

**Report on Implementation of Interim Orders  
of the Supreme Court  
in the Right to Food case  
Khandwa District, Madhya Pradesh**

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I visited three villages (see table below) in the Khalwa block of Harsud Tehsil, district Khandwa from the 19th to 21st October 2004 following reports of deaths of small children in village Mohalkhari. I also met the Collector Khandwa on the 21st of October.

List of Villages visited in Khalwa Block, Khandwa District

	<b>Village</b>	<b>Gram Panchayat</b>	<b>Distance from the Block Office (kms.)</b>
1	Mohalkhari	Ambada	60
2	Anwalya	Anwalya	48
3	Bhagpura	Anwalya	55

Deaths of Children in Mohalkhari

We have been able to definitely ascertain that four children died in village Mohalkhari in September 2004.

<b>Name</b>	<b>Sex</b>	<b>Age (yrs)</b>	<b>Community</b>	<b>Occupation of Parents</b>	<b>Apparent Cause of Death</b>	<b>Date of Death</b>
Jijibai d/o Tipu	F	3	Korku	Marginal farmer/casual labourer	Fever with acute respiratory discomfort (could not reach hospital)	11 Sep 2004
Dailu s/o Tipu	M	1	Korku	Marginal farmer/casual labourer	Anemia, Protein Energy Malnutrition (on hospital discharge slip)	12 Sep 2004
Kaluram s/o Kunwar Singh	M	2.5	Korku	Landless, Tenant/casual labourer	Diarrhea, Dysentery, Fever with acute respiratory discomfort (not taken to hospital)	9 Sep 2004
Sajanbai d/o Bihari Lal	F	1.5	Korku	Landless, Temporary Chowkidar in Forest Deptt	Diarrhea, Dysentery, Fever with acute respiratory discomfort (not taken to hospital)	9 Sep 2004

<sup>1</sup> This report is based on my visit to Khalwa block of Khandwa district from the 19th to 21st of October 2004. I gratefully acknowledge the assistance provided during the visit by activists of Spandan Samaj Sewa Samiti.

On reaching Mohalkhari on the 20th of October we found a scene of complete desertion. Almost the entire village was empty of people. We were told that most people had left the village in search of work.

We spoke to about 15 families (out of a total of around 100 who inhabit this Korku village) including the three affected families, who had lost their children in September. We discovered conditions that caused us no surprise that four children had died. The saving grace is that more had not perished. I provide below a summary of the situation. Each of these can be regarded as a proximate contributory cause for the death of these children:

- Tipu's family **has not been provided any kind of ration card** although their conditions of life clearly indicate that **they qualify for the AAY scheme**.
- Jointly with his brother, Tipu cultivates two hectares of very low productivity land that is still in their father's name. They grow a single crop of kodon-kutki, jowar and maize. After the first crop they go to Harda in search of work. The family is indebted to local moneylenders who charge exorbitant rates of interest.
- Kunwar Singh is a BPL cardholder who has lost his card. He is a landless tenant (*khot-bataidar*) who tills the land on very unfavourable terms. His family is also indebted to local moneylenders who charge exorbitant rates of interest. He has a 12 year old son who works as a bonded labourer in Harda.
- **The ICDS centre** serving the hamlet is located at one end, about half a km away from where these families live. As a result as many as **25–30 children are unable to access it**. As a result, they have been deprived of vital immunization and nutritional supplements, greatly compromising their health status.
- **In financial year 2004–2005, there had been absolutely no public works carried out in the village before these deaths**. Since most families are extremely poor and there is no irrigation, people are compelled to migrate in search of employment. In such a situation small children prove to be the most vulnerable.
- The only handpump in the hamlet where these three families live was non-functional for at least six months prior to the death of the children. **All families were forced to drink the contaminated water of the nearby stream**.
- **The ANM never visits the village**. There is no medical facility worth the name in the village. The PHC is two km away and the Health Sub-centre is at a distance of 7 km. Buses do not ply to the village. **People have to walk 2 km to the PHC**. The PHC suffers because of erratic power supply, which leads to spoilage of medicines that require refrigeration.
- This forces these families to depend on local quacks. Kaluram was taken to one and his father still owes the quack Rs. 800/-.

### **Similar Conditions in Anwalya and Bhagpura: More Deaths Waiting to Happen?**

- There was virtually total desolation in both villages. Most people had left the village in search of work. No public works have been undertaken in either village in this financial year.

- In Bhagpura, wages for work done in the last financial year were only paid just before a special camp held at the initiative of the Collector in October 2004. Wages were paid at a rate (Rs.40/- per day) much lower than the statutory minimum wage.
- In Bhagpura contractors were employed in public works last year in violation of orders of the Supreme Court.
- There is only one AWC in Bhagpura, though the village has nearly 400 children. As a result most children do not get their nutritional supplement. There is no building to house the anganwadi either. The anganwadi worker alleged that she has not been paid wages for the last five months nor has she received any payment for fuel. Supply of daliya to the anganwadi is irregular. At Anwalya there is one ICDS centre catering to more than 150 children. The centre was in a limbo till early October 2004 when it was activated at the instance of the Collector.
- The PDS shop servicing Bhagpura is 8 km away from the village. The PDS shop in Anwalya opens only twice a week.
- For the last three months, BPL cardholders in Anwalya have been given only 20 kgs of grain per month, on the grounds that the shop receives less than its due quota. Kerosene is sold at Rs.9.50. In Bhagpura 19 people whose names are in the BPL list have still not got their cards.

### **Meeting with the Collector and Action Initiated by Him**

I met the Collector, Khandwa district Shri Pradeep Khare on the 21st of October 2004. I was impressed by the apparent sincerity of his commitment. After the deaths of the children he has taken many steps to improve the situation in different respects. He was very open to our many suggestions. I am informed by activists of the Spandan Samaj Sewa Samiti that since my visit he has taken a number of initiatives to put into place many of the suggestions I had made to him during our meeting.

However, the most important thing now is to give maximum emphasis on taking steps to prevent such tragedies from occurring in the future. We may note that as recently as March 2004, three children died in Saidabad village of Khalwa block. Government data themselves show that since 2000–2001; as many as 50 children have died in Khalwa block. There is little point in debating whether or not these can be regarded as starvation deaths. The essential point is that there is widespread failure of the social security net of the welfare state that is not functioning as it is supposed to, even as per existing government schemes and Supreme Court orders. Please also note that

- Khalwa is one of the most backward blocks of MP

- The population is predominantly tribal (mainly belonging to the extremely vulnerable Korku community)
- There is great shortage of safe drinking water
- This is a single crop, rainfed economy
- Agricultural productivity is at a very low level
- The area witnesses high levels of out-migration
- Levels of indebtedness are very high.
- Loans from the local moneylenders for inputs (seed and fertilizers) are a very common phenomenon in almost every family in the region.
- The traders for seed and fertilizer generally are the important source for this. The loan for seed is repaid at the rate of 1.5 times and fertilisers are repaid at 1.25 times the purchase price/quantity. This comes to an interest rate of 6–8% per month or 72% to 96% per annum.
- In addition to this the trader also picks up the harvest at a price lower than the prevailing market price.
- The small and marginal cultivators have little choice but to comply with these terms as they have to come back to the same trader every season for a fresh loan.
- High input costs combined with high rates of interest charged by the trader-moneylenders force the small and marginal farmer households into a debt trap.

In such a situation there is a strong case for actions being taken on a war footing in these areas of the state.

### **Summary Recommendations to Avoid Similar Deaths in Future**

1. Immediate relief/compensation needs to be provided to the three families who lost their children. The amount disbursed by the administration is pitifully inadequate.
2. The right to food cannot be guaranteed till there is right to work. The tragedy is that panchayats are not even duly spending the money they are allocated each year, which is below the requirement for full employment in the first place. Every possible step must be taken to ensure that panchayats spend the money allocated to them in a transparent and accountable manner. The state government should start additional works wherever necessary.
3. The use of contractors must be banned in public works through clear directions to all panchayats and departments.
4. Payments of all arrears of wages must be made with due compensation for delay.
5. A vast majority of people in tribal India are marginal farmers cultivating low productivity land. Their food security is seriously jeopardized because land records

have not been updated for generations due to rampant corruption in the land revenue bureaucracy. Without urgent land record reform, these farmers would remain unable to access various inputs vital for agriculture and, therefore, their food security.

6. AAY cards must be distributed to all those who are eligible for them under new directions issued by the Supreme Court.
7. Every step must be taken to spread greater awareness of the orders of the Supreme Court. Even officials seem to be generally unaware of them.
8. PDS shops continue to be beset with serious irregularities. Orders of the Supreme Court are flagrantly violated. Shops do not open every day. People do not have the right to buy grain in installments.
9. There has to be a serious rethink on the norms for density of PDS outlets in the remote, sparsely populated tribal regions of India. These are areas where people live in far-flung hamlets with poor access. They could be regarded as among the most food-insecure people in India. Norms that govern density of PDS outlets in terms of density of population must be relaxed in these areas if further disasters are to be prevented here.
10. The norms for ICDS centres must be stringently applied. Far too many children are forced to depend on a single centre that seriously compromises the quality of services provided. Immunization is being very badly neglected and also very poorly recorded. Seriously malnourished children need to be paid very careful attention and more closely monitored. Indicators other than just height and weight should also be used for monitoring in such cases.
11. Access to safe drinking water has to be understood as a fundamental element of the right to food. Unclean drinking water remains the single biggest killer of children in India. Directions from the Supreme Court in this direction could help push governments to provide this basic right to its people.
12. The state of rural health in India is truly appalling, especially in remote tribal areas. The system needs strengthening bottom upwards. Serious thought would also have to be given to introducing compulsory rural service for medical graduates who benefit from highly subsidized high quality education.

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