

Dear

**Subject: NCPCR's Visit to Manipur-Health Issues**

On behalf of the National Commission for Protection of Child Rights (NCPCR) and its team, I wish to thank the Manipur Government Administration for all the arrangements made during our visit to the State from 3<sup>rd</sup> to 5<sup>th</sup> September, 2008. We would like to thank you and the Secretaries of the relevant Departments for meeting with us to share our concerns for priority attention by the Government to address the lack of integrated services and support for children infected and affected by HIV.

During our visit in the region, we were particularly struck by the need for a comprehensive child and maternal health policy and response to HIV. We were also concerned at the lack of a co-ordinated, multi-sectoral approach involving all Departments (Health, MSACS, WCD, Social Welfare, Education etc) that systemically addresses health, nutrition, education, care and protection needs of children infected, affected and vulnerable to HIV. In particular, we noted the requirement for strengthening Government / NGO collaboration and community based outreach as important inputs in addressing coverage and access issues with regard to care, treatment and support services. Apart from conducting a public hearing in Imphal, the Commission visited district level medical facilities in the Thoubal and Churachandpur districts and the RIMS Hospital and J.N. Hospital in Imphal.

The Commission heard heart-rending testimonies from families affected by HIV/AIDS with regard to the prevalent discrimination and exclusion from services and institutions including schools and juvenile facilities. **Testimonies from affected communities and discussions with government medical personnel and NGOs highlighted the continuing gaps in access to care and treatment by children living with AIDS and the lack of support and services addressing children affected by HIV/AIDS with regard to education, food security and nutrition, psycho-social support and alternative placement programmes.**

Based on our interaction and discussions, we present the **following issues for immediate priority action by the State Government of Manipur**. In fact these issues were raised in the meeting that was held with the officials from the relevant Departments of the State Government on 5<sup>th</sup> September 2008.

- I. All children undergoing ART treatment have to be covered fully by nutritional supplements either through the ICDS, the midday meal or NRHM programs. A record their height and weight has to be maintained and reviewed when they visit the hospital for the supplies of ART.

- II. In Manipur, we heard conflicting guidelines for patients from medical practitioners, many advocating only replacement feeding and others providing limited counseling on infant feeding practices. There has to be a clear guideline issued to doctors on the need to promote exclusive breast feeding in circumstances where replacement feeding is not safe, affordable, sustainable and cannot be monitored. This is in accordance with the NACO's current guidelines. In addition, there has to be technical and counseling services on breast feeding and opening of the 32 testing centres for pregnant mothers as advised by the Manipur State AIDS Control Society (MSACS).
- III. We request that the Government immediately assess the availability of OI medicines for children and share the specific data (see data request below) as well as the government's plan to address shortages/gaps with NACO and the Commission.
- IV. Need for Plan of Action for counseling resources and services especially for adolescents in their clinical treatment transition from paediatric to adult ART facilities.
- V. The Commission strongly urges the government to take steps ensure that no mandatory testing is conducted by any institution unless it is in the best interest and welfare of the child (such as medical assessment based on undiagnosed poor health). Further, the purpose of testing must always be diagnosis for determining treatment and institutions must take all steps to ensure access to appropriate care, support and treatment.
- VI. All the JJ Homes are to be advised to accept children affected by HIV/AIDS without discriminating them. Multiple facilities such as short stay facilities for children and families undergoing treatment etc. must be provided to address the needs of children and their families. Strong monitoring and assessment of standards of care must occur both in government and private children's institutional care facilities through mechanisms of transparency and interface with professional, specialised agencies or NGOs. At the same time, it must support and evolve a policy for non-institutional care alternatives.
- VII. The Commission requests that the government establish guidelines and monitoring mechanisms to ensure that schools do not deny admission or otherwise discriminate based on the child's HIV status. Disclosure should only be required where there is a significant risk of transmission from the infected child. However as non-infected children are unlikely to be at risk by an affected child, there should be no obligation for, guardians or parents or care institutions to disclose a child's HIV status and any disclosure must be kept strictly confidential from staff and students with the identity of the child also kept confidential.

- VIII. The Commission also requests the commencement of mid-day meals in all schools at the earliest. With regard to out of school children, the government must establish community mobilisation initiatives to enroll the significant number of remaining out of school children. Further we would ask that the government provide details of the number of residential and non-residential bridge schools by district with current and total capacity and to date progress of mainstreaming of children. With regard to the significant number of vulnerable children and children affected by HIV who at high risk if drop-out and interrupted schooling we request that government strengthen/expand the bridge programmes and hostel facilities to allow such children to continue their schooling.
- IX. Within the context of the above issues, the need for inter-departmental collaboration and on-going data collection and mapping of services was agreed to as a priority in our joint meeting with all concerned department secretaries. It was resolved that an inter-departmental steering group under the chairmanship of the Chief Secretary be convened at the earliest to ensure integration and co-operation of resources from all departments. The need for an integrated child rights policy and State Child Rights Commission was also raised by government officials and NGOs and should be addressed by such an initiative.
- X. During our visit, there was an enormous demand for child rights training in the State from all sectors. Such an initiative should encompass both government and NGO members including JJ functionaries, teachers, health workers, medical personnel, anganwadi workers, district officers, and NGOs/CBOs. The Commission would be pleased to facilitate the design and delivery of such training in Manipur in collaboration with child rights experts. We request that you provide us with a proposed timetable and roster of participants as well as nominate two representatives (government /NGO) to work directly with the Commission on the design and delivery of such training.

In addition to the above priority actions in the immediate term we request you to provide information regarding the children as noted in the above paragraphs and included in the additional request for data (attached). On the basis of your further data and initial actions, further targeted action plans need to be developed and implemented to address access to and provision of comprehensive, care and treatment services for vulnerable children, and those infected, affected by HIV/AIDS where these are linked with resources / capacity sharing and outcomes across sectors including health, education, juvenile justice etc.

We will visit the state after three months to review the progress made on all the above points of action. We hope to receive a comprehensive response from you within one-month time. A detailed report of the Commission's visit shall be sent to you shortly.

With regards,

Yours sincerely,

**(Shantha Sinha)**

Shri Rakesh Kumar  
Chief Secretary,  
Government of Manipur  
Secretariat  
Imphal

Encl. As above.

Cc:

Secretaries of all concerned Departments of Government of Manipur

- Social Welfare / ICDS
- Education / Sarva Shiksha Abhiyan
- Food
- Health
- Home
- Water & Nutrition
- Labour
- Rural Development
- Panchayati Raj

**(Shantha Sinha)**  
**Chairperson, NCPCR**

**ANNEXURE 1**

**National Commission for Protection of Child Rights (NCPCR)**

The Manipur Government is requested to make the following information available:

[If applicable:]

POPULATION

LIVELIHOODS

HEALTH

EDUCATION