"Defending the health of people in the era of Globalisation"

The Second National Health Assembly

23 - 25 March 2007, Bhopal, Madhya Pradesh, India

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Inside...

I. Jan Swasthya Abhiyan (JSA)

The Jan Swasthya Abhiyan (JSA) is the country circle of the Global People's Health Movement (www.phmovement.org). It was formed in the year 2000 when several national networks collectively organised the first Jan Swasthya Sabha during which over 2000 participants adopted the Indian Peoples Health Charter and launched the JSA to work towards achieving health for all and for equity in health.

II. Second National Health Assembly (NHA2)

The Second National Health Assembly (NHA2) held in Bhopal from 23rd to 25th March 2007 was the first assembly after the formation of JSA. A lot of preparation and mobilization was done for NHA-2. The JSA Workshop on Campaign Material Preparation for NHA 2 was held in Bangalore from 24 - 25 February 2006. The National workshop on NHA 2 and JSA-NCC (national coordination committee) meeting was held in Secunderabad from July 14-16, 2006. The NHA-2 Preparatory Workshop was held in Bhopal from 4-6 January 2007. The JSA-NCC also met in Delhi during the Indian Social Forum, which was held from 09 - 13 November, 2006. A second series of background booklets on issues of Globalisation and Health, Health Systems in India, Women's Health, Campaign Issues in Child Health, New Technologies in Public Health, Access to Medicines: HIV-AIDS Treatment Access and Access to Essential Medicines were prepared for district and state level trainings. They are also available on the JSA website (www.phm-india.org). Translations of some of the booklets in different Indian languages are also available. Three more booklets on urban health, mental health and health of dalit communities were circulated at the NHA-2. These three booklets will be further modified and brought out into a larger booklet on 'Health of different sections of people'.

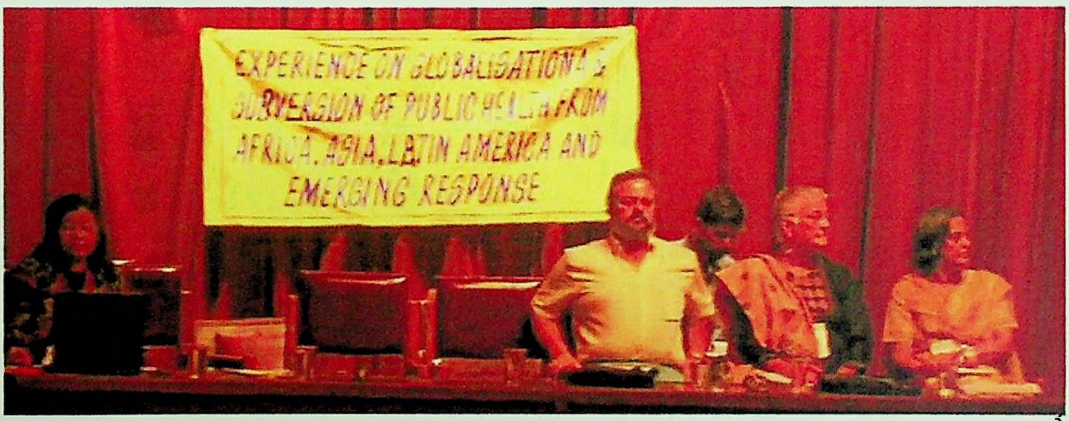
More than 2000 participants from different states of India participated in NHA-2. . Important issues were discussed during plenary sessions and in workshops. In the plenary sessions on the first day, issues pertaining to industrial genocide in Bhopal, displacement caused by Narmada project, globalisation and its impact on peoples' lives, challenges to the health system in the era of globalisation, presentation of report on peoples rural health watch and the Indian women's health charter were discussed. In addition there were also presentations on the six years of Jan Swasthya

Abhiyan and presentations by the representatives of different national networks. In the parallel sessions, topics such as strengthening and reforming the public health system, regulating the private sector, ensuring access to essential medicines and women's health rights including focus on population policy, contraceptive choice, and so on were discussed.

On the second day, many more issues were issues discussed in parallel sessions. The issues covered were social exclusions and health care, empowering the socially excluded, ensuring rights to meet basic needs in the era of globalisation (impact on right to food, water and safe environment, ensuring the right to food, ensuring safe water and ensuring a safe environment). A review of JSA activities was also conducted and all state and network convenors, and facilitators from parallel sessions held on 23rd and 24th March 2007 presented their responses to the draft people's alternative health plan.

Twenty workshops were held on various topics in two parallel sessions on 24th March 2007. The sessions covered were tribal health, children's right to food – action for children under six, health rights of positive people, panchayati raj institutions (local self govt. institutions) and health, sex selective abortion, mental health, environment and mining, Public Health Act, micronutrients, pulse polio, urban health, alternate health practices and sustainable development, human resources for health care, sexuality minorities and sex workers, violence against women, disability, community based monitoring of National Rural Health Mission, Bhopal gas tragedy and patents and IPRs.

On 25th March 2007, a tri-continental dialogue was held on the theme of *experiences on globalisation and subversion of public health from Africa, Asia and Latin America and the emerging response*. It included presentations by David Sanders of PHM South Africa, Edelina De La Paz of PHM Philippines and Armando De Negri of PHM Brazil who presented the experiences and emergining responses from their continents. The session was chaired by Maria Hamlin Zunega of PHM Latin America and Thelma Narayan of JSA.



In the second session, a message from Halfdan Mahler, the former Director General of WHO was read out. Lanny Smith from PHM USA presented about PHM at the World Social Forum. Jeff Conant from PHM USA presented about the Right to Water campaign in the Americas. This was followed by two moving presentations about Militarisation and Health by Jihad Mashal of PHM Palestine and Salam Obaidi of PHM Iraq. Maija Kagis from PHM Canada presented about Right to Health Care, while Ghassan Issa of PHM, Lebabnon presented about the journey of PHM Global from Savar to Cuenca and about meeting the various challenges through the years.

This was followed by a session titled "Alliances of Health". The session was a bringing together of various campaigns and planning for involvement of JSA in those campaigns and vice-versa. The campaigns represented were Right to Food Campaign presented by Jean Dreze, Right to Information presented by Suchi, Tribunal on World Bank presented by Deepika D' Souza, Dalit Rights presented by Annie Namala and Child Rights presented by Razia Ismail Abbasi.

Three parallel sessions were held on the third day (25th March 2007), including:

1) Peoples Rural Health watch; Monitoring the Public Health System and Intensifying the Right to Health Campaign including Private Sector Regulation.
2) Effective Campaigning for Women's Health and Campaigning Against Coercive Population Policies
3) Realising the Right to Essential Drugs and Ensuring Rational Drug Use.

This was followed by a dialogue with policy makers. Shri. Amarjeet Sinha, Joint Secretary in the Ministry of Health and Family Welfare made a presentation and responded to some of the issues of concern raised by JSA. The lone political party representative was an MP who belonged to the CPI (M) in West Bengal.

The concluding session was chaired by Dr. Kuldeep Singh Tanwar. Smt. Sudha Sundararaman, National General Secretary of AIDWA made brief concluding remarks and Dr. B. Ekbal, National Convenor of JSA read out a statement expressing concern over SEZs.

Vinay and Charu from the Muktinad cultural organisation in Ahmedabad presented an amazing array of songs on various soicla issues, especially those concerning communalism and violence. Cultural presentations by different state groups were held at various times on all three days of the assembly.

The various networks, states units, campaigns and other organisations set up stalls which were used to disseminate information, sell herbal products, books, posters and other health related literature. The stalls were also used to create awareness and mobilise people for different campaigns.

The Nation Co-ordination Committee of JSA was held on the second day of the assembly in the evening. The Global PHM held its steering committee meeting after NHA-2. The members of the steering council participated in the various events held over the three days. They were also involved in facilitating and sharing their expertise, experience and passion with 13 young participants who attended the second Internal's People's Health University course which was held in parallel with NHA-2. The participants of the IPHU, who hailed from several countries also attended various sessions of the NHA-2.

III. Community Health Cell Supported Workshops

Community Health Cell (CHC) supported some specific workshops and plenaries in the Second national Health Assembly. In addition to the overall contribution in conducting the NHA-2, CHC team members played an active role in various sessions including the parallel session on Social Exclusions and Health Care – Empowering the Socially Excluded, and workshops on Children's Right to Food – Action for Children Under Six, Health Rights of Positive People, Bhopal Gas Tragedy, Mental Health, Environment and Mining, Alternate Health Practices and Sustainable Development, Human Resources for Health Care, Disability, Realising the Right to Essential Drugs and Ensuring Rational Drug Use. Medico International, AIFO and Miserior showed their solidarity by supporting some of these sessions. Highlights of some of these sessions are given below.

Alternate Health Practices and Sustainable Development

This session was facilitated by Sr. Molly Vadaken of the Medical Mission Sisters Organisation. The meaning of holistic health was discussed by the participants as a way of life which was connected with everything in nature. It was understood as a harmony with mind, body and spirit. Food was also a form of medicine.

Some relaxation exercises and yoga were demonstrated by trained activists at the workshop. There was also discussion on postures. The organising team then presented a drama on water. This was followed by a presentation on sustainable development and on how to include people in decision making. The need for all development works to include the needs of the poor and need people was discussed.

Environmental and Occupational Health

Rakhal of CHC welcomed all the participants and reminded them that one of the main objectives of the workshop was to mainstream the issues into the agenda of the Jan Swasthya Abhiyan. The current situation was discussed. Today's scenario was characterised by 4 phenomena:

1. Communities are weak and marginalized, due to the erosion of livelihoods and direct impacts on health of the degraded environment and working conditions.
2. Increasing corporate power that is leading to a complementary weakening of the state – especially in terms of its powers of regulation and taking the side of the worker – both in the formal as well as in the informal sector.
3. A medical fraternity that is ignorant of the issues.
4. An academic and scientific community that ignores the issue.

This discussion was followed by a presentation by CHINTAN on Delhi's informal recycling sector. The second presentation was by Jagdish Bhai of PEOPLE'S TRAINING AND RESEARCH CENTRE on Strategies for Preventing Silicosis in the Gems and Jewellery Industry. The third presentation was done by Yashpal from JSA DELHI on Silicosis - The Lal Kuan Case. The fourth and final presentation was by Bhagya of SAKHI on Mining and Health. The recommendations of the workshop were discussed as follows:

1. It is very important as a strategic point that in every movement / program / intervention aimed at improving occupational health we need to work actively with the various arms of the state. This work will inlcude awareness building, lobbying for appropriate policy and sensitization regrading the plight of the people working etc.
2. One of the most important components of our work towards better and better environmental and occupational health is the organization of labour.
3. Program limited to mere awareness building without cognizance of the complex set of problems the worker / pollution impacted communities face very rarely succeed. Programs need to be comprehensive, and directly meet some of the 'welfare' needs of the community before one can develop any sense of community ownership.
4. It is very important to move towards increasing community ownership of the process right from the beginning.
5. All our advocacy needs to be research based.
6. We urge the government to ratify section 155 of the ILO charter.
7. We would like to make the plea that given the seriousness of the situation, the amount of impact on the health of the people and the urgent need for action, that environment and occupational health be made core issues in JSA's work.

The detailed workshop report is enclosed in Annexure-2.

Bhopal Gas Tragedy

Bhopal Gas Tragedy was the biggest human made industrial disaster in history. On the night of 2nd – 3rd December 1994, nearly 50 tons of gas leaked from Union Carbide Factory in Bhopal, the main component of which was Methyl Isocyanides (MIC), which was lethal to all living organisms. Nearly 3-5 thousand persons died on the same day and many continued dying even after years passed.

The workshop was chaired by Mr. S.R. Azad, General Secretary, MPVS. He said that discontinuation of ICMR research had weakened the case against Union Carbide. It has disarmed the gas victims against legal struggle. Mr.Balkrishna Namdev called for a detailed assessment of damage, injury and losses. Mr. Abdul Jabbar said that due to faulty policies of Government and multinational companies the tragedy happened and was forgotten. There was toxic chemical waste in the campus of factory and earlier the government had hidden this fact. But due to concerted agitation and intervention of court it had come to the surface. Mrs. Sadhana Karnik said that the government was deaf and blind as it was not listening to the suffering or struggle of Bhopal Gas Affected people. Mr. N.D. Jay Prakash informed about the legal fight of gas affected people. He said that the government had created obstacles for extradition of Warren Anderson, the then Chairperson of Union Carbide. He said Govt. has surrendered its peoples right in the interest of multinational companies. Dr Ajay Khare raised issues related to research done by ICMR which was later stopped due to various pressures. It was necessary to start research again so at least long term effects could be monitored. He also said about the merger of gas hospitals in state health system, which would reduce the access of gas victims to treatment and good care. The recommendations of the meetings were as follows:

1) Research projects stopped by Indian Council of Medical Research should be started.
2) Long term genetic studies should be started to find out long term effects and any carcinogenic effects of MIC and other gases released on 2nd -3rd Dec 1984.
3) There should be central registry of patients, centralized documentation of patients including Bhopal Memorial Hospital and Research Center to avoid duplication of records, treatment and better follow up.
4) Efforts of merger of Gas hospitals in state health department should be stopped. Responsibility like medico legal cases, post mortem should not be given to doctors working in these hospitals, it will affects their availability for gas patients.
5) Rogi Kalyan Samiti in gas hospitals should be stopped immediately as they are causing discrimination among gas exposed and unexposed patients. Staff and doctors are giving more attention towards paid patients and neglecting Gas affected patients. Doctors are also getting perks for treating private patients so giving more attention towards them.
6) Facilities in Gas hospitals are utilized by Gandhi Medical College doctors for non-MIC patients, which cause neglecting of patients and damage to equipments. It should be stopped.
7) Doctors for all specialties should be appointed immediately to provide proper treatment to gas affected patients. Space for this specialty is given to establish cancer ward of medical college it should be taken back.
8) Special attention should be given to old and disabled patients they require immediate attention.
9) Severely affected area should also be taken first.
10) There is change in disease pattern in moderately and mildly affected areas detail study is required to understand phenomenon and causes to tackle it.
11) Hundreds of tones of toxic waste is still dumped in campus of Union Carbide factory which id polluting under ground water, It should be removed immediately and persons affected due to poisonous water should be treated and paid sufficient compensation for this.
12) Social security pension should be given to widows without any support, disabled old persons. It should be raised to minimum Rs 400 /month from Rs 150 / month. They should get benefit of Antyodaya scheme also their treatment should also be totally free.
13) Gas affected old persons and widows should get separate compensation from gas relief department.

The detailed workshop report is enclosed in Annexure-3.

Social Exclusions and Health Care; Empowering the Socially Excluded

The overview on social exclusion was given by Annie Namala, a Dalit Rights Activist from the Indian Institute of Dalit Studies Research and Advocacy. She said that there is an active process of discrimination. It is necessary to see in particular contexts who are the socially excluded communities. These groups face discrimination in all situations including when they approach the public health system. The system resorts to victim blaming in order to cover up its own inadequacies. Hence the groups have to go to private health providers. Talking specifically of caste based discrimination she said that caste based discrimination operates in all relationships; be it social or economic. When addressing health needs of Dalit communities, one has to talk about more than physical health. It is necessary to address other issues like minimum wages etc.

After this overview, representatives from organizations of socially excluded groups made their presentations. Nita Patel, a Gujrat earthquake paraplegic presented the issues of the disabled. Subhash Bhatnagar is a member of the National Campaign Committee of Unorganised sector workers presented on issues of unorganised sector workers. Sakina, a Salt pan and prawn worker from Madia taluka near the Rann of Kutch, an area which produces around 80% of India's salt, presented about issues of salt pan workers. Revathi, a Hijra and women's rights activist spoke about the widespread discrimination and harassment faced by the trans-gender group. Manohar who has been working with sexual minorities and sex workers talked about the health issues faced by the sex workers. Kaushalya, the President of the Positive Women's Network spoke of issues facing people living with HIV/ AIDS. Rizwana from Halol, Gujrat who was a victim of the 2002 riots in Gujarat spoke of issues of internally displaced communities. Aparna Joshi from Jan Manasik Arogya Abhiyan spoke of issues of mental health patients. Lalita from the Adivasi Adhikar Samiti spoke of the issues of the adivasis ('tribals'), especially those of the so called 'primitive tribal groups'. The group then discussed the recommendations for the Alternative Peoples' Health Plan:

a. The Plan has to recognize social exclusion, health status of these groups and their issues of access
b. Planning has to be done around these socially excluded groups to ensure that their needs are adequately addressed
c. The Groups have to be involved in the implementation of the Plan
d. The Groups have to be involved in monitoring
e. Adequate resource allocation has to be made to ensure the above

The detailed workshop report is enclosed in Annexure-4.

Action for Children under Six

Almost 5,000 children under 5 years of age die every day in India. Three fourth of them die before they reach one year of age, and almost half, before they are 28 days old. As the recent NFHS survey data show, there has not been much improvement in the situation of children under six in the last eight years. India's performance has been especially poor in reducing malnutrition among young children, with 46% of children under-3 being underweight.

The workshop on 'action for children under six' was held to discuss ways in which public action can be carried out from the village level to the national level to ensure "universalisation with quality" of ICDS in a manner where starting from breastfeeding, children's right to nutrition is protected. The workshop was divided into two sections – one presenting the macro and policy level situation and the other where field level experiences from Chhattisgarh, Andhra Pradesh, Madhya Pradesh and Gujarat towards improving ICDS were be shared.

Dr. Arun Gupta of the Breastfeeding Promotion Network of India made a presentation on the importance of breastfeeding for child survival and health, the existing policies at the national and international levels for promotion of breastfeeding including laws such as the Infant Milk Substitutes Act. Sachin Jain, Vikas Samwad, Bhopal presented the macro-situation of malnutrition and hunger among children in India and especially, in Madhya Pradesh. In the second half of the workshop there were presentations on grassroots experiences on ICDS. The following presentations were made – Sugan (Manav Adhikar Samiti, Madhya Pradesh), Samir Garg (Adivasi Adhikar Samiti, Chhattisgarh), Anand (M.V.Foundation, Andhra Pradesh), Shankaraiah (Gram Panchayat Sarpanch, Andhra Pradesh) and Mangu (Anna Adhikar Suraksha Abhiyan, Gujarat). All the presentations talked about mobilising the community for monitoring of anganwadi centres, including the role of women's groups, gram panchayats etc. Details of surveys conducted, meetings held, petitions submitted and the changes observed were shared.

The presentations were followed by a lengthy discussion with the participants on the way forward to ensure Universalisation of ICDS with quality. Some specific action points emerged:

1. The Supreme Court order of December 2006 directing governments to set up 'anganwadis on demand' is a powerful one and must be used by all. A draft application form for such an anganwadi on demand in any hamlet where there are 40 children under the age of six was designed and shared with all. It was decided that such demands should be made wherever needed and also that a copy of the application should be marked to the Commissioners of the Supreme Court on Right to Food. In case the governments do not respond by setting up anganwadis within three months of the demand, this could then be taken up at the Court.
2. Some decisions were taken in the Convention on Children's Right to Food in Hyderabad such as conducting an anganwadi diwas, bal adhikar yatra etc. It was decided that this should be pursued.
3. Signatures were collected on a banner demanding that the Supreme Court order on universalising ICDS be implemented.
4. Issues related to convergence between NRHM and ICDS on malnutrition need to be looked into in greater detail. The Ministry of Health and Family Welfare and also movements on right to health cannot ignore the problem of child malnutrition.

Jean Dreze concluded the workshop by summarising the discussion. Due to lack of time not much time could be spent on discussing future action. It was decided that this discussion would be continued at the Right to Food Convention in Gaya in April 2007. It was seen that many of the participants were new to the issues related to children under six and were through this workshop introduced to the issues and campaign on ICDS.

The detailed workshop report is enclosed in Annexure-5.

Annexure -1

Programme of the Second National Health Assembly (NHA-2)
23rd to 25th March, 2007, Ravindra Bhavan Bhopal, Madhya Pradesh

Day One (23/3/2007)	
Opening Plenary **Venue: Muktakash** 10.30 – 13.00 and 14.00 – 16.30	Chair: B. Ekbal (National Convenor, JSA) Facilitator: Asha Mishra (BGVS, MP) **Welcome:** Sharadchandra Behar (Chair Person Organising Committee, NHA-2) [*5 minutes*] **Cultural Presentation:** Songs in honour of Bhagat Singh and others. [*15 minutes*] **Six Years of Jan Swasthya Abhiyan** Abhay Shukla (SATHI-CEHAT, Pune) [*30 minutes*] Testimonies: • **Industrial Genocide in Bhopal:** Jameela [*15 minutes*] • **Displacement caused by Narmada project:** Kamala Yadav [*15 minutes*] Presentations on: • **Globalisation and its Impact on Peoples Lives** P.Sainath [*40 minutes*] • **Challenges to the Health System in the era of Globalisation** Anant Phadke (SATHI-CEHAT, Pune) [*30 minutes*] ..... Presidium: All State JSA Convenors • **Presentation of Report on Peoples Rural Health Watch:** Joe Varghese (CMAI), Indira Chakravorthi (JSA), CS Verma (JSA UP), Dharmendra (JSA Bihar), Sulakshna (JSA C.G.) and Amulya Nidhi [*45 minutes*] • **Address by Representatives from National Networks:** Mira Shiva (AIDAN) Ms. Sonia (AIDWA) Balaji Sampath (AID India) Kuldeep Singh Tanwar (BGVS) Dr. Arun Gupta (BPNI) Fr. Augustine (CHAI) Amitava Guha (FMRAI) Kumud Singh (NFIW) Vijay Arul Das (CMAI) C.Sathyamala (MFC) Ajay Khare (AIPSN) [*5 minutes each – total 1.5 hours*] • **Indian Women's Health Charter:** Manisha Gupte (MASUM, Maharashtra) [*10 min*]

Focus on Key Concerns – **Making Health for All- Now a Reality** 17.00 – 19.00	**Parallel Session One (Venue: Rabindra Bhawan)** **Facilitators:** Jaya Velankar (JSA, Maharashtra) Jashodhara (Sahayog, UP) • **Strengthening and reforming the Public Health System** T. Sundararaman (SHRC, Chhattisgarh), Srimati (Health Minister Kerala) • **Women's Health Rights (including focus on population policy, contraceptive choice, etc.)** Sudha Sundararaman (AIDWA) Renu Khanna (Sahaj, Gujrat) **Parallel Session Two: (Venue: Muktakash)** **Facilitators:** Mira Shiva (AIDAN), S.Srinivasan (LOCOST, Baroda) • **Regulating the Private Sector** Sanjay Nagral (JSA, Maharashtra), Ravi Duggal (JSA, Maharashtra) • **Ensuring Access to Essential Medicines** Amit Sen Gupta (AIPSN) S. Srinivasan (LOCOST, Baroda)
Cultural Programme **(Venue:Muktakash)** 19.00 onwards	

Day Two (24/3/2007)	
Health and Larger Issues 9.00 – 10.30	**Parallel Session One (Venue: Rabindra Bhawan)** **Facilitator:** Sulakshana Nandi (Adivasi Adhikar Samiti, Chhatisgarh) • **Social Exclusions and Health Care; Empowering the Socially Excluded** Harsh Mander (Aman Biradari, Delhi), Annie Namala (NCDHR) ..... **Parallel Session Two (Venue: Muktakash)** • **Ensuring Rights To Meet Basic Needs In The Era Of Globalisation: Impact on Right to Food,** **Water and Safe Environment** **Facilitator:** Vandana Prasad (JSA, Delhi) **Ensuring the Right to Food:** Kavita Srivastava (PUCL) **Ensuring Safe Water:** Shripad Dharmadhikari (Manthan, Maharashtra) **Ensuring a Safe Environment**
Parallel Workshops and JSA "Teach Ins" 11.00 – 13.00 and 14.00 - 16.00	**Details given below in the next table.**
JSA Organisational Sessions (Venue: Muktakash) 16.30 to 18.00 and 18.00- 19.00	**Review of JSA Activities** **Facilitators:** Ajay Khare (JSA- MP), Dharmendra (Bihar JSA) Presentations by all State JSA Convenors / Representatives ..... **Towards a Peoples Health Plan** **JSA Facilitators:** T. Sundararaman (SHRC, Chhatisgarh) Sanjeev Sinha (UP, JSA) All State Convenors, facilitators from parallel sessions Day I and Day II to present responses to draft people's alternative health plan
Cultural Programme **(Venue: Muktakash)** 19.00 onwards	

Day Three (25/3/2007)	
Tricontinental Dialogue **(Venue: Muktakash)** **Experiences on Globalisation and Subversion of Public Health from Africa, Asia and Latin America and the emerging response** 9.00 am to 10.30 pm and 10.30 pm to 12.00 noon	**Session I:** **Chairpersons:** Maria Hamlin Zunega (PHM L.America), Thelma Narayan (PHM, India) **Screening of Film 'Flight 208'** followed by comments by Parvez Imam (director) [*10 minutes*] Introduction by Chairpersons [*5 minutes*] **Keynote Presentations:** **Meeting the challenge in Africa:** David Sanders (PHM South Africa) [*20 minutes*] **Meeting the challenge in Asia** Edelina De La Paz (PHM Philippines) [*20 minutes*] **Meeting the challenge in Latin America:** Armando De Negri (PHM Brazil) [*20 minutes*] Questions from the floor [*10 minutes*] Chairperson's remarks [*5 minutes*] ..... **Session II:** **Chairpersons:** Opening Remarks by Chair: [*5 minutes*] **Message from Hafdan Mahler** (Former DG, WHO) [*10 minutes*] **PHM at the World Social Forum**: Lanny Smith (PHM USA) [*10 minutes*] **Right to Water campaign in the Americas**: Jeff Conant (PHM, USA) [*10 minutes*] **Militarisation and Health**: Jihad Mashal (PHM Palestine) Salam Obaidi (PHM Iraq) [*15 minutes*] **Right to Health Care**: Maija Kagis (PHM Canada): [*10 minutes*] **Meeting the challenges through the PHM Global:** **from Savar to Cuenca:** Ghassan Issa (PHM, Lebabnon) [*15 minutes*] Interventions from the floor [*10 minutes*] Final remarks by Chair [*5 minutes*]

Alliances for Health for All – Now **(Venue: Muktakash)** 12.00- 13.00	**Panel discussion with members of other campaigns** **Facilitator:** Amit Sengupta (AIPSN) **Panelists:** Dinesh Abrol (WTO Virodhi Abhiyan), Jean Dreze (Right to Food Campaign), Suchi (Right to Information), Deepika D' Souza (Tribunal on World Bank), Annie Namala (NCDHR), Razia Ismail Abbasi (IACR)
Building on the Past: Future Campaigns and Alternatives: 14.00 – 16.00	**Parallel Session 1 (Venue: Rabindra Bhawan)** **Chairperson:** Narendra Gupta (Prayas, Rajasthan) **Facilitators:** Indira Chakravarthi (CMAI, Delhi), Dhananjay Kakade (SATHI-CEHAT) • **Peoples Rural Health watch; Monitoring the Public Health System** • **Intensifying the Right to Health Campaign including Private Sector Regulation** ..... **Parallel Session 2 (Venue: Muktakash)** **Facilitators:** Deepa (SAMA, Delhi) • **Effective Campaigning for Women's Health** • **Campaigning Against Coercive Population Policies** ..... **Parallel Session 3 (Venue: Shamiana 1)** **Chairperson:** Amitava Guha (FMRAI, Kolkata) **Facilitator:** Naveen (CHC, Karnataka) • **Realising the Right to Essential Drugs** • **Ensuring Rational Drug Use**
Dialogue with Policy Makers **(Venue: Rabindra Bhawan)** 16.00 – 18.30	**Chairperson**: B. Ekbal (Convenor, JSA) **Facilitator**: Abhay Shukla (JSA Jt.Convenor) **Panelists:** Representatives from political parties Amarjeet Sinha (Jt. Secy. Ministry of Health and Family Welfare)

Valedictory Session **(Venue: Rabindra Bhawan)** 18.30 – 21.00	• **Presentation of the Conclusions of the session on Future Campaigns and Alternatives** • **Public Declaration of Peoples Health Plan** • **Cultural presentations** Vinay and Charul to do cultural presentations on communal violence. Other cultural groups also to highlight communalism and health

NHA-II Workshops on March 24, 2007

11.00 am – 1.00 pm		**2.00 pm – 4.00 pm**	
Workshop Subject	*Venue*	**Workshop Subject**	*Venue*
Tribal Health Organised by: PHRN	Shamiana 1	**Urban Health** Organised by: PHRN	Shamiana 1
Children's Right to Food; Action for Children Under Six Organised by: CIRCUS, BPNI, Action Aid MP, BGVSMP.	Shamiana 2	**Children's Right to Food; Action for Children Under Six** Organised by: CIRCUS, BPNI, Action Aid MP, BGVSMP.	Shamiana 2
Health Rights of Positive People Organised by: Positive women's network	Muktakash	**Alternate Health Practices and Sustainable Development** Organised by: Medical Mission Sisters Organization	Hindi Bhawan 1
Panchayati Raj Institutions (local self govt. institutions) and Health Organised by: Hunger Project, MP	Shamiana 3	**Human Resources for Health Care** Organised by: CMAI, CHAI, CHC	Hindi Bhawan 2
Sex Selective Abortion Organised by: AIDWA, CMAI, JSA-Raj, MP VHA, HGVS.	Rabindra Bhawan	**Sexuality Minorities and Sex workers** Organised by: Sangama	Shamiana 3
Mental Health Organised by: CEHAT, Basic Needs and Bapu Trust	Shamiana 4	**Violence Against Women** Organised by: Cehat, Masum, AIDWA, BGVSMP.	Rabindra Bhawan
Environment and Mining Organised by: CHC	Hindi Bhawan 1	**Disability** Organised by: CHC Bangalore, CBR Forum, Action Aid MP	Shamiana 4
Public Health Act Organised by: Gujarat JSA	Hindi Bhawan 2	**Community Based Monitoring of National Rural Health Mission** Organised by: SATHI-Cehat	Mahadevi Verma Hall (in Hindi Bhawan)

		and Prayas for JSA	
Micronutrients -- JSA teach in	Swaraj Bhawan	**Bhopal Gas Tragedy** Organised by: MP JSA	Muktakash
Pulse Polio -- JSA teach in	Mahadevi Verma Hall (in Hindi Bhawan)	**Patents and IPRs** -- JSA teach in	Swaraj Bhawan

Annexure-2

REPORT OF THE WORKSHOP ON ENVIRONMENTAL AND OCCUPATIONAL HEALTH

DATE : 24.03.07

TIME: 11.00 to 1.00

VENUE : HINDI BHAVAN I

INTRODUCTION

Rakhal welcomed all the participants, as well as the four groups participating as coorganizers and presenters. Commenting on the Democracy Now video being screened just before the commencement of the workshop, Rakhal noted that while it seemingly was disconnected with the topic of the workshop, in reality the roots of the problem of today's situation in environmental and occupational health clearly rest with corporate led globalization, which was the topic of the video

It is important to understand that today's scenario of environmental degradation and weakening of worker rights and occupational health is clearly linked to the corporate led globalization, increasing greed based consumption, and loss of control of communities over natural resources. This is leading to an increased vulnerability of communities dependent directly on the natural resources for their lives and livelihood – this includes the poor and marginalized communities in all countries

Today's scenario is characterised by 4 phenomena:

5. Communities that are weak and marginalized, due to the erosion of livelihoods and direct impacts on health of the degraded environment and working conditions.
6. Increasing corporate power that is leading to a complementary weakening of the state – especially in terms of its powers of regulation and taking the side of the worker – both in the formal as well as in the informal sector.
7. A medical fraternity that is ignorant of the issues.
8. An academic and scientific community that ignores the issue.

Rakhal also mentioned that one of the main objectives of the workshop was to mainstream the issues into the agenda of the Jan Swasthya Abhiyan.

He requested the speakers that while sharing their experiences and struggles, they should also try and distill out the main learnings and action points, so that people coming from all over could go back with a sense of the possibilities and various strategies. He also pointed out that the main points that were raised at this workshop would also feed into the evolving People's Health Plan.

PRESENTATION 1

CHINTAN – DELHI'S INFORMAL RECYCLING SECTOR

Aagney started with a few slides to show the magnitude of waste produced per day in Delhi, and the requirement of land (and cost) if this had to be disposed in landfills. He also gave information on the number of people involved in this waste picking trade and its various levels. He mentioned the fact that while there was very little or no segregation at the home level, nearly 15 – 59% of segregation of waste

produced was segregated by the informal sector. This translated into a daily saving of nearly Rs. 6 lakhs daily. He also showed through a map of the area covered by an individual waste picker. One of the important points highlighted was that the waste-pickers actually sorted the waste in the dump sites itself. Moreover most of the waste-pickers were children and women of child bearing age.

He then shared the findings of a health survey done on a group of children waste pickers. The survey findings showed a high morbidity among the children with widespread anemia and a shocking prevalence of children who had actually handled mercury. Nearly 6% of children were also addicted to charas and smack.

He then shared some of the main fears that the waste pickers faced including the fact that despite the fact that their livelihoods depended on the dumps – they really had no security as they had no rights over the waste, neither was there any legal recognition. This led to no basic amenities as well as the absence of social security. All these problems were being compounded by the recent moves to privatize the whole waste disposal sector.

While describing the work of Chintan – he highlighted the provision of identity cards to all waste pickers, this complemented by sensitization of the police and policy makers led to a reduced harassment of the waste pickers.

He also called for support / lobbying for the inclusion of the recognition of the informal sector in the newly introduced Municipal Solid Waste Rules.

After this Anees a waste picker from Delhi shared his experience of the harassment by the police, the living and livelihood conditions as well as the way in which working with Chintan has helped him and many others.

During the discussion some of the participants wanted to know about the interaction between Chintan and the police, about the health facilities for the waste pickers, and about the hazard of medical waste being mixed with municipal waste for the waste pickers and the role of science and technology in reducing the hazards.

PRESENTATION 2

PEOPLE'S TRAINING AND RESEARCH CENTRE – STRATEGIES FOR PREVENTING SILICOSIS IN THE GEMS AND JEWELLERY INDUSTRY

Jagdish Bhai started by explaining that the people getting affected by silicosis is not limited to only those working in the industry, but includes children of the workers as well as people living in the neighbourhood. With regard to the impact of silicosis he mentioned the effect of the death of the male member on the family, apart from the destitution and risk, other effects included the bonded nature of many of the workers, the impact of such work on the people of the neighbourhood, alcoholism and the high cost of treatment – which is eventually more symptomatic than curative.

While describing the early strategies of attempting to reduce dust exposure by exhaust systems etc. he pointed out that while the various strategies were aimed at increasing awareness about a particular intervention, there was a failure to organize the workers and make them own the process, and there was no element of direct welfare to the workers. He felt that these two were important reasons for all the efforts to translate into very limited gains.

He also reported on the international level advocacy that they undertook with groups of affected workers from different parts of the world. The network also attempted to raise the issue by trying to block the participation of the merchants at international fairs etc.

Learning from the limited impacts of the earlier strategies, more recently the People's Training and Research Centre started a new program, but this time actively including a component of welfare as well as support to the affected families. Such programs included Day care centres, Child Activity centres, Respiratory physiotherapy, working with widows and organizing and advocacy.

Despite the project and various efforts, the project has seen limited impact especially in the introduction of cheaper machines / interventions that will reduce dust. Moreover there seemed limited scope for litigation and representation from among the various stakeholders.

He mentioned that now the Center had decided to continue with the present work, but in addition also work on the sensitization of various government departments, promoting alternate employment, facilitating compensations and insurance as well as lobbying with the Export Promotion Council of India.

PRESENTATION 3

JSA DELHI – SILICOSIS - THE LAL KUAN CASE

There was another presentation by Yashpal from Delhi on silicosis. He explained the process of the work with people living in Lal Kuan area of Delhi. Here many persons were living with chronic respiratory illness, however they were all being treated for Tuberculosis till a detailed medical examination was arranged and it was discovered that it was infact silicosis. Once the appropriate diagnosis was made there is now a struggle for compensation and rehabilitation.

PRESENTATION 4

SAKHI – MINING

RECCOMENDATIONS OF THE WORKSHOP

1. It is very important as a strategic point that in every movement / program / intervention aimed at improving occupational health we need to work actively with the various arms of the state. This work will include awareness building, lobbying for appropriate policy and sensitization regarding the plight of the people working etc.
2. One of the most important components of our work towards better and better environmental and occupational health is the organization of labour.
3. Program limited to mere awareness building without cognizance of the complex set of problems the worker / pollution impacted communities face very rarely succeed. Programs need to be comprehensive, and directly meet some of the 'welfare' needs of the community before one can develop any sense of community ownership.
4. It is very important to move towards increasing community ownership of the process right from the beginning.
5. All our advocacy needs to be research based.
6. We urge the government to ratify section 155 of the ILO charter.
7. We would like to make the plea that given the seriousness of the situation, the amount of impact on the health of the people and the urgent need for action, that environment and occupational health be made core issues in JSA's work.

Annexure-3

Report of workshop on Bhopal Gas Tragedy
Date: 24/03/2007

During National Health Assembly a workshop on Bhopal Gas Tragedy: Madhya Pradesh Jan Swasthya Abhiyan organized Genocide continued. Bhopal Gas Tragedy is the biggest man made industrial disaster occurred in the history. On 2nd – 3rd night of December 1994 nearly 50 tons of gas leaked from Union Carbide Factory in Bhopal. Because of non-working of scrubbers and non-functional flayer towers this whole toxic material reached in the atmosphere of Bhopal. The main component of this gas was Methyl Isocyanides (MIC), which is lethal to all living organisms used to prepare pesticides. Due to cold this all gas which was at high temperature settled over colonies, slums areas and affected five hundred thousands of persons. Nearly 3-5 thousand persons died on the same day and many continued dieing even after years passed.

The organs mainly affected by gas are eyes, lungs, liver and gastrointestinal system. Psychological disturbances due to disaster and deaths of close relatives as well as suffering have also resulted. Majority of the persons recovered who had mild exposure but those who have moderate or severe affections are still having symptoms like diminished visions, watering from the eye, breathlessness, easy fatigability, and post traumatic mental disorders. These sufferings could not be reduced because of anti people attitude of Union Carbide. Till now Union Carbide has not informed about composition of the gases leaked, anti dote or treatment of the injuries. Govt. had agreement with Union Carbide to pay compensation for 3000 deaths and 1 lakh injured. This meager compensation could not provide relief to the damages caused by disaster. Bhopal gas affected people are still suffering and scrolling leading to death in many cases.

In this background the workshop was organized to focus the issues and raised the demands of Bhopal Gas Tragedy affected people. In the chairmanship of Mr S.R. Azad, General Secretary, MPVS this workshop was organized. Mr. Abdul Jabbar, Convener of Bhopal Gas Peedit Mahila Udyog Sangathan, Mr.Balkrishina Namdev, Convener Bhopal Gas Peedit Nirashray Pension Bhogi Sangathan, Mrs.Sadana Karnik, Convener, Bhopal Gas Peedit Sangarsh Sahyog Samiti and Mr. N.D. Jayprakash, Delhi Science Forum / Bhopal Gas Peedit Sangarsh Sahyog Samiti, New Delhi.

Mr. Balkrishna Namdev said in Bhopal Gas Tragedy was biggest genocide and many had become disabled. But govt. has not supported them substantially. Thousands of people died and lakhs are still suffering. They are still suffering and will remain disabled for life. It requires detail assessment of damage, injury and losses. Responsibility of this tragedy is mainly Union Carbide but Government is also equally responsible. He said Ist action plan came in 1990, which had allocation of Rs. 2.88 b but after, that there is no plan for relief or rehabilitation. Even with this plan economic rehabilitation could not be achieved. Even after decision from Supreme Court neither state government nor central govt. Gave attention towards these Bhopal Gas Affected people. Earlier there was Rs.750 per month pension to gas victims but it has been closed much earlier. Now they are not getting enough pensions to for survival, which is not enough to manage food for two times. Only 150 Rs are given as pension, which is insult of them. Widows are not included in below poverty line survey. It is necessary to change parameters for BPL list. Condition in gas-affected area is very bad. There is need for safe drinking water and proper treatment. There is no regular system of employment.

Mr. Abdul Jabbar said Gas tragedy is very big issue. It is due to faulty policies of Government and multinational companies. It is must that such policies be framed which result in such a way so such disaster does not occur nowhere in world and never. We are conscious and worried for some tragedy just after it happens but later we forget it to remain alert. We remain inactive till next tragedy. Just after tragedy Rs 5000 was given. Till now more than 22000 deaths has occurred due to gas tragedy. He raised question mark on check up and investigations of gas affected people. He said proper investigations have not been performed. Compensation based on these investigations and check ups are not justified. During government of Mr. Motilal Vora as Chief Minister some work was done but later no appreciable work is done. Presently in hospitals patients are not treated properly, medicine is not given many times and equipments are not working. Government does many post of specialist doctors lying vacant from very long-time but no serious efforts. He said monitoring committee set up by Supreme Court has submitted more than 5 reports and advisory committee 3 but no action is taken on the reports.

There is toxic chemical waste in campus of factory earlier government has hidden this fact but due to concerted agitation and intervention of court it has come to surface.

Mrs. Sadhana Karnik said this government is deaf and blind. It is not listening suffering or struggle of Bhopal Gas Affected people. She said due to globalization many multi national companies are playing with the life of general public. Due to influence of these company's health checkups has used as instrument for cheating and befooling. Many patients have given category without proper investigation and check up. Compensation given on this categorization is faulty and insufficient. We need to have common forum against globalisation.

Mr.N.D.Jay Prakash informed regarding legal fight of gas affected people. He said government has created obstacles for extradition of Warren Anderson, the then Chairman of Union Carbide. He said Govt. has surrendered its peoples right in the interest of multinational companies. I am hopeful that in due course of time gas victims receive justice.

Dr Ajay Khare raised issues related to research done by ICMR and later stopped due to pressure of Union Carbide to devoid the struggle from scientific facts. It is necessary to start research again so at least long term effects can be monitored. He also said about merger of gas hospitals in state health system, which will reduce access of gas victims to treatment and good care.

Mr.S.R.Azad in his Presidential address focused on health issues. He said discontinuation of ICMR research has weakened the case against Union Carbide. It has disarmed the gas victims against legal struggle. Continuing suffering due to exposure to MIC is still causing pain and misery to gas victims. There is need to have comprehensive plan for social, economic and health rehabilitation.

Recommendations:

Following recommendations have come after discussion on effects, condition of victims and future strategy for action.

1) Research projects stopped by Indian Council of Medical Research should be started.
2) Long term genetic studies should be started to find out long term effects and any carcinogenic effects of MIC and other gases released on 2nd 3rd Dec 1984.
3) There should be central registry of patients, centralized documentation of patients including Bhopal Memorial Hospital and Research Center to avoid duplication of records, treatment and better follow up.
4) Efforts of merger of Gas hospitals in state health department should be stopped. Responsibility like medico legal cases, post mortem should not be given to doctors working in these hospitals, it will affects their availability for gas patients.
5) Rogi Kalyan Samiti in gas hospitals should be stopped immediately as they are causing discrimination among gas exposed and unexposed patients. Staff and doctors are giving more attention towards paid patients and neglecting Gas affected patients. Doctors are also getting perks for treating private patients so giving more attention towards them.
6) Facilities in Gas hospitals are utilized by Gandhi Medical College doctors for non-MIC patients, which cause neglection of patients and damage to equipments. It should be stopped.
7) Doctors for all specialties should be appointed immediately to provide proper treatment to gas affected patients. Space for this specialty is given to establish cancer ward of medical college it should be taken back.
8) Special attention should be given to old and disabled patients they require immediate attention.
9) Severely affected area should also be taken first.
10) There is change in disease pattern in moderately and mildly affected areas detail study is required to understand phenomenon and causes to tackle it.
11) Hundreds of tones of toxic waste is still dumped in campus of Union Carbide factory which id polluting under ground water, It should be removed immediately and persons affected due to poisonous water should be treated and paid sufficient compensation for this.
12) Social security pension should be given to widows without any support, disabled old persons. It should be raised to minimum Rs 400 /month from Rs 150 / month. They should get benefit of Antyodaya scheme also their treatment should also be totally free.
13) Gas affected old persons and widows should get separate compensation from gas relief department.

Annexure-4

Social Exclusions and Health Care; Empowering the Socially Excluded
Session during the NHA 2
24th March

Facilitator: Sulakshana Nandi

Overview on Social Exclusion

The overview on social exclusion was given by Annie Namala, a Dalit Rights Activist from the Indian Institute of Dalit Studies Research and Advocacy. She said that there is an active process of discrimination. It is necessary to see in particular contexts who are the socially excluded communities. These groups face discrimination in all situations including when they approach the public health system. The system resorts to victim blaming in order to cover up its own inadequacies. Hence the groups have to go to private health providers.

Talking specifically of caste based discrimination she said that caste based discrimination operates in all relationships; be it social or economic. When addressing health needs of Dalit communities, one has to talk about more than physical health. It is necessary to address other issues like minimum wages etc.

Regarding the Alternative Peoples' Health Plan, Ms Namala said that the plan has to first recognize social exclusion and identify such groups. Each community's needs and demands need to be addressed. Issues of access need to be identified. It is important to see where the infrastructure is located. For example, even though the Supreme Court has ordered that ICDS centers need to be set up in SC and ST hamlets, this has not happened.

Members of the marginalized groups have to be made part of the institutional infrastructure. People doing service delivery have to be from the excluded groups. For example, in ASHA selection, there is hardly any representation from marginalised groups. The excluded groups have to be involved in implementation and monitoring. There has to be indicators for involvement of excluded groups. Finally, nothing is possible without adequate resource allocation for addressing the specific needs and demands of the socially excluded groups.

After this overview, representatives from organizations of socially excluded groups made their presentations.

1. **Disabled**

Nita Patel, a Gujrat earthquake paraplegic presented the issues of the disabled. She said that the disabled have regular health problems like fever etc. But their access to the public health system for treat is extremely limited. Hospitals and other public infrastructure are physically not accessible to the disabled. Treatment for specific problems like bed sores etc is not available at the public facility and the doctors are not able to cater to their needs. Even in case of simple illness, the mortality is very high because of lack of treatment. This problem is much more severe among disabled women who face double marginalisation. Only about 8% of the disabled get any education. This further marginalizes them.
There are problems of perception towards the disabled which manifests when others plan for the disabled. For example, in providing employment, the disabled are provided with training and work like sewing, embroidery which involves staying inside the house. The disabled can contribute as effectively even outside the home and in regular jobs.

2. Unorganised sector workers

Subhash Bhatnagar is a member of the National Campaign Committee of Unorganised sector workers. He said that 93% of labour is in the unorganized sector and they contribute to two thirds of the GDP. But this group is not provided with any health services. There needs to be a law providing facilities and essential medicines to the unorganized labour. The Government should be under compulsion to provide social security out of their funds.

3. Salt pan workers

Sakina is a Salt pan and prawn worker from Madia taluka near the Rann of Kutch, an area which produces around 80% of India's salt. But with regards to health, the basic health facilities are not available with non-availability of doctors and nurses. This has grave consequences for the health situation of these communities. For example, there have been a large number of child deaths due to malaria. Specific illnesses due to saltwork also remain untreated.

4. Trans-genders

Revathi is a Hijra and Women's rights activist. She spoke about the widespread discrimination and harassment faced by the group. They get laughed at by society and called abusive names. There is no attempt by the government to address these issues instead they are a huge part of the problem. As homosexuality is illegal under the law, and in order to prevent arrests, Hijras have to pay up to the police in form of money and sexual favours. They are subject to humiliation and abuse when they approach the public health system and no one is willing to treat them. This results in depression amongst most who then take to drugs.

5. Sex Workers

Manohar has been working with sexual minorities and sex workers. He talked of the health issues faced by the sex workers but they are totally left out of the public health system. Health workers don't go to them and hence any disease remains untreated. Their whole existence is criminalized hence they have to seek protection from the police. This puts them in a vulnerable situation and results in further harassment and abuse by the police.

They continue to be left out of all mainstream movements. He demanded that issues of Sex workers be taken up by Human rights activists, women's and dalit groups.

6. People living with HIV and AIDS

Kaushalya is the President of the Positive Women's Network. She first questioned the way the mainstream movements integrate HIV in their issues. Currently, most programmes carried out involve targeted preventive activities. For example, with truck drivers, sex workers etc. Now after 20 years since AIDs was first seen in India, the need is to focus also on treatment. There is very little information available to positive people regarding availability of facilities. It is essential to involve HIV patients in planning and implementation both in AIDS related programmes and also in the general development programmes. HIV and AIDS programmes should plan for prevention, treatment, care and support.

7. Internally displaced communities

Rizwana is from Halol, Gujrat. She is a victim of the 2002 riots. After 2002 riots a large number of Muslim families fled from the villages to temporary colonies. Rizwana is currently living in temporary huts put up in a pond. But the Government does not recognize the settlement and many other such settlements. None of the basic services of water, electricity, health, ration cards are provided to them and no compensation have ever been paid to them. They are not able to return to their villages and they are continually harassed and threatened. They have become refugees in their own country without access to any services.

8. Mental health patients

Aparna Joshi from Jan Manasik Arogya Abhiyan said that mental health has always been meted out a step sisterly treatment. Issues of mental health are always ignored even when talking of health. In development there is no talk of mental health. Mental health does not figure in any training on health. The public health system is totally unprepared to deal with the issue. There is a lot of discrimination against mental health patients. The patients are deprived of the basic human rights. The law does not allow them to vote and a marriage can be dissoThe only model which is available in terms of treatment is a drug dispensing model which is not enough. There is need for quality preventive services. Any model should necessarily involve participation of the users.

9. Tribal Groups

Lalita from the Adivasi Adhikar Samiti spoke of the issues of the tribals, especially those of the so called 'primitive tribal groups'. The tribals face severe issues of access to the public health system both because of geographical remoteness and because of discrimination. They live on hill tops where no health services reach. Instead of attempting to reach them, they are blamed for their situation and told to come down and live in the plains.

There is chronic hunger among these groups but the government is not willing to accept this. Starvation deaths are written off by the government by saying that they had eaten rotten meat. Child mortality rates are very high. In one study amongst Pahari Korwa tibals of Chhattisgarh, 24 out of 28 mothers had at least one child dead. There is rampant malaria and TB rates are much higher than the rest of the population and the number of deaths due to these diseases is very high. The government again is not willing to accept this and hence they don't take any serious steps to prevent this. Instead of improving the health services and preventing loss of the tribal's livelihoods, the only way the government is trying to prevent 'extinction' of this group is to ban sterilization amongst the so called 'primitive tribal groups'. This is clearly a human rights violation.

The tribal groups are now organizing themselves and demanding their rights.

Conclusion

Recommendations for the Alternative Peoples' Health Plan:

f. The Plan has to recognize social exclusion, health status of these groups and their issues of access
g. Planning has to be done around these socially excluded groups to ensure that their needs are adequately addressed
h. The Groups have to be involved in the implementation of the Plan
i. The Groups have to be involved in monitoring
j. Adequate resource allocation has to be made to ensure the above

Annexure-5

ACTION FOR CHILDREN UNDER SIX

Workshop during National Health Assembly -2, Bhopal
24 March 2007, 11am – 1pm and 2pm – 4pm

Almost 5,000 children under 5 years of age die every day in India. Three fourth of them die before they reach one year of age, and almost half, before they are 28 days old. As the recent NFHS survey data show, there has not been much improvement in the situation of children under six in the last eight years. India's performance has been especially poor in reducing malnutrition among young children, with 46% of children under-3 being underweight.

For decades now, it has been recognised that malnutrition underlies more than 50% of deaths of under-5s. It has also been recognised for years now that malnutrition peaks between 8 and 18 months. But that it starts earlier, even before 6 months of age, when brain and organ development are taking place. Malnutrition at this age can cause irreversible changes.

Studies have further shown that exclusive breastfeeding alone provides the nutrition that meets all the infant's requirements from 0-6 months. It has also been shown that this is the only preventive and the best treatment for the major killers during the neonatal period – diarrhoea, pneumonia and sepsis. Recent studies have shown that starting breastfeeding within one hour of birth can help reduce the risk of neonatal mortality by almost a third. And that continued breastfeeding till 2 years of age, along with the introduction of suitable complementary feeding from the 7^{th} month onwards, will reduce the risk of death.

In spite of the fact that the NFHS 3 data show that breastfeeding practices in India are nowhere near optimal, policy and programmes continue to ignore this vital area, based on the notion that infant feeding is in the family domain.

Given that breastfeeding is such a vital tool for reducing deaths of children below five, and ensuring their best growth and development, there is little emphasis paid at the policy level for promoting and supporting mothers to breastfeed their babies adequately. The National Maternity Benefit Scheme (NMBS) partially addresses maternity entitlements and the nutritional requirements of pregnant women and breast-feeding children. However, this scheme is currently languishing in most parts of the country. Maternity entitlements need much more public attention as an important element of social security for the well being of women and children, and specifically for the food security of very young children.

The Integrated Child Development Services (ICDS) is supposed to address the health, nutrition and pre-school needs of children below the age of six. It is, in fact, the only government programme that addresses the rights and needs of this age group. However, the coverage of ICDS is quite limited, and the quality of the programme is also quite poor. "Universalization with quality" is urgently required to protect the fundamental rights of children under the age of six. Currently only one third of India's 16 crore children in the 0-6 age group are covered under the supplementary nutrition component of ICDS. The coverage of settlements is also highly inadequate: there are about 7.8 lakh operational (about 10.5 sanctioned) anganwadis in the country, compared with an estimated 14 lakh required for universal coverage. An additional 3.5 lakh anganwadi centres must be sanctioned at the very least, and all sanctioned anganwadi centres must be immediately operationalised. The design of ICDS also needs radical improvement if the programme is to achieve its full potential, including the vital component of pre school education as well as effective services for children under three, including ensuring breastfeeding.

The universalization of ICDS, with quality improvements, is one of the core commitments of the Common Minimum Programme (CMP). It is also necessary for compliance with Supreme Court orders. A recent order by the Supreme Court (dated 13 December 2006) directs governments to universalise ICDS by December 2008. These political and legal obligations present a real opportunity to achieve "universalisation with quality" in the near future. However, public pressure is required to hold the state accountable to these obligations.

In this background, the workshop on 'action for children under six' was held to discuss ways in which public action can be carried out from the village level to the national level to ensure "universalisation with quality" of ICDS in a manner where starting from breastfeeding, children's right to nutrition is protected. The workshop was divided into two sections – one presenting the macro and policy level situation and the other where field level experiences from Chhattisgarh, Andhra Pradesh, Madhya Pradesh and Gujarat towards improving ICDS were be shared.

Dr. Arun Gupta of the Breastfeeding Promotion Network of India made a presentation on the importance of breastfeeding for child survival and health, the existing policies at the national and international levels for promotion of breastfeeding including laws such as the Infant Milk Substitutes Act. The lack of a separate budget head for breastfeeding and as a result the absence of effective strategies to ensure exclusive breastfeeding up to six months of age was discussed. He also talked about the maternity entitlements that are required if exclusive breastfeeding was to be made possible. In this the Tamil Nadu model of giving Rs. 1000 per month for every pregnant woman was seen as a positive development. It was felt that the ASHA under NRHM and the anganwadi worker should be trained on counselling and support for breastfeeding, with the ASHA being given incentives to ensure early initiation of breastfeeding.

Sachin Jain, Vikas Samwad, Bhopal presented the macro-situation of malnutrition and hunger among children in India and especially, in Madhya Pradesh. The results of the NFHS-3 were presented and also how the governments are not complying with the orders of the Supreme Court on Universalisation of ICDS. In Madhya Pradesh itself, thousands of anganwadi centres that were sanctioned two years back are yet to be operationalised. Issues related to improvement in the quality of ICDS were also discussed.

In the second half of the workshop there were presentations on grassroots experiences on ICDS. The following presentations were made – Sugan (Manav Adhikar Samiti, Madhya Pradesh), Samir Garg (Adivasi Adhikar Samiti, Chhattisgarh), Anand (M.V.Foundation, Andhra Pradesh), Shankaraiah (Gram Panchayat Sarpanch, Andhra Pradesh) and Mangu (Anna Adhikar Suraksha Abhiyan, Gujarat). All the presentations talked about mobilising the community for monitoring of anganwadi centres, including the role of women's groups, gram panchayats etc. Details of surveys conducted, meetings held, petitions submitted and the changes observed were shared.

The presentations were followed by a lengthy discussion with the participants on the way forward to ensure Universalisation of ICDS with quality. Some specific action points emerged:

5. The Supreme Court order of December 2006 directing governments to set up 'anganwadis on demand' is a powerful one and must be used by all. A draft application form for such an anganwadi on demand in any hamlet where there are 40 children under the age of six was designed and shared with all. It was decided that such demands should be made wherever needed and also that a copy of the application should be marked to the Commissioners of the Supreme Court on Right to Food. In case the governments do not respond by setting up anganwadis within three months of the demand, this could then be taken up at the Court.
6. Some decisions were taken in the Convention on Children's Right to Food in Hyderabad such as conducting an anganwadi diwas, bal adhikar yatra etc. It was decided that this should be pursued.
7. Signatures were collected on a banner demanding that the Supreme Court order on universalising ICDS be implemented.
8. Issues related to convergence between NRHM and ICDS on malnutrition need to be looked into in greater detail. The Ministry of Health and Family Welfare and also movements on right to health cannot ignore the problem of child malnutrition.

Jean Dreze concluded the workshop by summarising the discussion. Due to lack of time not much time could be spent on discussing future action. It was decided that this discussion would be continued at the Right to Food Convention in Gaya in April 2007. It was seen that many of the participants were new to the issues related to children under six and were through this workshop introduced to the issues and campaign on ICDS.

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