

Report of the Balangir starvation death case

Date of visit: 17th September 2009

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Initial source of information: Local Oriya daily “Dharitri” reported the matter on 15th September 2009

The story as per the initial source: Three starvation death cases were reported in the local Oriya daily “Dharitri” on dated 15th September 2009. As per the report three persons namely Siba Prasad Bariha (3), Gundru Bariha (1) and Bimla Bariha (35) died respectively out of starvation from Buromal village of Bhanpur Panchayat under Khaprakhhol block of Balangir district of Orissa. Three deaths occurred consecutively on **6th, 7th and 9th September 2009** respectively. Late Bimla Bariha, wife of Jhintu Bariha is the mother of Siba Prasad and Gundru.

Procedure followed in the visit: The member team visited the Chabripali hamlet of Buromal village on 17th September 2009. Prior to the visit a letter was sent on 15th September 2009 to the District Collector of Balangir copy marked to the Chief Secretary, Secretary R&DM and the Commissioner’s office in New Delhi for onward communication.

Details of the family:

Name of the deceased’s: Ms Bimla Bariha (35), Sibaprasad Bariha (3 year old male child), Gundru Bariha (one year old female child)

Head of household: Jhintu Bariha (42), husband of Bimla and father of Siba and Gundru

Name of the hamlet: Chabripali (in Buromal village of Bhanpur Panchayat under Khaprakhhol block of Balangir district)

House type: Kuchha

Land holding status: Nil

Occupation: casual/migrant labour (no regular earning)

Availability of ration / entitlement cards: No

(Jhintu Bariha is staying separately from his parents after his marriage, about eight years ago. His father is having a BPL card but Jhintu does not possess any entitlement card of his own, so he is not availing any benefits – PDS and others)

Brief profile of the village: Chabripali hamlet is part of Buromal revenue village inhabited by 70 households. It is around 90 kilometers away from District head quarters (Balangir) and 20 kms away from Block headquarters (Khaprakhol). Scheduled Tribes constitutes around 80 % of the total population. Most of the people are poor and agriculture and forest are the main source of source of their livelihood. Due to acute poverty, a good number of villagers, mostly from SC and ST communities have been migrating out in pursuit of livelihood every year.

Individuals interacted with:

Jhintu Bariha (aged about 42), husband of Bimla and father of Siba and Gundru

Champo Bariha (about 80), father of Jhintu Bariha

Minji Bariha, (aged about 70), mother of Jhintu Bariha

Jaibihari Bariha, local ward member

Chudamani Nag, Sarpanch and also with other villagers

Ms Rebati Meher, Anganwadi worker of Chabripali mini AWC

Dr. Meher the junior doctor present in Chabripali Mobile health unit

Chandramani Seth, BDO, Khaprakhol

Deben Pradhan, Sub-Divisional Magistrate, Patnagarh

Dr. Balaram Panigrahi, In-charge at the district hospital, Balangir

Sanjay Kumar Habada, Collector in charge Balangir district.

The Report

The child Siba Prasad Bariha (3) and the infant, Gundru Bariha (1) were said to be ill and succumbed to the illness one after another. Mother Bimala also died after two days of the death of her children. Jhintu Bariha and his son Ramprasad Bariha are the two surviving member of the nuclear family. During the visit, the team met his parents - Champi Bariha (80), father and Bimpi Bariha (70), mother. Who are living in a small hut with very meagre belonging. Their younger son Bhurshava Bariha also stays with the grandparents. Jhintu and his son were taken by the government authorities for treatment in Balangir hospital. During discussion, the old couple told that they have a BPL card bearing no: 52, by which they get 25 kilograms of rice @ Rs 50 per month. Mr. Champi Bariha is also a NOAP beneficiary and gets Rs 200 per month as old age pension. Though Ms. Bariha is entitled to receive old age pension, she has not got it yet. Champi Bariha says he used to beg when he was in good health but now is unable to go as he is not keeping well for last few months.

The team also interacted with the villagers of Chabripali after discussing with the old couple. All were of the opinion that Jhintu Bariha and his family had been suffering

from regular food deprivation, though there was difference of opinion about the cause of the death.

About Jhintu and his profession:

Jhintu Braiha has almost been regularly migrating out of state in search of livelihood for last some years-particularly after his marriage. Three years before when he was working in Madhya Pradesh in an agriculture farm as an agricultural labourer, he got an electric shock which partially damaged his left hand and left leg. As a result, he could not again go out to work but tried manage in the village, where he along with his wife used to do minor agricultural works here and there. But, as there was dearth of such work in and around, he had no option but to go out again. Last year, he along with his family migrated to work in the brick kilns of Andhra Pradesh after taking an advance of Rs 10,000 from a labour contractor. The advance money was to be used to repay his debts. Jhintu fell sick during the work in Andhra Pradesh so he was brought back to the village in June 2009. Whenever they are in village the family tries hard to gather adequate food for them but they hardly succeed. This time around, it was very difficult for Jhintu to work as he was too ill and Bimla also cannot go out full time for work as she had small Gundru (the one year old girl child) in her lap. As the whole family was suffering badly from gross inadequacy of income, the only help coming was the share of PDS rice from their old parents.

Food intake of the family:

Ramprasad (aged about 7), is the elder and the only surviving child of Jhintu Bariha. The team met him at the Balangir hospital and asked him about the food intake of the family. As per him he use to take *mudhi* (puffed rice) with black tea given by their grandparents, rice with either salt or with any wild spinach collected from the forest but when asked about the food at the night he started crying. When insisted he told that he used to sleep empty stomach in the night. Whenever he asked for food in the night the parents used to give him a glass of water to drink and used to ask him to sleep quietly. He told that he was at least not going empty in night while he was in Andhra as a migrant child.

The total food and monetary inflow to the family of five are¹:

1. 12 ½ kg of rice-half of the rice their old parents were getting under 25kg rice scheme under PDS
2. Some from the old age pension that Champi Bariha used to get
3. Some meagre occasional help from the community by way of begging from neighbourhood

The above description of food intake for the family of five may clearly give a picture of the severity of the vulnerable condition of the family. The inadequate food intake was taking heavy toll on the health of the whole family which in turn was reducing their ability to work to earn. They were therefore caught in the vicious cycle of poverty and starvation.

¹ This description is as per the version of the old parents of Jhintu-Champi and Bimpi. Jhintu, who team met in Balangir hospital, described in the same way

Ms Bimpi, the old mother of Jhintu, has still a clear way of describing the starved situation of the family. She says that when the small two children would cry out of hunger, they start sucking the breast of their mother with the hope that milk would come out and drive their hunger. But their hope would be dashed as nothing would come out. She emphasises “How can there be secretion of milk from the mother’s breast if the mother herself does not get enough food to eat?”

Champi and Bimpi clearly tells that the deaths are due to starvation, though the two children had fever at the time of death-but that is due to prolonged starvation and breakdown of the immunity system.

What doctor has to say:

The team met Dr. Balaram Panigrahi, the in-charge medical officer at the head quarter hospital Balangir. He said, both Jhintu and Ramprasad were suffering from loose motion and fever when admitted in the hospital. About the treatment he said that though Jhintu tested negative to malaria, but responded positively to anti-malaria doses; this is clinical malaria. Ramprasad was given a bottle of blood as he was identified anaemic, which is symptom of presence of splin-which is caused by malaria. So he also can be called to have clinical malaria. On the starvation aspect of the family, the doctor said that one has to visit the food history of the family to ascertain the prolong food deprivation if any.

A probable conspiracy:

The mobile health unit camping at the village from 10th September 2009 informed the team that they found one hundred and twenty two cases of malaria positive in the village and all of them have been administered anti-malaria doses. The population of the hamlet is 370. When enquired if there is any past record of malaria deaths in the hamlet in last two-three years, the doctor present replied in negative. By that time the team had already interacted with many villagers, many of whom were not observed to have any post-malarial weakness and were looking quite alright-this led to suspicion. One of the team members interacted with the villagers and was informed by a group of youth sitting in the village that only four five people had fever, but many villagers were asked to take anti malarial doses. Mr. Bideshi Meher (about 41), had no fever; but his blood was tested and he was administered malaria doses. After taking anti malarial pills, he fell ill. “The doctors told that malaria has spread and I should take these medicines. If I do not take these I will have malaria.” says Bideshi. After he felt uncomfortable taking the malaria doses, he decided to discontinue them and now he is well! He also showed the anti-malaria pills and doctor prescriptions to the said team member. Santosh Meher, a youth shared that same was the case with him, that he was also administered the malaria doses though he had no fever. But Santosh was not ready to cooperate to show his prescriptions and medicines.

It may be noted that the villagers were generally tight-lipped on the matter. Some people in the village (apparently those who have a good landed property and seem to be influential) attempted to eavesdrop the discussion of the team with the old parents of Jhintu and also tried to join. It is they who told to the team, during an informal small village meeting, that it’s a malaria death. The same people followed the movement of the team-understandably to keep track of the interaction of the team

with different stake-holders. They also followed, uninvited, while the team went to the village school where the mobile health unit was parked. All these forced one of the team members to find out way and have an independent interaction with some villagers. There is a feelings of the team that a conspiracy has been hatched by the administration to name this as a malaria related death, which otherwise is a clear case of starvation death case. In order to cover up, the doctors have administered malaria doses to many who did not have any fever. This may be the cause why the media initially reported it as a case of starvation death, but later it was reported as malaria one. However, further probe is needed to establish the truth behind this 'probable conspiracy'.

Action taken by the administration:

Though it acted very late but the Sarpanch gave the family 12.5 kilograms of rice under gratuitous relief (GR) on 9th September 2009. Another 32 families have also been provided with rice under GR facility by the Panchayat to prevent further hunger and starvation in the village. The medical officer from the mobile unit after getting the information visited Jhinktu's family and sent him and his son to the Patnagarh sub divisional medical hospital and subsequently they were shifted to the district head quarter hospital Balangir for further treatment.

The BDO of Khaprakhol, Mr. Chandramani Seth and the SDM Patnagarh Mr. Deben Pradhan visited the village on 11th September 2009. They sanctioned an IAY house to the deceased's family. The collector-in-charge of the district Mr. Sanjay Kumar Habada also visited the village on 13th of the month and handed over a cheque of Rs 10, 000 to the deceased's family under National Family Benefit Scheme. He also asked the BDO to sanction disability pension to Jhintu and an old age pension for Jhintu's mother-Bimpi under Madhubabu Pension Yojna (state pension scheme) on an urgent basis. The administration showed its helplessness in providing an Antodaya card to Jhintu's family as they are bound by the quota fixed by the state and centre.

Functioning of food related scheme:

The team tried to understand the functioning of food related scheme in the short span of time.

i. Public distribution system (PDS)

It was found that Jhintu Bariha, though poor and landless, is not covered under PDS. He is not a BPL Card holder. Since 1997, BPL list has not been updated in the state, not to talk of Jhintu's village. Though Jhintu has been staying separately since long but has not been covered under BPL. If we go by village statistics there are altogether 70 households out of which BPL – 29 household, AAY-8 household and 23 household have got APL cards. This shows that 20 households does not have any card. As per the BDO Khaprakhol the APL card has been allocated to the families whose name appears in the 1997 BPL survey. Others family have not been allocated any cards. As the state is yet to finalise the 2002 BPL survey many of the poor and needy family are deprived of any ration card.

ii. The Two-rupees per kg rice scheme:

It functions well in the village and all the families entitled to it are told to be getting its benefit, except 20 families. Therefore the family of Jhintu could not take any advantage of it.

iii. Integrated Child Development Services Scheme (ICDS):

There is a functional Anganwadi centre in the Buromal village and Chabripali was a tag village of the centre. Though it is only one kilometre away from the centre, it was reported that none of the beneficiary from the village have got a single grain from the centre. As Jhintu had two children under the age of six they were entitled to benefits of ICDS scheme but they never got a morsel of grain from the centre. The children would have got two kilograms of rice each which could have played a major role in preventing starvation of the family and other families with children and lactating mother and suffering from acute food deprivation. As per the villager the Anganwadi worker (AWW) never visits their village.

After report of starvation death, a mini Anganwadi centre has been approved for Chabripali hamlet. Ms. Rebati Meher from Chabripali hamlet has been appointed as the AWW for the centre. The centre runs in the house premises of the AWW. As per her the centre was started on 15th September 2009 and the centre has thirty eight (38) ICDS beneficiaries and 10 emergency feeding beneficiaries. The required ration has already been delivered to the centre.

iv. Mid day meal scheme:

There is a primary school in the Chabripali hamlet. As the children interacted the mid day meal is being provided regularly in the school. Hot cooked rice, dal and soya chunk curry is being provided as noon meal in the school. As per the children the elder child (Ramprasad) used to go to the school and take meal but he was not regular- as he often migrate out with his parents. The school was closed at the time of visit as the mobile health unit was camping in the school building so the school records could not be verified.

v. National maternity benefit scheme:

No mother is provided the benefits of the scheme though many of them delivering in the home. Most of the mothers were unaware about the scheme as well.

vi. Status of National Employment Guarantee Act

It is to be mentioned here that National Rural Employment Guarantee Act (NREGA) is being implemented in Bolangir since February, 2006. The mandate of the Act is to provide minimum 100 days of employment to each registered rural household. It was found that since last 8 months NREGA work has been stopped in the village. As per the people they would never opt for migration if they would get regular employment under NREGS. While interacting with the villagers, one Mr. Sira Hati was of the view that even if they get employment the wage payment is never on time which is discouraging them to work under NREGS.

Are these starvation deaths?

a. Champi and Bimpi Bariha (parents of Jhintu): The parents of Jhintu clearly say that as the family of Jhintu was taking grossly inadequate food for a very prolonged period, the deaths are due to starvation. Even though the children were ill and feverish just before their deaths, they succumbed to starvation. They assert “anybody who does not get proper food for a long time will naturally have feverish as the immune system collapses and the health gradually deteriorates leading to death. This is what exactly happened with the kids and their mother.” They add “Bimla almost stopped taking food after her children’s death. She took food after persuasion of the villagers and her relatives. She died after two days. But the fact is less than two days of fasting cannot take anybody’s life. She also was starving for a long time. Had Jhintu and Ramprasad not taken to hospital, they would also have died”

b. Jhintu Bariha: He says that they have been starving as they do not have adequate income for he is unable to work. The gradual starving condition led to the illness culminating in death.

c. Villagers: Some say its malaria related deaths and some say its starvation deaths

d. Administration: Both the Collector-in-charge and the BDO say they are malaria deaths. They have some reasons why these could not be starvation deaths. They are (a) he had borrowed rupees 1000 from the ward member recently (b) he had borrowed ration of about 1000 rupees from the grocer shop (c) and he had borrowed 4000 rupees from somebody else and finally (d) on 8th August, the old parents of Jhintu got their quota of 25 kg rice.

The administration intended to say that as Jhintu had borrowed so much of money and parents had also got the PDS rice just before the death of the women, they would have taken food and therefore its not a starvation death.

e. Team’s view: These are clear cases of starvation death. The food intake pattern suggests the family has been starving for months together and finally succumbed to illness and died as a result. So, chronic hunger and malnutrition coupled with fever led to the deaths.

The team in fact asked the Collector-in-Charge what he understands by starvation death. The Collector-in-Charge answered that if somebody does not get any food to eat for six or seven consecutive days and succumb to death due to that can be called starvation death.

Recommendations:

The Constitution of India ensures live with dignity to all its citizen as a fundamental right (Article 21). The Supreme Court of India has told it time and again that to ensure the fundamental right the state is bound to safe guard basic minimum requirement of a person. To protect someone’s life requires availability and accessibility of food to every person, on top of all. The States is to ensure that the citizens have easy access to foodstuff. Keeping it in view, the Govt. has launched several food security and wage employment programmes for the villagers.

The incidence of alleged starvation death can be termed as non-implementation/improper implementation of food security programmes and NREGA. It is also vitally concerned with the BPL fixing criteria and updating of the BPL list. Keeping it in view, the team recommends to the administration to take the following measures in order to save the poor from chronic hunger and starvation death.

1. The 2 rupees per KG rice scheme should be extended immediately to cover all the families, not limiting it to only the ration card holders.
2. Process should be initiated so that the poor and vulnerable people who are not covered under BPL category should be covered under APL category at the earliest. As already ordered by the honourable Supreme Court the state should expedite the distribution of Antodaya card to the six categories of families sighted by the Honourable court under its order on dated 2nd May 2002. The Antodaya list should be updated earliest possible and adequate steps must be taken to ensure that this is done with due delicacy to cover all the deserving families.
3. The ICDS centre should be functional in every habitation and quantity and quality need to be ensured while distributing food.
4. The pregnant women entitled for National Maternity Benefit Scheme should be provided with the benefit without fail.
5. NREGA is the best law to provide guaranteed wage employment to the poor. But it is not being properly implemented. The labourers are not getting their dues since months together. So, the administration should take steps to immediately ensure payment of pending wages to the labourers who worked in the past and start the NREGA works in the village afresh.
6. Primary Health Centres and Community Health Centres need to be revamped with allotment of more doctors and Para-medical staff to provide ready and adequate health service to the poor.
7. Last, but most importantly, an inquiry must be ordered by the government to be done by an independent high-powered committee to probe into this case, how a conspiracy has been hatched to suppress the failure of district administration on alleged starvation death. At the same time how the district administration deceptively administered 120 people with malaria doses with the intent to give it a name of malaria death.