care and treatment is not needed unless the child is ill, is it?

Not at all!! Care means always remember to do certain things, to pay attention to some details. For example, keep an eye on weight and height of the child. Weight and height of the child should continue to increase till five years of age. This is the reason why Anganwadis measure height and weight of the child every month. This tells us whether the child is developing properly or not. Remember, medicine is not the only remedy for every illness. There are a lot of home remedies that can help improve child's condition, like giving sugar and salt solution or feeding the child with lentil soup or butter milk or rice soup etc in case of diarrhoea.

Adequate nutritious food, too, would not guarantee good health. Ramu, a social worker working in the field of agriculture and food security in Andhra Pradesh tells us that there are close to eighteen toxic pesticide traces present in our food items. Just think: the pesticides used to kill pests on cabbage, brinjal, cauliflower, wheat, rice, apple, grapes, pulses etc, which effectively kill caterpillars and their predators equally well, wouldn't they harm our health? We eat, along with food, toxic elements 5 to 10 times more than what our body can tolerate or excrete.

Thus, provision of adequate food is a necessary but not sufficient condition for good health. It is equally important that this food is safe and non-hazardous. We have been practising organic farming for centuries and as it was dependent on natural elements or processes for pest control, the food was safe. But greed to produce more turned us to chemical fertilisers and pesticides. This affects liver, kidneys and also gives rise to life-threatening diseases like cancer.

DESPITE ALL EFFORTS, WHY ARE CHILDREN MALNOURISHED?



Manoj Kumar and Ajay Kumar, through a social organization, have worked with Sahariya community with a clear purpose of pulling their children out from the clutches of starvation and death. After ten years of work they face a dilemma. They started off with the objective of turning the Anganwadi into a functional child development centre, so that the entire basket of services that the centre offered had efficient and effective outreach.

For three months, workers of the organization meticulously weighed each and every child from forty villages of Pohri block, computed the data and identified the malnourished children. Information was collected for a total of 1,320 children and fed into the database. They found that 419 children were underweight and needed special care.

Special or critical care means children should get wholesome food of optimum nutritional value in adequate quantity. Underweight or malnourished children cannot eat enough at one time, since they lack the appetite, feel dizzy, and it is hard for them to digest the food.

Organization also discovered that out of 419 malnourished children, 69 had fever, cough or cold, in addition to being underweight. Some children had bronchitis, resulting in breathing problems, and 21 children had diarrhoea. This meant that these children needed special and critical care, and had to be taken to the Nutrition Rehabilitation Centre (NRC) or admitted to

hospitals. These centres provide specially prepared food, apart from medicine, and treat children for various ailments, like fever, diarrhoea or infectious disease. Children must gain weight before being discharged from the centre.

Manoj and Ajay approached the administration for immediate and focused attention for the 419 critical children. The matter was serious and, as such, the administration took some measures. Child Development Project officials and staff, armed with the list of critically ill children, reached the villages and asked the families to accompany them to the hospital and the NRC. Of the 69 severely malnourished children, 29 were brought to the NRC by their families. After a few days, the families realized that the NRC people were apathetic to them, and that their attitude smacked of distorted outlook towards the community. The quality of food being served to the children was abysmal; doctors rarely made visits and only nurses attended the children. The ward was damp and reeking with a foul smell. At last, the families could not endure the NRC and returned home one by one. Though tribal people live in small hutments, their environs are far from the disgusting stench that pervaded the NRC.

The other 40 families did not take their children to the NRC, despite immense pressure from the officialdom. As the families resolutely stuck to their decision, the officers asked them to give in writing that they had taken this decision of their own volition, and that the administration would not be held responsible if anything untoward happened to the children. The government was absolved of its responsibility and the community too; in fact we have system where there is a culture of “Blaming the Victim”, often poorest and excluded families are blamed for not taking care of their children. The fact simultaneously neglected that these people have no option, so struggle for survival become first priority. The children, who were not a party to all of these deliberations and agreements, suffered and in the next two months 19 of them died.

Manoj and his associates talked at length with the community about why they were not taking their children to the NRC. Those who had actually taken their children to NRC told them that the people at the NRC misbehaved with them, that the place was stinking and filthy, and that proper treatment and care was not provided. Those who refused to take their children to NRC said: “We were told that we would have to stay there for a minimum of fifteen days and would also have to procure medicines. We have three more children at home and old people too. If we lose even a day’s wage the others in the house will starve. We do not have anything to fall back upon, only two or three goats, that is all. Who would have looked after them if we were to leave this place for fifteen days? We do not want our children to die, but is there any alternative for us? We are in deep trouble, badly trapped.”

Manoj told us, the administration was not sincere. People would have taken, and some had actually taken their children to the centre, but the children were laid down on mats. He said,

“The NRC had a capacity of 10 beds. If all the 69 families had taken their children to the NRC, where would they put them? On mats?”

Is it impossible to develop a Nutrition Rehabilitation Centre in the village itself? Or to have Auxiliary Nurse Midwife (ANM) visiting those who need treatment, or developing trained workers from among the villagers who could prepare good, nutritious food and feed it to the children with compassion? The parents, who go for wage work would easily, and reliably, drop their children at the centre in the morning and pick them up in the evening.

Those critically ill need to be taken to the hospital. The rest of the underweight children could be taken care of at such a village based centre. The need for such a centre is felt even if the children are taken to the NRC which is far off. After returning from NRC, the children would certainly need care so as not to relapse back into critical phase. Such an 'post NRC care', too, is not feasible at the household level. The proposed village-based centre would be ideal for preventive and post-treatment care at the village level. As a precursor, the existing Anganwadi centre could be made a full day centre, which would address some of the problems.

Ajay said that the government searched for children from the list provided by the organisation. But such an endeavour must involve the entire community in every village. Why should the government rely merely on non-government organisation's (NGO) data? Should it not have its own system for this? Why can't the government be responsive and sensitive towards the problem?

Is it not possible to have a community centre where parents drop their children while going for work? There are crèches and day care centres, especially meant for urban working women. Women labourers from village too, are working women; why should not they get this facility? Does it boil down to their non-affordability?

HOW SHOULD WE SPOT MALNUTRITION?



Barkobai says, “Baiga children were never lean and thin like dried twigs. The women were fed ragi (millet that contains good proportion of calcium) during pregnancy, so they never felt weak after maternity. Kodo (another millet) makes one stronger. The food gives us strength to live with dignity and respect. Do we store all we need in our homes? It lies scattered all around us on earth, forest, water, everywhere! Why should we hoard these? We never thought, not even in wildest of our dreams, that we’ll go hungry.”

Nanhibai works in a children’s centre in the village. She weighs the children every month and tells us that weight of a child at birth should be minimum two and half kilogram and, after that should increase by 600 to 800 g every month. She told us that there are ten children in the village who are more than two year old but weigh about 8 to 9 kg. These children should weigh 12 kg as per their age.

I asked, so what? They will gain weight after a few days of good feeding. But Barkobai insisted that these children should not weigh so less in the first place. This would make them easy prey to illness and that would render them incapable to go to jungle or work. They would not be able to fish, work and above all, their mental development may be hampered. Eating less will make the children weak and this weakness will haunt them for ever.

For children to be healthy and strong their names must be registered in the Anganwadis and their growth (physical and mental development) monitored regularly.

It should be obvious by now that the main cause of malnutrition in children is lack of proteins

and/or calories in the food. This can be diagnosed within six months of the child's birth. This, by no means, denotes that the child might not have been malnourished before that, which is certainly possible, especially if the child is not breastfed during this period.

It is important to know the symptoms of malnutrition in a six month old child so that we can identify malnourished children. This can be easily done by any person at home, too. If the child is lazy, dull, not playing, weak or tired all the time, and perennially suffers from cold, cough, bronchitis, diarrhoea or fever, he/she could be malnourished. If the skin is dry and turns loose; hair is dry, brownish or start falling off; or red-brownish rashes appear on the body; or the child shuns playing with friends or does not respond to their calls, it could be a matter of concern and maybe malnutrition is to blame.

Children who get less or no nutrition are unable to fight illness which, as a consequence, turns chronic. The diseases start overpowering the child, and repeated illness make malnutrition more severe. If a child cries easily and is sullen, he/she may not be getting enough nutritional food. This makes children irritable. We need to find out whether the child is gaining weight and height; whether the abdomen is protruding and pot-bellied; is the child shivering? Are the ribs prominently protruding? These are some of the indicators that tell us that a child is malnourished.

Although it is true that in most cases, malnutrition is the cause of illness in children, it should be kept in mind that every disease is not the result of malnutrition or vice-versa. However, a malnourished child will fall ill more often.

Okay, if these symptoms are present, the child should be fed generously, is it not?

But this is not easy. The malnourished child loses interest as well as appetite to eat; its digestion is affected and the child can not eat sufficiently. We will have to provide food that is easy to gulp as well as digest.

Ordinary food will not do any good. We will have to ensure that the child gets adequate protein enriched food. Keep in mind that protein deficiency occurs because of absence of protein rich food in our food plate.

The symptoms of protein deficiency are often misleading as it could lead to swelling (which is, in fact, oedema) and parents might think that the child is gaining weight or he/she is healthy. Only upper arm measurement with a ribbon can place them in appropriate grades; children suffering with protein-calorie deficiency become weak and look older than their age.

Swelling is one of the manifestations of malnutrition. To find out whether a child's swelling is due to malnutrition, press the thumb on the puffed up part for about three seconds. You do not need a watch to count three seconds. Just count 1001, 1002, 1003 and there you are. When the

thumb is removed from the puffed up part, a cavity appears at the place which takes time to come back to the normal condition.

You can use a MUAC tap to estimate malnourishment. The mid-upper arm of the child is measured with a ribbon with three coloured segments. If the child's mid-upper arm measures up to the red segment, he/she should be considered malnourished. The children measuring up to yellow segment are prone to malnourishment, so take care. The children coming up to green segment are healthy children.

IMPACTS OF MALNUTRITION



Now let's look at various impacts of malnourishment. Malnourishment can engulf the whole life in its fire. Let me illustrate: 4 to 5 different caste and community groups stay in our villages, is it not? Out of this Chhajju and Kamla from the tribal community are also enrolled in our school; but after a year or so both of them left the school. The teacher tells us that they never completed their homework, nor did they answer simplest of questions in the class.

If you look around, you'll find 21 malnourished children in our village. Out of these, 13 belong to tribal community while 5 are from dalit families. Due to malnutrition, mental development of these children could not proceed smoothly and as such they can not do simple additions and subtractions; they can't remember anything from the lessons. The school authorities, the teachers and the others responsible are unable to understand this condition. They expect the malnourished children to understand and remember the content as well as the other children.

Malnutrition can affect children's abilities. These children are unable to run fast and they get tired easily. Besides, a comparison of malnourished and other children reveals that if well nourished children fall prey to diarrhoea or pneumonia or measles, the possibility is that of just one out of hundred children may die. But if malnourished children are infected with these diseases, twenty out of hundred children could succumb to their illness. As the primary health care services in and around our village are not good and sometimes not even available, we would not be able to save many of these children.

Types of malnutrition

Malnutrition is defined in three formats

1. Underweight (Low Weight for Age); according to the norms set by World Health Organisation every child should gain a certain level of weight according to age.
2. Wasting (Low Weight for Height); and
3. Stunting (Low Height for Age)

Malnourishment is divided into three grades: normal, moderate and severely underweight; or in other words, normal, malnourished and severely acute malnourished. These categories are monitored by using Weight for Age methods of growth monitoring. These norms are different for boys and girls. We can take the weight of the child and refer it to the growth chart displayed in the Anganwadi to find out the status. At home, we can look at the child and assess its nutrition or malnutrition status.

Along with that Weight for Height method is also followed. This method shows gives us indication of malnutrition and severe acute malnutrition.

To find out if a child is malnourished and the severity of the condition, weight and age chart must be filled in regularly. The regular monitoring of the data will reveal malnourishment status, including the grade in which the child should be placed. Following observations would help in monitoring:

1. Oedema on legs (below the knees),
2. Greying of hair,
3. lethargy and tiredness,
4. Dry skin,
5. reduction in weight, c
6. old and fever,
7. All these are symptoms of malnutrition;

Such a child needs care and attention from the very beginning.

HOW TO FIGHT MALNUTRITION?



Malnutrition is to be fought with two things Food (Nutrition) and Health Care. We have to understand the fact that facility based management is not the final solution to address the crisis of malnutrition. Community based Management of Malnutrition is the key. There are several steps to fight malnutrition. Dignity, Care and Food for women, as malnutrition starts taking shape in the womb, when women are less fed and not cared. Definitely we are not saying that she should be fed properly only when she is pregnant. Women as human being should have equal rights always. Children should be fed with breast milk right immediately after birth; within a few minutes. Lactating women should have maternity entitlements, complementary feeding for children from the age of six months, growth monitoring at Anganwadi centre level every month anyhow and health monitoring on a regular basis.

We have to comprehend that FOOD is the key constituent. So production of diverse crops, respect of diverse food culture, community access to natural resources, safe drinking water and livelihoods together makes a definition of food. So plan struggle accordingly; most importantly for prevention from malnutrition.

In this process through growth monitoring we will be able to keep a track of children's growth by using Anganwadi services, if we find any growth faltering, child should be in special radar. Those who are losing weight will be taken into the community based management of malnutrition. Once we find out the grade of malnutrition, we need to know how to fight it out. The treatment will be decided according to the grade in which the child is placed. Almost all children need food and care and very few need facility based intervention.

For moderately malnourished children, nutritious food IS the foremost contrivance for management of malnutrition. If child is severely malnourished, let's recognize that all children don't need to be taken to hospital or Nutritional Rehabilitation Centre, unless they have any medical complication or oedema or child is not eating anything. Just make sure children are fed with a combination of cereals, pulses, vegetables, eggs (if consumed by the family), Jaggery, Milk or milk products, edible oil etc.

Remember, even if the child gets better; don't stop feeding the child with such items.

If the child has, along with Severely Acute Malnutrition, other clinical complications like anaemia, vomiting, too low or below normal temperature, high fever, dehydration, swelling on the body, pneumonia etc., advice of the care provider should be sought so that the child can be examined by a medical doctor for proper treatment.

If the child does not have any clinical complications and has a good appetite, s/he can be taken care of at home. Please bear in mind, severely acute malnourished children with clinical complications, should be immediately referred to medical care and treatment.

At the Nutrition Rehabilitation Centre, the child is provided adequate nutritious food and treatment for fourteen days. During this time the mother is trained about sanitation and hygiene, preparing food and feeding the child etc. As the mother stays with the child, she loses her wages and as such, she should be paid a minimum of Rs. 65 per day, in addition to daily meals.

Back home, the child could be fed with flour pudding or suji halwa (semolina). It is easy to prepare and the best way to fight malnutrition is the food prepared at home.

Take a cup of flour. Roast it with ghee or vegetable oil on light flame till it turns light brown. Add water and jaggery or sugar. Cook it till the water gets dried up and the mixture does not stick to the pan. Let it cool for some time and feed it to the child.

In the same way we can prepare khichadi at home with dal (pulses/lentils), rice and vegetables. Shallow fry the vegetables lightly in vegetable oil or ghee. Cook the whole mixture including rice, pulses and the vegetables in sufficient water till soft. Remember, we need to feed the child often in small portions. The food should include grains, pulses (lentils), groundnut, edible oil or ghee, gram (chicpea), jaggery, fruits, milk or eggs on a daily basis. This type of nutritious food provides the child with required proteins and calories and he/she remains healthy. It is quite possible that such food is not available in the homes, so the Anganwadi Centre should make provisions for these.

Why, still, no discussion on malnutrition?

Malnutrition is a critical problem, if not a crisis. It impacts not only children's present but future

life, too. It makes them weak for life.

Unfortunately, this problem does not evoke much discussion. The society, the community is silent while the government has failed to understand the root causes of this problem.

As with many of children's needs and issues, malnutrition is also relegated to obscurity by the society. The village system, dependent on and sustained by forest, land, water, local employment, has been completely ruined. The land is, at present, considered more profitable as a resource for construction of houses, roads or trade and commerce. This has affected the production of diverse crops like pulses, grains, vegetables, nuts etc and their yield and production has come down substantially. In the past, people never bought food grains from the market. It was precisely the reason they never starved.

Now, these communities grow less and buy maximum goods from the market. Poverty makes them eat just rice or wheat. Besides, our PDS only provides rice and wheat. This does not satisfy the entire nutritional needs of the family making them vulnerable to malnutrition.

As the entire communities from the rural areas struggle to get employment, families are at risk of not getting food. The first casualty is the child in this exercise. Anganwadi worker tells us that every child should get age-appropriate and adequate food. She informs us that an eight months old child cannot eat the same food as that of a ten year old child. If we agree with the Anganwadi worker, we must have enough options before us. Do we have these? Is it possible for the majority to prepare a variety of foods? While some families would not dream of such culinary practices due to abject poverty, there are a few others who do not see the necessity of an exclusive cuisine for young children and infants. Most of the families serve the same food to all the members, children and adults alike. It is a common site in the rural areas to see a small child biting into a hard thick roti (flattened bread), trying to soften it with saliva.

In towns and cities, a woman daily wage worker is not allowed the time and space to breastfeed her child. In the morning before going to work, she prepares thick rotis for her four year old child. In the evening, a small packet of biscuits is pushed in the child's hands.

The food that was sourced from the immediate surroundings is a thing of the past. Now the fields are filled with crops whose production and distribution is controlled by the market. Pulses reach first the market before being used in the homes. This is due to the fact that one kg pigeon pea (arahar) could fetch Rs50 and with this Rs50 one could buy five kg cheap grains. So why eat pulses? Government too, does not provide subsidised pulses in its ration shops.

The Anganwadi programme was started in 1975 in our country. The government knew that malnutrition exists and that it could be fatal to the lives of hundreds of thousands of children. So the successive governments made provisions to distribute nutritious food through Anganwadis. However, they never tried to find out the root causes of malnutrition. We, as a nation, never gave serious thought to changes in societal practices (agriculture, artisanal, constructive knowledge and skills, frugal use of the forest produce, animal husbandry) and the

loss of ownership of and access to the resources. We became more and more dependent on Anganwadis and the food supplied through them. This, of course, is a necessity but can it replace the home made food? We have long forgotten that it is impossible to wipe out malnutrition and hunger in children unless we wipe out starvation and deaths in the families.

The government never bothered to monitor the programme closely where children can neither argue nor complain. Some people exploited the situation, engaging in corrupt practices and looted what was meant for children. Corrupt machinery, insensitive polity and undemocratic institutions connived to violate child rights.

Even today, these practices continue unabated. Incomes of government personnel and the companies are increasing even as the nutrition insecurity of the community takes a nosedive. The resources which secured nutritious food to the community in the past have been taken away from them. At the same time, malnutrition has become a lucrative business for a few. Every so often, institutions spring up to study malnutrition while it continues to grow in magnitude and intensity. A few profiteering companies have entered the fray with new products. Those who have lost all their resources are being supplied packaged food produced by these companies as panacea to end malnutrition. Nobody talks of, let alone encourage, growing vegetables, fruits, grains, milk, eggs and meat or making them available in the village. Seemingly, the market is not so stupid as to ruin its profitable business (of malnutrition).

Malnutrition can not be seen in isolation from other systemic undercurrents in the society. It is an indicator that the communities are on the verge of starvation, deaths, and extinction. All these children are the responsibility of society and the government. Don't unleash market experiments on them - children are not guinea pigs. Pause and think: whatever decision you take, how would it affect children? The government too, does not foresee the ill effects its actions would have on children. How else does one explain the indifference of the (people in) government to the outcome of its policies? See, how these government institutions have made displacement/migration an 'adults only' issue! Whatever the government does, whatever action it takes, it is going to affect children. So do you think malnutrition in children is an issue outside of the society? If it is not, why do the villagers, panchayats, Gramsabhas, various other institutions, teachers, officers, voluntary workers and the government shy away from the subject?

Khohari village in Sheopur district: Why it is besieged with severe malnutrition?

An analysis from the point of view of mechanisms (putting them in place):

Khohari village from Karahal tehsils of Sheopur district was settled about hundred and seventy five years back. In this village, inhabited by goats, cows, oxen and hens-roosters, hunger have come to reside permanently. Here, livelihoods are insecure, the entire land is rain-fed, forests are on the brink of extinction, government welfare schemes are implemented negligently and the

community is denied ownership and management rights over the resources.

One of the factors responsible for malnutrition is the failure of the government system to perform its role. This system, called governance is, in some respects, above the social or the community systems. Basic function of good governance is to maintain equilibrium and to protect the rights of all the groups without marauding other's rights. A good governance system seeks to eliminate inequality, enhance living conditions and protect human values. In some aspects, this system is placed at a higher pedestal than the community systems. Our society is steeped in inequality based on gender, caste, wealth and age. Without a governance system in place, discrimination, inequality, exploitation and exclusion will get a free license. I think, in Khohari the governance system is non-existent. The words that grace the very first pages of the Indian constitution are banished into oblivion.

Has the system really made efforts to understand and feel the intensity of the problem? Does the system accept the existence and critical nature of the problem? Does the system try to explore solutions? Has it ever tried to take the community on board to address the problem? And finally, do the government programmes and schemes have the desired outcomes for the intended community? Are the plans and decisions being implemented? We have designed programmes for human life, society and the environment. But we are unable to implement them and we must accept it. This is primarily the responsibility of the governance system and it has failed in its duty.

We interacted with the community and the administration in order to understand the situation, and to initiate a process of rectification, so that the concept of '**Integrated Community management**' and a full-time 'child protection centre' becomes a reality. We arrived at an understanding, with firm conviction, that agriculture, land, electricity, water, employment, health care services, child and women's nutrition and health issues are all part of malnutrition problem; merely running an Anganwadi is not going to address it. In the deliberations, a plan to bring about changes in Khohari was made. Solutions for problems including livelihoods, water, irrigation, agriculture, health and nutrition, were identified and, it was concluded that the problems could be solved within a span of six months. There was no need to import solutions from outside; resources are available aplenty and there was no need to design a new programme. What is needed is an accountable and sensitive implementation process.

What should be done (or take place): Community study in Khohari concluded that there was a need to think seriously on following questions:

1. Is the system meant for the people or people for the system?
2. What should be the responsibilities within the system and monitoring and accountability processes, so that people get their rights and services, and the machinery is made accountable and punished for inaction?
3. If any gaps or flaws in the provisions or systems are found to be the causes of hunger and

malnutrition, should it not be changed, and if yes, are we ready to make necessary changes?

4. How is the governance system going to help develop women's and children's physical and other capacities, and should they not have a right to monitor the implementation of the schemes and programmes meant for them?

For three days we heard the people of Khohari, the Sahariya tribal community. I would like to mention a few things:

(Only) Hunger Resides Here: We all know that malnutrition exists and hunger pales the shining development of our nation. We all know that the country has hordes of statistics pertaining to hunger but what it lacks is the mechanism or the apparatus to assess the situation of villages like Khohari. In 1992, when the National Nutrition Policy was developed, the government had arrived at the conclusion that malnutrition is not caused by a single factor. Many factors, direct and indirect, contribute to the situation. Malnutrition and hunger cannot be understood without considering issues like employment, livelihoods, ownership rights over resources, safe and clean drinking water, and gender and caste based discrimination. No plausible solution can be found without cognizance of these issues.

The Nutrition Policy was made without any mechanisms and systems to monitor and micro-evaluate the direct and indirect causes. The mechanism was simply not thought of. For example, in the Anganwadi at Khohari, nutritious food is distributed, but does it satisfy children's needs? Does it have a proper monitoring system to check if children's needs are being satisfied? Perhaps the system is insensitive to questions. We saw helplessness in the eyes of hungry children, helplessness that has born out of chronic hunger. Their attempts to lay hands on whatever they could clearly denoted that the children are lost in hunger.

'Take home' ration is distributed in villages, interspersed with long intervals. Of course, the records immaculately show cent per cent distribution: targeted number of packets have been distributed. But the pregnant women, lactating mothers and children below three years, the intended beneficiaries, do not have the sole right over these packets. The ration is consumed by the entire family, and in two or three days, the packet goes empty. Children's hunger persists, and hunger takes a permanent foothold in the entire family. Our system is blind to the fate of 'take home' ration. Even if made aware, it is not serious about the issue. I personally do not think that the system is not aware. Perhaps, the system deliberately overlooks the whole family's hunger, lest it will have to feed those for whom there is no provision in the system.

It is important that we guarantee provision of complete, wholesome food, not just supplementary nutrition, for children below six years. We need to evolve and put in place a community monitoring system to ensure that nutritional food reaches children below three years. About 30 percent children are born underweight, and every woman is in danger of dying in labour. Almost all the women in Khohari are anaemic, and we need to ensure that nutritional food reaches them. Thus, we need to devise mechanisms to provide nutritional food to children as well as women in Khohari.

Who is responsible? Is the government responsible? It certainly is; In Sheopur district, more than 600 children die every year. Why do they die? What are the reasons? It is precisely because the resources which are needed to safeguard against malnutrition and illness are out of reach and control of tribal of Khohari and Sheopur district. If livelihood sources are available within the village, and are in sync with the local environment and the tribal cultural ethos, the first level of food security can be attained. As the government system has miserably failed in this task, severe malnutrition is staring at us.

Forest Rights Act, 2006: in the preamble of this Act, it is stated that Indian tribal communities have been discriminated against historically, and the present legislation has been introduced to end this injustice, to give tribal and other traditional forest dwellers right over forest, land and other resources. In accordance with this Act, 52 families from Khohari village submitted entitlement applications for the land which they were tilling for generations. As per the Forest Act, a village forest rights committee was to be constituted in every village, but it was not constituted in Khohari. The panchayat secretary, Meharvani, collected the forms and submitted them to the forest department. This was done in 2008-09 and four years have passed and the village people have not been informed about the fate of their applications.

We were told that the land for which the individual families had submitted entitlement applications belonged to the Revenue Department, and not the Forest Department. In a specific situation, in Khohari village, most of the tribal families are not entitled to ownership of the agricultural land, because of administrative negligence. Even this information was not shared with the community. This Act also entitles the community to establish ownership rights over forest resources. People from Khohari collect vegetables and other leafy food stuff from the surrounding forest. The jungle is also their sacred area, where they go often to pray. They draw water from the Lahchura and Paniha valleys; and get 60 types of medicinal herbs and products from the forest. The people's life in Khohari revolves round three components: agriculture, forest and wage labour.

39 out of 99 families have patta land and the average land holding is six bigha (three bighas is around one acre). 32 families cultivate encroached land, while 28 families are totally landless. In the absence of any irrigation source and facility, all the land, patta and non-patta, is rain-fed. The land is of three types: black cotton soil or regur, sandy loam and sandy stone. In the present circumstances, a family, after toiling hard, is able to produce, on an average, two to two and half quintals of bajra per bigha. This produce is barely enough to satisfy the needs of the family from October to March, and after that they migrate to harvest during Chait (the term used for harvesting season that starts off from the first month of the Hindu calendar) and try to make ends meet.

The question is, if the communities from villages like Khohari are tilling revenue land for decades, why are they denied entitlement rights? Just as the Indian Government has decided a 'cut-off' date for the settlement of rights over forest resources, why not initiate a similar process with a 'cut-off' date for the settlement of the revenue land? The revenue land which the families

from Khohari are tilling is not a recent encroachment; they have been tilling this land for generations. People have fallen prey to hunger due to denial of land entitlements. Without legal land rights, they can not dig wells on their land, bunds cannot be constructed in their fields under the Mahatma Gandhi Rural Employment Guarantee Scheme, nor can they get irrigation facilities.

The Land Issue: It should be noted that the land settlement (demarcation) of legal entitlements has also not been done yet; thus, a tribal farmer does not know where his/her land begins and where it ends. The local revenue inspector says that, at the moment, half the tribal families' land is being tilled by others. In 1984, for the first time, and subsequently again in 1988 and 2000, people were given land deeds. Though land deeds were given, the land was not actually seized from the encroachers and transferred to the tribal families. Why was it not done? It would have revealed the names of powerful upper caste people who were illegally holding the land.

During a Participatory Rural Appraisal (PRA) it came to light that the panchayat secretary controls (read forcibly holds) 500 bighas (about 166 acres) of land. Though this possession is an encroachment, he has succeeded in procuring irrigation facilities and is fully utilizing the resources. This village falls under Karahal Development Block, a Schedule 5 notified area, under which tribal communities have local self-governance rights as well as exclusive right to take any decisions pertaining to resources in the village. Despite legal entitlements and rights, the dubious role of the panchayat secretary has made the community live a life of bondage. The panchayat secretary has not only pushed the community to misery and poverty but compelled them to become slaves of the upper class community. Legally, there is ban on sale of outside liquor. But during the Participatory Rural Appraisal (PRA) and interviews with the people, it came to light that an outsider (an absconding criminal from another area and a relative of the panchayat secretary belonging to an upper class family) is selling bottled liquor through his shop. People say, "It dissolves hunger and gives you peaceful slumber."

Irrigation: there is no electricity in the village and as such no source of irrigation dependent on it. The land is totally rain-fed. In 2005-06, the Agriculture Department had dug holes in 10 fields, but were left at that. Perhaps electricity was not available, and this must have dawned on the department after it had finished doing the entire exercise. This also throws light on the lack of inter-departmental coordination and information sharing; before starting a scheme or programme, a governmental department does not check whether the support mechanism to be provided by other departments is in place.

Villagers were told that the state government has halted the process of conferring entitlement rights to farmers tilling revenue land. There is a dilemma whether to allot titles or not. Sahariya tribal continue to till the land, which gives them grains that can feed them for five or six months. If the aim is to eradicate malnutrition, a systematic process for making Sahariyas the legal owners must be undertaken, so that they can access irrigation facilities, agriculture development schemes and assistance. However, they are cheated and deprived of their fundamental rights and welfare services as an upper class community is in the driver's seat of

governance and lording over their fate.

Drinking Water: The village has three hand pumps, of which one is attached to a motor engine which lifts water into an overhead plastic tank. A day before the study group's scheduled visit, the motor was repaired and the tank was filled. The motor engine, it was told, was in state of disrepair and had not worked for more than three months. The responsibility of management of the drinking water system lies with the panchayat, but typically, the panchayat did not attempt to repair the motor. In such a situation, this is more the routine than exception, women of the village walk more than one and a half kilometre to Lahchura gorge or Paniha gorge. They have to negotiate steep valleys and slopes for a ghaghar (pail) of water. Needless to say, the pregnant women, too, are not spared this outing. As there is no electricity in the village, there are no alternative sources of water either.

Mahatma Gandhi National Rural Employment Guarantee Scheme: The government has failed to convince the people of Khohari village that the scheme is a 'game changer' which can give a boost to the quiet village life. Khohari village has 145 job card holders, and all the families are in dire need of wage employment. Assuming minimum wages to be Rs 100 and Rs 60 will be spent on material, and each job card holder getting a minimum 100 days of guaranteed work, an individual worker would earn about 10,000 rupees a year. 145 families would have earned Rs 14.50 lakh per annum and since its inception, MGNREGS would have channelized 58 lakh rupees to the village in four years.

However, in Khohari, in the 2011-12 fiscal, total 1,154 person days of employment were provided, against the mandated provision of 14,500 person days. In other words, employment opportunities were created for 8 days a year per family. By October 2012, 594 days of employment was provided to 145 families.

Deep Singh, the panchayat secretary, claims that people of Khohari village are unwilling to work. Villagers disagree! In 2008-09, they were beaten severely for demanding work. Since then, the Upper Khohari (Khohari comprises of Upper Khohari and Lower Khohari hamlets) people have not done any work under MNREGS. Here, neither an annual plan is prepared under MNREGS, nor any social audit carried out. The panchayat secretary says that the forest department has categorically told not to carry out even an inch of work on forest land. The irony is that such work would have given a fresh perspective to forest development. Two steps need to be taken in the context of MNREGS: first, an investigation of the work and the process of implementation should be done immediately, and second, work should start immediately under the scheme, with inter-departmental coordination for effective implementation.

Integrated Child Development Scheme (ICDS): There is an anganwadi in Khohari and Rukmini Sharma has been appointed to run the centre. We were told that she visits the anganwadi centre only once a month or so. Rukmini Sharma has appointed a local tribal woman Ramkali to run the centre, with a promise that whenever new appointments are made, she would be made an assistant worker. Ramkali is still waiting to become an assistant worker, despite single-handedly

running the anganwadi for the last five years, since 2007, and that too without any remuneration. She brings children to the centre, weighs them and looks after them. Growth monitoring is an important component of the ICDS programme, but the records in the growth monitoring register were not factual; the weighing was not done properly, and at times, not at all.

This is a systemic issue. Despite the Government and the administration recognizing the severity of malnutrition among Sahariya children, and a decade having gone by, no effort has been made to conceive and implement an integrated programme. During the study, ICDS supervisors were asked to measure mid-upper arm circumference of children using the measuring tape (MUAC tape). Measurement must be done on exposed arms, but the supervisors measured the circumference while the arm was covered with sweater. Apparently, the supervisor is at fault, but there is a larger systemic issue involved: they have not been trained properly, and with no effort at their capacity building, they cannot be held responsible for the blunder. Monitoring responsibilities and processes are integrated into the design of the ICDS, and the accountability should be placed accordingly.

Health: Food insecurity and the lack of micro nutrients invite and sustain illness like breathing ailments, bronchitis, skin diseases, malaria, pneumonia, etc. There is no system for health care, regular diagnosis and monitoring in Khohari. We all are aware that illness spirals into a chronic state and turn dangerous.

A complete check-up should be done every month at the school and anganwadi, and complete check-ups of pregnant and lactating mothers also should be done regularly.

In the absence of alternatives, villagers are compelled to borrow money to fulfil health needs. Money borrowed to pay for health care services is the single most important cause of indebtedness. Every family is indebted to the tune of Rs. 5,000 to Rs. 8,000. The loan is not taken from a single source, but from different people. The reason is that the tribal people's credibility is apparently placed at lower levels, and doubts are aired about whether they will be able to repay the loan.

Last year, 18 pregnancies out of a total of 32 were institutional deliveries, but this year, till 31st October 2012, all the deliveries took place at home. We were often told by people that there is uncertainty in the government health care services and that life could be at stake. Long waiting hours are the precursor to the ordeal that awaits them at government hospitals. Chances are very rare that the doctor will turn up for a check-up, and if one is lucky enough to be attended by a doctor, the drugs have to be procured from private stores. The behaviour at the centre is disgusting and humiliating. People know that private treatment is quite expensive, and still they feel that government health care services should be the last option.

Child and Women Health: To bring down the Maternal Mortality Rate (MMR) in a planned manner, institutional deliveries are promoted in the state. However, during a dialogue between administration and the community Urmilabai Sahariya had this to say, "For the last three days, you people are pestering us to know why we don't go to the hospital; why we don't have our

deliveries in the government hospitals. The treatment at the government hospital is more costly than the private providers. The vehicle that comes to carry the pregnant women to Karahal hospital, eight kilometres away, charges Rs. 300, nurse madam takes Rs. 200, the midwife takes Rs. 150, the ward boy takes Rs. 150, and Rs. 500 is taken by the person who prepares the cheque. The doctor never comes when we need him. He comes when he feels like going for a stroll! Medicine is not available in the hospital, and we have to buy it from outside.”

There is a long list of programmes including fertility care, children’s health, expecting and pregnant women protection scheme and others. But the fact of the matter is that there is no monitoring system. There is no mechanism to find out to what extent, if at all, the objectives of the programmes are being fulfilled, and whether the provisions meant for women and children are reaching them. There is a data based monitoring system which does not tally with the information at the ground level. It is hard to believe the reports of child and women health generated by the state when there is no basic systemic mechanism in place. As per the report, 85 percent births in Sheopur district were institutional deliveries, which mean that 85 percent children have been breast-fed immediately after birth. But if Khohari is an example, traditionally breast feeding begins three days after the child is born. During this time, the child is fed raw jaggery (raw sugar) syrup. In these circumstances, is it possible to bring malnutrition down?

Not a single child has been immunized and vaccinated in Khohari, although according to the annual report of Community Health and Family Planning department, 99 percent children in Sheopur have received complete immunization and vaccination. Achievement level of measles vaccination is 102 percent, DPT (Diphtheria Tetanus Pertussis) is 101 percent and BCG (Bacille Calmette-Guerin) is 109% percent. Evidently, planning and implementing mechanisms and independent monitoring systems are dysfunctional, which renders the efforts ineffectual. Thus, obviously, despite several schemes, programmes and constitutional provisions, the system has proved an utter failure at delivering rights and services to children.

Education: Any person from Particularly Vulnerable Tribal Groups (PVTG) completing high school education is entitled to a government job. The State government has issued directives in this regard to the district collectors. So, what are the prospects of PVTG people getting government jobs?

In Khohari, the primary school is housed in one of the rooms of the Panchayat building. Its floor was done and plastered with cement a day before the study group reached the village. People told the study team that the teacher, Shri Sunil Sharma, posted in this village for the last 20 years is seen for not more than 2 or 3 days a month. As the midday meal work is assigned to a local Self Help Group (SHG), children do get food for 15 days a month. Panchobai, a village woman lamented, “The school is always closed and it has condemned our future. Our children do not carry bags (with books and notebooks) to school, but plates and bowls to eat!”

Transparency and Accountability: In the last four years, people from Khohari have given

numerous applications to school authorities, anganwadi, MNREGS, electricity department, irrigation department, etc., to either start the services or about some irregularities in these services. But not a single application has been responded to with action. People here have come to believe that the system is not meant for them, and that they will always be treated as beggars. When we asked them to give a written application about the implementation of the Forest Act and MNREGS, they responded that it would be of no use. On the contrary, the administration has been protecting the people engaged in illegal activities.

The administration has to ensure that it responds proactively to each application, oral or written. People are convinced that any application or request from the community is shown the dustbin. Evidence confirms people's sentiments. The onus is on the administration to demonstrate that it is sensitive to the applications from Sahariya community and that proper actions are initiated within a scheduled time frame.

All information received at the project, block and district level should be acknowledged, which includes information appearing in newspapers.

At the state level, an independent joint group for complaint redressal and monitoring should be formed.

The roles and responsibilities of all officials from the monitoring and executive system at the district level should be subject to inquiry in case any serious issues emerge. The anganwadi worker does not come to Khohari, an assistant has not been appointed and one tribal village women is running the centre without any remuneration. It is hard not to connect this to the failure of higher level offices in carrying out their responsibilities.

If the government is committed to establish accountability, the process has to be top down. The persons at the higher levels in the departments are seldom tried for laxity in responsibilities. Typically, the staff at the lowest level is punished or transferred while the higher level officers are spared, if not protected. The government has to show it means business and initiate the process at all levels, especially at the higher levels for any laxity in implementation.

Public Distribution System: As per the directives of the Supreme Court, every family from the Particularly Vulnerable Tribal Groups, which includes the Sahariya community, should be covered under Antyodaya Anna Yojana. People here do have Antyodaya cards and in the present circumstances, this scheme is the last resort for survival of the endangered Sahariya community. But there are many loopholes in the scheme at different levels.

The grains which 145 Antyodaya card holders get in Khohari, are found to be full of stones of varying sizes. During an exercise undertaken to find out the amount of adulteration, stones and rubbish were sieved out from one kilogram of PDS supplied grains. They weighed 300 grams per kilogram of grains, amounting to 30 per cent. An investigation should be conducted to find out at which level the adulteration is done.

The card holders are not supplied grain in instalments, thus violating the directives of the judiciary and the PDS Control Order, 2009 of the Madhya Pradesh government. If 10 kg grain is being swindled off from one family, how much ration must have been swindled off from 30 thousand families?

Interdepartmental Coordination: Horticulture saplings were distributed in Khohari, but people were neither trained to do horticulture, nor was there any follow up to address post-plantation issues. In one year, out of the 420 saplings planted, a mere 20 could survive. Added to this, the village is facing an acute water shortage. Likewise, Auxiliary Nurse and Midwife (ANM), ASHA workers and village health, sanitation and nutrition committees need to be educated, oriented and trained about herbs and trees to be used as medicines and nutritional supplements. For the community the real world of plants is the surrounding jungle rich in medicinal herbs and vegetables. The agriculture department can promote pulses and other millets that would be useful to overcome malnutrition. At present, the only drinking water source is the perpetually defunct hand pumps, and women have to negotiate precarious paths, climbing down and up the steep gorges. A tap water system with uninterrupted electricity supply is a must in this situation.

Debt trap: Sahariyas take loan for three reasons: health care (40 per cent of loans), agriculture (25 per cent) and community rituals, marriages, etc. (35 per cent). The interest rate is 5 per cent per month, amounting to 60 per cent per annum. People from Khohari, with nothing other than their family labour to pledge, are dragged into a debt trap. The people migrate to other districts and eastern Shivpuri for Chait harvesting (of wheat), where they borrow money from big farmers, with a pledge to come back the next season's harvest to repay in the form of labour. The next harvesting season goes into repaying the previous year's loan, and a new loan is taken that pledges the next season's labour. In case of drought or crop failure, the big farmers do not ask for repayment of the loan, and people come the next year to harvest the crop.

In the present circumstances, along with the provision for a safe, respectful and dignified livelihood, a strategy to pull people out of the morass of indebtedness is urgently needed. Without sustainable and stable employment sources, it would be hard for them to come out of the web of indebtedness.

Sahariya Development Authority: Madhya Pradesh has created various authorities for the development of backward and primitive tribes. In Sheopur too, the Sahariya Special Backward Tribal Development Authority has been set up. Ensuring livelihoods, food security, education, health, nutrition and drinking water are among the primary objectives of this authority. Without going into a detailed analysis, a few examples will suffice to give a glimpse of its nature and functioning. This Authority does not implement any programmes directly; instead it disburses money to concerned departments on the basis of proposals and work plans it receives. In 2007-08, the Authority received applications for Rs. 250.374 lakh, of which it disbursed money for 24 work plans. Nine of these did not send the utilization certificates for the money spent. The District Women and Child Development Office in Sheopur was sanctioned Rs. 29.76 lakh, and the first instalment of Rs. 15 lakh was disbursed. The Office did not send the utilization

certificate for the disbursed amount, nor did it send an application for the disbursement of remaining amount. For the year 2011-12, Rs. 29.76 lakh was sanctioned for the appointment of special nursery teachers (Sahariya), at the rate of Rs. 1000 per month for 248 anganwadi centres in the district. However, the Women and Child Development department did not send a proposal to the Authority.

Rs. 7.2 lakh was disbursed as a compensatory amount for girls' education, but again utilization certificate had not been submitted till date. The authority, in collaboration with the Madhya Pradesh Agriculture Department and Jawaharlal Nehru Agriculture University, carried out research work on the Sahariya community, but the findings of the study are not known and it is not clear how such research and studies will help bringing about changes in the situation. A review and evaluation report would have been apt but sadly, the project has had no review and evaluation.

A social system dependent on forest eco-system - Sahariyas used to get vegetables like fang, charota, bitter gourd, pamar, chench, ballar etc all year round; a few of these still make way to the kitchen of the families. Sahariyas do not hoard the stuff or pluck and keep it in deep freezers! They say, the forest is our God and when the God is so generous, why should we hoard these. A rough estimate suggest that they used to get 64 types of produce from the forest, like gillu, amvala, tendu, mahua, dhavda, resins, khair, white musli, black musli, honey, shatavar, beel, Arjun chhal, chironji-achar, badi kateri, needle resins, baajar, mal kangani etc. In the past, Sahariya tribal used to bring these produce from the forest but the availability has been scarce in last 20 years. According to Ratti Sahariya, "about 17-18 years back (say 1995-96) a few people started coming to the village. They used to advance money to collect the forest produce. They used to give us Rs 200 to Rs 1000. After a year or two their demand grew and they used the advance money (as a loan) as a pressure to get Shatavar, Arjun ki Chhal, Beel and safed musli. Now the stage has come where musli is hard to find in the forest. These traders buy musli at Rs 100 from us and sell the same for Rs 1500 in the market. We were forced to skin off the whole trees of Arjun for its bark. When the market grew, the traders from the towns started bringing labourers along with them from outside; the tribal from other villages too started coming to our forest." The state of the things has come to such a stage that Amvala is plucked before it is ripe. Within the village environs, only Ratti Sahariya is left with Chironji trees, the last five trees standing in his field. For minor forest produce, the villagers have to venture further deep into the forest which was available a few years back in the immediate surroundings. Ratti says that the availability of forest produce has gone down by about seventy five per cent or more. The forest, its produce and forest based social system has had an important role in mitigating malnutrition and providing cure and treatment to many an illnesses. The present government system totally ignores this.

A few basic facts:

People are starving and they are the victims of an exploitative system. It is time we desist from labelling these people as perpetrators. Some of the common allegations levelled against these

people are:

- a. People fall ill, take loan and then die; but they are responsible for their own fate;
- b. Government has started Nutrition Rehabilitation Centres but the people do not want to keep their severely acute malnourished children there as they give more importance to tending goats than ailing children;
- c. Panchayat had plans to open work under MNREGS but the people are not willing to work;

In Khohari, we discovered how baseless and shallow these arguments could be. With no source of livelihood and nothing to eat at home, how would they spend fourteen days in the nutrition rehabilitation centre? The state will have to assure these people who have nothing left to bank on but a few goats; it is our collective responsibility to tend the goats in their absence. Why should a community have faith in a system which has failed to deliver 35 kg of ration despite judicial mandate? Why should it believe a system that has discriminated in allotment of irrigation schemes preferring the elite over them? Why on earth the community should believe that nutrition rehabilitation centre is going to save their children? Moreover, people know that eventually the children will have to be brought back to the village in the same homes! What would they eat back home? They say, we do want our children to be alive and healthy, but do we have a choice? There is blind alley facing us!

What is a system? Compare the system at home where adults perform their responsibilities based on a few basic tenets of what is good and what is bad, what is in the best interest of the individual members of the family etc. If a child does not eat properly or does not want to eat at all, do we leave that child alone? Definitely not, we try different tricks, so that the child does not sleep hungry? We know that going to sleep without eating will make the child ill. In many instances, the children do not want to go to school, but do we allow that? When the households are run on these principles, when the family takes into account the 'best interest of the child' vis-à-vis education and health, shouldn't the governance system run on similar principles? Should it not try and allay the feelings of the people not willing to work in MNREGS? Has the government system ever tried this in 'the best interest of the tribal community'? Never!

We need to change the mindset of the people towards government through our practice. Without this, they will not accept the messages that tell them to wash their hands before and after meals. Their faith has been shattered. How on earth will people listen to a system which has lost its credibility? Most efforts are aimed at creating statistics projected as achievements. The government seems satisfied with this premise, but this premise is not going to bring any change in the situation. In case of children and pregnant women, we need to take a firm decision that if they do not access the services we will, at any cost, ensure that these services reach them. A process need to be initiated in the villages, say in Khohari, where all departments make an assessment of what the people want and make programmes accordingly. These programmes need to take cognizance of the causes of malnutrition. They should be linked and integrated with agriculture, with minor forest produce, with water systems and MNREGS. After all, the purpose of all these programmes is to provide a safe and sustainable livelihood to people, so that they are freed from starvation deaths.

ABOUT THE INITIATIVE



Politics of democracy runs on votes: One who votes influences the panchayat, assembly and parliamentary politics. Unfortunately, children do not vote. Is this the reason why they are not being listened to? Sensible thing would have been to analyse our policies, systems and practices vis-à-vis their impact on children and what should be done in the best interest of children. Perhaps this would have led us towards a Nation building exercise informed by children's interests at the core. As of now, we don't have any policy and system sensitive to children and open to change.

In capitalist developmental model the right of ownership over government funds is accorded to the people who pay taxes and give revenue. Children do not pay taxes and perhaps this is the reason why the smallest part of the budget is being put aside for them as a charity!

It is easy to talk about good and nutritious food but not as easy to implement it. The biggest victims of malnutrition today are from tribal and the dalit communities, who have been adversely affected by the new economic policies. Social scientist, Dr Walter Fernandes tells us that 100 million people have been displaced due to developmental projects in post independence India. Of these 60 per cent are tribal. If we club together all the marginalised people, tribal and dalits together, they comprise 80 per cent of the displaced post Independence. Displacement takes away from the people their land, houses, environment and the skills; it paralyses children's life beyond redemption. People who earlier migrated for one to two months to the cities now do

so regularly for more than ten months a year where they live on pavements without access to toilets, defecating in the open and no access to safe and clean drinking water. They can ill afford to fall ill and when they do it becomes a painful experience for them. Despite all this, people are forced to migrate regularly. Exodus from the villages beginning post-sowing season has become a phenomenon and it has a far reaching and permanent effect on the lives of children.

The developmental policy of the country has changed in character from being pro-people to pro-industrialists. Its dictates are clear: communities leave farming and distance themselves from agricultural production; it wants the people to change their occupation from being farmers to labourers on farm or otherwise. Wouldn't such policies nurture malnutrition? Can you name a village where the dal (pigeon pea) is not bought from the market? The pulses cost Rs. 60 to Rs. 90 per kg and this is the price at which the rural communities should buy it from the market. It is a bizarre situation with conflict of interest ruining governance.

At a time when an epidemic of malnutrition has engulfed half the population, a host of institutions and foundations floated by private companies are making inroads in various districts ostensibly to eradicate malnutrition. Each of them has its own unique model, but somewhere in all these models, covertly or overtly, there is a product, an elixir or a powder publicised as panacea for malnutrition. At times, there is a direct link with a profit making company while sometimes the links are not so obvious. The clever among the private profit making companies have found out that there is huge market in the malnutrition sector waiting to be exploited. Our government has earmarked two hundred thousand crore rupees for this 'sector' for the next five years. It is up for grabs! The not-for-profit development sector and the institutions are silent although they are very well aware that wiping out malnutrition requires profound changes in development policies.

It could be also true that formation and cementing of a caste and class based hierarchical society has been complete and, the class or group of people occupying the top rung in this hierarchy does not want the marginalised, the dalit and tribal communities to be healthy and emancipated. They fear that if this community, what we call the downtrodden or marginalised and for them lower caste or class, is emancipated, who is going to work for them as bonded labourers? They, the hitherto marginalised communities, will ask questions and will resist exploitation. Freedom from malnutrition is not limited to social programmes. It is much more and encompasses economic and political agenda. It is not limited to working with children. It needs a mass movement towards social change. It requires that we, the families, communities and the society break our eternal silence. It is time to act.

VICIOUS CYCLE OF HUNGER AND MALNUTRITION



We appeal for a joint initiative for Integrated Community based Management of Malnutrition. This initiative is based on the belief that malnutrition can only be fought at the community level; there can be no solution unless the situations breeding malnutrition, and its root causes are dealt with. This is not going to make its exit by a single programme or the crisis is not going to ebb with nutrition providing programme alone. For a childhood free of malnutrition, its roots - food insecurity, livelihood crisis, social inequality, gender bias and discrimination have to be uprooted. It must be ensured that our system, with sensitivity and accountability, provides all the essential services to children and women. Talking of nutritional changes would be a futile exercise without simultaneous assurance of safe drinking water, sanitation and hygiene.

We strongly believe that every child below five should get quality crèche services. For this, the community will have to come forward to keep the reins of leadership in its hands; otherwise, it will not be long before this programme faces a fate similar to other programmes of the past. We believe there is a great possibility of strong community organisations emerging to take charge of nutrition and health. Experience tells us that we should pay more attention to children below three years of age in our interventions; this is the most vulnerable age group. Along with this, adolescent girls, pregnant women and lactating mothers form the key foci of this initiative. Local institutions, village health ad-hoc committee, Gramsabha, youth organisations, women's organisations will not merely be the participants but leaders in this endeavour.

*Whither have gone
All the ascending illumination
When the children go to sleep
Cuddled in hunger
Splashing dreams
In the empty plate
Oh; the tradition
Of knowledge gathering
Mothers pass on to foetus
Through the umbilical cord of
alphabets of hunger
She teaches to first lesson
To the foetus
How to live with hunger
Before they cry in this world;*