

#### A Relevant Study for the children of Attapadi

Despite the attention from the State and Union Governments and announcements worth crores of rupees, the fact remains that no precise steps for improving the deplorable condition of the tribals living in Attapadi were taken, and the death of infants continue like a tragic unending story. In 2014, 22 infants and 37 unborn infants died for reasons which could have well been avoided.

The spoke-persons of the Government came forward claiming that the use of pesticides like Endosulphan and the consumption of alcohol by pregnant women were the reasons behind the increasing death of infants in Attapadi-cited perhaps to divert the attention from the fact that the basic reason for deaths were malnutrition and hide the laxity on part of the various departments of the government which had failed miserably in correcting the situation. Earlier the *aadivasis* had enough to eat, but when they lost their land owing to encroachments, the problem of malnutrition and other health problems associated with it took root.

Thampu is a people's movement which has been trying to scientifically study and bring to the attention of the public and the authorities the problems faced by the *aadivasis*. In 2013, under the backdrop of increasing death of children, a detailed report has been published by Thampu after subjecting children below 6 years and 132 mothers to detailed medical examination living in 42 *oorus* out of the 192 *oorus* of Attapadi. The study was conducted under the leadership of Dr. E. K. Sathyan, former Vice Principal and Pediatric Surgeon of Medical College, Alapuzha. All subjected to examination were found to be malnourished and in some children mental defects were also detected. The 2013 Thampu report was discussed widely across the state of Kerala.

As malnutrition and death of infant continues unabated, a study on malnutrition among 40 children from ages 0-1year belonging to six *oorus* from three panchayats was been conducted on 29th and 20th of November, 2014 under the leadership of Dr. Sathyan. The result of the survey made it clear that none of the schemes announced following the death of infants in 2013 were operational. It also revealed that ICDS centres and hospitals were not functioning effectively. Out of the 40 children examined, it was found that their weight and other health indicators were well below the national average.

The need of the hour is the sincere execution of the government schemes and constant check and review on operations of various departments connected with the health and well-being of the children of Attapadi. With this study, Thampu is putting forward certain concrete suggestions to successfully end this cycle of malnutrition that continues to plague the *aadivasis*. This model report of Thampu needs to be seriously considered by the Union and State Governments and all other concerned departments. I am very happy to congratulate the office bearers of Thampu and Dr. Sathyan and his team who conducted the study.

**Kottayam**

**1 January, 2015**

**Dr. IQBAL**

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A study conducted by Food Agriculture Organization (FAO) found that 130 crore tons of food items lay wasted in the last 5 years-the exact food quantity that the African continent requires for its survival. Today one of seven in the world goes to bed, hungry. Statistics reveal that every year 20,000 children below the age of 5 die of starvation and poverty.

India claims to have achieved financial growth of 7% but despite this high growth rate, poverty and inequality has also grown exponentially and social security, standard of life, security of labor has weakened by the day. Attappadi remains a silent testimony to this invisible but real exclusion. It is under these circumstances that Thampu decided to enquire and analyze into the reasons behind the genocide in Attappadi.

We express our gratitude to all like-minded people, who helped Thampu in this study. And we would also like to state our gratitude to Dr. Iqbal who proposed the guidelines for the study, Dr. E. K. Sathyanji who headed the study, Dr. Rajesh and John Roberts, Rayan Arivazhagan and Jinu Sam from Child Rights and You (CRY) who stood by us giving necessary guidance for the study.

### **Thampu Team**

## FOREWORD

India is home to one in three malnourished children in the world. The latest statistics from the National Family Health Survey (NFHS – III, 2006) established that close to fifty percent of India's children under five years of age continue to be chronically malnourished (or stunted) i.e. chronically malnourished, while forty three percent of these are underweight. These figures illustrate how far behind India continues to be in ensuring its young ones a fighting start to life. Across the world, maternal and child under – nutrition continues to be one of the major causes behind child deaths. Further, under-nutrition also causes irreversible damage in the growing years of childhood. It causes an adverse impact on the child's brain formation and development even while the child is in the womb, and continues to do so even in early childhood. Chronic malnourishment, or stunting, may be present as early as birth and sharply ascends upto the 20<sup>th</sup> month of age while wasting, wherein muscles and tissues are affected is visible even in the first month after birth. The underlying implication therefore is on the importance of maternal care during pregnancy as crucial for preventing the onset of child malnutrition.

Malnutrition is also strongly linked to poverty and exclusion status of families. The NFHS – III findings illustrate these linkages, with children from families with low standards of living being doubly affected by child malnutrition as compared to those from families with high standards of living. Further, the situation is even more extreme for children belonging to the most marginalized social groups. As compared to the general child population of under 3 years where thirty seven percent of children were found to be underweight, a significantly higher proportion of children from the Scheduled Castes and Scheduled Tribes households were underweight (52.2% of SC and 56.7% of ST children respectively).

The Attapadi block in Palakkad is the only tribal block area of Kerala, a state which is otherwise known for its excellent human development indicators. Yet, the tribal families in this region have been utterly neglected by the state, with children being affected as the worst. In the previous two years, much uproar was created over shocking numbers of child deaths from the tribal villages due to malnutrition. Independent investigations by reputed institutes, such as UNICEF, National Institute of Nutrition, and NHRC affirmed the reasons behind these deaths as due to non – availability of proper health care for pregnant women, lack of access to nutritious food, non – working Anganwadis, and extreme poverty scenario due to alienation of tribals from their land. Though a number of measures and huge packages were approved by the Centre and State governments following much uproar, the State Government in December 2014 admitted to a continuation of the scenario.

The study by Thampu, CRY's implementing partner is a grim reminder to the continuing apathy displayed by State towards the children of Attapadi. Despite the strong advocacy efforts by the organization at the State level, not much seems to have changed for the children in these tribal panchayats. The ICDS centres, the cornerstone for the Government's malnutrition programme are largely non – functioning, and the families, esp. pregnant mothers and children, do not have access to the supplementary grains as per their entitlement. The study also highlights the need to bring in the tribal perspective and orientation towards food rather than enforcing the standard uniform distribution of rice grains without keeping in mind the local context and preferences. Thampu's efforts have been crucial in highlighting the scenario in these

remote habitations. CRY sincerely thanks our Thampu Project Holder Mr Rajendra Prasad and his team for their exceptional efforts and continued advocacy on this critical issue.

Malnutrition continues to be a matter of shame for India and therefore an issue that needs urgent action by all concerned stakeholders. I am certain this study will, in addition to highlighting gaps and recommendations towards urgent action, also urge the state to focus all its efforts in tackling the underlying reasons behind continuation of this deeply saddening state of affairs.

**Komal Ganotra**

**Director, Policy & Research,  
Child Rights and You (CRY)**

***Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity - WHO***

The yardstick of how developed a society is generally based on the health and education of people. A fact revealed in the national family health survey is that one out of two new-born children in India is born low-weight/ is malnourished. Malnutrition among the children in our country is worse than that of some African countries. As far as children are concerned, the right to nutrition is their primary and natural right. The CAG report of 2012 says that 29% children below the age of 3 years are malnourished in Kerala. We need to approach the issue of child deaths in Kerala keeping in mind this disturbing statistic.

Today the situation in Attappadi is bleak. The government machinery seems perplexed and unable to meet the basic needs of a population of 30,460. It therefore is pertinent and imperative to ask why Kerala has failed in the welfare of the tribals! A simple temporary relief measure of medicines and food will do little to help the people of Attappadi escape their grim conditions caused by disease and hunger.

Attappadi had gained public attention because of the deaths of infants due to malnutrition/hunger in 2013; once again, it again falls under a dark shadow, owing to the deaths of children that continued in 2014 as well. Data upto 31<sup>st</sup> December 2014 reveals the death of 22 children (13 as per government statistics) and the death of 37 infants during pregnancy.

In 2013, 47 deaths of infants were reported from Attappadi and schemes amounting to Rs. 400 crore were announced by the Union as well as the State Government. Moreover, the three-tier panchayat set apart Rs.1.26 crore to eradicate malnutrition. But the present reality is that one third out of these remains mere announcements on paper. Records available with the State Legislature reveal that only 36% of the TSP had been utilized by the Agali Block Panchayat in the last year.

Under these circumstances, Thampu decided to conduct a clear study to understand and analyze the situation of the children of Attappadi. In all the studies conducted from 2003 till date the ratio of malnutrition among the marginalized population in India was 1 out of 3 at the start, today it has turned into 1 out of 2 which is a disgrace for a supposedly modern democratic society like India. Why were we not able to reduce the malnutrition given the data that was available? And this inability to address the issue of Malnutrition urgently should be a constant source of worry for us. With the knowledge of the grim realities around us, we present our study before the public.

**Rajendraprasad**

**President - Thampu**

**(Centre for Tribal Education Development and Research)**

## THE HISTORY OF ATTAPPADI

As per survey of 2011, the *aadivasi* population of Kerala is 4, 26,208. The population of Attappadi, an important tribal inhabitant area, in 2011 was 30460 (44%). The Adivasi sections like Irula, Muduka and Kurumba also live in Attappadi. Of these, Kurumbas belong to ancient *aadivasi* section. There are about 10,000 families in 192 *oorus* of the Western Ghat mountain ranges. The area of Attappadi, the first *aadivasi* block of Kerala, is around 745 sqkm. The *aadivasis* population remained excluded from the social and economic development growth story of Kerala. There are no dearth of laws that are meant to protect the tribal people, but on ground reports from *Adivasi* areas reveal that the those who are supposed to implement these laws instead constantly violate them. The continued death of infants in Attappadi is an unfortunate testimony to this.

Renowned thinker H.W. Bleacher observed that laws become relevant because rights are inherent with them. The laws meant for the protection of Adivasis (that were enacted before and after India's independence) remain laws on paper, never implemented, even as the adivasis get more marginalized and shrink to the mountain ranges of Kerala.

The *panchsheel* principles of Nehru were the basis of the policy approach post independence for the existence, survival and development of *aadivasis* who got secluded from the mainstream for historical and cultural reasons. When we examine the balance sheet of the last six decades, it can be observed that the real situation is a far cry away from those great principles.

Generations ago, *aadivasis* were the only natives of Attappadi. They farmed and consumed diverse foods which included 69 different *navadhanyas*, 60 types of leafy vegetables like *keera*, *paali*, *munne*, *chakkara*, *tav*, forest fruits like *julee*, *jaleel* and *pali* and honey from the like of small, large and kola honey bees and the rich fish property of Bhavani and Shiruvani rivers. The older generation certifies earlier they never faced disease or the death of infants.

Historical documents prove that immigration in Attappadi started after the 1940. When the Attappadi Tribal Development Block came into existence in 1962, 90.32% of the population consisted of *aadivasis* (as per 1951 census). But when the Tribal Block came into existence, various kinds of infrastructure facilities were provided in this area but none of these facilities benefited *aadivasis*, and resulted in large scale immigration to the area. Most of the immigration to Attappadi was between 1960's and 1980s. Immigrants were from various parts of Kerala as well as from the states of Tamil Nadu and Karnataka. As a result of it, *aadivasis* lost their land and many of the forest laws before and after independence took away the Adivasis right to land.

## POPULATION - ATTAPPADI

YEAR	TRIBALS	GENERAL SECTION
1951	10200	1100
1961	12972	8459
1971	16536	22647
1981	20659	41587
1991	24228	37805
1998	25447	34134
2001	28711	34131
2011	29059	--

Source: Development Document 2011, Agali Block Panchayat

As per survey conducted in 1982, out of the 16,151.14 acre land held by the *aadivasis* for farming purpose, 10,336.19 acre (64%) had come under the control of others. Around 955 TLA cases are still on for which trials still continue. In 1975 ITDP came into force and in 1976, under the Western Ghat Development Plan, the Attappadi Farming Co-operative Society started. The local self-governance bodies was given the responsibility of forming and implementing the Tribal Sub Plan (TSP) through decentralized planning as part of the 9th Five Year Plan in the State. The Oorukoottam law recognized in 2003 equivalent to Gramsabha became a mere onlooker in the *aadivasi* area.

Despite the continuous struggle for land for the last 20 years, the *aadivasis* have been unable to establish their right on the land lost to others. The Recovery of Lost Land Act of 1975 was not implemented in the State. Instead, a new law was enacted in 1999 for the distribution of land. In effect, the right of land did not become possible for the *aadivasis*. In 2006, the Forest Right Act was passed by the Parliament of India to undo the injustice done to *aadivasis*, but it has not been implemented in Kerala with clarity. In 2012, the Union Government asked the State to explain its failure in implementing the Forest Right Act. The factors that contributed in putting the survival of *aadivasis* in crisis includes the loss of land to others, the waning of the indigenous farming methods and the desertification of the area pushing the *aadivasis* to depend on Public Distribution System for survival.

## STUDY METHODOLOGY

Health has diverse levels- it is related to education, personal surroundings, nutritional food and clean water, etc. Human Development Report shows that while the rich are getting richer, the poor are getting poorer. The control of global production and trade are increasingly being taken over by multinational monopolies. Everybody knows that 90% of the resources are being used by a mere 10 % of the population.

Malnutrition and lack of immunity makes the *aadivasi* population easy prey to various epidemics. Most of the *aadivasis* are poor, illiterate and do not have purchasing power and are therefore unable to purchase medicines. They are also not able to utilize quality health security arrangements for themselves and their families. 99% of the *aadivasis* depend on the government for their healthcare needs. Infant Mortality Rate (IMR) among children (below the age of 5) and ratio of body weight among the *aadivasis* are much below the other marginalized sections. Government has to set apart a sizeable sum for the primary health of *aadivasis*. In countries like U.K., and Sri Lanka amount set apart for primary healthcare is 97% and 45.4% respectively of the total amount spent on healthcare. In India this is only less than 20 percent. With the aim of achieving health for all by the year 2000, WHO had tried to facilitate services as per intensity of the peoples' need by utilizing local methods with the co-operation of natives and with the help of associated sectors (education, agriculture etc). But that aim was not fulfilled.

The basic information for this study has been collected from 6 *oorus* comprising of 2 *oorus* each from those who have dense population of *Irula*, *Muduga* and *Kurumba* communities out of the 192 *oorus* of the Western Ghat mountain ranges spread over the Agali, Puthoor and Sholayoor Panchayats of Attappadi Adivasi Block. In the above said 6 *oorus* 10 infant deaths were reported in 2013 and 4 in 2014. 6 teams comprising of 3 social workers visited the *oorus* for ten days continuously and collected social background information and list of infants below one year. In these *oorus*, they collected detailed information about the *ooru* including social background by asking the *moopan*, *vandari*, *kuruthala*, *mannookkaran*, other social workers and discussed the problems faced by the *aadivasis* including infant death by calling meetings of the mothers in the *ooru* known as *tayaru othime*. It is recorded that there are 400 families belonging to *Mudugas* in the Chikkandi *ooru*, but there were only 5 children below the age of one year.

*Vellachi (50) wife of Keenan who participated the meeting of the mothers meeting known as thayaru othime on 18-11-2014 said; "The mothers of older days were very healthy. There was sufficient breast milk for the child. In our childhood the children were breast fed up to 3-4 years. Then we had good food. There was ragi, chama and shoppu (leafy vegetables)... but today they are not available. Because of it the mothers are unhealthy. The land has been gone. Along with it went away farming. Then how can we have health?"*



During 2013-14, in Mukkali Cholakkudu ooru 38 and 22 newborns/infants (under the age of one) died, which is precisely why children in the 0-1 yr age group were selected for this study. Out of the families of 40 children who took part in the nutritional food assessment survey, 30% had no ration card, a fact which shocked the team members. 25% families had BPL card and 45% families had AAY card.

On 29-11-2014, 40 infants (for various reasons 5 infants did not participated in the nutritional food observation camp) below the age of 1 year from the above said 6 oorus were subjected to detailed health assessment by a team under the leadership of Dr. Sathyan, the former Vice- principal and Head of the Pediatric Surgery Department, Allapuzha Medical College. The health observation of the child, the mother and the family were conducted with the help of a health statistics indicator containing a questionnaire of 68 questions framed by the doctor and his team. On 30-11-2014, the team visited 10 mothers of the infants who died during the year in their oorus and examined the available medical reports of the infants. The malnutrition report has been prepared in the light of the findings by Thampu (Centre for Tribal Education Development and Research).

## FINDINGS OF THE REPORT

In the light of the health assessment camp report conducted on 29th and 30th of November, 2014 under the leadership of Dr. E. K. Sathyanji, the observations and conclusions of Thampu is given below.

### ONE (IMMEDIATE REASONS)

1. The government failed to implement many of the schemes announced following the death of 47 infants in 2013. Many of the schemes did not see the light of the day.
2. The operation of the ICDS centers is ineffective. Though loud announcements were made in 2013 following the death of 47 infants, it had not been followed correctly. As the workload of the ICDS instructor increased, a situation exists now, where she is unable to spend more time at ICDS centers. There is no ICDS centre at Kattekkad *ooru* of Agali panchayat covered under the survey study. Children need to reach Chitoor Anganwadi after walking a distance of two kilometers. Out of the 10 children of that *ooru* only 2 went to the Anganwadi. The distribution of supplementary nutritional food is not prompt at many Anganwadis. CDPO ordered that tons of unedible food including rice be destroyed that were supposed to have been used in community kitchens.
3. The community kitchen scheme announced during last year is inherently against the Adivasi culture and viewpoint and can be only a temporary relief for the hungry.
4. People have to walk a distance of 3 to 4 kilometers to avail the services of Primary Health Centers in 50% of the *oorus*.
5. The Tribal Specialty Hospital in Attappadi is sensitive to the needs of the *aadivasis*. Most of the cases including deliveries are usually being referred to Hospitals at Palakkad, Kozhikode, Thrissur and Coimbatore away from Attappadi. So *aadivasis* hesitate to go to the hospital. There is no representation of *aadivasi* organizations in the Hospital Management Committee (HMC).
6. Clean drinking water is not available at Anganwadis, Schools, Primary Health Centers, Hospitals and *oorus*. No toilet facility is available at 66 Anganwadi centers. Potable water facility is not available in more than 100 Anganwadis.
7. Attappadi is an important example to show that the survival of people is impossible simply by eating rice. There was possibility of regaining health to some extent had *navadhanays* (the nine cereals) and cereals like Bengal gram, green gram and lentils been distributed through Public Distribution System.
8. Studies conducted by the government itself confirm that 87% of the adolescent girls are malnourished. The shortcomings in the distribution of supplementary nutrition should be rectified.
9. The Nutrition Rehabilitation Centre (NRC) announced in 2013 has not been functioning efficiently. Records certify that out of 238 children admitted to NRC up to 31 October 2014, only 38 had returned to normalcy. 83 children still remained in Severely Acute Malnourished condition. The children who came back to the *oorus* after gaining normalcy were to be handled by the ICDS centres. The supervision of their nutrition distribution is to be done under by ICDS, but is not being done correctly. The NRC needs to be intrinsic and made permanent system under the Health Department.

10. The Janani Janmaraksha, IndiraGandhi Matrusahayog Yojana schemes announced in 2013 for pregnant women were not implemented correctly. The scheme to grant Rs. 1000 per month to sickle cell patients was also stopped after a few months.

## TWO (HISTORICAL REASONS)

1. In 1962, Attappadi Tribal Block came into existence. In 1975 ITDP came into being and the Attappadi Farming Co-operative Society was started as part of Western Ghat Development Project in 1976. By the Ninth Five Year Plan the Tribal Sub Plan (TSP) through local bodies was implemented. Various government schemes and development transformed *aadivasis* from self dependence to dependence on others. As per statistics of 1982, it is revealed that 64% of the agricultural land held by *aadivasis* of Attappadi had been occupied by others.
2. The destruction of the ecology of Attappadi has destroyed the lives for the natives. They faced loss of forest produce and the system of farming in the forest at alternate locations. Furthermore, the desertification of Attappadi completely destroyed their living conditions. *Aadivasis* who depended on rains for farming said goodbye to agriculture. The loss of land to others and the destruction of agriculture system made them daily laborers. This is the present day reality.
3. The traditional *ooru kootams* became weakened and instead of gramsabhas in the *aadivasi oorus* the *oorukootams* imagined by the government in 2003 made them on lookers so the *aadivasi* welfare activities were sabotaged.
4. Attappadi failed in implementing the Forest Rights Act passed by the Union Government in 2006. Neither social rights nor development rights have been given to any tribal in any part of Attappadi. A few acres of land as per personal right have been made available, but it is not useful for farming. As social rights and development rights were not provided, Sub Center, Anganwadi, School, Ration Shops etc could not be opened among the *Kurumbas*, the ancient tribe population. 4 infant deaths in and 3 deaths in 2014 have been reported from the *Kurumba* area.

## CONCLUSIONS

### **The unabridged Report of Health Assessment Study conducted under the leadership of Dr. E. K. Sathyan**

Following are the conclusions on the basis of Health Assessment Camp held on 29th and 30th of November, 2014 and the visits to the oorus as per the request of Thampu (Centre for Tribal Education Development & Research), an organization functioning for the welfare of tribal children in Kerala. 40 infants living in 6 oorus from those selected from the 3 panchayats in the adivasi areas of Attappadi were examined and an enquiry was made the living conditions of their mothers based on a prepared questionnaire. A visit the oorus of about 10 infants who died in 2014 and interviews with the mothers of these infants coupled with the detailed examination of the hospital records form the basis of this Health Assessment Report.

### **MALNUTRITION IN MORE THAN 80% INFANTS**

Of the 40 infants examined, the majority, barring a few, had birth weight (as well as current body weight) that was far below the national average. The weight, circumference of the head of the infants were recorded and measured and other physical examinations were conducted. The mental and intellectual abilities of the infants were also observed. Deficiency in growth/ malnutrition can be easily observed. The mothers' breastfeed their children up to two years and some said that they give ragi to their infants from 4-6 months onwards some said that they feed the children *amrutham* powder. All the children had been vaccinated and it was observed that the mothers took care of their children irrespective of their harsh economic and social realities.

### **THE MAIN REASON IS POVERTY AND HUNGER**

Breast milk is a balanced diet and can prevent diseases like dysentery and diarrhea and provides essential fatty acid elements which are essential for the growth of brain of an infant. For a child bred on breastfeeding, the chance of any physical, mental or intellectual deficiency is dim. Children born sans any acquired diseases or any serious disease at the time of birth, cans survive on a diet consisting of a thick mixture of ragi as well as other home cooked food along with breastfeeding up to one year. Except for one child, no other child was found suffering from birth defects or other disabilities. More than 80% of the 40 infants examined in the course of the study were found to be having weight lower than the average as prescribed by WHO. This indicates that because of the poor health among mothers, the availability of breast milk also reduces.

The high death rate of new born infants of 2013 in Attappadi continues in 2014. 22 infants died in 2014. The conclusions were made after visiting the homes of 50% of the mothers who lost their children and interviewing them and examining the hospital records that were available with them.

The results are as follows:

### **POVERTY IS THE REASON FOR THE LOW HEMOGLOBIN CONTENT**

99% of the mothers who were examined /assessed were above 20 years. 20% of them were above 35 years. In the case of 30% of mothers, it was their first pregnancy. One of them belonged to AB- blood group. 60% of the mothers had conceived more than once. In the case of 40% mothers, either pregnancy was aborted or the child died. 70% of them had delivered before completion of the full pregnancy period. In the case of 80% infants, they weighed between 1250 - 1900 g or lesser. The hemoglobin level of 80 percent mothers was less than ten (5.5, 6, 7, 8.5, 9). For the fetus, the first three months are the most critical period in its growth. If the hemoglobin level of a pregnant woman is 6 or 7 during this period, then it can affect the health of the child and chances of abortion or death due to premature delivery or delivery with incomplete or completed pregnancy with growth deficiencies are high.

It was found that some mothers underwent blood transfusion at the hospitals. One of them had pregnancy related blood pressure and 30% underwent cesarean surgery. Out of the children 70% lived a few days after birth and 30% were still-born. It was revealed that all the mothers were examined during pregnancy and were taking vaccinations and iron and folic acid tablets. 30% had availed the services of a private hospital (in the Tamil Nadu border) and the Medical College Hospital at Coimbatore at certain stages of pregnancy. None of them were found to have suffering from any particular disease, diabetes, blood pressure, sickle cell anemia or other serious illnesses. So it can be deduced from the above stated details was that the main reason for giving birth to children prematurely and death of the newborns and delivery of the stillborns and abortion of pregnancy remains malnourishment and anemia among the mothers.

### **CHALLENGE POSED BY MALNUTRITION**

The right kind of nourishment required for a pregnant woman is critical from the time of conception to the next 9 months, but it is clear that this excluded and marginalized section in Attappadi could not afford to or access this kind of nourishment. Even in the case of those pregnant women who were taking iron and folic acid tablets, the hemoglobin levels were found to be very low. It can be clearly said that their low weight during pregnancy was because of lack of right kind of food (nutrition). The studies conducted by various organizations in India among children and mothers since the year 2000 had concluded that the reason behind the increased infant deaths was malnutrition.

## LAND AND FARMING ARE THE BASIS OF SURVIVAL

There is an urgent need to find a solution for the survival and livelihood problem faced by the adivasis. Along with the temporary relief solution, permanent solutions need to be chalked out, to ensure that the adivasis can lead healthy, secure and independent life. Adivasis are the children of forest, the streams and of nature and have for long been seen as the protectors of the forest and the living natural systems. The public at large along with the government need to ensure that they fulfill the promises they that were made last year and provide the tribals what is rightfully theirs. If a permanent solution needs to be drawn then the tribals needs to be made part of the decision making process and their views should also be taken into account, only then can they truly survive and thrive.

## SUGGESTIONS FOR THE STATE GOVERNMENT

Following the deaths of 69 infants in Attappadi area during the period of 2012-13, schemes worth Rs. 400 crores were declared with the intervention of Central and State Governments. While the stepping in of the Central and State Governments last year was a welcome step, here are a few suggestions that need the urgent attention of the State government.

- Include representatives of *adivasi* organizations in the monitoring committees.
- Provide financial help to the families of the dead infants in Attappadi and also provide job and cultivable land.
- *Oorukoottams* (2003) should come under the leadership of *Moopan, Vandari* and *Kuruthala*.
- The utilization of the funds for welfare and development activities should be through *oorukoottams*, forest right *oorukoottams* and *ooru* development committees.
- Take steps to resolve the land problems faced by the *adivasis* of Attappadi including alienation from their land holdings.
- Form a policy of agriculture development based on land for the adivasis because farming is their inherent ancestral culture.
- Provide employment to at least one person in all the families of Attappadi.
- Implement the Forest Right Act and bring all the oorus in Attappadi under this Act.
- Take immediate steps to provide social rights as envisaged in the Forest Right Act.
- Declare Attappadi as a Tribal Taluka and bring PESSA into force.
- Upgrade the Tribal Specialty Hospital at Kottathara as a Medical College
- Facilitate national auditing

## ANGANWADIS (ICDS)

1. Drinking water facility is not available at 130 Anganwadis. Take immediate steps to provide the same. 32 Anganwadis are in dire need of repairs, immediate steps need to be undertaken to get the same done.
2. Of the 174 Anganwadis, 66 are without toilet facility. Sanction toilets for the anganwadis under a special package.
3. 99% of the Anganwadis had no toys for the children, ensure the same is provided.
4. Out of the 174 Anganwadis, only 9 had child friendly toilets, ensure the other anganwadis had similar such toilets.
5. A total of 174 Anganwadis are in existence in Attappadi, there is a need to sanction specific land and buildings for these Anganwadis which presently function from rented buildings.
6. Put the model Anganwadis announced by the Government in 2013 in practice immediately. Activate the Welfare Committees in the existing Anganwadis and ensure there is proper distribution of supplementary nutritional food (milk, egg, fruits) in all the Anganwadis without fail.
7. Take steps to distribute nutritional food to adolescent girls promptly without fail.
8. Take steps to provide the benefits under schemes like Janani Janmaraksha, Indira Gandhi Matrusahayog Yojana etc promptly.

## HEALTH (PHC)

9. Take steps to provide financial help to the guardian who attends to the child admitted in N.R.C. (Once the child is admitted in the N.R.C., the parents are unable to go to work, because of that those who reside in oorus are reluctant to go the N.R.C.)
10. Take steps to establish Mini Health Centers at Vellakulam, Abbannoor, Lower Bhoothayar.
11. Include *Adivasi moopans* and representatives of *adivasi* organizations in the Hospital Management Committee of Kottathara Tribal Specialty Hospital.
12. Take steps to distribute the financial help to those suffering from sickle cell anemia and provide for special food package to those suffering from anemia and sickle cell anemia.
13. Upgrade the Tribal Specialty Hospital to a full-fledged Medical College.
14. Conduct Medical Camps at oorus including Veettikund(from where dysentery was reported). Solve the problem of shortage of potable water in those oorus.

## PUBLIC DISTRIBUTION SYSTEM

15. Sanction should be accorded for ration shops at Aanavayi and Lower Bhootayar and make possible the distribution of ration as per convenience of the card holders (that is, either as 35 kg for the whole month or in parts).
16. Make available 5 liters of kerosene to families deprived of electricity.

17. Make possible the distribution of nutritious cereals to families having children or adolescent girls through the ration shops.
18. Start mobile ration shops and avail the co-operation of *aadivasi* voluntary organizations for the same.
19. Convert the BPL card of all the *aadivasi* families to AAY cards.

## INFRASTRUCTURE DEVELOPMENT

20. Take steps to provide financial help, employment and land to the families whose infants died.
21. Include all the *oorus* in Attappadi under the cover of Forest Rights Act. Implement infrastructure development in the land available under F.R.A with the help of N.R.E.G.A., and various other departments. Provide facilities including pump sets. Utilize the amount meant for *aadivasi* development and welfare schemes through *oorukootams* and forest right *oorukootams*.
22. Distribute the land holding rights in the *oorus* including Veettikund (which at present is held up). Implement steps to provide social rights as per F.R.A. in the ancient tribe areas.
23. Take steps to provide clean drinking water in all the *oorus* and ensure irrigation facilities for making development of agriculture a true possibility.
24. Implement schemes to make available drinking water even in summer on a permanent basis in the areas of ancient tribes like Upper Bhootayar, Thadikkundu, Pazhayoor, Gondiyarkkandi and Ooradam and other *oorus* like Doddukatti, Vallavatti, Kulappadi, Paloor Dhanyam, Padavayal, Veettikundu, Keeripathi, Thailappdi, Puliyappathi and Vellakulam.
25. Speed up the T.L.A. land cases and find a solution to the land problems of the *aadivasis*.
26. Measure and mark boundary lines of the *Ooru* land and funeral land and provide possession documents.
27. Increase the days of employment under N.R.E.G.A. Allow corpus funds so that wages can be distributed on a weekly basis.
28. Take steps to implement the Kurumba package on a time bound manner. Open the Mukkali - Aanavayi road immediately.
29. Allow free electric connection in the *oorus* of Attappadi.

## EDUCATION

30. Sanction primary schools instead of 23 M.G.L.Cs in Attappadi. The teachers working there should be provided facility to continue their studies and their employment should be protected.
31. Start M.R.S. (Boys) and Sports school.
32. Restart counseling facilities in the hostels.
33. Stop collecting P.T.A. fund from the *aadivasi* students.
34. Make arrangements for the continuation of studies to those who could not get admission for plus one and prevent drop-outs.
35. Take steps to observe children who are studying outside Attappadi.
36. Provide social auditing and observation committees for developmental welfare activities as per special package and ensure representation of *aadivasis* in them.



## FOR THE CENTRAL GOVERNMENT

- Increase the ICDS fund share per child to Rs 10.
- Implement the instructions given by the Prime Minister's Office to the State Government in 2013 following the death of infants.
- Increase the share for Primary Health Care.
- Implement the Forest Rights Act of 2006 in a time bound manner and make possible social rights and development rights among the ancient tribal areas.
- Sanction the Agriculture package of the centre based on farming development and implement the package through ooru kootams/forest right ooru kootams/ ooru development committees.
- Sanction special share in the Budget taking into consideration the special circumstances of Attappadi tribal area.
- Bring the adivasi areas under the limits of PESSA Act so that the social, economic and cultural heritage of the tribals.

## STATEMENTS BY THE RESIDENTS OF THE OORUS

*"The mothers of older days were very healthy. There was sufficient breast milk for the child. On our childhood the children were used to get breast feeding up to 3-4 years. Then we have opportunity to eat good food. There was ragi, chama and shoppu (leafy vegetables)... but today they are not available. Because of it the mothers are unhealthy. The land has been gone. Along with it went away farming. Then how can we have health?"-Vellachi w/o Keenan, Chikkandi Ooru*

*"The reason for the death of the infants of including me is not the habit of alcoholism. The land which we cultivated has been taken away by others. There is no facility of water to farm the land which is left with us. Our only source of income is the labor we get at times."- Sindhu, Cheerakkaduavu Ooru*