Back to Basics:
The status of nutrition and water and sanitation facilities in schools and Anganwadi centres in Assam

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Introduction

Against the backdrop of widespread malnutrition and a high prevalence of water-borne disease amongst children in Assam, this report examines the current state of nutrition programs and water and sanitation facilities in Lower Primary Schools and Anganwadi Centres. The Supreme Court in the right to food case has ordered that both the Integrated Child Development Services (ICDS) nutrition program in Anganwadi centres and the mid-day meal in lower primary schools be implemented. It is stated government policy to extend water and sanitation facilities to all schools and Anganwadi centres in the country.

Despite these high-minded goals, the reality on the ground is disheartening. The state has neglected the proper implementation of these programs and dramatically under-funded the ICDS nutrition program. The health and well-being of Assam’s children suffers as a result. If Assam is to break out of its cycle of malnutrition and water-borne disease it must prioritize these types of programs. It is time for the central and state governments to get back to basics to create a solid foundation for human and economic growth.

Report Methodology

This report is based on about 70 interviews conducted between November 5th and November 22nd in 2007 in six districts of Assam–Baksa, Chirang, Kokrajhar, Udalguri, Darrang, and Golaghat. The first four districts are within the Bodo Territorial Autonomous District in Northwestern Assam, while Darrang is in the centre of the state and Golaghat is on the eastern border with Nagaland. Interviews were conducted with school teachers, Anganwadi workers, medical officials, NGO workers, and block, district, and state level officials. Charts detailing the findings of onsite visits to lower primary schools and Anganwadi centres can be found at the end of this report.
Key Findings

**Nutrition Programs**
- The ICDS nutrition program is not implemented in any Anganwadi centres in the state in clear violation of Supreme Court orders and stated government policy. The nutrition program has received only a fraction of the state government’s required contribution.
- The mid-day meal at lower primary schools suffers from periods of significant lapses in many parts of the state and is effectively not implemented in some areas because of irregular or inadequate funding or supply of grain.
- Although children in Assam begin school as early as 4 ½ years only children over 6 are covered by the mid-day meal scheme. This means schools are forced to spread scarce resources to cover these additional children or not feed them.

**Drinking Water**
- Some schools and Anganwadi centres still have no water supply, drinkable or otherwise
- Few schools and Anganwadi centres have safe, potable drinking water
- Filters are generally not supplied, broken, unused, or insufficient.

**Sanitation**
- Toilets are entirely absent or in utter disrepair at schools in several districts visited
- Toilets in new Anganwadi centres are poorly constructed and unused
- Widespread open defecation by children was observed on or near school grounds or Anganwadi premises
Background of Malnutrition in Assam

Although the past few years have been a time of relative peace and rapid economic expansion in Assam the nutritional health of many of its citizens has deteriorated. According to the National Family Health Survey the number of underweight children under three increased in Assam from 36% in 1998-99 to 40.4% in 2005-06, while the number of women with a body-mass index below normal rose from 27.1% to 36.5% during the same period. Anemia increased about 10% in both pregnant women and very young children from 1998-99 to 2005-06 to 72% and 76.7% respectively. In one of the few positive signs, stunting in children under three saw a decline from 50.2% to 34.8% during this time.¹

Despite widespread malnutrition in the state, in interviews for this report most respondents did not think there was a malnutrition problem in Assam. Many believe that those who live in the north-east of India are genetically pre-disposed to be shorter and smaller than Europeans, Africans, or even those from other parts of India. Research shows though that with few exceptions there is little genetic variation in height between different ethnic groups in the world.² Instead, nutrition and ante- and post-natal care play a far more important role. This can be seen in the recent explosion in height of persons in China. Europeans of 1850 were closer to the height and body-size of the average Assamese today. Many Assamese though have accepted their size as normal for their people and not linked to nutrition. This has led to a climate of political apathy around the issue of malnutrition in the state.

Height though is important. The height of a population corresponds greatly to its health. Also, more and more jobs in the country, from the security forces to airline attendants, have height requirements that many in Assam cannot meet. Finally, a lack of height can lead to self-esteem problems. By under-funding and neglecting public interventions that combat malnutrition the Assamese government is literally taking centimeters from its people and jeopardizing their future well-being. Since most growth in children is aggregative, once lost, these centimeters can never be gained back.

Background on Water-Bourne Disease in Assam

Water-borne diseases kill thousands in Assam each year. Across the country diarrhoea alone kills some 4.5 lakh Indians annually. Accurate statistics of the burden of water-related diseases for Assam or the rest of the country are hard to come by. The planning commission has stated, “The [official] data grossly underestimates the true burden of waterborne diseases. For example, based on the reported data the incidence of viral hepatitis is around 12 per 100,000 population. In contrast, community studies from two urban communities have revealed that the incidence may be around 100 per 100,000 population. On the other hand, community studies indicate that every child below 5 years of age has 2-3 episodes of diarrhoea every year. It means many hundred millions cases of diarrhoea occur every year, and only a small percentage of diarrhoeal diseases are reported every year through routine surveillance systems.”

In Assam diarrhoea and cholera epidemics are almost annual occurrences. Typhoid and gastroenteritis are endemic. The newspapers are littered with reports of deaths from larger outbreaks, but more scattered deaths are rarely reported. The enormous health and financial burden on those who survive these diseases is not calculated.

Water-borne diseases and malnutrition are correlated. Those who are malnourished are more likely to get and suffer more severely from water-borne disease and disease in general. As one teacher noted, "The kids who get the [mid-day] meal don’t get sick as much. They are healthy and strong." Alternatively, frequent suffering from water-borne disease can be one factor that contributes to malnutrition. Malnutrition and water-borne diseases are two of the most significant contributors to poor health in Assam.

Why Focus on Schools and Anganwadi Centres?

There are no easy answers to the large problems of malnutrition, clean drinking water, and sanitation facing Assam. To address these problems will require large public investment on multiple fronts. However, this report focuses just on nutrition, drinking water, and sanitation in schools and Anganwadi centres. It centres on these institutions for three reasons.

First, the government compels children to come to lower primary schools and encourages them to attend Anganwadi centres. The government therefore has a duty to provide these children with food, drinking water, and proper sanitation facilities once they are at these public institutions. No child should

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4 Interview #12
be distracted by hunger, thirst, or unsanitary conditions at a school or Anganwadi centre.

Second, although the government does not have these children in its care 24 hours a day, during the time it does have responsibility for these children it can have a direct impact on their health. The government should give these children a mid-day meal at school or a meal at an Anganwadi centre that is nutritious and filling. For many children, this may be the best meal they receive all day. The government should provide drinking water and sanitation facilities that are proper and clean. This will ensure that children will not be sickened by water-borne diseases at least during the time they are at school or in an Anganwadi centre.

Finally, schools and Anganwadi centres are important places where communities are educated and internalize values. Children and parents learn about the importance of a nutritious meal and what constitutes such a meal. Similarly, they are taught about proper sanitation and safe drinking water and its importance in combating disease. Cultural norms encouraging the use of a toilet are engrained in children, who then carry this information back to their families. Having well-functioning nutrition programs and drinking water and sanitation facilities at schools and Anganwadi centres can have a positive multiplying effect on the community at large. These institutions can set the standard by which the rest of the community will judge their progress.

Relevant Supreme Court Orders from Right to Food Case

Nutrition programs in schools and Anganwadi centres are not only a good idea or stated government policy they are constitutional rights. The Supreme Court has issued a series of orders in the Right to Food case since 2001 that have repeatedly declared that these programs are a right that the government must ensure is implemented.

Relevant Supreme Court orders concerning the mid-day meal scheme:

“We direct the State Governments/Union Territories to implement the Mid-Day Meal Scheme by providing every child in every Government and Government assisted Primary Schools with a prepared mid-day meal with a minimum content of 300 calories and 8-12 grams of protein each day of school for a minimum of 200 days.” (Nov. 28, 2001 order)
“3. The conversion costs for a cooked meal, under no circumstances, shall be recovered from the children or their parents.

4. In appointment of cooks and helpers, preference shall be given to Dalits, Scheduled Castes and Scheduled Tribes.

... 

5. The Central Government shall make provisions for construction of kitchen sheds and shall also allocate funds to meet with the conversion costs of food-grains into cooked mid-day meals. It shall also periodically monitor the low take off of the food grains.

... 

9. Attempts shall be made for better infrastructure, improved facilities (safe drinking water etc.), close monitoring (regular inspection etc.) and other quality safeguards as also the improvement of the contents of the meal so as to provide nutritious meal to the children of the primary schools.” (April 20, 2004 order)

Relevant Supreme Court orders concerning nutrition program under ICDS:

(1) Government of India shall sanction and operationalize a minimum of 14 lakh AWCs in a phased and even manner starting forthwith and ending December 2008. In doing so, the Central Government shall identify SC and ST hamlets/habitations for AWCs on a priority basis.

(2) Government of India shall ensure that population norms for opening of AWCs must not be revised upward under any circumstances. While maintaining the upper limit of one AWC per 1000 population, the minimum limit for opening of a new AWC is a population of 300 may be kept in view. Further, rural communities and slum dwellers should be entitled to an "Anganwadi on demand" (not later than three months) from the date of demand in cases where a settlement has at least 40 children under six but no Anganwadi.

(3) The universalisation of the ICDS involves extending all ICDS services (Supplementary nutrition, growth monitoring, nutrition and health
education, immunization, referral and pre-school education) to every child under the age of 6, all pregnant women and lactating mothers and all adolescent girls.

(4) All the State Governments and Union Territories shall fully implement the ICDS scheme by, interalia,

(i) allocating and spending at least Rs.2 per child per day for supplementary nutrition out of which the Central Government shall contribute Rs.1 per child per day.

(ii) allocating and spending at least Rs.2.70 for every severely malnourished child per day for supplementary nutrition out of which the Central Government shall contribute Rs.1.35 per child per day.

(iii) allocating and spending at least Rs.2.30 for every pregnant women, nursing mother/adolescent girl per day for supplementary nutrition out of which the Central Government shall contribute Rs.1.15. (December 13, 2006 order)

The Court has ordered that “Attempts shall be made for . . . improved facilities (safe drinking water etc.)” in schools. Although it does not make a similarly specific order for Anganwadi centres if the Court orders the implementation of a nutrition scheme, the spirit of the order would include requiring safe drinking water. Similarly, if children are now required to attend schools and encouraged to attend Anganwadi centres for several hours each day where they are to be given a meal it would follow that the government has a duty to provide sanitation facilities at these public institutions as well.
Status of Lower Primary Schools

The Mid-Day Meal

Under the Supreme Court’s orders the State is required to provide a cooked mid-day meal constituting at least 300 calories and 8-12 grams of protein in every lower primary public school in the country. The state must spend at least Rs 2 per child per day as well as provide free grain for the meal.

Regular lapses of mid-day meal in Assam

Although a cooked mid-day meal is being given in the vast majority of schools in Assam, delays or withholding of distribution of grain or funding has disrupted its regular implementation (see chart at end of report for an overview of observations of onsite visits). In some districts such as Chirang District, one of the neediest in the state, the meal is either not or rarely given.

Several schools reported there was an irregular supply of grain and money. In some parts of Chirang district no money was given so schools did not prepare the meal, but just distributed the rice when it was given.\(^5\) In other schools poor distribution meant the meal was restricted to only half the month or only cooked rice was given. Schools in multiple districts reported having to discontinue the meal for a period of one or two months because of irregular supplies. In some areas this disruption in supplies from the state, district, or block level has led confused parents to allege that the teachers were taking resources meant for the mid-day meal.\(^6\) This has strained ties between teachers and parents in some communities.

Teachers have adopted various coping tactics to deal with delays or shortcomings in distribution. Some take rice or other food on credit from shops when the release of funds or grain is late.\(^7\) Others spend money from their own pocket to cover the difference.\(^8\) When schools do not receive enough money they often sell some of the rice in order to pay for other food items and the cost of the cook, thereby limiting the number of days the meal can be served.\(^9\)

One teacher admitted he reported more students in attendance than there were in order to receive extra resources from the government for the meal.

\(^5\) Interview #19
\(^6\) Interview #29
\(^7\) Interviews #53, 62
\(^8\) Interview #47
\(^9\) Interview #29
He then stored the surplus rice and money away for when there were future delays or inadequate distribution.\textsuperscript{10} Such a tactic has been reported in Madhya Pradesh as well, although there it was allegedly used to collect extra money to pay off corrupt block officers.\textsuperscript{11} Using such a tactic for whatever purpose though leads to incorrect government data on how many children are actually attending school across the country.

**Problems with feeding children under six at schools**

Throughout the state teachers complained that the mid-day meal program did not give any resources for children under six. In Assam children will start school as early as four and a half while in the rest of the country most children start school at six. This means that when lunch time arrives teachers have a choice. They can either exclude those children under six from the meal or try to spread the scarce resources given for the meal to these children as well. Most teachers choose the latter option although there were some reports of teachers excluding the younger children from the mid-day meal altogether.\textsuperscript{12} One school reported having 40 students under six out of 279.\textsuperscript{13} Another had 14 students out of 67 who were too young to be officially covered by the mid-day meal program.\textsuperscript{14}

The state has proposed changing the age of attendance to lower primary schools to six years.\textsuperscript{15} Children under six would then only attend Anganwadi centres. This plan has not been finalized though and in the meantime the mid-day meal program is being dangerously stretched. Further, since many Anganwadi workers have been hired to teach these under six children at the lower primary schools if this change were to occur they would see a reduction in their salary along with an increase in their responsibility as Anganwadi workers. This would likely lead to widespread demoralization amongst these workers.

**Other Problems**

Teachers throughout the state complained that the 2 Rs per child per day allocated by the government was not enough money to provide a nutritious and varied meal.\textsuperscript{16} Almost all schools visited simply served potatoes with rice and dal or soya because they could not afford other vegetables or other

\textsuperscript{10} Interview #61
\textsuperscript{11} See NICK ROBINSON, VISITING MADHYA PRADESH: A REPORT ON THE IMPLEMENTATION OF THE MID-DAY MEAL SCHEME IN FOUR DISTRICTS OF MADHYA PRADESH (April 2007)
\textsuperscript{12} Interview #12
\textsuperscript{13} Interview #53
\textsuperscript{14} Interview #44
\textsuperscript{15} Interview #67
\textsuperscript{16} Interview #62
food items. Teachers and parents also complained of poor quality rice being distributed.

In more remote areas teachers had to pay a higher delivery fee for rice. They paid this fee by selling some of the rice allocated to them.

Many of the schools visited lacked cooking sheds and proper utensils for both the students and cooks.

### Impact of the Meal

Some teachers thought that the mid-meal created an unnecessary hassle for both them and the students. Many of these complaints arose out of inadequate support to teachers to run the program, while other criticisms were more far-reaching. One teacher in Darrang district found that “the entire [mid-day meal] system is not properly planned. It is difficult for us as teachers to keep day-to-day records on attendance and expenditures. We have no kitchen pen so we prepare the meal on the verandah. I have to shop every day for the foodstuffs and the 2 Rupees per student given is not enough to buy good food.”

Another teacher in Darrang district said that “We don’t have proper facilities so we have to cook the meal twice and the whole process takes 2 hours, which wastes teaching time. The main objective of teaching has been sacrificed. Some of the kids don’t want to stay after the meal and some only come at 11 or 12 just for the meal.”

However, most teachers had a more positive view of the meal even if they lamented the lack of support they received. Several teachers noted that the mid-day meal increased attendance. As one teacher in a remote area of Chirang district noted, “Children enjoy the meal. Without the meal we’ll get 50 to 60 students in a class of 80. With it we will get 10 to 15 more students.” The teacher also noted that when there was no meal (which was most of the time at his school) they were forced to release the students early at 1:30 instead of 3:00 so they could go home to eat. A teacher in Darrang district commented that he was in favor of the meal because “many of the children who come are poor. The meal gives them energy to learn.” Another said that, “the children go hungry if there is no meal.”

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17 Interview #53
18 Interview #2
19 Interview #61
20 Interview #60
21 Interviews #24, 53, 54
22 Interview #12
23 Interview #62
24 Interview #7
Several teachers noted that they did not find the administrative tasks placed on them particularly onerous. Some also outsourced these chores. In Golaghat district one school paid some of the mothers to cook and also entrusted them with buying the necessary food items for each day. 25

**Water**

According to the 2005-2006 District Information System for Education (DISE) Survey only 70.6% of schools in Assam have a drinking water facility. This is well below the national average of 83%. 26 It also does not take into account what quality the water facility is in.

All schools need a drinking water source so students do not go thirsty. The mid-day meal adds additional burdens upon this water facility as water is needed for preparing the meal, washing, and clean-up. Further, the provision of toilets at schools means the water facility must be able to be used for these sanitation purposes as well. The Assam Ministry of Education has pledged to have drinking water facilities at all schools by March 31, 2008. 27 This is a praise-worthy target, but given the number of schools without a water source or an inadequate or unsafe water source it is likely difficult to achieve without concerted effort by the government on a scale not yet seen in Assam.

Several schools visited for the purposes of this report had no water facility, drinking or otherwise. Although this was more common in poorer districts like Chirang other districts suffered from the same problem. 28 At Numaligarh school in Golaghat district, the 279 children who attend have no water supply at the school so instead they collect water in a large basin from a nearby tea estate. 29 At Nawheraua in Udalguri district there is no water source for a ME, LP, Anganwadi centre complex. Children must bring their own water from home. “There is a hand pump that a nearby family has that we use to bring water for washing in a bucket” recounts one teacher, “but the kids will sometimes spoil the pump and then we feel bad.” 30

Even where there is a water facility there are frequently questions about whether the water can be safely drunk. Dr. Ganesh Shadra Brahma at Udalguri Town hospital notes that “during the monsoon the groundwater becomes contaminated in this area.” 31 This is a frequent occurrence in many parts of the state. Water at schools though is only tested for fecal contamination after outbreaks of diarrhoea or cholera even though it is well-

25 Interview #45
27 Interview #68
28 Interviews #12, 19
29 Interview #53
30 Interview #40
31 Interview #33
known that after the monsoon much of the ground water in the state becomes at risk for contamination. Further, several schools visited still use open wells which are more easily contaminated throughout the year.

In no school visited was water boiled for the students. Many schools reported having no filter for the water. Some schools had candle filters while others had sand filters. The candle filters are fragile though. As a result many were found to be broken upon investigation.\(^\text{32}\) Whether the filter worked or not, parents often did not trust the water, and so children routinely brought drinking water from home.\(^\text{33}\) At most schools though, at least some children and sometimes the majority of students were forced to take their chances with the water that was available at the school.\(^\text{34}\)

In districts with hilly areas schools were less likely to have wells or hand pumps because of the difficulty and expense of digging deeply to reach groundwater. Wells at schools in these communities in particular would often dry out or become dirty before the monsoon.\(^\text{35}\)

Several deadly outbreaks of diarrhoea were observed while investigating this report (see boxed text “Diarrhoea and Tea Estates”). Sadly, areas that were suffering from these outbreaks sometimes did not have a water facility at their school.\(^\text{36}\)

There was considerable confusion about whether ground water was contaminated with arsenic and fluoride amongst those interviewed. Some blamed deteriorating teeth and failed pregnancies on the presence of these minerals.\(^\text{37}\) Areas of the state have certainly been affected by such contamination, but exactly where, what health threat this poses, and what preventative steps should be taken still needs to be quickly compiled by the government and disseminated amongst the concerned authorities and public.

Several schools had inadequate drainage around their water pump. When children cleaned their plates after lunch refuse from the meal would gather near the water pump. This created an unsanitary situation which has the potential to spread disease and even potentially contaminate the water coming from the pump.

\(^{32}\) Interview #49
\(^{33}\) Interview #54
\(^{34}\) Interview #44
\(^{35}\) Interview #40
\(^{36}\) Interview #40
\(^{37}\) Interview #46, 67
Sanitation

According to the 2005-2006 DISE survey well under half of schools in Assam have any toilet and only 9.6% have separate girl/boy toilets. These numbers are all well below the national average. On the ground, often these facilities have deteriorated to the point of being unusable or even becoming a health hazard.

Many schools visited had no toilet at all. Students would just go to the bathroom on or near school grounds in nearby bushes or the open. Teachers, who were usually too embarrassed to openly urinate or defecate along with their students, reported having to go all the way home to simply use the toilet.

Disturbingly, schools in high-risk areas for diarrhoea often had no toilet. For example, in Christianpura, where a diarrhoea outbreak had sickened 500 to 600 and killed 2 in November 2007 there were no latrines at either of the communities two schools so children instead went in the “jungle” (see boxed text “Diarrhoea and Tea Estates” for how a shortage of latrines in the village may have led to the prolonging of this diarrhoea outbreak).

Where there are toilets proper maintenance and poor construction remain critical problems. Many school toilets have fallen into total disrepair and are unusable. Several toilets that were visited remained locked and unused. Teachers explained that community members would come and spoil them if they did not keep them locked.

The condition of toilets which were used varied. Some were relatively clean, but many smelled and were in a deteriorated condition. Some schools hired sweepers to clean the toilet with money either from the teacher’s own pocket or from the school common fund. At other schools the toilet was cleaned by students or teachers. Still others seemed rarely cleaned.

Schools with new toilets often had separate boy/girl toilets. The schools with older facilities generally did not have separate toilets and even when there were separate toilets often one was used by students while the other was used by teachers instead of having a gender difference.

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38 The national average for having a separate girl toilet is 37.42%. Arun C. Mehta, Elementary Education in India: Where Do We Stand? (2007)
39 Interview #40
40 Interview #34
41 Interviews #29, 32
42 Interviews #60, 61, 62
43 Interview #12
None of the schools visited had soap for washing hands. If they did have soap it was only for washing dishes.\textsuperscript{44}

Teachers reported teaching students how to use toilet facilities and about the basics of clean drinking water and proper sanitation. One school visited even had a separate time each Saturday to teach about drinking water and sanitation.\textsuperscript{45} However, teachers commented it was difficult to teach these basics where the school did not have proper facilities. #2 Salbari School in Chirang District is a good example. Here the well dries up in the winter and otherwise smells muddy. Some of the kids bring water from home because their parents do not trust the well, many others take their chances—the school has no filter and doesn’t boil the water. There are no toilets at the school so the students go in nearby bushes. The teacher at the school laments that “In the lesson book we teach about clean water and sanitation, but when basic facilities are not available at the school what can I do? I am sorry for that.”\textsuperscript{46}

**Diarrhoea and Tea Estates**

Several diarrhoea and cholera outbreaks were taking place in areas visited while investigating this report. The report was prepared in November when water-borne diseases are generally less common. The districts visited were not chosen because outbreaks were there. That so many outbreaks were coincidentally found shows how pervasive the problem of water-borne disease is in the state.

In Golaghat district at least 40 people died from a diarrhoea epidemic that started in early September and was still continuing although seemingly under control when the district was visited in mid-November. Some 4000 people were stricken in the district.\textsuperscript{47} This was part of a multi-district epidemic that spread mostly in tea gardens that killed at least 168 people.\textsuperscript{48} Some of those stricken tested positive for cholera. Investigations found that tea estates did not have proper sanitation facilities for their employees that led to the disease spreading quickly. The state filed an FIR against one of the tea estates for not meeting sanitation requirements.\textsuperscript{49}

Although the Golaghat district outbreak was widely reported in Assam other smaller outbreaks were discovered while doing this report that did not receive as much attention. In Christianpura in Udalguri District 500 or 600

\textsuperscript{44} Interview #32
\textsuperscript{45} Interview #61
\textsuperscript{46} Interview #6
were sickened with diarrhoea (almost one-third of the village). At least two died. The village leader in the community said that the diarrhoea started suddenly on October 12, 2007. There were still new cases being reported a month later when the village was visited.\textsuperscript{50} In nearby Bhubanhnusti village another person had died of the diarrhoea outbreak.\textsuperscript{51} Most blamed the diarrhoea on contaminated water in the Mora Bhola river. Most people drank water from water pumps, but they bathed and washed in the river. A minority also drank directly from the river. Because the vast majority of people did not have proper latrines when they were sickened with diarrhoea they went to the bathroom near the river as it was easier to wash there—potentially re-contaminating the river.\textsuperscript{52}

The exact cause of the outbreak in the Mora Bhola river could not be determined and some pointed to possible contamination from Bhutan, but most pointed their finger at the upstream Hattigarh Tea Estate run by the Tata company which has been slowly growing in size in recent years.\textsuperscript{53} The sewage of houses of employees for the tea estate runs into open sewers which empty directly into the Mora Bhola River. This could have been the cause of this diarrhoea outbreak that killed at least three. Even if not, the current waste disposal of the Tata teas estate is clearly a health hazard.

Along the parallel Rowta river in Udalguri district five deaths were blamed on a diarrhoea outbreak that hit in the first half of November 2008. The school in the most affected village had no drinking water or sanitation facility, while the schools in Christianpura had no latrines.\textsuperscript{54} Although having these facilities would likely not have stopped the epidemic it is indicative of government neglect towards these public health issues in these diarrhoea prone areas.

These diarrhoea epidemics not only left a tremendous human toll, but also a financial one. Many found that the free care they received at government hospitals was inadequate and that they were even sometimes referred to private hospitals from public health centres. They, therefore, often sought help from private hospitals and pharmacies. As a consequence of these expenses the village leader in Christianpura explained that “because of the diarrhoea people have been forced to mortgage their homes, to sell livestock. It’s a choice between losing your wife or your daughter or losing your money.”\textsuperscript{55}

\textsuperscript{50} Interview #34
\textsuperscript{51} Interview #35
\textsuperscript{52} Interview #36
\textsuperscript{53} Interview #36
\textsuperscript{54} Interviews #38, 40
\textsuperscript{55} Interview #34
Status of Anganwadi centres

Nutrition Program

Throughout the state Anganwadi workers reported receiving a monthly allotment of rice only once or twice a year (if at all). They then distributed this rice to the families of children who attended. No Anganwadi centre surveyed for this report recounted actually serving a cooked meal to any of its beneficiaries. This is in clear violation of the Supreme Court’s directions concerning ICDS.

The Social Welfare Department of Assam admits that the nutrition program in Anganwadi centres in Assam does not receive sufficient funds to serve a regular meal to children under six, pregnant and lactating mothers, or adolescent girls. As joint deputy director of the Social Welfare Department in Assam explains, “there are 37,082 Anganwadi centres in the state. It takes about Rs 585 crores to fund the nutrition program for these centres to feed the children for 300 days a year.” The central government matches every rupee that the state puts into the program. He explains that in ‘2006-2007 the state government only gave 43 crores.” The centre matched this, but the 86 crores total was only enough to run the nutrition program for 40-55 days. For 2007-2008 the state government pledged 80 crores. This though is only enough to run the program for 130 days.56 The Social Welfare Department plans to request the full amount needed to run the nutrition program from the state legislature for 2008-2009. With the legislature’s track record on this issue though it is unlikely the program will receive full-funding without outside pressure from the public or judiciary.

Until now the ICDS nutrition program has only been occasionally distributing grain, but the Social Welfare Department claims that this coming year Anganwadi centres will start giving a cooked meal. None of the Anganwadi centres though have a kitchen or needed cooking utensils.

Not giving the nutrition scheme has a number of deleterious affects on ICDS and the health of Children in Assam. First, children under six, adolescent girls, and pregnant and lactating mothers are not receiving much needed nutrition while the program is not functioning. These are critical growth years for children. Once they pass they cannot be made up later. A day with inadequate food is a day of inadequate growth that will never be regained.

The failure to fund the nutrition program by the state is also demoralizing for Anganwadi workers. As one Anganwadi worker in Baksa explained, “The nutrition scheme is good, but we aren’t getting the food so this is

56 Interview #67
demoralizing. The centres are not given enough support. The mother gets
good advice here, but little else.” 57 An Anganwadi worker who works in
Chirang district said that the under-funding of the scheme was part of a more
systematic neglect of ICDS that made her feel “abandoned by the
government.” 58

The absence of on-site nutrition also decreases the number of children who
attend the Anganwadi centres. 59 It was found that although some
Anganwadi centres were full of children many had only a few. Workers
though would always reply that 40 or 45 children attended. One Anganwadi
worker explained that she always says 40 attend “because that is the rule.” 60
The low attendance of children in some areas may be explained by erratic
attendance by some Anganwadi workers. It was observed that many
Anganwadi centres opened late, closed early, and sometimes did not open at
all during scheduled hours. Although it should be noted some extremely
dedicated Anganwadi workers were interviewed for this report.

It is difficult to blame Anganwadi workers for their sporadic attendance as
they receive little support from the state. Most reported receiving no
additional training besides what they received when they were hired.
Anganwadi workers receive low and sporadic pay, have no prospect for
promotion, and get no pension. One worker pleads, “We love our job—that
we can help our community. But we get scolded from our husbands who
say, ‘why do you work? You get no money regularly. You have duties to
your family.’ Sometimes we have to work in secret without telling them.” 61

Many Anganwadi centres are old and extremely poorly constructed. In other
places Anganwadi centres use schools as their meeting place, but they must
then close early so that the schools can then use the space. 62

Even many of the new Anganwadi centres suffer from poor construction. For
example, No. 1 Bangaon Anganwadi Kendra was built in 2006, but has a
large gap between the roof and walls that lets air in. The Anganwadi worker
says that in December and January it gets very cold and damp in the building
and so only one or two children attend during this time. 63

Water

The state of Assam failed to give information to the commissioners in the
Right to Food case on how many of its Anganwadi centres had drinking water

57 Interview #31
58 Interview #11
59 Interview #31
60 Interview #39
61 Interview #11
62 Interview #11
63 Interview #42
and sanitation facilities. The Social Welfare Department claims there is a survey currently ongoing to gather this information.\textsuperscript{64}

It was observed though during field visits that many Anganwadi centres do not have a water supply. Where Anganwadi centres share facilities with schools they can use their water facility if the school is so supplied. When there are no government water facilities close by Anganwadi centres are forced to borrow water from nearby homes\textsuperscript{65} or simply require children to bring water in bottles from home. The well of one centre visited dried out in the spring so the Anganwadi worker brought water from a distant stream.\textsuperscript{66} Some Anganwadi centres simply go without water as best they can.\textsuperscript{67}

When there is no water facility at the centre kids rarely wash even after going to the bathroom. Even if toilets are constructed they cannot be used without a supply of water. Some Anganwadi workers commented that if enough resources were given to provide a meal at the centres they could still not prepare it because they did not have a water supply.\textsuperscript{68}

Like at schools, even when there are water facilities the water may be contaminated. It is never boiled. Where filters are supplied by the government most lay broken or unused (some of the filters remained at the Anganwadi workers homes because there is no secure storage in the Anganwadi centre).\textsuperscript{69} At some centres though filters are used. In Darrang District one Anganwadi worker filters water through a sand filter at the nearby school and then stores drinking water in a container for the children.\textsuperscript{70}

\textbf{Sanitation}

Most Anganwadi centres visited had no functioning toilet. If there was a nearby school with a toilet they could use this, but otherwise it was common to see children openly defecating on or near the Anganwadi centre grounds. Several of the Anganwadi centre workers reported having to go home if they had to go to the bathroom because they were too embarrassed to go to the bathroom in view of their students.\textsuperscript{71}

The government has recently undertaken building thousands of uniform red government Anganwadi centres. Although these centres come with a built-in toilet, in none of the centres visited was this toilet being used. Workers said

\textsuperscript{64} Interview #67  
\textsuperscript{65} Interviews #50, 52  
\textsuperscript{66} Interview #31  
\textsuperscript{67} Interview #39  
\textsuperscript{68} Interview #30  
\textsuperscript{69} Interviews #41, 51  
\textsuperscript{70} Interview #59  
\textsuperscript{71} Interview #41
they were smelly or did not drain properly. Instead, they remained locked or as storage space as children went to the bathroom outside or at a nearby public facility. Discussions with NGO’s and block level officials revealed this was a widespread problem. The Joint Director of the Social Welfare Department in Assam, Mr. Rondeep Talukdar, admitted there was a problem in construction design of the new Anganwadi centres as “in some the septic tank was defective” while others did not have a “shock pit.” He claims the Social Welfare Department is seeking money to repair these problems and ensure future toilets do not have this design flaw.

Several Anganwadi workers described how they taught children how to use the toilet. In poorer areas most children did not have toilets at home and so the one they used while at the Anganwadi centre was their first routine use of a toilet.

None of the Anganwadi centres visited had soap.

Santhali Internally Displaced Persons Camps in Chirang District

In a recent article in the Hindustan Times Right to Food Commissioner Harsh Mander documented the sad plight of Internally Displaced People in Assam. These communities have been uprooted from their land by ethnic conflict and neglected by the government as they have languished in camps for years. Although this report did not focus on this population, two Santhali camps in Chirang District were visited. These populations live in fear of returning to their homes after being driven from their villages by Bodos in 1996.

In Deosri camp, which still houses almost 6,000 persons, they still have no Anganwadi centre or ration shop. In another smaller camp of about 99 families situated on about one hectare of land near Bengtol the situation is similar. The school is run out of a makeshift bamboo structure that leaks in the monsoon. The mid-day meal is never served because money does not come regularly and so the teacher just distributes the rice he does receive periodically. The “Anganwadi centre” in the community is run by a local non-government organization because the government does not provide funds. The community only began receiving grain through the public distribution system in July 2007 after being there continuously for almost ten years.

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72 Interviews #18, 59
73 Interview #41
74 Interview #31
76 Interview #8
Not only does neither the school nor the Anganwadi centre have a toilet in the camp near Bengtol, there is no toilet in the community. Everyone must go outside. As one camp resident explained, “We know there is an urgent need for a toilet. Our women need privacy. But we do not have the money to build a proper one. We are ashamed when we are sick in front of everyone on the road. We just have no other choice.”

77 Interview #10
Recommendations

Nutrition

- The state government must fully fund the ICDS nutrition program in compliance with the Supreme Court’s orders in the Right to Food case. If the state does not, the centre must fund it.
- Grain and funds must be given to schools for the mid-day meal in full and without interruption. Any interruption of the mid-day meal is unacceptable and should be dealt with harshly.
- The state government must provide Rs 2 per day and free grain for all children under six that attend lower primary schools. The state can lobby the central government for this funding, but lack of central funding can be no excuse for not feeding young children who attend school or spreading thin the funding given for children over six.
- All schools and Anganwadi centres should receive their full allotment of grain. Sometimes it costs extra money to deliver grain to remote areas. The central government already provides additional funding for these purposes. If it costs beyond what the central government provides then the state must make up the difference or secure additional funding from the centre. The difference cannot be made up by short-changing children in these remote areas.
- Rs 2 per student per day is not enough money to supply a nutritious and varied meal to students. The state should further subsidize this amount as states in other parts of the country have done.

Water

- There should be a drinking water facility at all schools and Anganwadi centres.
- Appropriate filters and other technologies should be supplied to schools and Anganwadi centres to make sure the water is safe to drink. This would include taking appropriate measures if the water has high levels of arsenic or fluoride.
- The departments of public health and public engineers should work together to ensure that hand pumps will provide safe drinking water (are drilled deeply enough, are sealed from outside contaminants, etc.) and are regularly tested (particularly after monsoons when diarrhoea becomes endemic in the state).
- All water facilities should have proper drainage so that foodstuff does not gather around the pump, well, or tap.

Sanitation

- All schools and Anganwadi centres should have clean and well-built toilets. Schools should have separate toilets for girls and boys (and if possible teachers).
• The unusable toilets in the newly constructed Anganwadi centres should be repaired if possible or another toilet facility built. In all future construction of new Anganwadi centres steps should be taken to ensure that a design is used which will not malfunction.
• The state should investigate how to best maintain toilets as this is currently a critical problem. At many schools a small budget for a cleaner may be required.
• The state should make sure teachers and Anganwadi workers teach children about the basics of safe drinking water and proper sanitation.
## Charts

**Chart of state of nutrition program and water and sanitation facilities in Anganwadi centres visited during field research in Assam in November 2007**

<table>
<thead>
<tr>
<th>Name of Centre</th>
<th>District</th>
<th>Food being served</th>
<th>Drinking water facility</th>
<th>Sanitation Facility</th>
<th>No. of kids</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. 2 Bengtol</td>
<td>Chirang</td>
<td>Distribute twice a year</td>
<td>Well (at LP school)</td>
<td>No</td>
<td>80</td>
</tr>
<tr>
<td>9 Anganwadi workers around Gaon Panchayat Ouguri</td>
<td>Chirang</td>
<td>Distribute once or twice a year</td>
<td>Varies</td>
<td>Usually no</td>
<td>-</td>
</tr>
<tr>
<td>No. 2 Dhgorpara</td>
<td>Chirang</td>
<td>Distribute occasionally</td>
<td>Hand pump</td>
<td>Latrine</td>
<td>45</td>
</tr>
<tr>
<td>Subaijhai</td>
<td>Chirang</td>
<td>Distribute occasionally</td>
<td>Hand pump</td>
<td>Latrine at school (poor condition)</td>
<td>45</td>
</tr>
<tr>
<td>Malinita Bidhyakanja</td>
<td>Chirang</td>
<td>Distribute occasionally</td>
<td>No</td>
<td>Latrine</td>
<td>100</td>
</tr>
<tr>
<td>Padmapokri</td>
<td>Kokrajhar</td>
<td>Distribute 3 months a year</td>
<td>Tube well</td>
<td>No</td>
<td>80</td>
</tr>
<tr>
<td>Bharat Nagar</td>
<td>Kokrajhar</td>
<td>Distribute 3 months a year</td>
<td>Tube well</td>
<td>No</td>
<td>80</td>
</tr>
<tr>
<td>Ang. leader (20-25 centres)</td>
<td>Baksa (jala block)</td>
<td>Distribute occasionally</td>
<td>Hand pumps (some go dry before monsoon)</td>
<td>Mixed (but when have poor condition)</td>
<td>-</td>
</tr>
<tr>
<td>ICDS block officer Tumalpur, Baksa</td>
<td>Baksa (tumalpur block)</td>
<td>Distribute occasionally</td>
<td>Areas near hills do not or go dry before monsoon</td>
<td>Centres built have attached baths (but smell so usually don’t use)</td>
<td>-</td>
</tr>
<tr>
<td>Nawheraua</td>
<td>Udalguri</td>
<td>Distribute once a year</td>
<td>No</td>
<td>No</td>
<td>40</td>
</tr>
<tr>
<td>Kacharihat Chinatoli</td>
<td>Golaghat</td>
<td>Distribute occasionally</td>
<td>Hand pump (contaminated)</td>
<td>Yes (School’s)</td>
<td>40</td>
</tr>
<tr>
<td>No. 1</td>
<td>Golaghat</td>
<td>Rarely</td>
<td>No</td>
<td>Yes</td>
<td>15</td>
</tr>
<tr>
<td>Name of School</td>
<td>District</td>
<td>MDM being served</td>
<td>Drinking Water Facility</td>
<td>Sanitation Facility</td>
<td>Students</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>-------------------------</td>
<td>---------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Bengtol M.V.</td>
<td>Chirang</td>
<td>Served, but with frequent interruptions</td>
<td>Hand pump and well</td>
<td>Common toilet</td>
<td>-</td>
</tr>
<tr>
<td>369 Anthaibari LP</td>
<td>Chirang</td>
<td>Irregular and insufficient</td>
<td>Hand pump</td>
<td>Not used (disrepair)</td>
<td>96</td>
</tr>
<tr>
<td>Bhodiyaguri School No. 2</td>
<td>Chirang</td>
<td>Serve only cooked rice (no money)</td>
<td>Well</td>
<td>No</td>
<td>76</td>
</tr>
<tr>
<td>No. 2 Salbari</td>
<td>Chirang</td>
<td>Half of each month (no money)</td>
<td>Well (smells muddy and dries up)</td>
<td>No</td>
<td>103</td>
</tr>
<tr>
<td>No. 3 Ranipur L.P.</td>
<td>Chirang</td>
<td>Serve one or two weeks a month (no money)</td>
<td>Hand pump</td>
<td>No</td>
<td>126</td>
</tr>
<tr>
<td>54899 Aie</td>
<td>Chirang</td>
<td>No, Use two</td>
<td>No</td>
<td>60</td>
<td>1</td>
</tr>
<tr>
<td>School</td>
<td>District</td>
<td>Rice Distribution</td>
<td>Wells in Village</td>
<td>Remarks</td>
<td>Teachers</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------</td>
<td>-------------------</td>
<td>------------------</td>
<td>----------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Nodi Dhubri</td>
<td>Chirang</td>
<td>Usually not (rarely get money and irregular rice supply)</td>
<td>Wells, some hand pumps</td>
<td>Only one school in area</td>
<td>11</td>
</tr>
<tr>
<td>11 teachers from around Ongai Gaon Panchayat</td>
<td>Chirang</td>
<td>Irregular, currently distribute rice</td>
<td>Hand pump</td>
<td>Yes, but locked</td>
<td>52</td>
</tr>
<tr>
<td>Samtaibaryy LP</td>
<td>Chirang</td>
<td>Usually not (rarely get money and irregular rice supply)</td>
<td>Hand pump</td>
<td>Yes, but locked</td>
<td>52</td>
</tr>
<tr>
<td>New Mukuldan d</td>
<td>Kokrajha r</td>
<td>Regular</td>
<td>Hand Pump</td>
<td>No</td>
<td>41</td>
</tr>
<tr>
<td>Deborgao m</td>
<td>Kokrajha r</td>
<td>Regular</td>
<td>Hand Pump</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Kharuajan LP</td>
<td>Baksam</td>
<td>Recently regular</td>
<td>Tube well</td>
<td>Yes, but unclean</td>
<td>120</td>
</tr>
<tr>
<td>Teliapara MS</td>
<td>Udalguri</td>
<td>Only enough for 4 times a week</td>
<td>Well (poor water quality)</td>
<td>No</td>
<td>329</td>
</tr>
<tr>
<td>Nawherau a</td>
<td>Udalguri</td>
<td>Regular</td>
<td>No</td>
<td>No</td>
<td>70</td>
</tr>
<tr>
<td>Kolamoni Para</td>
<td>Udalguri</td>
<td>Regular</td>
<td>Well (but too shallow)</td>
<td>No</td>
<td>65</td>
</tr>
<tr>
<td>Sansowa LP</td>
<td>Golaghat</td>
<td>Currently Regular (no meal this Oct.)</td>
<td>Tube well (not good water)</td>
<td>No</td>
<td>67</td>
</tr>
<tr>
<td>Borkathni LP</td>
<td>Golaghat</td>
<td>Regular</td>
<td>Tube well</td>
<td>Yes (Bang G)</td>
<td>191</td>
</tr>
<tr>
<td>Navajyoti LP</td>
<td>Golaghat</td>
<td>Regular</td>
<td>Tube well</td>
<td>Yes (Bang G)</td>
<td>203</td>
</tr>
<tr>
<td>Bijaypur LP</td>
<td>Golaghat</td>
<td>Currently Regular (no meal this Oct.)</td>
<td>Tube well (water unsafe, use filter)</td>
<td>Yes (Bang G)</td>
<td>96</td>
</tr>
<tr>
<td>Tetli Guri LP</td>
<td>Golaghat</td>
<td>Regular</td>
<td>Tube well</td>
<td>Yes (Bang G)</td>
<td>32</td>
</tr>
<tr>
<td>Numaligar h</td>
<td>Golaghat</td>
<td>Regular</td>
<td>No</td>
<td>Yes (Bang G)</td>
<td>279</td>
</tr>
<tr>
<td>Bihara</td>
<td>Golaghat</td>
<td>Currently</td>
<td>Tube Well</td>
<td>Yes (Bang G)</td>
<td>121</td>
</tr>
<tr>
<td>Village</td>
<td>District</td>
<td>Status</td>
<td>Source of Water</td>
<td>Filter Available</td>
<td>Code</td>
</tr>
<tr>
<td>--------------------</td>
<td>----------</td>
<td>----------------------</td>
<td>-----------------------------</td>
<td>------------------</td>
<td>------</td>
</tr>
<tr>
<td>Bazaar LP</td>
<td>Darrang</td>
<td>Regular (no meal in Sept. and Oct. – no money)</td>
<td>G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bandya Chapari LP</td>
<td>Darrang</td>
<td>Currently regular. No meal in Jan., Feb., July or August.</td>
<td>Tube well (sand filter)</td>
<td>Yes (common)</td>
<td>351</td>
</tr>
<tr>
<td>Lengerpipara LP</td>
<td>Darrang</td>
<td>Currently regular. No meal in Jan., Feb., or July.</td>
<td>Hand pump (sand filter)</td>
<td>Yes (common)</td>
<td>102</td>
</tr>
<tr>
<td>Kathpari Sankardev</td>
<td>Darrang</td>
<td>Regular</td>
<td>Hand Pump (filter)</td>
<td>Yes (common)</td>
<td>77</td>
</tr>
<tr>
<td>Saikiapara LP</td>
<td>Darrang</td>
<td>Regular</td>
<td>Hand Pump (filter)</td>
<td>Yes (common)</td>
<td>45</td>
</tr>
</tbody>
</table>