

# Hidden hunger and silent deaths in Orissa, India

*India may be shining for some, but a vast section of the underprivileged still live in the dark ages, where hidden hunger and silent deaths are a grim reality. Amongst other indicators, malnutrition reflects the growing chasm between those who benefit from the process of liberalisation, privatisation and globalisation (LPG) and those who are on the periphery of the nation's consciousness.*

In view of meeting the Millennium Development Goals, one challenge is to halve the prevalence of underweight children by 2015 as a key indicator of progress towards the MDG. Consider some facts for India. About one-third of all pre-school children in the world who are malnourished as measured by being stunted and/or underweight [WHO: *Global Database on Child Growth and Malnutrition*, 2006] live in India. The 1998–99 Indian survey shows 57 percent of the children aged 0–3 years to be either severely or moderately stunted and/or underweight [Nandy et al.: *Poverty, Child Undernutrition and Morbidity: New Evidence from India*, 2005]. During 2006–2007, malnutrition contributed to seven million Indian children dying, nearly two million before the age of one. According to the National Family Health Survey 2005–06 (NFHS-3) 30 percent of newborn are of low birth weight, 56 percent of married women are anaemic and 79 percent of children age 6–35 months are anaemic.

One of the most dismaying examples of deaths occurring due to malnutrition and poor health in the recent past was in the state of Orissa in Eastern India. Between May and July 2007, in Simlipal Biosphere Reserve in



Photo: Sambandh

Mayurbhanj district of Orissa, 34 children died of severe malnutrition and subsequent infections. Fact finding teams sent by various organisations reported that the reasons for these deaths varied from malnutrition and poverty to inadequate public health services.

## Orissa: land of hidden hunger

Orissa – one of the richest states in India in terms of natural resources – is also the second economically poorest state. It accounts for nearly 20 percent of malnutrition deaths of the country, and has India's highest infant mortality rate at 69 per 1,000 live births in rural areas (against the all-India figure of 57 per 1,000 live births). Eighty-seven per-

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cent of Orissa's population live in rural areas with an annual per capita income of approximately USD 250. Over 60 percent of infant deaths occur at the neonatal stage in the first month of life. The maternal mortality rate in the state – 358 per 10,000 live births – is higher than the national level. Major causes of infant death are poor maternal health, low birth weight, malnutrition, infections and diseases such as diarrhoea and malaria. More than half of infant deaths are caused by major diseases such as malaria (67 percent), diarrhoea (61 percent), pneumonia (52 percent), and measles (45 percent)

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## A report from a village in Simlipal Park

It was around 2.30 pm when we reached Kumarbili village and observed that 15 people were mourning in front of the house of Sardar and Purgun Hembrum who had lost their child. Purgun Hembrum, the mother was not able to understand how suddenly her daughter passed away after one day of fever. She was standing calmly with two other children around her. The villagers contributed rice and sag (green leaf of drum stick) to feed this family in distress. We saw them eating boiled rice and green leaf which is their regular food. "We could not offer proper puja (worship) to our God for which this is happening to us," said Bang Sai, the village leader.

Source: Fact finding team report of Action Aid

This is despite the facts that Per Capita Income in the state rose by about ten percent in 2003–04, the entire state is covered by Government health infrastructure (Health Sub-centres, Primary Health Centres, Referral hospitals, District Head Quarter hospitals) and there is a network of well-trained paramedics and doctors at all levels.

### Poverty and lack of access to health services

It would be relevant to have a closer look into the specific example of malnutrition deaths that occurred in Simlipal National Park and to study remedial measures for avoiding such situations in the future.

The Simlipal National Park, around 270 kilometres from Bhubaneswar, is home to over a 100 tigers, an equal number of leopards, more than 500 elephants and was created as a Biosphere Reserve in 1994. It is the richest watershed in the state of Orissa, giving rise to many perennial riv-

ers. The area is closed to the public from June to November every year to protect wildlife, making life difficult for its human inhabitants, 74 percent of whom are tribals.

Inside the National Park, development is restricted and tribals have limited rights.

Most of these tribals live a life of bare sustenance. Agriculture, being rainfed, is not very productive and provides food only for three months in a year. Employment opportunities are very poor, making the people dependent on the forest produce for their food as well as their livelihood. About 67 percent of the population engage in casual labour while less than 20 percent cultivate land for subsistence. Sixty percent of households have a monthly income of Rupees (Rs) 500, while 32 percent earn Rs 250 a month to secure just about two square meals a day.

Health facilities are highly neglected in Simlipal. The nearest hospital at Jasipur is 28 kilometres away, and its distance from the villages increases as one moves deeper into the forest area. The district health service has provided an ambulance based in Gudugudia village which charges five rupees per kilometre to transport patients to the hospital. But in many cases, people are not able to afford that cost and take their patients by cycle or by walking. Communications are restricted – there is no telephone or mobile phone access to this area and the forest department uses its own VHF system for internal communications.

Located inside the sanctuary area, the villages of Gudgudia remain cut off from outside the world for more than four months. According to a study, the staple diet throughout the year is rice and salt, while vegetables and mushrooms, which are seasonal, are treated as luxury. Malaria is endemic in the area. Coupled with poor nutrition and a weak immune system, a bite from the deadly mosquito *P. falciparum* can prove fatal for children. During 2006, 21 deaths of children below five years were reported in and around Gudgudia, and the figure went up to 34 in 2007.

As of now, only two NGOs work in Simlipal, one of which is Sambandh. The organisations work under several constraints, such as lack of connectivity, transportation and limited entry rights inside the forest area. A local social watch group formed by Sambandh identified the following reasons for the deaths:

- lack of food and nutrition security leading to a high percentage of malnutrition;
- lack of transportation and infrastructure;
- high level of illiteracy and blind beliefs of the tribals;
- lack of adequate safe drinking water leading to communicable diseases;
- scattered, unsafe houses over the hills and forest area leading to difficulty in service delivery;

### Tribal medicinal beliefs

People inside this forest have their own way of pathological testing. Mr. Gurba Singh carries a bottle of kerosene and a piece of broken mud plate to perform this test for any one suffering. He puts some urine of the patient on the mud plate and adds one drop of kerosene on it. After a few seconds of observing the colour and movements of oil on its surface he tells the problem and solution. This is popularly called the "tel pani" (oil and water) test and people have deep faith in its efficacy.

Source: Action Aid fact finding team



Photo: Sambandh

People living in the Simlipal National Park are quite isolated from the outside world, with health and social facilities difficult to reach.



Photo: Sambandh

Women in the National Park are being trained in nutrition, health, hygiene and producing safe drinking water.

- lack of any weather communication;
- Traditional tribal treatment by “puja, guni-garedi” and “cheramuli” involving black magic, worshipping and other superstitious practices;
- High population growth due to poor acceptance of contraceptives.

## Way ahead

Keeping in view the high likelihood of a repeat of deaths in the coming years, Sambandh has launched a programme supported by Welthungerhilfe aiming at food and nutrition security, better health services and improved transport and communication systems to deal with emergency situations. The plan of activities for the forthcoming two years mainly includes:

- changes in health seeking behaviour amongst women and girls, especially on nutrition, health, hygiene and safe drinking water, through training programmes also involving traditional birth attendants and local healers, distributing Information Education Communication (IEC) material;
- meeting nutritional needs and emergency health services as required by production of fortified supplementary food, supply of seed kits for kitchen herbal gardens, etc.;
- food and nutrition security by taking up land development works, agro-horticulture, kitchen herbal

garden, changes in cropping pattern, grain banks and income generation programmes.

An interesting feature of the way the plan is implemented is involving people in Social Watch Groups. The idea of forming these groups came with the concept of localisation of the Millennium Development Goals (MDGs) through community monitoring of these goals. Members comprising media, Community Based Organisations (CBOs), local Government authorities and other members of the civil society track work of the local government authorities, influence policy-makers and mobilise the people to participate actively in local governance. In the case of the children falling ill in Simlipal, the Social Watch Group has started playing an active role in arranging medical care, interacting with the Health Department for providing necessary preventive and curative medicines and in spreading awareness amongst the people.

Simlipal deaths are only a manifestation of a larger malaise that afflicts rural India. The challenge before the country lies in halving the prevalence of underweight children by 2015 as a key indicator of progress towards the Millennium Development Goal (MDG) of eradicating extreme poverty and hunger.



Photo: Sambandh

## Zusammenfassung

Trotz deutlicher Verbesserungen im Gesundheitswesen seit der Unabhängigkeit und einer Wachstumsrate von 8 Prozent in den letzten Jahren ist Unterernährung in Indien ein stilles, aber immer noch ein sehr akutes Problem; fast 50 Prozent aller indischen Kinder sind untergewichtig und über 70 Prozent der Frauen und Kinder leiden unter Mangelkrankheiten wie Anämie. Der Artikel enthält ein Fallbeispiel für Fehlernährung aus dem Gebiet des Simlipal-Nationalparks in Indien. Die eingeschränkten Land- und Nutzungsrechte im Nationalpark zwingen die lokale Bevölkerung zu einem harten Leben ohne Infrastruktur und mit reiner Subsistenzlandwirtschaft. Malaria in Verbindung mit schlechter Ernährung verursacht in dieser Gegend eine hohe Kindersterblichkeit.

## Resumen

A pesar de sustanciales mejoras en la salud desde su independencia y una tasa de crecimiento de 8 por ciento en los últimos años, la desnutrición aún constituye una emergencia silenciosa en la India: casi el 50 por ciento de los niños adolece de bajo peso, y más del 70 por ciento de mujeres y niños padece de deficiencias nutricionales serias como anemia. El artículo describe un estudio de caso sobre desnutrición en el área en torno al Parque Nacional Simlipal en la India. Debido a las limitaciones en los derechos de propiedad y de uso dentro del parque nacional, la población – consistente sobre todo de grupos tribales – lleva una vida dura desprovista de las instalaciones básicas de infraestructura y basada en la agricultura de subsistencia. El paludismo, aunado al bajo nivel de nutrición, ha causado la muerte de un número considerable de niños de la zona.

Halving the prevalence of underweight children is a big challenge for India to meet the Millennium Development Goals.