

PRESS RELEASE

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**Visit by the National Commission for Protection of Child Rights to North-East States:
Manipur, Assam & Tripura**

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Visit Overview:

An expert team led by the NCPCR Chairperson Shantha Sinha has just concluded an 8-day visit to the northeast states of Manipur, Assam and Tripura.

The team traveled to Manipur to understand the issues and child rights violations regarding testing, care, treatment and support facing children infected and affected by HIV/AIDS. The team focused on the above within the context of a systemic understanding of the linkages between health, nutrition, education and protection.

It further traveled to Tripura and Assam in response to complaints received about the violation of children's rights with regard to their basic entitlements and the deteriorating conditions affecting child morbidity and mortality within the relief camps.

In each state the NCPCR team held public hearings, meetings with district officials, the Chief Secretary and Secretaries of the relevant departments, consultations with NGOs and community based organisations

Across these states the team found a gross denial to children of their fundamental entitlements, systemic failure in service delivery and a significant lack of institutional capacities in ensuring that these vulnerable communities access all of their fundamental entitlements relating to food security, health & nutrition, education and child protection.

Relief Camps in Tripura (Bru/Reang community) and Assam (Santhal and Bengali Muslim communities)

The silent 'emergency' facing vulnerable and marginalized children affected by conflict and displacement.

Tripura Relief Camps

Following ethnic conflict in Mizoram in 1997, approximately 35,000 Brus were displaced and since then have been living in deteriorating conditions in six relief camps in the Kanchanpur subdivision of North Tripura.

The Commission received a complaint from the Asian Indigenous & Tribal Peoples Network (AITPN) relating to the non-inclusion of 7,204 Bru children (between the ages of 0 – 8) in the ration cards and the denial of basic services to children and their families, in particular the critical lack of health and education facilities.

The team held a public hearing at the Narasinghpara camp (with 17,600 population) and visited the Ashapara camp. The team was appalled at the conditions in which these communities are living. In particular the team found that the health conditions present an 'emergency' situation which must be addressed on an urgent basis by the State. The team received grave testimonies pointing to a serious threat of worsening epidemic-like conditions. These included testimonies about 39 child deaths since August 2008 and 14 recorded maternal deaths since January 2007 in the Ashapara camp. These tragic deaths and widespread malnutrition and ill-health in the camps reflect the critical lack of health, nutrition, water and sanitation provision. Children within the camps are also being denied their fundamental access to education with the paltry, existing educational facilities operating at indecent and unacceptable staffing/resource levels. The team subsequently met with state officials and noted the following key concerns and recommendations.

I. I. Relief Rations

The team noted that there was no issuance of birth certificates within the camps. This presents a fundamental denial of the children's basic rights of citizenship and access to all their entitlements. These children form part of a 'missing generation', which is facing adversity on an unprecedented level. Due to the thousands of adults and children not being included in ration card lists, families are facing critical food shortages and deteriorating nutritional and health status. The Commission has asked the state government to immediately rectify the non-inclusion of ration cards and non-issuance of birth and death certificates.

II. II. Health & Nutrition

The high rate of child and maternal morbidity and mortality is due to the complete lack of access to primary health care and sub-centre facilities. There is a widespread lack of immunization coverage and ante-natal and post-natal care provision. Limited ICDS and ASHA services and resources have only recently been introduced without infrastructure, training and oversight. The team heard testimonies about the high incidence of diarrhea, malaria, and respiratory and other diseases.

III. Water & Sanitation

The team observed that there are no toilet facilities within the camps – only makeshift holes. There is also a critical lack of safe drinking water sources – out of 24 hand pumps in the Narasinghpara camp, only two were reportedly functioning. The team observed that the water from these pumps contained high levels of iron. The women and girls within the camp trudge mercilessly under the sun all day as they haul pitchers of water to and from the nearest viable water source – a stream which is almost a mile away requiring navigation of mountainous terrain. Such conditions are the cause of a high incidence of water-borne diseases. The Commission's directives to district and state officials included immediately providing access to safe water sources and implementing critical maintenance and monitoring processes for water and sanitation infrastructure.

IV. Education

75 EGS centre which did not run for more than 1-2 hours, as there was acute shortage of space and most centre had to run in the open, teaching material, no mid-day meal programme in any of the centres. The team found that children older than 12 years were still in class 3 and there was no programme of accelerated learning or bridge schools. The residents of the camp set up their own private school and are struggling very hard to sustain the school. There is an enormous demand for education with several poor parents sending children as far as 10-12 kilometres away to attend the English-medium private school.

V. Data Collection

There were no proper records of births and deaths, children in school and out-of-school, children being trafficked, health and nutritional status.

VI. NREGA & PDS

The camp inmates were not covered under the NREGA scheme as they were considered a displaced population, maintaining their voting rights in Mizoram. Thus they have to depend largely on the rations provided by the Ministry of Home Affairs, GOI, which is adequate only for 10 days. Considering that all the members of the family are not included in the list, these rations were not enough.

VII. Nodal Oversight & Grievance Re-dressal Mechanism

There were many families whose names were not included in the ration cards, and there was no local redressal system that they could approach.

Assam Relief Camps

A population of approximately 230,000 is currently living in relief camps across Assam. The team visited 6 relief camps of the Santhali and Bengali Muslim communities who had been displaced from their homes due to ethnic conflict involving the Bodo community.

The team held public hearings in the Doesri camp which had the adivasis and the santhali tribal population and the Salabila camp which had the Bengali Muslim population. Over 700 people attended the hearings in each of the camps. The hearings focused on the lack of access to education, health, and nutrition and food security. IT found that many children were out of schools and engaged in some form of work or another. There were also instances of child trafficking among girls, who went to work in the bordering country of Bhutan and also came as far as Delhi to work as sex-workers and domestic child labour.

The team also heard the stories of how precarious their lives were due to uncertainty of the rehabilitation programme and denial of rations to a large number of them.

Some of the specific issues that the NCPCR team took up with the government were as follows:

Education

The Commission insisted that there is a universal coverage of all children in the schools (EGS centres). It was noticed that in many of the camps there were over 200- 400 children studying in the EGS centre with only one teacher. There were no books, stationery, classrooms, toilets in these centres. There were no plans for mainstreaming children and the middle and high-schools were grossly inadequate and run by private venture schools.

Health

It was evident that children were malnourished and there were episodes of malaria, dengue and many had scabies and were suffering from cold, even as the team walked through the camp. The ICDS centre was set up just a week before the team arrived. So there was no record of the number of children under six, their height, weight and not a single child was given a complete dosage of immunization, with the exception of pulse polio. People accessed private quacks for health-care as they had to travel great distances for the sub-centre of PHS.

Sanitation

These overcrowded camps had no toilets, causing health hazards in addition to the great inconvenience that the women had to face.

Water

Even when there was water, it was so close to the defecation point that the drinking water was contaminated. The team saw that the hand-pumps that were provided unserviced and only some 20% of them were in working condition.

Children living with and affected by HIV/AIDS in Manipur

‘The lack of a systemic child policy and support for children infected and affected by HIV/AIDS’

As well as conducting a public hearing in Imphal, the Commission visited district level medical facilities in the Thobal and Churachandpur districts and the RIMS Hospital and J.N. Hospital, both implementing government supported ART programmes.

The Commission heard heart-rending testimonies from families in this ‘high prevalence’ state affected by HIV/AIDS with regard to the discrimination and exclusion from services and institutions including schools and juvenile facilities, the continuing gaps in access, care and treatment of 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 protective placement.

In particular the Commission highlighted the lack of universal coverage in providing nutritional support to all children on ART treatment (1129 registered in ART), the complete lack of psycho-social services, community based outreach services, and the ethical protocols governing testing and treatment. The Commission asked the state to ensure non-mandatory testing and protocols for testing based on medical assessment, the best interests of the child and child participation. In particular the Commission noted that testing should be governed by confidentiality and should always ensure access to treatment rather than for the purposes of exclusion and discrimination.

It was also concerned by the lack of support to pregnant mother with HIV and ambivalent breastfeeding guidelines, counseling and support necessary for the prevention of mother to child transmission. The testimonies during the public hearing also revealed severe gaps in education provision and the occurrence of child trafficking.

The Commission’s recommendations to the state also focused priority action on placement alternatives within the Juvenile Justice system, pediatric diagnostic testing facilities, targeted adolescent support programmes, education, drug de-addiction programmes, data collection and mapping of services to children affected by HIV, and the strengthening of government and NGO collaboration.