

(277) *महाराष्ट्र* *सर्वोच्च न्यायालय*  
**THE TRUTH  
ABOUT  
MALNUTRITION  
CHILD DEATHS**

*महाराष्ट्र राज्य*  
*सर्वोच्च न्यायालय*  
**165**

VOLUME 3

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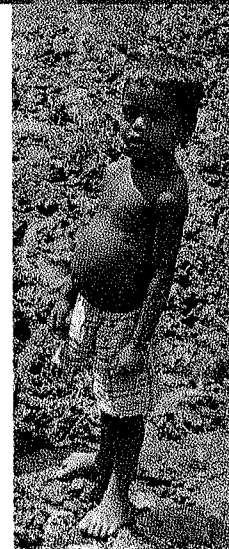
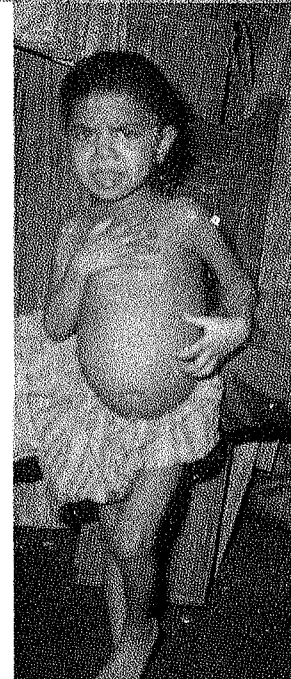
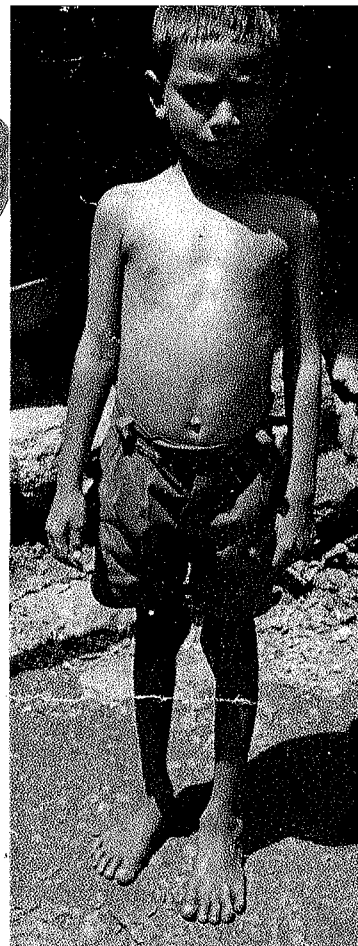
*This is the third report on malnutrition related deaths. The first two were published on 6.5.2002 and 17.9.2002. The Government contends that no deaths have resulted from malnutrition but presents no evidence or reasoning to support its unfounded "opinion".*

*So now we analyse more evidence. Verbal autopsies; the malfunctioning of the Employment Guarantee Scheme; comparison of death rates; the nutritional status of siblings and mothers of the deceased children etc. have been considered.*

*The Government denial is unconstitutional because it violates equality before the law (Article 14) and serves to protect the officials / politicians from legal punishment who have been corrupt in implementing schemes relevant to reducing malnutrition and poverty. ♣ ♣*

*The denial also destroys equal protection of the law for those who have been deprived of scheme benefits through corruption or non-implementation in spite of fund availability.*

*The denial also means that the gravity and shame will remain unrecognized and the required priority and funding will not be forthcoming.*



**♣ ♣ FIX RESPONSIBILITY**

**REPORTS PUBLISHED DURING 2002**

1. **MALNUTRITION RELATED DEATHS OF TRIBAL CHILDREN**  
Published on 6/5/2002.
2. **RESETTLEMENT OF TRIBAL FAMILIES DISPLACED BY IRRIGATION PROJECTS**  
Published on 27/5/2002.
3. **SCHEME FOR FINANCIAL ASSISTANCE TO PREGNANT TRIBAL WOMEN**  
Published on 25/6/2002.
4. **DYING CHILDREN**  
Published on 17/9/2002.
5. **POLITICIANS CONTROLLING AIDED ASHRAM SCHOOLS**  
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6. **STEALING FROM THE POOR – Watershed Development works**  
Published on 8/11/2002.
7. **LAND, FIREWOOD AND BUREAUCRATIC PREDATORS**  
Published on 22/10//2002
8. **BROKEN DAMS**  
Published on 21/11/2002
9. **SCHEMES FOR INCOME GENERATION AND DISTRIBUTION OF AGRICULTURAL INPUTS**  
Published on 22/11/2002
10. **THE TRUTH ABOUT MALNUTRITION CHILD DEATHS**  
Vol. 3, Published on 25/11/2002
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Published on 26/11/2002

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**AN INVESTIGATION INTO THE CAUSE OF TRIBAL CHILD DEATHS  
IN WADA TAHSIL OF THANE DISTRICT**

Volume -3

**INTRODUCTION-I - BACKGROUND - TWO PREVIOUS DEATH REPORTS-**

**DENIAL OF MALNUTRITION DEATHS BY GOVERNMENT**

The word malnutrition has acquired a political dimension in the context of child deaths in tribal areas. While social workers, doctors and the media relate deaths to malnutrition, in the tribal areas of Nandurbar and Thane, the Government publicly announces that no deaths were caused by malnutrition. (Please see the statements of the Chief Minister and Chief Secretary in the press and the show cause notice served on the Commissioner of this Research Institute, at the end of this section. The notice specifically states that no death was caused by malnutrition.)

This is the third report on malnutrition related deaths. The first two were published on 6.5.2002 and 17.9.2002 relating to Nandurbar and Thane districts of Maharashtra. For both reports medical experts were consulted. Anthropometric measurements of the siblings of the deceased children were taken to ascertain the nutritional status.

The results were as follows:

Reports	Malnutrition rate in siblings of deceased children	Number of siblings measured
First Death Report	76.5 %	136
Second Death Report	92%	27

It was concluded, on the basis of the status of the siblings, that the deceased children must also have been malnourished in the same proportion. (In this third death report the actual weight for age of deceased children has been considered).

In the first report the symptoms of the 158 deceased children surveyed were ascertained from the parents in order to eliminate causes of death like snake bite, accident, etc. The remaining deaths on the basis of symptoms were related to malnutrition.

There were complaints of deaths being unreported so the Institute sampled 6 villages on this point. This revealed that in the 6 villages, 57% of child deaths had not been reported by the government functionaries.

The Chief Secretary of Maharashtra had earlier given a statement in the press on malnutrition deaths stating that there was adequate foodgrain in the government fair price shops. However, the second report revealed that almost 50% of the staple rice

quota was not lifted for 6 months by the families that sustained deaths of children in Thane district. It was obvious that the access to food was poor and the government claim that food was adequate was false.

It was also pointed in the second report that the cause of death as revealed by the Government doctor of Khaneevali Primary Health Centre did not rule out malnutrition in respect of the 26 deaths surveyed. The government doctor had evaded the 'sensitive' issue and stated in writing that 84% of the deaths were caused by cardio-respiratory failure. Therefore this death diagnosis says nothing and certainly does not support the Government stand that deaths were not related to malnutrition. Cardio-respiratory failure is a terminal event brought about by other factors such as infection/disease (sepsis, dehydration, electrolyte imbalance, pneumonia etc.) Cardio-respiratory failure does not mean that the death was not the result of malnutrition. The associated causes of death should have been mentioned by the doctor as prescribed in the form regarding certification of the cause of death. Malnutrition is the causal factor that lowers immunity which leads to fatal illnesses (acute respiratory infection or A.R.I., gastro-enteritis etc., as mentioned above) which in turn lead to death.

The Government denies that deaths resulted from malnutrition but presents no evidence or reasoning to support its unfounded "opinion".

Therefore more evidence has been analysed in this report. Verbal autopsies have been done; the malfunctioning of the Employment Guarantee Scheme is described; age specific death rates in villages with child deaths have been compared with the general death rate; malnutrition rates have similarly been compared; the nutritional status of siblings and mothers of the deceased children has been ascertained etc.

The denial of malnutrition deaths by the Government is misleading and unconstitutional.

The denial is unconstitutional because it violates the Directive Principles of State Policy embodied in Articles 38, 39 and 47 which speak of social justice, minimizing inequalities, creating adequate means of livelihood, giving children facilities 'to develop in a healthy manner,' eradicating malnutrition, etc. Because the Government is not recognizing the fatal consequences of malnutrition, the problem will not receive the funding and priority it merits.

It is unconstitutional also because Article 14 has been violated by the Government denial, which serves to protect the officials/politicians from legal punishment who have been corrupt in implementing schemes relevant to reducing malnutrition and poverty. Protecting offenders destroys equality before the law and violates Article 14. Article 14 is again violated when the beneficiaries of government schemes are cheated because it destroys the equal protection before the law guaranteed by that Article.

The corruption in some of the tribal sub-plan schemes surveyed by this institute in 2002 is indicated below:

Sr. No.	Scheme surveyed	Percentage of corruption
1	Distribution of financial assistance to pregnant tribal women	25%
2	Watershed development work – terracing work	61%
3	Watershed development work – bogus bunds	32%
4	Watershed development work – short payment to labour	62%
5	Construction of small dams (Kolhapur type)	42%
6	Distribution of agricultural inputs (bribes for subsidy)	12%
7	Distribution of tiles and wood for roofing	47%

The percentage of corruption indicated above does not include wastage of public funds in poorly implemented schemes. The figures given above are not representative of the full scale of corruption and are bound to be on the lower side because no one, especially from the more vulnerable sections, would dare to expose the system/officials who distribute benefits and employment.

#### INTRODUCTION-II - EMPLOYMENT GUARANTEE SCHEME

The relevant schemes to address malnutrition deaths would be those related to public health, employment generation (Employment Guarantee Scheme) and the distribution of food grains to the poor through the Fair Price Shops sanctioned and monitored/controlled by the Government. Employment generation for the poor is necessary to enable them to earn wages with which they could purchase food from the Fair Price Shops. The Government has stated that food grain was available even though the poor people and those families which had sustained child deaths had no cash to purchase the grain from the fair price shops.

The EGS is an essential scheme to sustain poor rural households. However the implementation of the scheme has involved large scale corruption. For the implementing agencies//departments the scheme is also tedious to execute because musters have to be maintained, measurements of work done by individuals or groups of

labourers have to be recorded frequently, wages have to be calculated and paid every week or ten days, scattered works have to be supervised, weekly musters submitted for drawing funds, payments have to be made on site etc. Since EGS wages tend to keep agricultural wages at a higher level, the better placed land owning families resist the demand to start EGS works. The local institutions like the gram panchayat are usually dominated by this class and Government functionaries interact with these institutions when they visit the village or take decisions regarding the village. Government agencies do not therefore visit villages to ascertain if demand for work exists. They prefer to wait for applications for work to come from labourers. These applications do not come from the poorer, illiterate areas as the people are not aware of their rights and the obligation of the Government to provide employment under the law. These facts are well known. This survey once again confirms them.

EGS funds were improperly used by not providing employment in areas where poverty prevailed and people needed employment. It is true that the Act provides that persons needing employment should approach the administration for work. However in view of the high illiteracy levels in the country it becomes necessary for the administration to create awareness amongst the poor regarding the law and for officials to visit the poorer areas/villages with high malnutrition rates to enquire if the people required work and to discuss with the people the type of work preferred, the location of suitable sites, the availability of labour etc. For example, feasible sites for nalla bunding or small irrigation dams could be identified in consultation with the local farmers/families. No such efforts were made by the administration.

And hence the funds for the EGS were not used by the Government according to the law governing the use of these funds and the objectives of the scheme were defeated. The Government has often announced that there is no shortage of funds for this high priority scheme. But the announcements are of no use if the scheme is not implemented and the people are too illiterate or not empowered to demand the benefits of the scheme. Hence by not using these funds as intended by law the Government and the concerned officials have committed breach of trust. The Government is the custodian of public funds and is bound to use them in accordance with the terms and conditions of the scheme determined by the legislature.

#### FINDINGS-I - MALNUTRITION DEATHS

1. Five villages were taken for survey in which child deaths have occurred during the period 1st September 2001 to 31st August 2002. It was found that the child death rate in these villages was far higher than the child death rate for Maharashtra. The child death rates in the sample five villages and in Maharashtra was 40.3 and 12.7 respectively. Thus the child death rate in the sampled villages was more than 3 times than the child death rates in Maharashtra.
2. Similarly the malnutrition rate of children under 5 was 90.2 percent in the five sample villages and 54 % for tribal Maharashtra. (The figure for the whole of Maharashtra would be less than 54 %). Thus the malnutrition rate of the sampled villages was more than one and a half times the rate for tribal Maharashtra.

3. The figures of death rates and malnutrition rates in the sampled villages and in Maharashtra are indicated in the table below:

Comparision of Death and Malnutrition rates in sampled villages and in Maharashtra

Population Category	Death rate under 5 years	Malnutrition rate under 5 years
Sample of 5 villages where child deaths had occurred	40.34	90.2 %
Death rate of children for Maharashtra	12.7	About 50 %

- Note:
1. Out of 347 children under 5 years in 5 villages, anthropometric measurements were taken of 164 children to ascertain nutritional status. 148 were found malnourished (Table No.2)
  2. The death rate was calculated in terms of death per thousand on the basis of 347 children and 14 deaths in the 5 villages ( $14/347 \times 1000 = 40.34$ ) {Table 21-A}
  3. Sample Registration System Statistical Report 1998 of Registrar General, India

4. It is therefore evident that the far higher child death rate in the sampled villages is related to the far higher the malnutrition rate in these villages.

5. Six verbal autopsies were recorded based upon interviews with the parents of the deceased children. A copy of the questionnaire used is attached as Annexure 2. These autopsies have been interpreted by Dr.Dhairyasheel B. Shirole, (Paediatrician). He has stated that "the deaths of the children mentioned in the study is clearly related to the malnutrition and its effect on the immune system of the children." Dr.Shirole's report is attached at Annexure-1.

6. The nutritional status of six siblings of the deceased children in 5 villages was recorded which showed that 67 % were malnourished. (Table No.4)

7. Similarly the nutritional status of mothers of the deceased children in 5 villages was recorded which showed that 100% of the mother's were malnourished. (Table No.5)

8. In the 5 villages the number of malnourished adults was 77 %. [Height, weight and age of all adults were recorded to calculate Body Mass Index. (Table No.17)]

9. In the 5 villages the number of malnourished female adults was 74%. [BMI for all adult females was calculated (Table No.18)]

10. In the 5 villages out of 14 child deaths during 1.9.2001 to 31.8.2002, 6 cases were taken for recording verbal autopsies and ascertaining nutritional status. All 6 deceased children were found to be malnourished (Table No.20) (The interpretation of the autopsies has been stated above)



11. The calorie intake of these 6 deceased children was 1/3rd of the expected norm. (Table No.22)

### FINDINGS-II - EMPLOYMENT GUARANTEE SCHEME

12. The survey showed that families in five villages needed work. Most of the persons stated that they required work for 12 months. However no work was started in the village. (Table No.28)

13. The villagers confirmed that there were sites for starting road works, nalla bunding works etc. in the village.

14. They also confirmed that if work was started many persons would come to work. Some respondents stated that all the adult labourers in the village would be available. (Table No.31) This question was asked because one of the reasons given by Government agencies for not starting works is that there was no demand for work or that labour was not available.

15. They were unaware of the Employment Guarantee Scheme and had approached no government official to start works in the village. (Table No.29)

16. During 6 months of the year the 11 surveyed families worked as agricultural labourers mostly for non-tribal land owners at an average wage of less than Rs.3/- per day. Even the minimum wage prescribed under the Employment Guarantee Scheme for 7 hours work per day is Rs.51/- per day. (Government Resolution of the Planning Department No. 2001/Case No.19/EGS-X, dated 10.4.2001). The surveyed labourers received 13 gms. of rice per day.

This is a classic example of exploitation which Government laws and schemes (like the EGS) are meant to prevent. The details are given below.

No.of families surveyed	Total No.of family members	Total No.of labourers in families who worked	Cash received per labourer Rs.		Rice received per labourer Rs.		Total amount per head per day (Rs.)
			For 6 months	Per day	Per labourer for six months	Per day	
11	47	30	Rs.366	2.03	149.60	0.83	2.86

Note : 1) 30 labourers got Rs.11,000 wages for six months from agricultural labour.

2) 30 labourers got 748.5 k.gms. of rice for six months as wages. The rate for one kg. of rice is Rs.6/- (which is the rate in Fair Price Shops for tribals).

**From November to April the families migrate for work in brick kilns where the exploitation continues. One family produces bricks worth approximately Rs.48,000/- per month of which it receives only Rs.3600/- per month. From this Rs.3600/-, an amount of Rs.1200/- is deducted for food provided by the employer. Many of these families have been taking consumption loans for medicines, clothes, marriages, etc. from the kiln owners. These loans of the previous years are repaid from the cash remaining with each family. From the cash taken home, further loans are repaid which were taken in the village by the elderly people who did not migrate. In this fragile environment a crisis like crop failure can destroy the family and push it further into debt that many generations might never repay. In this cycle of poverty and eternal indebtedness, the poor are bled beyond malnutrition to the ultimate destination of death. And in this visible and tangible tragedy a people's government declares that malnutrition does not kill.**

महाराष्ट्र टाइम्स, दि. ५-९-२००२

## आदिवासी बालके कुपोषणाची बळी नाहीत

मुंबई (म.टा.प्रतिनिधी) - वाडा या आदिवासी तालुक्यांतील बालकांचे झालेले मृत्यु हे कुपोषणाचे बळी नाहीत. या तालुक्यात अनुदानाचे वाटप झाले आहे. तसेच अंगणवाड्यामध्ये तांदूळही पुरविण्यात आला होता असे मुख्यमंत्री विलासराव देशमुख यांनी सांगितले.

बालकांचे मृत्यू कुपोषणाने झाले असल्याच्या आदिवासी संशोधन विभागाचे प्रमुख अधिकारी अरुण भाटीया यांच्या अहवालाकडे लक्ष वेधले असता श्री.देशमुख म्हणाले, " त्यांचे अहवाल आधी वृत्तपत्रात प्रकाशित होतात आणि मगच आपल्याकडे येतात".

31-8-2002

**Malnutrition not the cause;  
chief secy**

TIMES NEWS NETWORK

**Mumbai** : A shortage of food or starvation is not the cause of the 22 deaths which occurred over the past five months in the tribal dominated Wada taluka in Thane district, state chief secretary V. Ranganathan said on Friday. Denying news reports attributing malnutrition as the reason behind the death of 22 children in the tribal padas of Thane district, Mr. Ranganathan said the authorities have ensured adequate supply of food stocks at the fair price shops.

Moreover, supplementary nutritious food such as protovita which is provided at the anganwadis has also been dispatched regularly and utilised, he said, Primary Health Centres have recorded that the availability of medicines to tackle minor illness and for the pre-natal and post-natal care is adequate.

GOVERNMENT OF MAHARASHTRA

No. EST-2002/CR-84/Desk-15  
Tribal Development Department,  
**Mantralaya, Mumbai -- 40032**  
Dated : 12 September 2002

**SHOW CAUSE NOTICE**

WHEREAS, there were press reports regarding the deaths of 22 tribal children in Wada Taluka of Thane and also about the death of 494 children in Thane district during this year.

AND WHEREAS, after detailed enquiry by the Collector and the Chief Executive Officer, Zilla Parishad, Thane in this matter, a press conference had been organised in which the Hon'ble Minister (Tribal Development), Minister (Public Health), Minister (Social Justice), Minister of State (Public Health), President, Zilla Parishad, Thane and other senior officers of various Departments were present on 2<sup>nd</sup> September, 2002 at 10.30 a.m. at Mantralaya.

AND WHEREAS, the Hon'ble Minister for Tribal Development and the Hon'ble Minister for Public Health explained factual position to the Media in the press conference held on 2.9.2002 that no child death has occurred due to malnutrition.

AND WHEREAS, In reaction to the press conference held on 2.9.2002, you have contradicted the State Government's denial that the 22 tribal children who died in the Wada Taluka in the past 5 months succumbed to malnutrition, before the E.T.V. Marathi Channel on 2/9/2002 at about 22.00 hrs. stating that the State Government has not given the true position of the situation regarding the deaths of tribal children in Thane District and made a factually incorrect statement that these deaths are only due to malnutrition.

AND WHEREAS, you have given details of a letter purportedly which has been written by you addressed to the Chief Secretary dated 31<sup>st</sup> August, 2002 which has appeared in the Times of India on 3.9.2002.

AND WHEREAS, you have criticized the Government and communicated details of the letter purportedly to have been addressed by you to the Chief Secretary and by doing so you have violated Rules 7 and 9 of the All India Services (Conduct) Rules, 1968.

NOW THEREFORE, you are asked to explain why the Government should not initiate a Departmental Enquiry against you under Rule 8 of the AIS (D&A) Rules, 1969 for violating Rule 7 and Rule 9 of the AIS (Conduct) Rules, 1968. If you like to submit any representation, you can do so within a period of 7 days from receipt of this Notice. In case no representation is received from you within the above period it will be presumed that you have nothing to say in the matter and action will be taken accordingly.

sd/-  
**(V. Ranganathan)**  
**Chief Secretary to Government**  
**of Maharashtra**

To,

Shri Arun Bhatia,  
Commissioner,  
Tribal Research & Training Institute,  
Pune.

## MALNUTRITION VOLUME -3

**Table No.1**  
**Settlements selected for verbal autopsy**

Sr. No.	Settlements	Total Population	No.of child deaths under 5 from 1 <sup>st</sup> Sept.2001 to 31 <sup>st</sup> Aug.2002	No.of verbal autopsies taken
1	Katkari pada of Ambiste budruk	207	3	1
2	Palsai – Warlipada	288	4	2
3	Murabi pada of Vasuri budruk	142	1	1
4	Neheroli	1292	4	1
5	Sadkecha pada of Gandhre	154	2	1
	<b>Total</b>	<b>2089</b>	<b>14</b>	<b>6</b>

**Table No.2**  
**Statement showing total & actual number of children under 5 selected for anthropometric measurements**

Sr. No.	Settlements	Total No.of children under 5	No.of children selected for measurement	Percentage of selected children
1	Katkari pada of Ambiste budruk	28	14	50%
2	Palsai – Warlipada	33	17	50%
3	Murabi pada of Vasuri budruk	30	15	50%
4	Neheroli	202	101	50%
5	Sadkecha pada of Gandhre	54	27	50%
	<b>Total</b>	<b>347</b>	<b>164</b>	<b>50%</b>

**Table No.3**  
**Statement showing total & actual number of adults selected for measurements for 5 settlements.**

Sr. No.	Settlements	Total no.of Adults	No.of adults selected for measurement	Percentage of adults selected
1	Katkari pada of Ambiste budruk	114	28	25%
2	Palsai – Warlipada	140	36	25%
3	Murabi pada of Vasuri budruk	144	36	25%
4	Neheroli	544	136	25%
5	Sadkecha pada of Gandhre	96	24	25%
	<b>Total</b>	<b>1038</b>	<b>260</b>	<b>-</b>

**Table No.4**  
**Nutritional Status of siblings of deceased children in five villages**

Sr. No.	Village	Name of the malnourished child	Sex	Age	Tribe	Actual Weight	Expected weight	Grade
1	Katkari pada of Ambiste budruk	1. Sonu Chander Dagala	F	2.5	Katkari	9	14.6	II
2	Palsai	2. Shubhangi Chander Dagala 3. Vaishali Namdev Hirka	F	4 3 M	Katkari Warli	8 5	17.7 5.7	IV Normal
3	Sadkecha pada of Gandhre	4. Sheela Dashrat Gavte	F	5	Warli	8	20	III
4	Neheroli	5. Rishikesh Ravindra Gharat	M	5	Malhar Koli	18	20	Normal
5	Vasuri budruk	6. Rama Sukrya Kanhat	F	5	Warli	7	20	IV

**Table No.5**  
**Nutritional Status of tribal mothers of deceased children in five villages**

Sr. No	Village	Name of the malnourished child	Sex	Age	Tribe	Wt	Ht in cms	Ht in M <sup>2</sup>	BMI	Grade
1	Katkari pada of Ambiste budruk	1. Alka Chander Dagala	F	24	Katkari	40	152.5	2.31	17.31	I
2	Palsai	2. Kavita Kanha Mukne 3. Nirmala Namdev Mirka	F	25 21	Katkari Warli	34 32.5	148 146	2.19 2.13	15.52 15.23	III III
3	Sadkecha pada of Gandhre	4. Darshana Dashrat Gavte	F	24	Warli	35.5	145	2.10	16.90	II
4	Neheroli	5. Kavita Ravindra Gharat	F	22	Malhar Koli	37	155	2.40	15.41	III
5	Vasuri budruk	6. Leela Sukrya Kanhat *	F		Warli	40	153	2.31	17.32	I

Note - \* Leela Sukrya Kanhat is pregnant for the sixth time.

- All the mothers of the deceased children were under nourished. This proves the point malnutrition was there in the family.



**Table No. 6**  
**Gradewise number & percentage of tribal children under 5**  
**in Katkari pada of Ambiste budruk**

Sr.No.	Grade	No.of children measured	Percentage
1	Normal	1	7%
2	Grade I	1	7%
3	Grade II	7	50%
4	Grade III	4	29%
5	Grade IV	1	7%
	<b>Total</b>	<b>14</b>	<b>100%</b>

**Table No. 7**  
**Gradewise number & percentage of tribal children under 5**  
**in Sadkecha pada of Gandhre village**

Sr.No.	Grade	No.of children measured	Percentage
1	Normal	-	-
2	Grade I	2	12%
3	Grade II	5	29%
4	Grade III	6	35%
5	Grade IV	4	24%
	<b>Total</b>	<b>17</b>	<b>100%</b>

**Table No. 8**  
**Gradewise number & percentage of tribal children under 5**  
**in Neheroli village**

Sr.No.	Grade	No.of children measured	Percentage
1	Normal	14	14%
2	Grade I	11	11%
3	Grade II	29	29%
4	Grade III	29	29%
5	Grade IV	18	17%
	<b>Total</b>	<b>101</b>	<b>100%</b>

**Table No. 9**  
**Gradewise number & percentage of tribal children under 5**  
**in Warli pada of Palsai**

Sr.No.	Grade	No.of children measured	Percentage
1	Normal	-	-
2	Grade I	2	12
3	Grade II	5	29
4	Grade III	6	35
5	Grade IV	4	24
	<b>Total</b>	<b>17</b>	<b>100%</b>

**Table No. 10**  
**Gradewise number & percentage of tribal children under 5**  
**in Morabi pada of Vasuri budruk**

Sr.No.	Grade	No.of children measured	Percentage
1	Normal	1	7
2	Grade I	3	20
3	Grade II	4	27
4	Grade III	1	7
5	Grade IV	6	39
	<b>Total</b>	<b>15</b>	<b>100%</b>

**Table No. 11**  
**Villagewise number & percentage of malnourished & normal children under 5, in five**  
**villages of Wada block**

Sr.No.	Village	Total no.of children measured	No.of normal children	Percentage of under nourished children
1	Katkari pada of Ambiste budruk	14	1 (7%)	13 (93%)
2	Palsai – Warlipada	17	-	17 (100%)
3	Murabi pada of Vasuri budruk	17	-	17 (100%)
4	Neheroli	101	14 (15%)	87 (85%)
5	Sadkecha pada of Gandhre	15	1 (7%)	14 (93%)
	<b>Total</b>	<b>164</b>	<b>16</b>	<b>-</b>

**Table No. 12**  
**Sex & gradewise nutritional status of Adults in Murabi Pada of Vasuri Budruk**

Sr. No.	Grade	Adults measured			
		Males	Females	Total	Percentage
1	Grade I	3	1	4	11%
2	Grade II	1	7	8	22%
3	Grade III	3	4	7	20%
4	Lower Normal	7	3	10	27%
5	Normal	1	6	7	20%
6	Over weight	-	-	-	-
	<b>Total</b>	<b>15</b> <b>(42%)</b>	<b>21</b> <b>(58%)</b>	<b>36</b>	<b>100%</b>

Note : 80% of adults between the age group 18-60 are under nourished in Murabi Pada of Gandhre village.

**Table No. 13**  
**Sex & gradewise nutritional status of Adults in Warli Pada of Palsai**

Sr. No.	Grade	Adults measured			
		Males	Females	Total	Percentage
1	Grade I	2	2	4	11%
2	Grade II	6	2	8	22%
3	Grade III	1	3	4	11%
4	Lower Normal	6	5	11	31%
5	Normal	2	7	9	25%
6	Over weight	-	-	-	-
<b>Total</b>		<b>17</b> <b>(47%)</b>	<b>19</b> <b>(53%)</b>	<b>36</b> <b>(100%)</b>	<b>100%</b>

Note : 75% of adults in Warli Pada of Palsai are under nourished.

**Table No. 14**  
**Sex & gradewise nutritional status of Adults in Sadkecha Pada of Gandhre village**

Sr. No.	Grade	Adults measured			
		Males	Females	Total	Percentage
1	Grade I	1	2	3	13%
2	Grade II	1	2	3	13%
3	Grade III	-	4	4	17%
4	Lower Normal	3	4	7	29%
5	Normal	1	4	5	20%
6	Over weight	-	2	2	8%
<b>Total</b>		<b>6</b> <b>(25%)</b>	<b>18</b> <b>(75%)</b>	<b>24</b> <b>(100%)</b>	<b>100%</b>

Note : 72% of adults in Sadkecha Pada of Gandhre village are under nourished.

**Table No. 15**  
**Sex & gradewise nutritional status of Adults in Katkari Pada of Ambiste Budruk**

Sr. No.	Grade	Adults measured			
		Males	Females	Total	Percentage
1	Grade I	4	1	5	17%
2	Grade II	-	3	3	11%
3	Grade III	2	10	12	43%
4	Lower Normal	2	1	3	11%
5	Normal	4	-	4	14%
6	Over weight	1	-	1	4%
<b>Total</b>		<b>13</b> <b>(47%)</b>	<b>15</b> <b>(53%)</b>	<b>28</b>	<b>100%</b>

Note : 82% of adults in Katkari Pada of Ambiste Budruk were found to be under nourished.

**Table No. 16**  
**Sex & gradewise nutritional status of Adults in Neheroli village**

Sr. No.	Grade	Adults measured			
		Males	Females	Total	Percentage
1	Grade I	6	14	20	15%
2	Grade II	7	12	19	14%
3	Grade III	6	21	27	20%
4	Lower Normal	17	20	37	27%
5	Normal	10	19	29	21%
6	Over weight	2	2	4	3%
<b>Total</b>		<b>48</b> <b>(35%)</b>	<b>88</b> <b>(65%)</b>	<b>136</b>	<b>100%</b>

Note : 77% of adults in Neheroli are under nourished.

**Table No. 17**  
**Villagewise number and percentage of malnourished and normal adults**

Sr. No.	Village	Total No. of adults measured	No. of normal adults	No. of under nourished adults	Percentage of under nourished adults
1	Katkari Pada of Ambiste Budruk	28	5	23	87%
2	Warli Pada of Palsai	36	9	27	75%
3	Murabi Pada of Vasuri Budruk	36	7	29	81%
4	Neheroli	136	33	103	76%
5	Sadkecha Pada of Gandhre	24	7	17	71%
<b>Total</b>		<b>260</b>	<b>61 (23%)</b>	<b>199 (77%)</b>	

**Table No. 18**  
**Villagewise number and percentage of under nourished female adults**

Sr. No.	Village	Total No. of women measured	No. of normal women	No. of under nourished women	Percentage of under nourished women
1	Katkari Pada of Ambiste Budruk	15	-	15	100%
2	Warli Pada of Palsai	19	7	12	63%
3	Murabi Pada of Vasuri Budruk	21	6	15	71%
4	Neheroli	88	21	67	76%
5	Sadkecha Pada of Gandhre	18	6	10	56%
<b>Total</b>		<b>159 (100%)</b>	<b>40 (26%)</b>	<b>119 (74%)</b>	

Note :

According to this table it is observed that malnutrition among the Katkari women of Katkari Pada in Ambiste Budruk is 100%. Hence, it can be expected that the children who died would have been low birth weight and/or under nourished.

**Table No. 19**  
**Villagewise number and percentage of malnourished and normal male adults**

<b>Sr. No.</b>	<b>Village</b>	<b>Total No.of males measured</b>	<b>No.of normal males</b>	<b>No.of under nourished males</b>	<b>Percentage of under nourished males</b>
1	Katkari Pada of Ambiste Budruk	13	5	8	62%
2	Warli Pada of Palsai	17	2	15	88%
3	Murabi Pada of Vasuri Budruk	15	1	14	93%
4	Neheroli	48	12	36	75%
5	Sadkecha Pada of Gandhre	6	1	5	83%
<b>Total</b>		<b>99 (100%)</b>	<b>21 (21%)</b>	<b>78 (79%)</b>	<b>-</b>

**Table No.20**  
**Nutritional status of the child based on weight for age, before death**

Sr. No.	Name of the deceased child	Sex	Age	Death Date	Wt last taken	Actual wt	Grade
1	Pinky Chander Dagala	F	9 months	15/8/02	20/7/02	5.5 kg	II
2	Pravin Namdeo Mirka	M	3 yrs 3 months	20/8/02	20/7/02	10.250 kg	II
3	Baby Kanhu Mukane	F	10 months	21/8/02	1/7/02	6.5 kg	I
4	Mahesh Sukrya Gharat	M	2 <sup>1</sup> / <sub>2</sub> Years	9/8/02	27/4/02	5.3 kg	IV
5	Rahul Ravindra Gharat	M	2 <sup>1</sup> / <sub>2</sub> Years	2/5/02	-	9.8 kgs	II
6	Sandesh Dashrat Gavate	M	6 months	21/7/02	13/7/02	4 kg	III

- Note : 1. Weight of the deceased children has been taken from the Anganwadi Workers' records of the concerned village.  
2. All the children (100%) who died were under nourished.

**Table No.21 (A)**  
**Death rates of children under 5 in settlements studied**

Sr. No.	Village	Children under 5 population in the settlement	Deaths of children under 5 from Sept.01 to Aug. 31, 02	Death rate in the settlement	Death rate of under 4 children in Maharashtra
1.	Katkari pada of Ambiste budruk	28	3	107	12.7
2.	Warli pada of Palsai	33	4	121	12.7
3.	Murabi pada of Vasuri budruk	30	1	33	12.7
4	Neheroli	202	4	20	12.7
5	Sadkecha pada of Gandhre	54	2	59	12.7
		347	14	-	-

Source: The death rate (12.7) has been taken from the Sample Registration System Statistical Report 1998 Registrar General, India, New Delhi

**Table No.21 (B)**

**Percentage of malnourished children in the selected villages**

Sr. No.	Village	Children under 5 population in the settlement	Total No. of children measured	No. of under-nourished children	Percentage of undernourished children
1.	Katkari pada of Ambiste budruk	28	14	13	93%
2.	Warli pada of Palsai	33	17	17	100%
3.	Murabi pada of Vasuri budruk	30	15	15	100%
4	Neheroli	202	101	87	85%
5	Sadkecha pada of Gandhre	54	27	14	93%
		<b>347</b>	<b>164</b>	<b>148</b>	<b>90.2%</b>

**Table No.21 (C)**

**Comparative statement showing death rates and malnutrition rate of the villages studied and of the State of Maharashtra.**

Sr. No.	Category	Death rate of children under 5
1.	Death rate of children under 4 as per S.R.S. for Maharashtra	12.7
2.	Death rate of tribal children under 5 in the five villages studied	40

Sr. No.	Category	Percentage of mal-nourished children
1.	Percentage of malnourished children for tribal Maharashtra	54%
2.	Percentage of malnourished children under 5 in the five villages studied	90.2%

**Source :**

1. Death rates of children under 4 have been taken from the Sample Registration System Statistical Report, 1998 – Registrar General, India, New Delhi.

2. Percentage of malnourished children has been obtained from Shri. Kervate, Dy. Commissioner, I.C.D.S., Konkan Bhavan, New Mumbai for September 2002. In spite of asking for the figures in writing for three days, the information was not given. Ultimately partial information was given on the phone.



**Table No.22**  
**Calculated calorie intake of deceased children taken before death**

Sr. No.	Name of the deceased child/village	Sex	Age	Food items consumed	Actual Calorie intake per day (K Cal)	Expected Calorie intake per day (K Cal)
1	Pinky Chander Dagala (Katkari pada of Ambiste Budruk)	F	9 months	1) 25 gm raw rice and 5 gm raw dal per day 2) She was also breast fed 5 to 6 times a day for 5 to 8 minutes	140	540
2	Pravin Namdeo Mirka (Warli pada of Palsai)	M	3 yrs 3 months	1) Rice 60 gms 2) Rice Roti 50 gms 3) 25 gms dal per day	385 +90	1125
3	Baby Kanhu Mukane (Warli Pada of Palsai)	F	10 months	1) Breast feeding 5 to 6 times a day for 10 minutes		637
4	Mahesh Sukrya Gharat (Murabi pada of Vasuri Budruk)	M	2 <sup>1</sup> / <sub>2</sub> Years	1) 50 gms of rice 2) 15 gms of dal 3) ½ a cup of milk per day	175 +75	1125
5	Rahul Ravindra Gharat (Neheroli)	M	2 <sup>1</sup> / <sub>2</sub> Years	1) One cup milk per day 2) Rice - 70 gms 3) Dal - 25 gms 4) Breast feeding 2-3 times a day	150 330	1125
6	Sandesh Dashrat Gavate (Sadkechapada of Gandhre village)	M	6 months	1) breast feeding 5 to 6 times a day for 10-15 minutes 2) 20 gms rice 3) 18 gms dal per day	133	390

Note: The expected calorie intake has been taken from the nutritive value tables published by National Institute of Nutrition book by C. Gopalan, in the year 1989.

**E.G.S. Works (Employment Guarantee Scheme)**

Note: Respondent were questioned in depth regarding this scheme. They were the same as those questioned in the second malnutrition report of 17/09/2002.

**Table No.23**  
**Village and respondent selected to under the status of EGS work and P.D.S.system**

Sr.No.	Village	No.of respondents
1	Ambiste budruk	4
2	Palsai	2
3	Vasuri budruk	1
4	Neheroli	2
5	Gandre	2
<b>Total</b>		<b>11</b>

**Table No.24**  
**Responses of the respondents regarding the need for EGS work**

Sr.No.	Need for E.G.S.work	No.of respondents	Percentage
1	Want E.G.S.work	11	100%
2	Do not want E.G.S.work	-	-
<b>Total</b>		<b>11</b>	<b>100%</b>

**Table No.25**  
**Awareness regarding E.G.S.work**

Sr.No.	Awareness level	No.of respondents	Percentage
1	Aware of E.G.S.	-	-
2	Not aware of E.G.S.	11	100%
<b>Total</b>		<b>11</b>	<b>100%</b>

**Table No.26**  
**Government officials giving information to tribals about E.G.S. work**

Sr. No.	Information status	No.of respondents	Percentage
1	Received information from Government officials about E.G.S.	-	-
2	Did not receive E.G.S.information from Govt.officials	11	100%
<b>Total</b>		<b>11</b>	<b>100%</b>

**Table No. 27**  
**Awareness regarding the wages of E.G.S.work**

Sr. No.	Awareness level	No.of respondents	Percentage
1	Aware of E.G.S.wages	-	-
2	Not aware of E.G.S.	11	100%
<b>Total</b>		<b>11</b>	<b>100%</b>

**Table No. 28**  
**Responses of respondents regarding No.of months they would like to have E.G.S.work**

Sr.No.	Desire for No.of months of E.G.S.work	No.of respondents	Percentage
1	12 months of the year	10	91%
2	6 months	1	9%
3	4 months	-	-
4	2 to 4 months	-	-
5	Not at all	-	-
<b>Total</b>		<b>11</b>	<b>100%</b>

**Table No. 29**  
**Response of respondents regarding their efforts to meet Govt. officials for getting employment.**

Sr. No.	Efforts to meet officials for E.G.S.work	No.of respondents	Percentage
1	Met Govt.officials for getting work	-	-
2	Did not meet Govt.officials for work	11	100%
<b>Total</b>		<b>11</b>	<b>100%</b>

**Table No. 30**  
**Awareness regarding E.G.S. allowance**

Sr.No.	Awareness level	No.of respondents	Percentage
1	Aware of E.G.S. allowance	-	-
2	Not aware of E.G.S. allowance	11	100%
<b>Total</b>		<b>11</b>	<b>100%</b>

**Table No. 31**  
**Response of respondents regarding No.of labourers who would come for E.G.S.work, if offered employment.**

Sr.No.	No.of labourers	No.of respondents	Percentage
1	All the adults in the village	7	64%
2	90-100 labourers	1	9%
3	70-80 labourers	1	9%
4	60-70 labourers	1	9%
5	50-60 labourers	1	9%
<b>Total</b>		<b>11</b>	<b>100%</b>

**Table No. 32**

**Response of respondents regarding how long they needed E.G.S. work**

Sr.No.	Requested duration of E.G.S.	No.of respondents	Percentage
1	Whole year	7	64%
2	10-11 months	1	9%
3	6 months	2	18%
4	As long a Govt.provides E.G.S.work	1	9%
<b>Total</b>		<b>11</b>	<b>100%</b>

**Table No. 33**

**Response of respondents regarding number of hours of E.G.S. work desired by them**

Sr.No.	No.of hours desired	No.of respondents	Percentage
1	10 hours	2	16%
2	8 to 10 hours	1	9%
3	8 hours	8	73%
<b>Total</b>		<b>11</b>	<b>100%</b>

**Table No.34**

**Statement showing rice and cash received by the agricultural labourers from the non-tribal landlords for working in the field during the agricultural season.**

Sr. No.	Name of village	Name of head of family	Number of family Members	No.of labourers in families	Income received during season ( 6 months May to Oct)	
					Rice (Kg)	Cash amount (Rs.)
1	Ambiste (Bk)	Shri Bharat Sakharam Pawar	2	2	21	600/-
2	----	Shri Chandar Dagala	5	2	70	1500/-
3	-----"	Smt.Jayvanti Jayram Gharat	4	4	112	-
4	-----"	Shri Ravindra Zipru Kavar	5	5	175	-
5	Palsai	Shri Namdeo Bhirka	3	2	35	200/-
6	Palsai	Shri Kanhu Valya Mukane	4	2	14	1000/-
7	Vasuri	Shri Lallya Sukrya Kanat	6	2	10.5	1000/-
8	Yehruli	Shri Ravindra Geeta Gharat	5	3	126	-
9	Neheroli	Mrs.Sangeeta Valu Mukane	3	2	-	3600/-
10	Gandre	Mrs.Darshna Dashrath Gavate	4	2	-	1100/-
11	Gandre	Shri Hari Laxman Devale	6	4	185	2000/-
<b>Total</b>			<b>47</b>	<b>30</b>	<b>Kg. 748.5</b>	<b>11000/-</b>

## **RESEARCH TEAM**

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And

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Annexure I

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रत्नदीप, शिरोले रोड, १२०१, शिवाजीनगर, पुणे : ४११ ००४ दूरध्वनी क्र. (०२०) ५५३१७६७

To

Shri Arun Bhatia

Commissioner TR.LTG.

Pune - 1

Sir,

I have gone through the data various tables and reports of the verbal autopsy taken during the study and from the factual evidence, I feel that the deaths of the children mentioned in the study is clearly related to the malnutrition and its effect on the immune system of the children. This conclusion can be drawn from the data provided to me.

LFB Shirole!

डॉ. धैर्यशील शिरोले

## Annexure 2

### A Verbal Autopsy Questionnaire for Children

*Instructions to interviewer : Introduce yourself and explain the purpose of your visit. Ask to speak to the mother or to another adult caretaker who was present during the illness that lead to death. If this is not possible, arrange a time to revisit the household when the mother or caretaker will be home.*

#### **Section 1: Background information on child and household** (To be filled in before interview)

- 1.1 Address of household .....
- .....
- 1.2 Name of child .....
- 1.3 Sex of child : 1. Male 2. Female

#### **Section 2 : Background information about the interview**

- 2.1 Language of interview .....

day/month/year

Date of first interview attempt

Date of second interview attempt --

Date of third interview attempt --

Date of interview --

#### **Section 3 : Information about caretaker/respondent**

- 3.1 What is the name of the main respondent? .....
- 3.2 What is the relationship of main respondent to deceased child ? (tick relevant box)
1. Mother
  2. Maternal Grandmother
  3. Paternal Grandmother
  4. Maternal Grandfather
  5. Paternal Grandfather
  6. Paternal Uncle
  7. Maternal Uncle
  8. Maternal Aunt's Husband
  9. Paternal Aunt's Husband
  10. Maternal Aunt
  11. Paternal Aunt
  12. Paternal Uncle's wife
  13. Maternal Uncle's wife
  14. Elder brother
  15. Elder sister
  16. Other male (specify) -----
  17. Other female (specify)-----





**Section 5: Open history question**

5.1 Could you tell me about the child’s illness that led to death?

Prompt : Was there anything else?

*Instructions to interviewer – Allow the respondent to tell you about the illness in his other own words. Do not prompt except for asking whether there was anything else after the respondent finishes. Keep prompting until the respondent says there was nothing else. While recording, underline any unfamiliar terms.*

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Take a moment to tick all items mentioned spontaneously in the open history questionnaire.

5.3 Was care sought outside the home while he/she had this illness ?

1. Yes                                      2. No                                      3. Don’t know

(If “No” or “Don’t know”, go to section 6)

5.3.1 (If yes ask: ) Where or from whom did you seek care ? (Record all responses)

- 1. Traditional healer .....
- 2. Government health centre or clinic .....
- 3. Government hospital .....
- 4. Community-based practitioner associated with health system including trained birth attendant
- 5. Private physician .....
- 6. Pharmacy, drug seller, store, market .....
- 7. Other provider .....
- 8. Relative, friend (outside household).....

*After respondent finishes prompt: Did you seek care anywhere else? Keep using this prompt until respondent replies that they did not seek Care from anyone else. Note: Above categories should be country-specific.*

**Section 6: Accident**

6.1 Did the child die from an accident, injury, poisoning, bite, burn or drowning?

1. Yes                                      2. No                                      3. Don’t know

(If “No” or “Don’t know”, go to section 7)

6.1.1 (If yes ask) : What kind of injury or accident? Allow respondent to answer spontaneously. If respondent has difficulty identifying the injury or accident, read the list slowly.

- |                                      |              |
|--------------------------------------|--------------|
| 1. Motor Vehicle accident            | 2. Fall      |
| 3. Drowning                          | 4. Poisoning |
| 5. Bite or sting by venomous animals | 6. Burn      |
| 7. Other injury (specify).....       |              |

6.1.2 How long did the child survive after the injury, poisoning, bite or drowning? N/A

1. Died within 24 hours
2. Died 1 day later or more

### Section 7 : Age determination and reconfirmation

7.1 Record the child's date of birth from question 4 dd mm yy

Record child's date of death from question 4.2 .... dd mm yy

7.2 Take a moment and calculate the age of the child at the time of death. Read out -----  
-----

I have calculated that the child was ----- (or months or years old an appropriate) at the time of death. Is this correct?

If the respondent indicates this is not correct, reconcile the inconsistency by re-check in the child's date of birth and date of death. Make the necessary corrections here and in section 4.

- ❖ If child died within 24 hours from injury or accident, go to section 10 – treatment and records.
- ❖ If child was less than 28 days old do not record any details as that as is beyond the purview of this study
- ❖ If child was 28 days old or more at the time of death, go to section 8 – post-neonatal deaths

### Section 8 : Post-neonatal deaths

8.1 During the illness that led to death did he/she have a fever?

1. Yes            2. No            3. Don't know  
(If "No" or "Don't know", go to section 8.2)

8.1.1 (If fever ask): How many days did the fever last?

8.2 During the illness that led to death, did ..... have frequent loose or liquid stools?

1. Yes            2. No            3. Don't know

8.2 During the illness that led to death, did he/she have (local terms for diarrhea)?

Note : When preparing the country-specific questionnaire, include local terms for

1. Yes            2. No            3. Don't know  
(If "No" or "Don't know" for both questions 8.2 and 8.3, go to question 8.4)

8.3.1 (If frequent or loose stools or local terms for diarrhea ask):

For how many days did he/she have loose or liquid stools? ..... days

8.3.2 Was there visible blood in the loose or liquid stools?

1. Yes            2. No            3. Don't know

8.3.3 During the time with the loose or liquid stools, did the child drink 'Rabdi' or 'Salt and Sugar solution or ORS'?

1. Yes            2. No            3. Don't know

8.3.4 During the illness that led to death, did the child have a cough?

1. Yes            2. No            3. Don't know

*(If "No" or "Don't know", go to section 8.5)*

8.5 During the illness that led to death, did the child have difficult breathing ?

1. Yes            2. No            3. Don't know

*(If "No" or "Don't know", go to section 8.6)*

8.6 During the illness that led to death, did the child have fast breathing?

1. Yes            2. No            3. Don't know

*(If "No" or "Don't know", go to section 8.7)*

(If yes ask): For how many days did the difficult breathing last? ..... days

8.6.1 (If yes ask) : For how many days did the fast breathing last? ..... days

8.7 During the illness that led to death, did he/she have indrawing of the chest?

1. Yes            2. No            3. Don't know

8.8 During the illness that led to death, did he/she have noisy breathing? (Demonstrate each sound)

8.8.1 Stridor ..... 1. Yes            2. No            3. Don't know

8.8.2 Grunting ..... 1. Yes            2. No            3. Don't know

8.8.3 Wheezing ..... 1. Yes            2. No            3. Don't know

8.9 During the illness that led to death, did his/her nostrils flare with breathing?

1. Yes            2. No            3. Don't know

8.10 During the illness that led to death, did the child have pneumonia?

1. Yes            2. No            3. Don't know

Note : When preparing country-specific questionnaires include local terms for pneumonia here

8.11 Did the child experience any generalized convulsions/fits during the illness that led to death?

8.12 1. Yes 2. No 3. Don't know

8.13 Was the child unconscious during the illness that led to death?

1. Yes 2. No 3. Don't know

8.14 At any time during the illness that led to death, did the child stop being able to grasp?

1. Yes 2. No 3. Don't know

*(If "No" or "Don't know", go to section 8.15)*

8.15 At any time during the illness that led to death, did the child stop being able to respond to a voice?

1. Yes 2. No 3. Don't know

*(If "No" or "Don't know", go to section 8.15)*

8.16 At any time during the illness that led to death, did the child stop being able to follow movements with their eyes ?

1. Yes 2. No 3. Don't know

*(If "No" or "Don't know", go to section 8.16)*

8.15.1 (If yes, ask) : How long before he/she died the child stop being able to follow movement with their eyes ?

1. Less than 12 hours

2. 12 hours or more

8.17 Did the child have a stiff neck during the illness that led to death?

(Demonstrate) 1. Yes 2. No 3. Don't know

8.18 Did the child have a bulging fontanelle during the illness that led to death?

1. Yes 2. No 3. Don't know

8.19 During the month before he/she died, did the child have a skin rash ?

1. Yes 2. No 3. Don't know

8.18.1 (If yes, ask) Was the rash all over the child's body ?

1. Yes            2. No            3. Don't know

8.18.1 Was the rash also on the child's face ?

1. Yes            2. No            3. Don't know

8.18.3 How many days did the rash last ? ----- days

8.18.4 Did the rash have blisters containing clear fluid ?

1. Yes            2. No.            3. Don't know

8.18.5 Did the skin crack/split or peel after the rash started ?

1. Yes            2. No            3. Don't know

8.18.6 Was this illness "measles" ?

1. Yes            2. No.            3. Don't know

Note : When preparing country-specific questionnaire include local terms for measles.

8.18 During the illness that led to death, did the child become very thin ?

1. Yes            2. No            3. Don't know

8.20 During the illness that led to death, did the child have swollen legs or feet ?

8.21 1. Yes            2. No            3. Don't know

(If "No" or Don't know" go to question 8.21)

8.20.1 (If yes, ask) : How long did the swelling last ? Number of weeks -----

8.22 During the illness that led to death, did the child's skin flake off in patches ?

1. Yes            2. No            3. Don't know

8.23 Did the child's hair change in colour to a reddish (or yellowish) colour ?

1. Yes            2. No            3. Don't know

Note : When preparing country-specific questionnaire, terms for colour to be locally adapted.

8.24 Did the child have "marasmus" during the month before he/she died ?

1. Yes            2. No            3. Don't know

Note : When preparing country-specific questionnaire, local terms for marasmus should be include.

1. Yes            2. No            3. Dont's know

Note : When preparing country-specific questionnaire, local terms for "lack of blood" or "pallor" should be included.

8.26 During the illness that led to death, did the child have pale palms ?

1. Yes            2. No            3. Don't know

Note : When preparing country-specific questionnaire, local terms for "pale palms" should be included.

8.27 During the illness that led to death, did the child have white nails ? (Show photo if possible)

1. Yes            2. No            3. Don't know

Note : When preparing country-specific questionnaire local terms for "white nails" should be included here.

8.27 During the illness that led to death, did the child have swellings in the armpits ?

1. Yes            2. No            3. Don't know

8.28 During the illness that led to death, did the child have swellings in the groin ?

1. Yes            2. No            3. Don't know

8.29 During the illness that led to death, did the child have a whitish rash inside the mouth or on the tongue ?

1. Yes            2. No            3. Don't know

9. Information about the Nutritional status of the child

9.1 What and how much was the child eating about one week before death ?

9.1.1 How many meals did the child have in a day ?

-----

9.1.2 Approximately what and how much was the child eating in the

Morning -----

Afternoon -----

Evening -----

Night -----

Other -----

(Try to quantify approximately how much each of Roti, Ghat, Raabdi etc.)

9.1.3 Was this food enough to satisfy the child's hunger ?

9.2 What and how much was the child eating about one month before death ?

9.2.1 How many meals did the child have in a day ? -----

9.2.2 Approximately what and how much was the child eating in the

Morning -----

Afternoon -----

Evening -----

Night -----

Other -----

(Try to quantify approximately how much each of Roti, Ghat, Raabdi, etc.)

9.2.3 Was this food enough to satisfy the child's hunger ?

9.3 What and how much was the child eating about three months before death ?

9.3.1 How many meals did the child have in a day ? -----

9.3.2 Approximately what and how much was the child eating in the

Morning -----

Afternoon -----

Evening -----

Night -----

Other -----

(Try to quantify approximately how much each of Roti, Ghat, Raabdi, etc.)

9.3.3 Was this food enough to satisfy the child's hunger ? -----

9.4 Was the child being given any unusual foods apart from what is usually given ? (e.g. leaves, roots, tubers)

Were others in the family also eating such unusual foods ?

Were any foods being eaten to suppress hunger ?

9.5 Information about the Income and Food security of the family.

9.5.1 Agriculture

Total land owned -----

Total irrigated land owned -----

Harvest of the previous year was sufficient to feed the family for how many months ?

9.5.2 Labour

Work in the form of agricultural labourer - No. of days in the last six months

Work as daily labourer –

\* Work obtained in the relief work started by the Government -

How many days in the last six months – -----

Daily wages – -----

\* Work obtained outside the village –

How many days in the last six months – -----

Daily wages - -----

9.5.6 Was the income in the last six months enough to adequately feed the family ?

9.5.7 If not then how much was the decrease ? (Approximately estimate what proportionate paise of a rupee)

The decrease was seen in which eatables

1. Main food (Maize, Jowar, Rice, Wheat)
2. Pulses
3. Vegetables
4. Oil, Milk etc.
5. Meat, Fish, Eggs etc.

9.6 How much water was the child drinking in the week before death ?

1. Usual quantity
2. Less than usual
3. More than usual
4. Do not know

9.7 Did the child suffer from "Night Blindness"?

1. Yes
2. No
3. Do not know

9.8 Were the corners of the child's month cracked, or did he/she have ulcers in the mouth/tongue ?

1. Yes
2. No
3. Do not know

9.9 Did the child have problems such as bleeding gums or loose teeth ?

1. Yes
2. No
3. Do not know

9.10 Did the child have "bow legs" ?

1. Yes
2. No
3. Do not know



## Section 10 : Treatment and records

I would now like to ask a few questions about any drugs the child may have received during the illness that led to death.

10.2 Do you have any prescriptions, case papers or other health records that belonged to the child ?

1. Yes            2. No            3. Don't know

(If "No" or "Don't know" go to question 10.5)

10.2.1 (If yes ask) : Can I see the health records ?

1. Yes            2. No            3. Don't know

(If "No" or "Don't know" go to question 10.5)

If respondent allows you to see the health records, transcribe all the entries within the 12 months before the child died.

10.3 Weights (most recent two)

10.3.1 Record the dates of the most recent weight, two weights

1. -----/-----/----- (dd/mm/yy)

2. -----/-----/----- (dd/mm/yy)

10.3.2 Record the most recent two weights

1. -----

2. -----

10.4 Medical notes

10.4.1 Record the date of the last note -----/-----/----- (dd/mm/yy)

10.4.2 Transcribe the note -----

-----

10.5 Was a death certificate issued ?

1. Yes            2. No            3. Don't know

(if "No" or "Don't know" go to question 10.7)

**DISTRUCTIONS TO INTERVIEWER-Ask to see the death certificate and record whether you have been able to see it)**

10.5.1 Able to see death certificate ?

1. Yes            2. No

(If "No" go to question 10.7)

- 10.6 Record the immediate cause of death from the certificate -----  
10.7 Record the first underlying cause of death from the certificate -----  
Record the contributing cause(s) of death from the certificate -----

Now I would like to ask a few questions about the child's mother.

10.8 Has the child's mother ever been tested for "HIV" ?

1. Yes            2. No            3. Don't know

(If "No" or "Don't know" go to question 10.8)

10.7.1 (If yes ask) : Was the "HIV" test ever positive ?

1. Yes            2. No            3. Don't know

10.9 Has the child's (biological) mother ever been told she had "AIDS" by a health worker?

1. Yes            2. No            3. Don't know

11. From verbal autopsy form : -----

11.1 Immediate cause of death : -----

11.2 Underlying cause(s) of death : -----

11.3 Contributory cause(s) of death : -----

END OF INTERVIEW

THANK RESPONDENT(S) FOR THEIR COOPERATION

Annexure 3

NATIONAL HUMAN RIGHTS COMMISSION  
(LAW DIVISION)  
SARDAR PATEL BHAVAN  
SANSAD MARG, NEW DELHI - 110 001

Tel.No.: 011-336 1611, 336 1671  
Fax.No.: 011-336 6537, 334 0016  
Telegraphic Add.: "HUMANRIGHTS"  
Home page : <http://nhrc.nic.in/>

Case No. 997/13/2002-2003/OC

NOTICE

To

THE CHIEF SECRETARY  
GOVT. OF MAHARASHTRA, MUMBAI.

WHEREAS the complaint/intimation dated 06/09/2002 received from SHRI ARUN BHATIA, COMMISSIONER in respect of TRIBAL CHILDREN OF NANDURBAR DISTT. was placed before the Commission on 18/10/2002.

AND WHEREAS upon perusing the complaint the Commission has passed the following order.

*Issue notice to the concerned authority. Report be called for within four weeks.*

NOW THEREFORE TAKE NOTICE that you are required to submit the requisite information / Report within 4 weeks from the date of receipt of this notice.

TAKE FURTHER NOTICE that in default the Commission may proceed to take such action as it deems proper.

Given under my hand and seal of the Commission, this the day of 25 October 2002.



(BY ORDER)

sd/ —  
ASSISTANT REGISTRAR(LAW)

Encl: Copy of the complaint.

Note --> 1. The information / report shall be furnished only by the authority which is called upon to do so.  
2. Please quote the Case No. referred above in all future correspondence / reports.

CC to:

**The Principal Secretary (Home)**  
GOVT. OF MAHARASHTRA, MANTRALAYA,  
MUMBAI - 400 032

✓ **SHRI ARUN BHATIA , COMMISSIONER**  
TRIBAL RESEARCH & TRAINING INSTITUTE, 28,  
QUEEN'S GARDEN  
PUNE, MAHARASHTRA.

  
ASSISTANT REGISTRAR(LAW)