

Similipal turned into a Graveyard: A report on the infant deaths in Kumaribill village

Kumaribill, a remote village of Gudgudia Panchayat, situated 36 kms from Jashipur turned into a graveyard for the poor tribals. During the last month of June, the village witnessed string of deaths of 13 infants due to malnutrition. More than 20 children are still undergoing treatment in the Baripada government hospital since one month. All the children who died belonged to Kolha tribe. The reason cited for the death by the Health Department is due to measles. According to them, the children suffered from measles which lowered their immunity leading to high fever and other secondary infections which resulted in their death.

Located inside the Similipal Wildlife Sanctuary boundary (buffer zone), the village has no roads and during the rains remains cut off from the outside world for more than 4 months. Main food item throughout the year is rice and salt. Other items include leafy vegetables, mushrooms which is seasonal. To buy salt they have to cover a distance of 27 kms (Jashipur weekly market) by foot. The condition of the village is so grim that even in case of disease and ill health, the villagers prefer going for '*Jhad Phoank*' rather than going to Jashipur hospital which is a two day journey by foot. The lack of basic facilities and restricted means of livelihood has deprived these people from leading a life of dignity thereby compelling them to die of starvation and malnutrition. The village has a school but without a teacher, a tube well without water, Anganwadi worker visits the place once or twice a year. People even do not know the names of Anganwadi workers and Gram Sevaks.

Village:	Kumaribill
No. of HHs:	88
Gauda:	2 HHs
Kolha:	86 HHs
Gram Panchayat:	Gudgudia
Block:	Jashipur
Tehsil:	Karanjia
District:	Mayurbhanj

During our interaction, Kumara Singh, a local youth working in the area as volunteer with CREFTDA informed us that the news of the infant death came to the notice of the neighbouring village on 9th June, 6 days after the 1st case of infant death occurred in Kumaribill village, when the villagers from Kumaribill had come to Gudgudia for '*Handia*'(locally prepared alcohol from fermented rice).The first casualty was of Dasma Hembram, 3 yrs old son of Kucheba Hembram on **3rd June 2006**. The child reportedly died of measles and malnutrition. **Thereon started the ghastly episode of the deaths of infants due to malnutrition.** (The blood report of the children of Kumaribill village and the Grade of the children is attaches as Annexure II)



9th June 2006: Saluka Sirka, 2 yrs old daughter of Manoj Sirka died due to high fever.
12th June 2006: Rautu Hembram, 1/12 yrs old child of Ramesh Hembram. The child was in Grade II category and possible cause of death is malnutrition
13th June 2006: Jema Tiria,(4 yrs), son of Sardar Tiria died due to high fever and malnutrition
13th June 2006: Sambari Hembram (4 months), daughter of Adhikari Hembram. The child was in Grade III category
16th June 2006: Masuri Sinku, son of Bikram Sinku, a Grade III category child died suffering from high fever and malnutrition
22nd June 2006: Meghasan Tiria (4yrs, 9months), son of Chenga Tiria died to the same cause.

Children like Nasma Hembram (2½ yrs), Salku Sirka (4 months), Sanbari Hembram (6 months), Jhan Tiria (3 yrs) have also died in the same month due to malnutrition. More than 20 children are still undergoing treatment in the Baripada government hospital since one month and are in critical condition.

6th June 2006: Jatia Tiria (60 yrs) old man died. He had undergone a stomach operation in Karanjia hospital and only after 10-15 days of the operation died

When the team of CREFTDA went to Kumarbill village in the month of April, on a regular health check up visit, they found that a lactating mother (W/o Manohar Hembram) having a six month old boy (Tamba Hembram) had died. She was suffering from high fever and having severe convulsions when the team reached her place. They gave her Primaquin and Chloroquin tablets and blood sample was taken. But the lady died that evening (4th April, 2006), leaving behind her six month old child. After the mother's death, doctors advised to give Lactogen or Amul to the baby, but on being fed with Lactogen the baby suffered from digestive problems and within 2 weeks of the mother's death Tamba Hembram also died on 18th May 2006.

The villagers said that within tenure of three months (April – June), 17 deaths have taken place in the particular village. Out of which 14 are children, 2 old man and 1 woman. The teacher of the primary school of Kumaribill village informed that the Mobile Health Unit came to know about the string of deaths only when a pharmacist had come to Gudgudia to get chicken from the villagers on the eve of *Raja Purnima* (a grand festival in Orissa). He then informed Dr. Pradhan, Medical Officer of the Gudgudia Mobile Health Unit. Dr. Pradhan then informed Dr. Behera,

Sectoral Head of the Health Unit, about the casualties who then directed a team of doctors to visit the area. The team visited after Raja Sankranti i.e 10-12 days after the death incidences took place.

Looking into the sensitivity of the matters, the Child Development Project Officer (CDPO) immediately brought the media persons into the area for news coverage and then the news came into the knowledge of the outside world. (*Annexure I*). The whole intension of the CDPO was to save his service as he wanted to prove that the death of the infants was not due to malnutrition but was a consequence of measles which led to malnutrition and ultimately death. Actually according to the norms of the ICDS programme the Anganwadi worker should provide rice bag to every house having pregnant mother or children upto five years of age. As these children and pregnant women could not come to the Anganwadi centre to take meals, hence it was provided that the Supervisor would conduct meeting in the respective village and assess the amount of rice to be released for each household and accordingly inform the CDPO and the ICDS officer. But till date no such meeting has been conducted by the Supervisor in any of the villages. Further in its regular health check ups, it was instructed to the Anganwadi workers not mention any of the child in the Grade IV category as this would defame the CDPO and the entire ICDS programme. All the Grade IV children were instructed to be shifted up to Grade II or III. As a result of this actual condition of the children of the village could not be assessed and no adequate steps were taken for improving the condition of the malnourished children.

Chaitnya Majhi, tribal minister, immediately visited the area along with the sub Collector, BDO and the local administrators. After the visit of the minister the Collector also visited the area and instructed the doctors to present in the Mobile Health unit at Gudgudia every day on a rotational basis. The Supervisor of the area was suspended, the anganwadi worker was given a show cause notice and the salary of the CDPO was stopped.



The team of doctors who visited the area conducted blood tests of the villagers. 49 were detected with malaria. 35 of the affected villagers, suffering from high fever and other ailments were admitted at Jashipur PHC, around 36 kms away from their village. The villagers did not prefer to stay in the hospital and somehow managed to come back to their village. After this, the doctors deliberately admitted some of them at Baripada hospital considering that it would be difficult for them to come back covering such long distance but this effort also turned out to be futile. Thereafter the doctors were instructed to hold medical camps in the village itself where the villagers can feel comfortable to get treated. The medical camp was set in the Kumaribill village from 29th June to 13th July 2006. The camp was lifted after 15 days,

irrespective of the fact there were more children and women suffering who needed treatment but the Health Department claimed that they did not have money and ended the medical camp.

The main reason for such deaths cited by the doctors, anganwadi workers and teachers is careless attitude of the tribals and the lack of awareness. The girl child is married off at a very early age and there are no measures taken for birth control. Each family on an average has 5-6 children, which leads to the poor health of the mother as well as child. Further the Kolha tribe practices a very hazardous delivery system. According to their culture, the delivery of the child will be done by the husband (whether trained or untrained) and they do not allow the presence of any other person. Such practices are very dangerous and often lead to the death of both mother and child.

But when asked to the tribals, they defend themselves by saying that the more the no. of children they have the more the no. of earning hands they have in their family. Further as the medical services are so expensive for them to bear they leave the health of their children at the mercy of God. The basic facilities like health and education is also not available to them. There is 1 Anganwadi Centre for every 1000 population. Even the immunization programmes are not being carried out properly in the village. A child should be immunized with measles vaccination within 9 months age but none of the children in Kumaribill have been immunized for measles. Children and women are not provided with malaria medicines at the Anganwadi centre. Other immunization (DPT, Pulse Polio) is also not carried out properly by the Anganwadi workers. Due to ignorance the people depend upon unscientific methods for curing their diseases. People consume the unhygienic water from the Nallas due to absence of wells/borewells. Since the village is situated 10 kms from Gudgudia Panchayat and is cut off from the outer world for a period of 4 months the situation prevailing is very pathetic. Programmes related to health, food security and livelihood are not being implemented in this area.

The tribal of Gudgudia Panchayat are dependent on forests for their livelihood. 50% of their annual household income comes from forest, 20% from agriculture and the rest 30% comes from wage labour. Since the village falls within the sanctuary boundary, the people are not legally allowed to collect and sell NTFP. They are forced to sell the NTFPs illegally which leads to their exploitation in the hands of the traders. The OFDC godown has closed down since the last 4 years and the KL phadi has also been closed by the Government, brutally snatching away the means of livelihood from the poor forest dependent people. Earlier OFDC used to purchase honey @ Rs 70/kg – Rs 80/kg but now the traders buy it from the people @ Rs 30/kg – Rs 40/kg. Similar is the case in terms of other sell of other NTFPs. During the last 5 yrs after the enforcement of the sanctuary law, life has become miserable for the people and left with no livelihood options, people have started cutting timber illegally.

In the 65 villages present in Similipal Sanctuary, the incidence of mass death takes place every alternate year or within an interval of two to three years. The reason of these deaths being

starvation, malnutrition, food poisoning and drinking polluted water. In 1990, incidence of cholera killed 12 people within 10 days. In 1999, after drinking polluted water 12 people died within a period of 10 days. These people belonged to the Primitive tribes of Khadia and Mankadia.

It is more than 50 Years since India got its independence and claims itself to be a democratic country where every citizen has the fundamental right to live with dignity and honour. The case of Kumaribill village and many more such cases compel us to rethink and look back to what we have achieved???

ଶମଳପାଳ ବନାଞ୍ଚଳ: ପୁଷ୍ଟହୀନତା ଯୋଗୁଁ ୩ ମାସରେ ୧୩ ଶିଶୁ ମଲେଣି

ଯଶପୁର, ୧୮।୬ (ବିରଞ୍ଚି ନାରାୟଣ ସାହୁ): ଏଠାରୁ ୩୬ କିମି ଦୂର ବନାଞ୍ଚଳବେଞ୍ଚିତ ଦୁର୍ଗମ ଗୁରୁଗୁଡ଼ିଆ ପଞ୍ଚାୟତସ୍ଥ କୁଆଁରୀବିଲ ଗ୍ରାମ ଏବେ ପାଲଟିଛି ଆଦିବାସୀଙ୍କ ପାଇଁ ଆତଙ୍କର ବନଭୂମି । ପୁଷ୍ଟହୀନତାରେ ଆଜି କଣେ ଶିଶୁର ମୃତ୍ୟୁ ହୋଇଥିବା ବେଳେ ଅନ୍ୟ କଣକୁ ସଂକଟାପନ୍ନ ଅବସ୍ଥାରେ ଯଶପୁର ଡାକ୍ତରଖାନାରେ ଭର୍ତ୍ତି କରାଯାଇଛି । ଗତ ୩ ମାସ ମଧ୍ୟରେ ଗ୍ରାମର ୧୩ କଣ ଶିଶୁ ଏହି ରୋଗରେ ମୃତ୍ୟୁବରଣ କରିଥିବା ଜଣାଯାଇଛି । ଗୋଟିଏ ପକ୍ଷରେ ଗ୍ରାମର ନିସମା ହେମୁମ(ଅଡ଼େଇ ବର୍ଷ), ସାଲଖୁ ସିମି(୪ ମାସ), ସୋମବାରୀ ହେମୁମ(୬ ମାସ), ରାଉତୁ ହେମୁମ (ଦେଡ଼ ବର୍ଷ), ଆନ ତିରିଆ(୩ ବର୍ଷ), ମୃତ୍ୟୁ ଘଟିଛି । ବୟସ୍କ ଜାତିଆ ତିରିଆ ହାନିଆ ଅସ୍ତୋପଚାରରେ କବିଳତା ଯୋଗୁଁ ଓ ଶିଶୁମାନେ ନିମୋନିଆକନିତ ଶ୍ଵାସନଳୀ ସଂକ୍ରମଣ ଓ ପୁଷ୍ଟହୀନତା ରୋଗରେ ଆକ୍ରାନ୍ତ ହୋଇ ମୃତ୍ୟୁବରଣ କରିଛନ୍ତି । ଗତକାଲି ବିକ୍ରମ ପିଙ୍ଗୁଆଙ୍କ ୬ ମାସର ଶିଶୁ ମୃତ୍ୟୁବରଣ କରିଥିବା ବେଳେ ଅନ୍ୟ କଣେ ଅଡ଼େଇ ବର୍ଷର ଶିଶୁପୁତ୍ରକୁ ସଂକଟାପନ୍ନ ଅବସ୍ଥାରେ

ଡାକ୍ତରଖାନାରେ ଭର୍ତ୍ତି କରାଯାଇଛି । ଗତ ଗୁରୁବାର ଚିକିତ୍ସା କ ଦଳ ସଂପୃକ୍ତ ଗ୍ରାମକୁ ଯାଇ ଘରକୁ ଘର ବୁଲି ଦୁଇକଣ ଶ୍ଵାସନଳୀ ସଂକ୍ରମଣ, ୪୯କଣଙ୍କ ମ୍ୟାଲେରିଆ ଆକ୍ରାନ୍ତଙ୍କ ରକ୍ତ ପରୀକ୍ଷା କରିବା ସହ ୩୫ କଣଙ୍କୁ ଚିକିତ୍ସା କରିଥିଲେ । ଯଶପୁର ଗୋଷ୍ଠୀ ସ୍ଵାସ୍ଥ୍ୟକେନ୍ଦ୍ର ପକ୍ଷରୁ ୩ଟି ଡାକ୍ତରୀ ଦଳ ଏହି ଗ୍ରାମରେ ପ୍ରତିଷେଧକ ବ୍ୟବସ୍ଥା ଗ୍ରହଣ କରୁଛନ୍ତି । ଗୁରୁଗୁଡ଼ିଆଠାରୁ ୧୦ କିମି ଦୂରରେ ଅବସ୍ଥିତ ଏହି ଗ୍ରାମଟି ସଂପୂର୍ଣ୍ଣ ବିପର୍ଯ୍ୟୟ ଜଙ୍ଗଲି ରାସ୍ତା ଯୋଗୁଁ ବାହାର ଦୁନିଆଠାରୁ ଅଲଗା ହୋଇପଡ଼ିଛି । ପାନୀୟ ଜଳ ପାଇଁ କୁଆଁ କିମ୍ବା ନଳକୂଅ ନ ଥିବାରୁ ଲୋକେ ଅସ୍ଵାସ୍ଥ୍ୟକର ପରିବେଶରେ ନାଳର ଅପରିଷ୍କାର ଜଳକୁ ବ୍ୟବହାର କରୁଛନ୍ତି । ଗ୍ରାମକୁ ଅଜନବଡ଼ି କର୍ମୀ କାଁ ଭାଁ ଯାଉଥିବା ବେଳେ ମ୍ୟାଲେରିଆରେ ଆକ୍ରାନ୍ତ ହୋଇ ଛୁଟିରେ ରହୁଛନ୍ତି ଓ ଗ୍ରାମର ମହିଳା, ଶିଶୁମାନେ ଔଷଧ ଓ ପରାମର୍ଶ ବିନା ସ୍ଵାସ୍ଥ୍ୟ ସେବାରୁ ବଞ୍ଚିତ ହେଉଛନ୍ତି । ଗ୍ରାମବାସୀ ଅନେକ ସମୟରେ କୁସଂସ୍କାରର ବଶବର୍ତ୍ତୀ ହୋଇ ଗୁଣିଆଙ୍କ ସହାୟତା ନେଇ ଛେଳି, କୁକୁଡ଼ା ପୁନା କରି ଭଲ ହେବା ଆଶା ବାନ୍ଧି ଶେଷରେ ମୃତ୍ୟୁର ଶିକାର ହେଉଛନ୍ତି ।

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B.S Report

Kumari Bill

Date: 6.7.06

Total Blood Slide Collected – 27

Total Blood Slide Examined – 27

Result:

Positive Cases – 12 Male – 9, Female – 3

PFR – 12

PVT – X

Percentage – 44%

B.S Results of Kumaribill

Blood samples were collected within 15 days of the incidence

SI No	Name of the Patients	Guardians Name	Result	Age (years)	Medicines	
					Tab. CQ	Tab. PQ
1	Dube Sirka	Srikrushna	PFR	4	1	1
2	Manglu Sirka	Laxman	PFR	3	1	1
3	Raghunath Sirka	Laxman	PFR	5	2	2
4	Hindru Sirka	Laxman	PFR	14	3	4
5	Sadhu Sinku	Vikram	PFR	12	3	4
6	Ralo Kalundia	Pradhan Kalundia	PFR	22	4	6
7	Dasma Tiria	Gayatri	PFR	8	3	4
8	Saku Tiria	Dasma	PFR	3	1	1
9	Debai Hembram	Lucky	PFR	7	3	4
10	Shyam Purty	Tupa Purty	PFR	2	1	1
11	Gangi Hembram	Adhikari	PFR	20	4	6
12	Margi Hembram	samnath	PFR		1	1

Source: CREFTDA

Name of the village: Kumudabadi

Date: 4.7.06

SI No	Name of the Child	Name of the Guardian	Age	Weight (KG)	Gradation
1	Santhyatani Dehuri	Manohar	5 months	5	I
2	Sridevi Dehuri	Bulanath	4.9 years	7	IV
3	Sunil Dehuri	Manohar	4.2 years	11	II
4	Sundari Dehuri	Ganeswar	4.9 yrs	11.5	II
5	Sushama Dehuri	Saiba	4 month	4.5	I
6	Litu Honnaga	Debendra	1.3 yrs	7.5	I
7	Sumitra Honnaga	Shyamsundar	2 yrs	6.3	III
8	Biranchi Honnaga	Lakhan	2.6 yrs	10.5	I
9	Madan Hembram	Kalidas	10 months	6.5	I
10	Malha Soren	Jagannath	2 yrs	8	II
11	Gelhi Soren	Jagannath	15 days	2.5	I
12	Biram Hansdah	Arjun	1 yr	6.5	II
13	Mohan Hembram	Salkhu	5 months	4.9	I
14	Budui Hembram	matha	3.1 yrs	11.1	I
15	Manko Hembram	Gobindo	3 yrs	12.6	N
16	Deola Hembram	Gobindo	1.8 yrs	7.8	II
17	Bhaktu Hansdah	Arjun	4.4 yrs	13.6	I
18	Budui Hembram	Sunaram	4.4 yrs	11.7	II

Nutritional status of Kumaribill

SI No	Name of the Child	Guardian's Name	Date of Birth of Children	Age	Weight	Gradation
1	Debai Sirka	Krushna	30.8.01	4.10 yrs	12.7 kg	I
2	Kartik Sirka	Krushna	21.11.05	7 months	5.7 kg	II
3	Nitima Sirka	Tupe	29.7.00	5.11 yrs	11.1 kg	III
4	Subni Sirka	Tupe	8.9.02	3.9 yrs	10.3 kg	II
5	Raghunath Sirka	Lachhman	28.8.00	5.10 yrs	12 kg	II
6	Mangulu Sirka	Lachhman	27.12.02	3.6 yrs	10.6 kg	II
7	Daughter of Lachhman	Lachhman	5.6.06	1 month	3.1 kg	N
8	Budhuni Hembram	Debai	30.10.01	4.8 yrs	12.9 kg	I
9	Bagan Hembram	Debai	29.9.04	1.9 yrs	8.5 kg	I
10	Champa Pingua	Chambura	3.3.04	2.3 yrs	9.8 kg	I
11	Jaga Pingua	Chambura	20.08.05	10 month	6.7 kg	I
12	Mangal Pingua	Pradhan	7.6.01	5 yrs	14.4 kg	I
13	Galu Pingua	Pradhan	28.1.04	2.5 yrs	9.7 kg	I
14	Shyam Purty	Tupa	28.8.04	1.10 yrs	7.4 kg	III
15	Namsing Hembram	Paulas	8.9.05	10 month	6.2 kg	II
16	Deba Purty	Chakra	29.12.02	3.6 yrs	11.1 kg	I
17	Paulash	Chakra	13.2.06	4 month	4.6 kg	II
18	Tupi Hembram	Bagan	15.3.04	2.3 yrs	7.4 kg	III
19	Ghana Hembram	Kande	18.1.05	1.6 yrs	7.5 kg	II
20	Lakhan Tiria	Mata	23.7.05	1 yr	6.9 kg	II
21	Naba Tiria	Sardar	23.10.04	1.9 yrs	7.7 kg	II
22	Kusha Tiria	Sardar	23.10.04	1.9 yrs	7.7 kg	II
23	Turi Tiria	Chenga	30.10.05	1.8 yrs	7.3 kg	III
24	Champa	Mania	29.11.01	4.7 yrs	10.5 kg	III

	Pingua					
25	Menja Pingua	Mania	8.11.04	1.7 yrs	6.3 kg	III
26	Rautu Kalundia	Durga	9.8.02	4 yrs	12.3 kg	I
27	Mukta Hembram	Duka	19.1.04	4.8 yrs	8.2 kg	IV
28	Madhu Sinku	Mohan	8.7.04	2 yrs	5 kg	IV
29	Tulasi Hembram	Bugan	15.3.04	2.3 yrs	7.4 kg	II
30	Leta Alda	Charan	11.2.04	2.4 yrs	9.9 kg	I
31	Champa Kalundia	Rasal	15.3.06	4 month	4.4 kg	I
32	Chambara Tiria	Resing	18.1.05	1.6 yrs	6.5 kg	III
33	Mune Hembram	Tumbe	14.11.03	2.8 yrs	7 kg	IV
34	Duka Kalundia	Durga	17.5.06	2 months	3.5 kg	II
35	Gurucharan	Jumal	1.6.05	1 yr	6.2 kg	III
36	Mani Soi	Suresh	15.1.04	2.6 yrs	7 kg	IV
37	Dasama Mohakud	Harihar		4 yrs	12.1 kg	I
38	Biranchi Mohakud	Harihar	26.2.05	1.4 yrs	8.5 kg	I
39	Simal Sirka	Gobinda	3.6.02	4.1 yrs	10.5 kg	II
40	Kanhu Hembram	Saheb	20.12.05	7 months	7.5 kg	I
41	Raimani Hembram	Saheb		2.7 yrs	11.2 kg	I
42	Kairi Sirka	Simal	19.11.02	3.4 yrs	8.5 kg	III
43	Manmohan	Simal	5.2.06	5 month	5.7 kg	N
44	Krushna Sirka	Sanatan	6.04.03	3.3 yrs	9.5 kg	II
45	Sabitri Hembram	Sanbana	18.12.05	7 months	7.4 kg	N
46	Mangal Hembram		5.2.05	1.5 yrs	701 kg	II

47	Haima Kalundia		7.11.03	3 yrs	9 kg	II
48	Chandra Kalundia	Debra	10.5.04	2.2 yrs	9.6 kg	I
49	Bagun Kalundia	Sada	30.6.02	4 yrs	10.8 kg	II
50	Chumru Kalundia	Sada	18.12.03	2.6 yrs	7.5 kg	III
51	Machhua Hembram	Bangali	8.1.06	6 months	6 kg	N
52	Dugri Hembram	Sanda	23.9.04	1.9 yrs	10.5 kg	N
53	Debra Hembram	Kanhei	30.5.02	4.5 yrs	11.5 kg	II
54	Srimati Hembram	Kanhei	17.4.04	2.2 yrs	9.2 kg	I
55	Sambari Bari	Kanhu		4 yrs	11.5 kg	II
56	Mukta Bari	Kanhu		1.2 yrs	7 kg	II
57	Magte Hembram	Somanath	7.5.02	4.2 yrs	10.8 kg	II
58	Sumi Hembram	Aiban	6.6.06	1 month	1.8 kg	IV

Total no. of children malnourished

- Normal Children – 05
- Grade I - 16
- Grade II - 22
- Grade III - 11
- Grade IV - 04

Total - 58

Source: CREFTDA

Malnutrition Status of Gudugudia ICDS, Sector, June 2006

Gradation	0-1 yrs		1-3 yrs		3-5 yrs	
	Number	%	No	%	No	%
Normal	262	35.6	304	35.8	209	35.8
Grade I	244	33.2	291	34.3	198	34.2
Grade II	208	28.3	240	28.3	171	29.3
Grade III	10	1.3	12	1.4	4	0
Grade IV	0	0	0	0	0	0
Total	724		847		582	