

*Report of the Fact Finding Team on  
Infant Death in Simlipal Sanctuary*

*Visit to Similipal*

*7th June 2007*



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**SUMMARY OF FINDINGS OF THE FACT FINDING TEAM**

**Major Observations**

1. Nutritional anaemia is a major problem in the area<sup>1</sup>. Rice and Salt is the only food taken by the people. This food in no way addresses the nutritional requirement of an infant, a pregnant woman or a lactating mother.
2. Malnutrition is found to be an endemic problem among women and children inside Similipal Sanctuary. It is the primary cause of infant deaths inside the sanctuary. Malnutrition and other diseases/infections work in tandem. Malnutrition weakens the immune system and therefore increases vulnerability to infections and may hasten the progression of the disease leading to death.
3. Malaria is quite rampant in the area. Death due cerebral malaria is prevalent. According to the survey conducted jointly by the ICDS and health department, out of 345 children within the age of 0-5 yrs 57 children are affected with malaria. During the visit of the team, we found another 10 children suffering from fever in 3 villages of which 2 is located in Gudgudia GP and 1 in Barehipani GP, but no information was available either with the ICDS or ANM.
4. Poor sanitation and unhygienic drinking water leads to various diseases (particularly water related vector borne diseases) like diarrhoea and jaundice. Sarat Chandra Sabhoo a retd. Pharmacist pointed that drinking polluted water is also one of the prime causes of infant deaths. He further added **'bore/tube wells are not dug in the villages as the strict sanctuary law does not allow the operation of big machines inside the sanctuary area. The people have no other options but to drink the polluted water'**.
5. Poor medical facilities available in the area. There is a mobile health unit at Gudgudia Panchayat. The health unit does not have adequate medicines for common diseases even. Due to scarcity of funds, oil cannot be purchased for the vehicle hence the mobile van virtually stands *immobile* in front of the health centre.

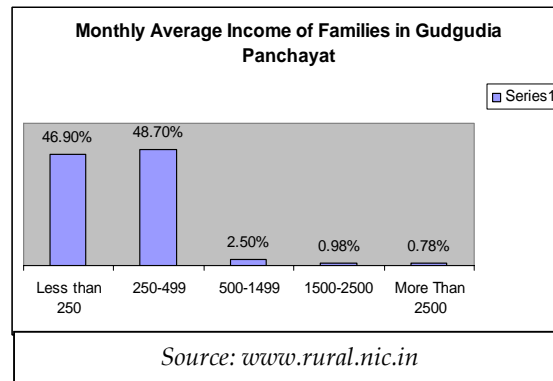
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<sup>1</sup> Nutritional anaemias are group of condition caused by deficiency of nutrients required for the formation of haemoglobin or red blood cells

6. Treatment/medical charges are quite expensive for the poor people. There is an ambulance which charges Rs 5/km to carry the patients to the hospital. As the average distance of the villages to Jashipur is around 40-50 kms it costs around Rs 500/- just to carry the patient to the hospital and get him back. If a patient dies in the hospital, there is a Marshall which costs around Rs 1700/ to carry the dead body to the village.

7. The average annual income of the people in Gudgudia Panchayat is below Rs 3000/- . The graph below

shows that the average monthly income of around 46.9% of the families is less than Rs 250. The graph clearly indicates that around 95.6% of the total families of Gudgudia Panchayat have an average monthly income less than Rs 500. Where a



family is having an average monthly income Rs 500 or even less than that it becomes practically impossible for a family to spend the entire amount for medical purpose.

8. NTFP collection was the major source of livelihood of the people but the ban order on NTFP collection passed by the Hon'ble Supreme Court has adversely affected the financial condition of the people leading to acute poverty and hunger.

9. The costly medical treatment and untimely medical assistance leaves no other option for the people other than going to the *Raula*, the traditional healer or the local quacks

10. Anganwadi Centre is there but proper vaccination of the children is not taking place. The pregnant mothers and infants below 5 years of age who cannot come to the Anganwadi Centre are left out of the benefits.

11. Health Facilities are very poor in the area. Health camps are organized occasionally in the area only when there is an outbreak of epidemic or instance of mass deaths.

12. Communication is a major problem in the area. During the rains, most of the villages become inaccessible and are totally cut off from the outside world. Even in case of emergency, any sort of help or assistance cannot reach them.

13. Sanctuary laws are causing great hurdles for the people. As the check gates are open from 6 AM to 6 PM, nobody is allowed to cross the gate after that. People cited examples of women dying due to labour pain at the check dates but even then the gates were not opened. Doctors even complained of facing problems as many a time the medical vans were kept stranded at the check gates.
14. Gross irregularities have been observed in the implementation of the Govt. schemes and programmes. Job cards have been distributed to the people under NREGA but till date people have not received any work. Even people from Gudgudia village said that their jobs cards are with the VLW.
15. The strict sanctuary laws causes hurdle for any sort of development works (even construction of houses under IAY). Due to this, limited works can be carried out under NREGA also cutting down the various options of wage labour for the people.
16. Migration in search of labour work in quite common in the area.
17. Lack of Coordination among the line departments. Even though all sorts of govt. schemes and programmes are available in the area but due to lack of coordination and synergy between various line departments proper implementation of the programme is not being possible. As the area comes within the tiger reserve/sanctuary area, sanctuary laws are strictly applicable in the entire area, which affects the implementation of the programmes.

**Facts and Figures According to Doctors Reports (CDPO & Sectoral Head of Jashipur CHC)**

- 14 children have died within 6 months (1.1.07 to 5.6.07) only in Gudgudia GP. The cause of death as reported by the doctors is due to Malnutrition, Septicemia, Malaria, Jaundice and Pneumonia.
- In Barehipani GP, 9 children have succumbed to death within 6 months due to Pneumonia, Septicemia and Traumatic asphyxia as has been reported by the doctors.
- In a joint survey conducted by the Health Department and ICDS, 82% of the children (under 6 yrs. Of age) are malnourished. 57 children are reported to be suffering from fever due to Malaria.

**ABSTRACT OF THE JOINT SURVEY CONDUCTED BY THE HEALTH DEPARTMENT AND ICDS<sup>2</sup>**

1. TOTAL NO. OF AWC:	07
2. TOTAL NO. OF AWC SURVEYED:	06
3. TOTAL NO. OF CHILDREN:	345
4. NUTRITIONAL STATUS	
a. NORMAL:	59 (17.2%)
b. GRADE I:	126 (36.5%)
c. GRADE II:	119 (34.5%)
d. GRADE III:	34 (9.8%)
e. GRADE IV:	07 (2.0%)
<b>TOTAL MALNUTRITION: 82.8%</b>	
5. TOTAL NO. OF FEVER CASES:	57
a. PFR POSITIVE:	34
b. PFR NEGATIVE:	23
6. TOTAL ARI CASES:	12
7. TOTAL NO. OF DIARRHOEA CASES:	2
8. TOTAL NO. OF OTHER CASES:	5

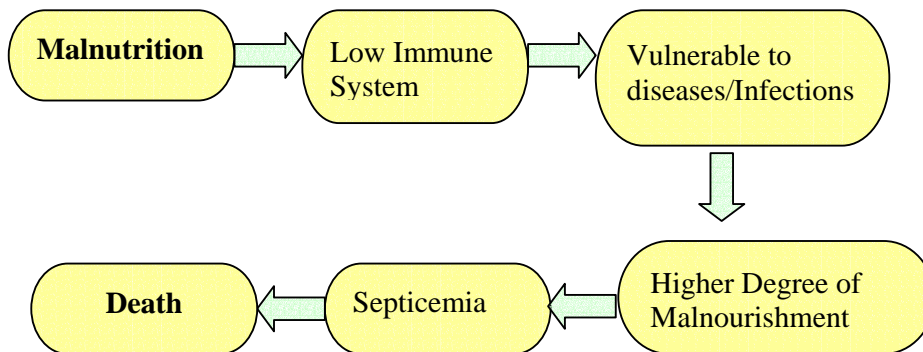
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<sup>2</sup> Details attached as Annexure III

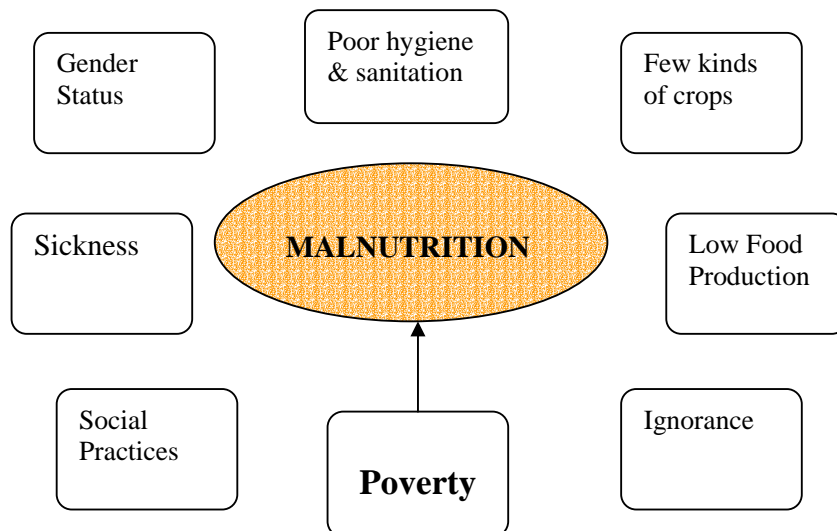
The Sectoral Head of Jashipur Hospital Dr. Behera cited the following reasons for the deaths inside Similipal during our interaction with him

- **Lack of adequate nutrition**
- **Lack of Safe Drinking Water**
- **Scattered unsafe houses in hill and forest area**
- **Lack of communication**
- **Lack of Education and Awareness**
- **Blind belief**
- **Traditional methods of treatment by ‘Puja, Guni-Garedi, and Cheramuli’ etc**
- **More number of children due to poor acceptance of contraceptives**

According to him Malnutrition of the infants as well as the pregnant woman and lactating mothers is the major problem and the primary cause of causality. He said that Malnutrition itself cannot be the reason of any deaths. Due to malnutrition the immune system of the body weakens and therefore increases vulnerability to infections and may hasten the progression of the disease leading to death.



**CAUSES OF MALNUTRITION**





## **SIMILIPAL INFANT DEATHS: OBSERVATIONS OF THE FACT FINDING TEAM**

16<sup>th</sup> May 2007, death of 7 children was reported from Gudgudia Panchayat of Similipal Sanctuary in the one of the English daily 'The Hindu'. The children all below five years of age were reported to have died due to fever and malnutrition in the last week of April, 2007. According to Community Health Centre (CHC) of Jashipur block under Mayurbhanj district, the spate of children's deaths were reported almost everyday from April 27 and April 30 in five villages under Gudgudia Panchayat.

Such type of tragic incidence has not occurred for the first time inside Similipal sanctuary area, but it has been a regular phenomenon inside the sanctuary (See Box-1). Last year 13 infant deaths were reported in Gudgudia Gram Panchayat inside the Similipal Wildlife Sanctuary within a span of two months (May-June 2007). The cause of the infant deaths cited was primarily due to malnutrition. (Source: Sambad 19<sup>th</sup> June 2006). With the advent of May/June, every year people of this area face acute food shortage which subsequently leads to malnutrition and death of the children. 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.

**THE HINDU**

Date:16/05/2007 URL: <http://www.thehindu.com/2007/05/16/stories/2007051612430300.htm>

Other States - Orissa

**7 more children fall prey to malnutrition**

Staff Reporter *Only a year ago 21 deaths were reported*

? The village, Gudgudia, is inside the Similipal Wildlife Sanctuary  
? Fever, pneumonia, jaundice reported among the victims

BHUBANESWAR: A year after 21 deaths were reported in Gudgudia gram panchayat inside the Similipal Wildlife Sanctuary in a span of 60 days, the tragedy appeared to have struck again this year.

About seven tribal children below the age of five years were reported to have died due to fever and malnutrition since April last week.

According to Community Health Centre (CHC) of Jashipur block under Mayurbhanj district, the spate of children's deaths were reported almost everyday from April 27 and April 30 in five villages under the same panchayat.

The children, who died due to intensive fever, pneumonia, jaundice, malnutrition with septicemia, were identified Samati Delahi (3), Samati Hembaram (3), Kargil Marandi (1), Shrooram Sing (3), Jaydev Palis (2), Kapura Mohakud (8 months) and Badari Parity (3 months).

**Cut off**

Located inside the sanctuary area, the village remains cut off from outside the world for more than four months. According to a study, the staple diet throughout the year has been rice and salt while vegetables and mushrooms, which are seasonal, are treated as luxury.

Last year 13 deaths were reported only from Kuanarbill village under Gudgudia panchayat. Of 21, 13 infants had died due to malnutrition, health department sources said.

About 66.97 per cent of Gudgudia's population were casual labourers while less than 20 per cent did cultivation for subsistence, the study said. As high as 60 per cent households were having a monthly income of Rs 500 while a substantial 32 per cent earned Rs 250 per month to secure two square meals a day.

After 15 days of spate of deaths last year, a baseline survey was conducted in Kuanarbill village and the study showed that 15 of 58 children were found to be at bottom of malnourishment.

In the 65 villages situated in the buffer zone of Similipal Sanctuary, people suffer due to starvation, malnutrition, food poisoning and polluted water, the study said.

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### **Box No-1**

- 1990: Incidence of cholera killed 12 people within 10 days.
- 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.
- 2006: 23 people including 13 infants died in just a period of one month. The cause of the death being malnutrition.
- 2007: 13 children have been reported dead primarily due to malnutrition and many more are in the death bed
- 2008: Death looming large: Children waiting for their turn to come!!!



A Fact Finding team consisting of 11 members (*details attached as Annexure III*) from different organizations and network groups visited the area on the 7<sup>th</sup> of June to find out the reasons of this regular phenomenon of infant deaths occurring in Gudugudia GP inside Similipal Sanctuary and suggest possible measures to curb the situation.

### Methodology Adopted by the FF team

- Collection and compilation of secondary information
- As the casualties were reported from Gudugudia and Barehipani Gram Panchayats of Jasipur block, the eleven member team divided itself into two sub teams; one covered Gudugudia Panchayat and the other proceeded to Barehipani Panchayat.
- Focus Group Discussion was held in the affected villages
- Case study/Interface with the families who lost their children
- Interaction with community workers (Anganwadi, ANM, pharmacists, etc)
- Sharing our findings with Sectoral Head of Health Department
- Sharing our findings with Chief Development Project Officer (CDPO)

### Brief Profile of the Similipal Forest Area

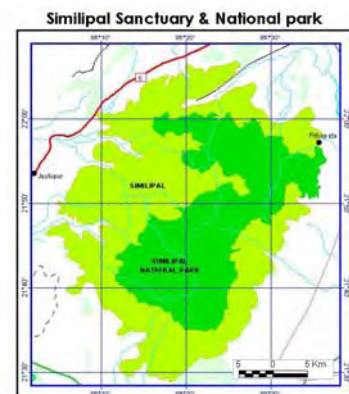
Similipal is known to the entire world due to its densely forested hill-range and its rich



floral and faunal diversity. It is located around 250 kms from the state capital and is close to Mayurbhanj district headquarter; Baripada.

The Similipal forests spread over an area of 2750 sq.km of which 2151.73 sq. km is Reserve Forest Area. In 1973, Similipal forest area got status of Tiger Reserve under 'Project Tiger' and in the year 1979, State

Government declared its intention to accord the entire area as Sanctuary under Wildlife Protection Act 1972. Further, in the year 1980 and 1986, the core area of the proposed Sanctuary, which consists an area of 845.70 sq. km has been proposed to declare as National Park. Till date final notification in respect of Sanctuary and National Park is not published as required under The Wildlife Protection Act 1972.



Further, in the year 1994 an additional area of 2595 sq. km, covering 10 km radius of the buffer area of Sanctuary was added to the Sanctuary area and the entire area of around 5569 sq. km was declared as Biosphere Reserve.

**Demographic Information of Similipal Forest Area**

The entire Similipal forest area falls under one of the Scheduled Vth districts of the state, known as Mayurbhanj district. There are 1265 villages inside the Similipal Biosphere Reserve with a total population of 4.62 lakhs of which 73.44% belongs to Schedule Tribes. Out of 1265 villages, 65 villages are situated inside the Sanctuary area of which 61 villages are in the buffer area and rest 4 villages are in core area. The total population of villages located in buffer and core area is 12000 and 449 respectively. In buffer area the percentage of Scheduled tribe is 87% while in core area it is 100%. (Source: Census 2001)

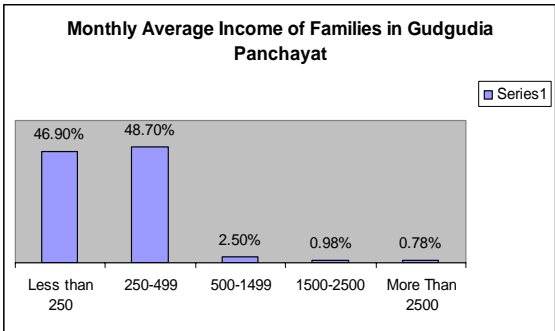
All the villages of Biosphere Reserve falls under 8 CD Block, while the 65 villages of Sanctuary area comes under the jurisdiction of Joshipur and Bangiriposi CD Block. The 65 villages which are coming under Sanctuary falls under the 5 Gram Panchayats namely Gudugudia, Astakuanr, Barehipani from Joshipur CD Block and Brahmangoan and Sarispal GP of Bangiriposhi CD Block. According to Census 2001 the total ST population in the two blocks is around 11,520 which is around 91.77% of the total population.

Similipal Forest area is also known for the homeland of tribal ethnic groups. It is being inhabited by Ho, Kolhas, Bathudi, Santhal, Bhumij, Munda tribes. The population of Kol/Kolhas is higher than the other tribal community. Similipal is also the abode of 2 Primitive Tribal Groups; the Hill Khadias and the Mankadias

Among the non-tribal castes are the Mohantas and the Goudas. However, their percentage is insignificant in comparison with the tribal population so far the number is concerned although in financial powers and other influential capabilities many of them (particularly, the Mohantas) dominate the tribals.

**Socio-Economic Profile of Gudugudia and Barehipani GP:**

According to the BPL survey conducted by Government of Orissa in 2002 more than 90% of families in Gudugudia and Barehipani GP are coming under BPL category, whose annual income is less than Rs. 11000. The survey reveals that the annual income of 46.9% families of Gudugudia Panchayat is less than Rs.3000/-.

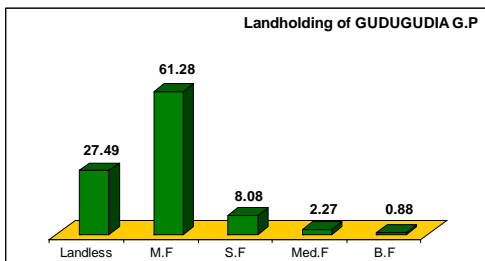


The tribal are dependent on forests for their livelihood. 50% of their annual household income comes from forest, 20% from agriculture and the rest 30% comes from wage labour. (Source: Vasundhara study report, 2001)

### Main Source of livelihood

- Agriculture (1 to 2 months)
- NTFP collection
- Wage labour (approximately 2 months)

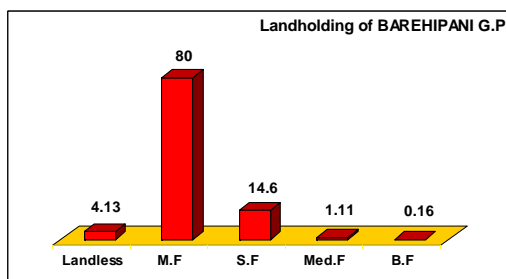
Major chunk of families living in these GPs are almost landless. The land holding pattern of Gudugudia Panchayat



shows that around 27.49% of the families are landless while 61.28% are marginal farmers. (Source: BPL Survey report 2002). The non-tribal families holds quite major chunk of good and fertile land. Similarly situation is also prevailing in Barehipani GP. In Barehipani GP 80% landholders are marginal

farmers. (Source: BPL Survey report 2002).

Except few families in Gudugudia and Barehipani GPs most of families grows one crop in the year. The people primarily produce rice in their field which lasts them only for **two to three months**. Seasonally very few families grow leafy vegetables (Saag) in their fields which form their staple diet. Rice and salt is the staple diet of the people. Other items include leafy vegetables, tubers and mushrooms which is seasonal.



The condition of landless family is even worse in comparison to the families having agricultural land. Most of the marginal farmers and landless families customarily depend upon forest products for their survival. Around 50% of their annual income is derived by selling of forest products like honey, Sal seed, Jhuna (Sal Latex), Paluo, Sal Leaf, Siali leaf, Siali fiber etc. The study carried out by Vasundhara in the year 2001, reveals that in case of Khadia and Mankidia 60 to 100%. of the annual income of the families comes from forest produces.

Location	Caste Groups	NTFPs	% to total HH annual income
Simlipal Tiger Reserve	Khadia (ST)	Honey, Sal Resin, Arrowroot, Malika chera(root), Sal Leaf, Sal Seed	60-70
	Makdia (ST)	Siali fibre, Honey	100
	Bathudi(ST)	Sal and Siali leafplate stitching, Sal Seed	More than 50

But collection of forest products including NTFPs has been banned inside the Sanctuary and National Park areas since 2000 following the order of Supreme Court dated on 14.2.2000, in WP No. 202/95. Since all the villages of Gudugudia and Barehipani falls within the sanctuary boundary, the people are being restricted by the Sanctuary authorities for collection and selling of any forest products. Even if such restriction is still in force in due course of time due to non-availability other means of survival the tribal people are collecting the products illegally from the Sanctuary area and selling it to the traders in throw away prices.

I.A No.548 in the Godavarman case is a matter in which all state governments were restrained from ordering the removal of dead, diseased, dying or wind fallen tree, drift wood and grasses etc from any National Park or game sanctuary. Hon'ble Supreme Court on 14.2.2000 passed an order restraining ***'the removal of dead, diseased, dying or wind fallen trees, drift wood and grasses, etc from any National Park or Game Sanctuary or forest'***. On 28.2.2000 the Supreme Court passed another order clarifying further on the 14.2.2000 order which said, *In the order dated 14.02.2000 the word for forest in the 2<sup>nd</sup> line from bottom at page 4, are ordered to be deleted. The sentence would read thus as: '...In the meantime, we restrain respondent No. 2 to 32 from ordering the removal of dead, diseased, dying or wind fallen trees, drift wood and grasses, etc from any National Park or Game Sanctuary....'* There were subsequent orders by the court and Central Empowered Committee, which were towards restriction of rights of forest dependant communities.

**Budhini Dehuri**, resident of Gudugudia village, living in the colony, told the team that earlier OFDC used to buy NTFPs from them. They sold honey @ Rs 70/kg - Rs 80/kg

**“How we will survive?” A question being raised by Budhini Dehuri, resident of Gudugudia, belongs to Mankadia PTG group**

During the interaction with Budhini Dehuri, she desperately asked the question to the team “is it illegal? You all are the educated people; can you all tell me how we should survive? We Makidias solely depend upon the forest product. We can't do the labor work as it is against our custom. Even if we agree to do that, where is the work? Without providing us the alternative means of livelihood how they are debarring us from the collection of NTFPs? How we will survive? We don't even have agriculture land? How we will survive?

to OFDC and were earning around Rs.100/- within a week. But since last 5 years OFDC is not purchasing honey from them and they are selling to the trader @ Rs 30/kg - Rs 40/kg, and many times the Sanctuary authorities threaten them of filing legal case against them.

Similar is the case in terms of sale of all 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.



Bijoy Lal Mohanta, Secretary of CREFDTA, a local NGO, in an interaction with the team said that Simlipal has been declared as Biosphere Reserve in the year 1994. The intention of such programme is to maintain the ecological balance of the area through promoting ecologically compatible socio-economic development of the local people. He told to the team few months back Anthropological Survey of India, carried out a study in the core villages of the Simlipal Tiger Reserve, where they found the presence of local people is not detrimental to the ecosystem. He also showed another report from the web site of Project Tiger ([www.projecttiger.nic.in](http://www.projecttiger.nic.in)), where it is mentioned that *'Tribal population whose usage to forest produces is minimal and no visible adverse affect has been noticed as a result of their presence and usage of forest produce inhabits these villages'*

#### THE ONLY OPTION OF LIVELIHOOD SNATCHED AWAY: LEFT TO DIE

"We don't have money? How should I take my child to Jashipur hospital? **I am waiting to sell the Sal Seed.** Till date no trader turned has out. My husband has gone to Joshipur in search of work" It is the version of Chandramani Dehuri, w/o Harshi Dehuri, who is living in the Mankadia colony in Gudgudia village with her only two years kid Sagar Dehuri. When the team went to her house, she was eating food and her kid was sitting in the *Barandha*.

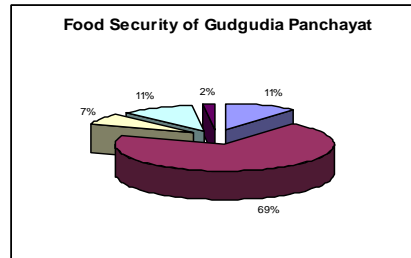
One of the team members went near the kid and lifted him and suddenly said that the kid is suffering with fever. When we asked his mother, she didn't respond to our question. She just closed down the door. Then we took help of Budhini Dehuri, who is the neighbour of Chandramani Dehuri. She told us, that her kid was suffering fever from last two



days. She went to the mobile health unit, which is located just 100 yards from her house, the pharmacist gave some medicine and she is continuing that medicine. But, the fever has not come down. When we asked why she is not taking her kid to Joshipur hospital for treatment. She replied by saying this is a lean season. No work is available in the area. Earlier they used to earn money by selling of Sal Seed during this lean season. This year though she collected the Sal seed but no trader has turned up. Her husband Harshi Dehuri waited for couple of days, but now has gone to Joshipur in search of work. "Once we go Joshipur, we need minimum of Rs. 1000/-. Where should we get the money? When we asked why she needed money, when she can get medicines free of cost at the government hospital. She told that as the government hospital do not have the medicines even for common diseases; they are compelled to purchase the medicine from outside as prescribed by the doctor.

## Food Security

According to the information available in the web site of **Ministry of Rural Development** under BPL Survey 2002 portal, around 69% of families of Gudugudia and 42% of families of Barehipani GP get less than 1 square meal/day through out the year. As already mentioned the monthly income of most of the families is below Rs 3000 i.e. around Rs 250/month, the people do not have the purchase capacity to supplement their diet.



**The restricted livelihood options and the lack of basic facilities seem to be the major reasons for the people suffering from malnutrition and dying due to starvation and hunger.**

As mentioned earlier Rice and Salt is the staple diet of the people all round the year with seasonal intake of Saag which they grow in their fields. The table shows the minimum requirement of nutrients as recommended by ICMR for a pregnant woman

infants and children. The food taken by the people in no way addresses the nutritional requirement of an infant, a pregnant woman or a lactating mother hence nutritional anaemia is a major problem in the area. Malnutrition is found to be an endemic problem among women and children inside Similipal Sanctuary. As per

Group	Vitamin B12 mcg/day	Folic acid mcg/day
Man	1	100
Woman	1	100
Pregnancy	1	400
Lactation	1.5	150
Infant	0.2	25
Children 1 - 3 years	0.2 - 1	30
4 - 6 years	0.2 - 1	40
7 - 9 years	0.2 - 1	60
10 - 12 years	0.2 - 1	70
13 - 18 years	0.2 - 1	100
<b>Recommended by ICMR</b>		

FAO/WHO recommendations minimum energy and protein requirement for a pregnant woman is 285 kcal/day and 3.3 g/day respectively. (See the table below). The condition of the people is such that it becomes difficult for them to even get one square meal/day. Low birth weight of the new born is an obvious thing to happen when the mother herself is malnourished.

	Energy requirements	Protein requirements
FAO/WHO 1985	285 kcal/day above non-pregnant levels if physical activity is maintained	3.3g/day of high quality protein throughout pregnancy
	200 kcal/day above non-pregnant levels if physical activity is reduced	
Institute of Medicine 1990	300 kcal/day above non-pregnant levels	60g/day of protein

Energy and Protein requirement for pregnant women

	Energy requirements	Protein requirements
FAO/WHO 1985	Extra 500 Kcal/day above non-lactating levels (increase if breastfeeding more than one child)	Extra 16g/day for the first months of lactation, 12g/day for the second 6 months, and 11g/day thereafter

Recommended Energy requirements for lactating mother

## INTERACTION WITH A FAMILY AT KUANRIBILL VILLAGE

During our interaction in Gudgudia village, we were told by the Anganwadi Didi (Sukumari Lohar), that a serious case has been reported from **Kuanribill village** and she was moving to that village. Immediately we accompanied with her to the village and what we found was heart breaking.



Name of the Child: Mani Soi  
Age: 1 year 6 months  
Father's Name: Raula Soi  
Mother's Name: Chaumani  
Caste: Kolha Tribe

The child was reported to be suffering from high fever since the last few days and was not taking food.

When we reached the village we found a house at the outskirts of the village. The house consisted of two rooms (1 kitchen and 1 room) shared by 5 member family and the livestock as well. On the first look the house appeared to be deserted as there was nobody around and the doors were left open. But when we entered the house we found a child lying on the floor deep asleep. On a closer look we could see that the child was in very poor health. He appeared to be highly malnourished as from a distance we were able to count his rib bones. We thought that the child lying on the floor was the one who was reported ill and the Anganwadi worker tried to feel the pulse of the boy. The child was suffering from high fever.



As we waited for the family members to come, we peeped into the so called kitchen room where we could see the *chulla* and some empty vessels lying around. There was not a grain of food to be found in the kitchen. Few empty vessels, two to three clothes and a sheep was the only asset of the family.





We could see a lady carrying a child approaching us. She was Chaumani, mother of the child lying on the floor. When we enquired about the health of the child she informed us that the child who was sleeping was having fever but the child (aged about 1 ½ years) whom she had carried along with her to fetch water was in a serious condition and was suffering from high fever since last few days. Mani was clinged to her mother and we could see her face had turned pale and her health spoke loudly about the grade of malnourishment. She must have been a Grade IV child. She had also turned anaemic and her eyes and face had turned whitish in colour.



The Anganwadi worker instructed the mother to get the child admitted in the hospital immediately and said that as the child is severely anaemic she needed blood which could be provided only in the hospital. Chaumani was reluctant enough and was not convinced to admit the child in the hospital.

It is now that Tribhuban Soi, the younger brother of Raula Soi intervened and blatantly refused for the admission of the child in the

hospital. He claimed that they are performing puja and have shown the child to Raula, the traditional healer and are quite sure that the child will recover. He also said that if they do not perform puja, they would be outcasted by their community and would be punished by their deity.

The Anganwadi worker tried to explain us about the ignorance of the people and their adherence to blind beliefs and black magic. She expressed her concern saying that people are reluctant to bring their children for medical treatment.

On repeated pursuance by the team to admit the child to the hospital, Tribhuban Soi broke down and said that they do not have money to bear the medical expenses. Further he said that there is no surety that the child will survive even after the medical treatment. He cited the example of another family in the village who have taken the pain to admit their child in Jashipur hospital, but eventually the child succumbed to the disease. 'Even if the child is administered with blood today, his future is still grim as our family is not getting one square meal of food per day so how could we tackle with malnutrition.' The story of the family made us speechless and for a moment the logic for going for modern medical treatment did not hold good.

Before leaving the place, we hesitantly asked Chaumani Soi, when she had fed full meal to her family members. At first she refused to answer our question. When we repeated the question, she simply told *"I don't know when I fed one full square meal to my family members. Day before yesterday somehow we managed to eat water rice with pinch of salt in the noon. Now we are surviving by drinking water."*

## Government Schemes and Programmes

When the fact finding team interacted with Shrimati Subhasini Sahu, local ward member of Gudugudia GP, she along with her husband Shri Sarat Chandra Sahu gave a long list of the government's welfare schemes and programmes being implemented successfully in that area. She told the team that there is no such problem in the area. Food grains have been stocked in the godowns under PDS scheme to combat emergency situations if arises in that area. When the team enquired about the death of the children in the area, the main cause cited by them were lack of awareness, irregularities in giving medicines and blind belief prevailing in the area.

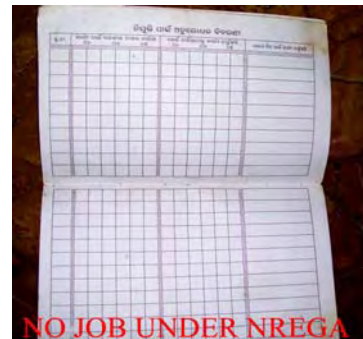
### List of Welfare Schemes and Programs available in the area

- ICDS programme
- PDS
- NRHM
- Antodaya and Annapurna Scheme
- Indira Awas Yojna
- NREGS/OREGS

Though all the mentioned govt. schemes and programmes are available at the village but gross irregularities were found in the implementation of these programmes. For e.g Shrimati Subhasini Sahu told to the fact finding team that Job cards have been distributed to all the villagers under OREGS/NREGS but when the team asked some villagers to show their job cards (in Kuanribill and Gudugudia village), we could see the blank pages of the job card which indicated that no job has been provided to them till date. Some of the villagers were not even able to do show their job cards as it was not with them. We were told that their job cards were with the VLW. Most of the villagers of Gudugudia told that they have not got any job under OREGS/NREGS though the panchayat wall painting suggests that 6 OREGS/NREGS work worth of 23.15 lakhs



has been carried out in the GP. The villagers told the team members that very few people from the village got engaged in the road construction work carried out last year under OREGS/NREGS.



**Budhini Dehuri, an old lady aged around 55 years from Gudugudia village complained that she was in need of some work for her livelihood but was not allowed to work under OREGS/NREGS because of her age.**

According to the Ministry of Rural Development's NREGS web portal Gudugudia GP has received total grant of Rs. 1188512/- in the financial year 2006 - 2007, while a total of amount Rs. 420250/- has been spent during the financial year and rest amount has been deposited in the bank.

Month	Opening Balance	Inflow	Outflow	Bank	Cash	Advance	Total
October	108991	0	0	108991	0	0	108991
November	108991	1079521	145000	1043512	0	0	1043512
December	1043512	0	275250	768262	0	0	768262
January	768262	0	0	768262	0	0	768262
February	768262	0	0	768262	0	0	768262
March	768262	0	0	768262	0	0	768262

Source: [www.rural.nic.in](http://www.rural.nic.in)

Surprisingly same portal reveals that in the month of May 2007 around 64 people from Gudugudia GP demanded work, which has not been fulfilled till 15<sup>th</sup> June 2007 even though an amount of Rs. 768262/- balance is available with the GP. **The irony is that while on one side children are dying due malnutrition and local families are struggling for food and work on the other side even though balance money is available with the GP and local people are demanding job, but no work is carried out under OREGS/NREGS.**

**According to the information available in the web site of Ministry of Rural Development under BPL Survey 2002 portal, around 69% of families of Gudugudia and 42% of families of Barehipani GP get less than 1 square meal/day through out the year.**

Similarly the team found out that the most of the people are also not aware of the purpose and benefits of this scheme as no initiative has been taken till date to generate awareness among the local people about the scheme.

The local tribal people complained that the work carried out under OREGS/NREGS is only of road construction or construction of water tanks. This provides with very limited opportunities for the engagement of the people in the activities.

## Health

Similipal area is malaria prone and death due to cerebral malaria is quite rampant in the area. In fact Mayurbhanj district has been identified as one of the malaria prone districts of the state. Last year in Gudugudia GP around 21 people died due to cerebral malaria, of which 17 were children. The area is quite prone to diseases like malaria, malnutrition and diarrhoea. According to Prafulla Dehuri, resident of Gudugudia village, whose niece Sumati Dehuri died on 26<sup>th</sup> April 2007, every year especially during the month of April to July the area witnesses deaths, but no definite steps has been taken by the state government till date. No medicines are available in the Mobile Health Unit, which is located in Gudugudia village. He told to the team '*God knows when doctor comes and goes*'. Each time doctor refers the patient either to Jashipur or to Baripada, which is far way from their village. There is no bus service or any other means of communication to Jashipur, which around 40 km away from the Panchayat

headquarter. Only available option is either one has to walk down to Joshipur or take help of the ambulance which is stationed at Gudugudia. The cost of ambulance service is too expensive for them to bear.

The team also got similar response from other people. The team came to know that the ambulance charges Rs 5/- per km to carry the patients to the nearest hospital. The Primary Health Centre is located at Jashipur which is around 40 Kms from Kumaribill village. In that case the family has to pay around Rs 200/- just for a single trip if they take the patient to Jashipur and it costs them more than Rs 500/- if they go Baripada hospital in emergency case. To bring dead bodies, there is a Marshall available at Joshipur hospital which charges quite high i.e Rs 1700/-.

**When the team verified the receipt book, it was found that the among the children who died in the month of April and May nobody has availed the ambulance service. Most of the deceased kids' guardian told the team they didn't have money to hire the ambulance. It is quite impossible for them to walk such distance.**

The team also met the driver of the ambulance, and he agreed with the view of the people. He cited one example where he carried a patient to the Jashipur PHC, but the patient didn't pay the money, finally the amount was deducted from his salary.

**Manoranjan Kar, Pharmacist of  
Gudugudia Mobile Health unit:**

'How can we move as there is no vehicle for the health unit? The health unit is not furnished with adequate medicines for even the common diseases. Till last month we did not have kits for malaria test. It is only this month just after the incidence took place we got around 250 strips to test malaria and PFR.'

The team visited the mobile health unit located in Gudugudia village around 12 noon, but the team could not meet the doctor. The pharmacist Manoranjan Kar was present and when the team wanted to know about the doctor he told that doctor left Jashipur at 11 am. There is a mobile health unit at Gudugudia Panchayat. The mobile health unit is supposed to visit the villages and distribute medicine. As there are no funds for oil the vehicle is virtually immobile and is stationed in front of the health centre. Even an ambulance is stationed at Gudugudia,



but they can't use it for if they use the ambulance then they have to pay accordingly.

When the team visited inside the Mobile Health Unit, they found out only some broken chairs lying hither and dither. No facility is available there. Even the doctor's quarter looks like a ghost house. Just after the incidence, a mobile health team who came from Jashipur, were using the doctors' quarter.

According to a joint survey undertaken by the Jashipur PHC and ICDS in the last week of May 2007, out of 345 children 76 children had been affected by the diseases. The details are as follow:

Name of AWC	Total children	Fever		ARI	Diarreha	Other
		PFR+	PFR-			
Badkasira	152	27	12	8	1	1
Kumari	81	2	6	3	1	1
Khejuri	40	0	2	0	0	1
Bilapagha	24	0	2	1	0	1
Chandikhaman	29	5	0	0	0	1
Kuanribil	19	0	1	0	0	0

There are 7 Anganwadi Centres at Gudugudia Panchayat. The Nutritional Status of children below 6 years of age as per the joint survey conducted by the ICDS and Health Department.

**Nutritional Status Period (30.05.07 to 01.06.07)**

Total No of Children	Normal	Grade I	Grade II	Grade III	Grade IV
345	59(17.2%)	126(36.5%)	119 (34.5%)	34(9.8%)	07(2%)

**Total Children suffering from Malnutrition - 82.8% (Details in Annexure III)**

The figure shows that 82% of the children in Gudgudia Panchayat are suffering from malnutrition. Dr. Behera of Jashipur CHC accepted that severe malnutrition leads to the death of the infants. He admitted that last year the mass death of infants in Kuanribill village was also due to malnutrition. Immediate steps were taken by the district administration, health department and due to serious efforts taken the epidemic could be controlled. Baby food was provided by UNDP to all the children in Kuarnibill village as an immediate solution and regular monitoring was done by the health department. The children of the village showed signs of improvement once proper nutrition was made available to them. This is a clear indication that nutritional deficiency is the main problem in the area and if serious steps for the improvement of the living condition of the people are not taken then the episode of mass death will go on forever and ever.

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 it is virtually impossible for children below 5 years of age and pregnant women to travel long distances to come to the Anganwadi centre to take meals, they are generally devoid of getting the benefits of the ICDS programme. Even if there is an effort made to provide these rice bags to each household to the distant villages it is not



possible for the Anganwadi worker to do so because of the inaccessibility of the villages.

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 worker.

The Anganwadi didi, who is in charge of Gudugudia Anganwadi center, has to cover around 30 km radius, and it becomes impossible on her part to respond to each and every situation. When the team interacted with the Anganwadi worker (Sukumari Lohar), she expressed her displeasure over the facility provided by the state. She told that everyday she is spending around 10 to 12 hours and single handedly she has to take care of the children coming to center and also attend to other emergency cases. She also told the team that with the on set of rains, most of the villages like Kuanribil, Kumari, Chandibil are cut off from Gudugudia due to heavy flow of water in Khairi nala for which they face lot of problems for immunization, taking care of antenatal women, attending emergency cases, supplying anganwadi food, monitoring weight of kids etc.

Due to ignorance the people depend upon unscientific methods for curing their diseases. The condition of the village is so grim that even in case of disease and ill health, the villagers prefer going to 'Raula' for 'Jhad Phoork' or black magic rather than going to Jashipur hospital which is a two day journey by foot.

**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.

According to the Anganwadi worker (Sukumari Lohar) and the health worker (Chandralekha Behera) 'A 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.

**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 and as there is no guarantee of life they cannot think of family planning.**

The Anganwadi worker added that People do not rely upon medicines solely rather they come to the hospital only when the situation of their child becomes worse. Initially, when the child suffers from fever, they depend on local quacks and family puja and when the health situation deteriorates then they think of getting admitted in the hospital

**According to the tribals the medical services are so expensive for them to bear that they leave the health of their children at the mercy of God. Further they believe that the traditional healing system has been a part of their culture since ages**

Further the Kolha tribe practices a very hazardous delivery system. According to their culture, the delivery of the child is 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.

This trend is found to be somewhat changing as the 'Aasha' worker forces the pregnant women to deliver the baby in the hospital. For this the Aasha worker of course gets a benefit of around Rs 250/- for each case and not only this, the main allurements for the people is that the woman gets around Rs 1400/ for the delivery in the hospital.

### Sanitation

Poor sanitation and unhygienic drinking water leads to various diseases (particularly water related vector borne diseases) like diarrhoea and jaundice. Very few villages have



Water used for household as well as drinking purpose

tube wells for drinking water purpose. Rest of the villages has to depend on streams and water channels for household chores as well as drinking purpose.

Sarat Chandra Sabhoo the retd. Pharmacist pointed that drinking polluted water is also one of the prime causes of infant deaths. He further added '*bore/tube wells are not dug in the villages as the strict sanctuary law does not allow the operation of big machines and movement of heavy vehicles inside as the area comes under Tiger Reserve . The people have no other options but to drink*

*the polluted water*'.

### Communication

Communication is a major problem and the village becomes completely inaccessible during the rains. Under such circumstances the people are virtually left at the mercy of God as no facilities or help could possibly reach them and the people are imprisoned in the **Green jail**. There are no roads connecting to some of the villages hence even the medical van cannot reach them for regular check up. Last year when the incidence of mass infant death took place in Kuanribill village, due to heavy rains every connectivity to the village was cut off and it



was very difficult for the medical team to reach the village for help. A temporary wooden bridge has been constructed connecting the village but the condition of the bridge (in the photograph) shows that it cannot sustain the rains this year. Similar is the condition for most of the villages and such condition makes the life of the people miserable.



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## **CONCLUSION AND RECOMMENDATIONS**

**This is not only the story of Similipal Sanctuary but same is the scenario in all the 18 Protected Areas of the State.** The 'Right to life and livelihood' is grossly been violated in these areas and there is an urgent need to address this issue.

### **RECOMMENDATION**

1. A high level commission under the chairmanship of SC/ST Commission should immediately visit the area and immediate step should be taken to address the issue. The Commission should coordinate with the line departments and PRI members.
2. Nutritious food for at least one year should be provided to the infants, children, pregnant woman and lactating mother. Long term strategy should be devised so that people are provided with nutritious food all round the year.
3. Govt. should initiate Anthropological Study on the behavioural, socio-economic and cultural aspect of the people (tribals) inside Similipal
4. Communication to all villages should be ensured. All weather roads to all hamlets should be constructed.
5. A vehicle should be provided to the local people free of cost for regular mobility. There should be a frequent bus service from Joshipur to Gudugudia and vice-versa.
6. Ensure 'Right to work' for each household to ensure livelihood.
7. NTFP ban should be immediately removed from the Sanctuary area.
8. NREGA work should be provided to the people even without demand, as the local people are not yet aware of the benefits of the NREG Act. Basing on the headcount money should be released under NREGA.
9. The work opportunities under NREGA should be widened. The works provided should be based on the socio-cultural aspects of the local people.
10. Ambulance should be made free of cost. Govt. should ensure availability of medicines for common diseases at the hamlet level.
11. NRHM should have special plan to address the critical health concerns inside Similipal/Protected Areas
12. Park Committee/Advisory committee should be formed which should have representation of the local people at the Panchayat level.
13. There should be a committee under the chairmanship of Joint Secretary from Tribal Welfare Department. The main responsibility of this committee is to coordinate in between various line departments by ensuring ecological sustainability.

**The Recommendations are not only for Similipal but all Protected Areas.**

## CASE STUDIES

**(Gudgudia Panchayat; Village: Gudgudia)**

### **Case No 1:-**

Name of the deceased: Sumati Dehuri

Died on 26<sup>th</sup> April 2007

Sex: Female

Age: 3 yrs 9 months

D/O: Raj Kumar Dehuri.

### **Case details:-**

As per our interaction with the family of the deceased, the child suffered from cold and high fever. The family consulted the doctor at the local health centre at Gudgudia and administered the required medicine. Fever receded due to medicine for certain period, but after 3-4 days the kid got swelling on the right side of the throat. The local hospital recommended the case to Jasipur hospital where the patient was treated for some days but eventually succumbed to the disease. More than Rs 3000.00 was spent on the treatment and extra 1600 were spent on transportation of dead body back home from Jashipur. The concerned family lives on NTFP collection and daily labour for livelihood. They have got the Job card under NREGA but have not got any work till date.

Since the child's father Raj Kumar Dehuri had gone to Jashipur for labour work in the construction site, we could not meet him but had a chance to interact with Prafulla Dehuri (elder brother of Raj Dehuri). The mother of the child and her elder daughter were at home but were not in a mental condition to interact with us.

Prafulla Dehuri, along with his wife Savitri and three children ( 2 male and 1 female) of 8, 4 and 3 years respectively are staying in Kuanribill village since a long time. (he himself cannot recollect now since how long his family have been settled in the village). Prafulla is a BPL card holder and avails 35 kgs of rice and 4 litres of kerosene on a monthly basis under the PDS scheme. He owns a small piece of land in which he cultivates rice which lasts him for about six months. He claims that as his field is quite dry, he is unable to grow vegetables and hence their normal diet is rice and salt and sometimes saag (seasonal basis).

Prafulla works as a daily labour and though has got a job card under NREGA, he is not very sure whether he will be working under NREGA or not. The reason being that under NREGA, only road construction works are being carried out and he has other works to attend to even during the (agriculture lean period) like weeding activities in his field, maintenance of his thatched house etc. He suggested that if such activities

could also be promoted under NREGA, then the opportunities of involvement of people in various activities would be widened.

He further shared that with the onset of rains the condition of the village becomes precarious as the village gets totally cut off from the outside world.

## **Case II**

Name of the deceased: Dali Ho

Died on 17<sup>th</sup> April 2007

Sex: Female

Age: 4 years 1 month

D/O: Kulai Ho and Sumitra Ho.

### **Case Details:-**

First the kid got fever, the family contacted a retired compounder in the locality and got some medicine and the fever was remitted for 3-4 days after which the girl succumbed to the disease without any visible symptoms. After which the family was contacted by CDPO and anganwadi supervisor and took the note of the death. When asked why they didn't contact the doctor after the fever, the mother of the diseased said that the doctors are not taking any blood test and giving medicine at random they have less faith in such practice. The couple is left with one daughter now.

The concerned family lives on NTFP trading in local market and daily labour for livelihood

## **Case no 3:-**

Name of the deceased: Srimati Hembram

Died on 29<sup>th</sup> April 2007

Sex: Female

Age: 3 yrs 3 months

D/O: Kulai Ho and Sumitra Ho.

### **Case Details:-**

First the Kid got fever and died in her uncle's house when her mother was there in the village Haldia in Barheipani GP where there is no hospital facility available. The couple is left with one daughter and one son now. The couple claimed that they are getting 2 KG rice and 200 Gms of Dal from Anganwadi centre per month for the youngest son which is of about one year old. The Elder Doughter who is of 5-6 years of age goes daily to the ICDS center and takes food there in the day time. They are also getting Kesosin oil, sugar Rice etc under PDS. The concerned family lives daily labour for livelihood they have got a job card under NREGA but yet to get any job under the scheme.

The Panchayat peon told the team that there is one more similar type death of a one year old child in Chandikhaman village and two more similar deaths of a boy of 5 years and a girl of 4 years in Satarapat village under the same GP.

Most of the villagers of Gudgudia told that they have not got any job under NREGA, though the panchayat wall painting suggests that 6 NREGA work of 23.15 lakhs has been spent in the GP.

The ANM, Miss Chandralekha told the team that she is over burdened and most of the villages are inaccessible and the rainy season cuts off the roads often and she covers 9 villages which is at far off distances and it is really difficult to work under the situation.

As per the Doctor B. C. Behera of Jasipur CHC cited many reasons for death due to fever and mal nutrition. When asked that why such deaths are not preventable he said that the deaths are due to associated infections.

**(Barehipani GP; Village: Kolha)**

**Case 4**

Name of the deceased: Dasmati Badra

Died on 24<sup>th</sup> May 2007

Sex: Female

Age: 7 months

D/O: Bhajan Badra

Village: Kolha

**Case Details**

Mr Bhajan Badra, the father of late Dasmati Badra who could see the world only for 7 month said his daughter was looking completely white before her death. When asked about the medical treatment of the child he said though the ambulance facility is available but it is very difficult to go to Jashipur as the booking cost of the ambulance is very high (around Rs 500/ for one trip). He further said that it is very difficult for a poor person like him to spend so much money for medical purpose. Therefore he treated the child by a local quack (self proclaimed health worker) who used to come to the village and give medicines. The child succumbed to the disease after struggling for one month. The symptom clearly indicates that the child was anaemic caused due to malnutrition. The mother of the child is also suffering the deficiency of iron. Lack of proper and adequate nutritious food led the mother to give birth a anemic child leading to the infant's death after 7 months of her birth.

On the day of our visit 4 more children were suffering from high fever and were on the death bed. Nobody from the Anganwadi centre or from the health Department had visited them. Communication is a major problem and the village becomes completely inaccessible during the rains. Under such circumstances the people are virtually left at the mercy of God as no facilities or help could possibly reach them and the people are imprisoned in the Green jail

**Interaction with Dr. B.C Behera (Sectoral Head Of Jashipur CHC)**

**Preventive and Curative measures taken in Gudgudia Sector**

Sl No	Date	Activity Done	Team Members	Vehicle Alloted
1	2.5.07	Immunization and health check up at Gudgudia, Astakumar and Barehipani GP	Dr. M. R Pradhan, Premamanjari Mohanta, R.K Tripathy, A. Rout, A.Ray	OR-02P-4950
2	4.5.07	Health Camp and IEC activity at Khejuri and Badkasira village	Dr. M. R Pradhan, Premamanjari Mohanta, R.K Tripathy	OR-02P-4950
3	6.5.07	Health Camp and IEC activity at Kandibill and Badkasira village	Dr. M. R Pradhan, Premamanjari Mohanta, R.K Tripathy	OR-02P-4950
4	9.5.07	Immunization and health check up at Gudgudia, Astakumar and Barehipani	Dr. M. R Pradhan, Premamanjari Mohanta, R.K Tripathy, A. Rout, A.Ray	OR-11-0836
5	12.5.07	Health Camp and IEC activity at Kuanribill and Chandikhaman village	Dr. M.R Pradhan, C. Behera, Haima Mohapatra	OR-02P-4950
6	14.5.07	Health Camp and IEC activity at Khejuri, Kandibill and Badkasira village Visit by DMO, MBJ, & MO I/c to Kandibill and Badkashira village	Dr. A.K Giri Paed Spl, Dr. M.R Pradhan, Premamanjari Mohanta, R.K Tripathy	OR-02P-4950
7	16.5.07	Immunization and health check up at Gudgudia, Astakumar and Barehipani GP	Dr. M. R Pradhan, Premamanjari	OR-02P-4950

			Mohanta, R.K Tripathy, A. Rout, A.Ray	
8	23.5.07	Immunization and health check up at Gudgudia, Astakumar and Barehipani GP	Dr. M. R Pradhan, Premamanjari Mohanta, R.K Tripathy, A. Rout, A.Ray	OR-02P-4950
9	24.5.07	Health Camp and IEC activity at Khejuri, Kandibill and Badkasira village	Dr. M. R Pradhan, Premamanjari Mohanta, R.K Tripathy	OR-02P-4950
10	25.5.07	Health Camp and IEC activity at Kuanribill, Kheliadumuri and Chandikhaman village	Dr. M. R Pradhan, Premamanjari Mohanta, R.K Tripathy, C. Behera, Haima Mohapatra	OR-02P-4950
11	27.5.07	Health Camp and IEC activity at Bandirabasa, Phulabadi, & Jogaguda village	Dr. M. R Pradhan, Premamanjari Mohanta, R.K Tripathy, C. Behera, Ahalya Behera	OR-02P-4950
12	30.5.07	Joint survey and health check up by Health and ICDS staff in 3 teams in Kandibill, Bhadrachua, Badkashira, Barigaon, Khejuri	Team-A, Team-B, Team-C	OR-02P-4950
13	31.5.07	Joint survey and health check up by Health and ICDS staff in 3 teams in Saharpat, Kumari, kusumi, Sankashira, Bilapagha	Team-A, Team-B, Team-C	ICDS vehicle
14	1.6.07	Joint survey and health check up by Health and ICDS staff in 3 teams in Chandikhaman, Kheliadunguri, Chandraposi, Kuanribill	Team-A, Team-B, Team-C	ICDS vehicle

	1.6.07 onwards	District Mobile Health Team working in Gudgudia GP	District MHU Team	MHU Vehicle
15	5.6.07	Visit by ADMO (PH), MBJ & MO I/c to Gudgudia and Chandikhaman village	Mr. Niranjan Rout, ADMO (PH), Dr. B.C Behera, MO I/c Jashipur CHC	ADMO(PH) Vehicle
16	6.6.07	Immunization and health check up at Gudgudia, Astakumar and Barehipani GP	Dr. M. R Pradhan, Premamanjari Mohanta, R.K Tripathy	OR-02P-4950



**STATEMENT OF UNDER 6 YEARS CHILDREN DEATHS IN ASTAKUMAR GP  
FROM 1.1.07 TO 5.6.07**

Sl No.	Name	Father's Name	Village	GP	Sex	Age	Date Of Death	Cause of Death	Remarks
1	Baby	Juwan Sundhi	Astakumar	Astakumar	F	4 days	17.2.07	Prematurity	
2	Juang Nag	Paulush Nag	Kukurbhuka	Astakumar	M	3 yrs 3 months	27.2.07	Pneumonia	
3	Jana Honaga	Duka Honaga	Nawana	Astakumar	F	1 years	12.3.07	Pneumonia	
4	Birang Saluka	Sirka Saluka	Balarampur	Astakumar	F	1yr 6 months	5.5.07	Pneumonia	
5	Fulmani Baipai	Dasara Baipai	Gadasahi	Astakumar	F	2 months	31.5.07	Pneumonia	

**STATEMENT OF UNDER 6 YEARS CHILDREN DEATHS IN BAREHIPANI GP  
FROM 1.1.07 TO 5.6.07**

Sl No.	Name	Father's Name	Village	GP	Sex	Age	Date Of Death	Cause of Death	Remarks
1	Baby	Manu Tiu	Haldia	Barehiapni	M	19 days	24.3.07	Septicemia	
2	Baby	Lal Purty	Routala	Barehiapni	F	17 days	21.4.07	Septicemia	
3	Srimati Hembram	Bhuyan Hembram	Haldia	Barehiapni	F	3 years	29.4.07	Pneumonia	
4	Champu Tiyu	Durga Tiyu	Barehipani	Barehiapni	F	9 months	12.5.07	Pneumonia	
5	Narayan Munda	Sunaram Munda	Barehipani	Barehiapni	M	2 months	19.5.07	Traumatic Asphyxia	
6	Dasamati Badra	Bhajan Badra	Kolha	Barehiapni	F	7 months	24.5.07	Septicemia	
7	Jambi Purty	Kalia Purty	Barsia	Barehiapni	F	1 yrs 6 months	25.5.07	Pneumonia	
8	Muturi Purty	Bularam Purty	Barsia	Barehiapni	F	2 years	27.5.07	Pneumonia	
9	Randai Purty	Ramchandra Purty	Barsia	Barehiapni	F	6 months	31.5.07	Septicemia	

**STATEMENT OF UNDER 6 YEARS CHILDREN DEATHS IN GUDGUDIA GP  
FROM 1.1.07 TO 5.6.07**

Sl No.	Name	Father's Name	Village	GP	Sex	Age	Date Of Death	Cause of Death	Remarks
1	Rajesh Purty	Chandra Bhuban Purty	Badkasira	Gudgudia	M	6 years	21.1.07	Pneumonia	
2	Kisnu Badra	Sahu Badra	Barigaon	Gudgudia	M	1 years	22.1.07	Septicemia	
3	Baby	Chandra Mohan Hembram	Kuanribill	Gudgudia	F	4 days	31.1.07	Prematurity	
4	Tikuru Tiria	Mata Tiria	Kuanribill	Gudgudia	M	2 years	12.2.07	Septicemia	
5	Doly Hoo	Kalai Hoo	Gudgudia	Gudgudia	F	4 years	17.2.07	Pneumonia	
6	Sumati Dehuri	Raj Dehuri	Gudgudia	Gudgudia	F	4 years	27.4.07	Pneumonia	
7	Kargil Marandi	Bulamal Marandi	Badkasira	Gudgudia	M	1 years	29.4.07	Jaundice	
8	Kapura Mohakud	Kunja Mohakud	Khejuri	Gudgudia	F	8 months	29.4.07	Malnutrition with Septicemia	Grade III
9	Sriram Singh	Sukura Singh	Saharpat	Gudgudia	M	3 years	30.4.07	Malaria	
10	Jaidev Palia	Kanhu Palia	Kandibil	Gudgudia	M	1 years	2.5.07	Malnutrition with Septicemia	Grade IV
11	Rajmati Badra	Sikur Badra	Badkasira	Gudgudia	F	11 months	13.5.07	Septicemia	
12	Amit Naik	Bhuban Naik	Badkasira	Gudgudia	M	1 years	13.5.05	Malaria	
13	Junga Kandian	Suma Kandian	Chandikhaman	Gudgudia	M	7 months	15.5.07	Malaria	
14	Janaki Hembram	Sardar Hembram	Kuanribill	Gudgudia	F	3 months	2.6.07	Septicemia	

**STATEMENT OF JOINT SURVEY REGARDING AND NURTITIONAL STATUS OF UNDER 6 YEARS CHILDREN  
IN GUDGUDIA GP BY HEALTH AND ICDS STAFF CONDUCTED FROM 30.5.07 TO 1.6.07**

Sl NO.	Name of AWC	Name of the Village	Total Children	Nutritional Status					Fever			ARI	Diarrhoea	Others
				Normal	Gr I	GrII	Gr III	GrIV	Total	PFR Positive	Negative			
1	Badkasira AWC	Kandibill	38	4	16	10	6	2	30	24	6	2	-	-
		Barigaon	24	3	8	10	2	1	3	1	1	-	-	-
		Sankasira	31	4	11	12	3	1	2	1	1	-	-	-
		Badkasira	41	7	14	17	2	1	2	-	2	3	1	-
		Bhadrachua	18	-	7	7	4	-	2	1	1	3	-	1
		<b>Total</b>	<b>152</b>	<b>18</b>	<b>56</b>	<b>56</b>	<b>17</b>	<b>5</b>	<b>39</b>	<b>27</b>	<b>12</b>	<b>8</b>	<b>1</b>	<b>1</b>
	Kumari AWC	Kumari & Saharpat	33	10	10	11	2	-	1	-	1	3	-	1
		Kusumi	48	14	18	14	2	-	7	2	5	-	1	-
		<b>Total</b>	<b>81</b>	<b>24</b>	<b>28</b>	<b>25</b>	<b>4</b>	<b>-</b>	<b>8</b>	<b>2</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>1</b>
	Khejuri AWC	Khejuri	40	8	12	15	5	-	2	-	2	-	-	1
	Bilapagha AWC	Bilapagha	24	3	10	7	4	-	2	-	2	1	-	1
	Chandikhaman AWC	Chandikhaman	11	2	4	5	-	-	4	4	-	-	-	1

		Khediadun guri	18	1	8	5	2	2	1	1	-	-	-	-
		<b>Total</b>	<b>29</b>	<b>3</b>	<b>12</b>	<b>10</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>5</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>
	Kuanribill AWC	Kuanribill	19	3	8	6	2	-	1	-	1	-	-	-
	<b>GRAND TOTAL</b>		<b>345</b>	<b>59</b>	<b>126</b>	<b>119</b>	<b>34</b>	<b>7</b>	<b>57</b>	<b>34</b>	<b>23</b>	<b>12</b>	<b>2</b>	<b>5</b>

**ABSTRACT**

**9. TOTAL NO. OF AWC: 07**

**10. TOTAL NO. OF AWC SURVEYED: 06**

**11. TOTAL NO. OF CHILDREN: 345**

**12. NUTRITIONAL STATUS**

- a. NORMAL: 59 (17.2%)**
- b. GRADE I: 126 (36.5%)**
- c. GRADE II: 119 (34.5%)**
- d. GRADE III: 34 (9.8%)**
- e. GRADE IV: 07 (2.0%)**

**TOTAL MALNUTRITION: 82.8%**

**13. TOTAL NO. OF FEVER CASES: 57**

**a. PFR POSITIVE: 34**

**b. PFR NEGATIVE: 23**

**14. TOTAL ARI CASES: 12**

**15. TOTAL NO. OF DIARRHOEA CASES: 2**

**16. TOTAL NO. OF OTHER CASES: 5**

**Medical Officer in-Charge  
Jashipur CHC, Mayurbhanj**

**MEMBERS OF FACT FINDING TEAM**

The members of the fact finding team are as follows

SL No.	Name of the members	Name of the organization
1	Ms.Pratima Satpathy	Ruchika School of Social Service
2	Ms. Devi Kalyani Pattnaik	Centre for World Solidarity
3	Ms. Sashi Bindhani	NAWO
4	Ms. Manju Prava Dhal	NAWO
5	Mr. Jyoti Brahma	Voice for Child Rights- Orissa
6	Mr. Pradeep Baishak	ODAF: Orissa Development Action Forum
7	Mr. Rashmi Ranjan	Human Rights Law Network
8	Mr. Ganesh	Local Media
9	Mr. Biwaranjan	SODA
10	Mr. Y Giri Rao	Orissa Protected Area Network
11	Ms. Sweta Mishra	Orissa Protected Area Network

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2. Dr. B.C Behera, Sectoral Head Jashipur CHC
3. Dr. Pradhan, CDPO
4. Sukumari Lohar, Anganwadi Didi
5. Chandraleka Behera, ANM worker
6. Srimati Subhasini Sahoo, ward member
7. Sarat Chandra Sahoo, retd. pharmacist
8. Manoranjan Kar, pharmacist
9. Prafulla Dehuri, Gudgudia
10. Budhini Dehuri, Gudgudia
11. Tribhuban Soi, Kumaribill
12. Chaumani Soi, Kumaribill
13. Kulai Ho, Gudgudia
14. Sumitra Ho, Gudgudia
15. Bhajan Badra, Barehipani