

REPORT ON THE VISIT TO SAIHA DISTRICT OF MIZORAM

A team from the NHRC consisting of Member, Shri Satyabrata Pal, Dr. Y.L. Tekhre, Director (Research) and Mrs. Mamta Singh, SSP, visited the Saiha district of Mizoram under the 'Human Rights Awareness Programme' during 14-18th March 2010.


2. The objective of the visit was to take stock of the facilities available in the district and the implementation of programmes of the State and Central Government designed to promote and protect civil, political, economic and social rights. The team visited various organisations/institutions, including the offices of the District Magistrate and the Superintendent of Police, police stations and the district jail, an anganwadi centre, primary and secondary schools, an orphanage and the district hospital.

3. It went to villages and panchayats and had a detailed meeting with members of the Autonomous District Council at its offices. It interacted with stakeholders, villagers and officials to assess how far the rights to food, education, health and custodial justice, in particular, were available to residents of the district.

A. OVERVIEW

4. The people of Saiha, the vast majority of whom are from the Mara tribe, seem to labour under a triple alienation:

- i) they still mourn the fact that the British divided their tribe, with two-thirds left in Myanmar. While they do not want to join their tribesmen across the border, knowing how destitute the Myanmarese Mara are, they have great sympathy for their plight. They also believe that because the tribe was divided, it does not have enough weight in India. They regret their loss of power and prestige vis-à-vis other tribes;
- ii) this sense of being disadvantaged is strongest against the Mizo, their traditional tribal rivals. The Mara resent that the State has been called Mizoram, implying that it belongs to the Mizos, though they and other non-Mizo tribes also live there. They find it galling that they are now beholden to the Mizos, not their equals, as they have always been, and it is for them an imposition, for instance, that their Mara place-names must also now have Mizo names, and that their children have to study Mizo. They also believe that the Mizos, who run the government in Aizawl, deliberately discriminate against them, do not give them their fair share of the funds received by or allocated to the State, hold back the disbursement even of what is spared for them, and that this compounds their problems;



iii) they are angry at the neglect they believe they suffer from the Mizos, but they are also deeply disappointed by what they perceive as the fair-weather friendship of "mainland India". They recall, quite bitterly, that when the Mizos revolted, the Maras remained loyal to the Indian Constitution. Now, in their view, the Mizos have been rewarded, while they are neglected by Delhi and left to the mercies of their rivals.

5. The Mara believe that they only have on paper the special position granted to them under the Sixth Schedule of the Constitution. Though they are an Autonomous District Council, to which powers have been transferred in theory, in practice they say that the District Administration continues to have the principal say in these issues, and the funds transferred to them are inadequate, sufficing to pay only the salaries of the Council. Developmental work is still carried out by the District Administration, without their having a say in what the priorities or the nature of the projects should be.

6. However, while the District Council wants more money and powers, it does not presently have the skills to either plan for the district's development or to coordinate projects. Therefore, transferring more funds to it might lead to chaos, to the detriment of the people it represents. This poses a dilemma, because if the Council is not given greater responsibility it will never work better; however, at its present capacity and efficiency, it can neither replicate the work of the District Administration nor replace it, as it wishes to. There is no ready solution for this problem; it is however, at the heart of the sense of political alienation that the members of the Council have and project.

7. While the Council complains that it is neglected, it sees no reason for any further devolution to the Village Councils, which are truly orphaned. As a result, the villages in the district do not have powers of self-governance that other villages in India enjoy through the system of gram panchayats.

8. Both in the District Council as well as in the Village Councils, there is hardly any representation of women, which is a source of great disappointment. Suggestions that this needs to be urgently corrected fell on stony ground. Again, therefore, unlike women elsewhere in rural India who now have an assured representation in local elected bodies, the women of Saiha have none. This is a safeguard that needs to be quickly introduced.

9. The absence of women in local governance is a function of their place in Mara society. The Mara see themselves as a warrior tribe and, as in other martial tribes, the men consider manual labour degrading. There is anecdotal evidence that, now that they have to farm for a livelihood, the Mara use their tribesmen from Myanmar as labour. Much of the other drudgery is still the domain of the Mara women. Their lot was particularly harsh until the tribes converted to Christianity, and under the influence of the church, they are now as literate as the men and have been organized into self-help societies. Political awareness, however, including an awareness of their rights as women and mothers, is still quite low. Since they are now literate, if they are also made more politically aware, they might have a salutary effect on the improvement of governance in the District.

10. The principal problem the District faces is its terrain. The villages are built on isolated hilltops; this is a hangover from the days when the principal occupation of the Mara was to hunt for heads, and villages therefore had to be built for the maximum security. However, this now means that they are by definition in areas that are the most remote and difficult to access. Most importantly, being on the peaks, they do not have access to running water.

11. The experiment now being tried out of shifting villages to lower locations to which the amenities of development like power, water and roads can be more easily reached, seems to be sensible. However, it carries some generic problems. Among these is that of the ownership of land. Since Mara villages own land collectively, it appears that when a village is shifted it moves to land granted to it by another. It has no rights to more land even when the population grows, and this appears to be a grievance for the resettled villages. Again, because land in these villages is at a premium, they are reluctant to part with any needed for the development of communal infrastructure.

12. However there was no doubt that the overriding need of the District was to have a good network of all-weather motorable roads. The District Administration has correctly given this the highest priority, but it needs the support of all concerned. As long as the present situation persists, under which for much of the year large swathes of the District are marooned, and where even seriously ill persons have to be carried on stretchers for hours over mountain tracks to reach a point from where a motorable road might take them to a hospital, the sense of alienation and isolation will only deepen. For the next few years the creation of this network of roads should have priority over all other projects and have the first call on resources. When established, this network will become the catalyst for further development.

13. The State Government also needs to give urgent attention to the continuing problem of jhum cultivation. Its New Land Use Policy has ostensibly been in place for over a year, though its full implementation awaits a budgetary allocation of Rs. 2500 crores. If the payment of Rs. 1 lakh per family envisaged under the policy actually weans the locals from jhum cultivation, it would be money well spent. At the moment, the consequences of jhum farming are severe, not just in Mizoram but throughout the North-east. The NHRC team, which flew from Guwahati to Saiha in a helicopter, travelled over these two-and-a-half hours in an almost complete white-out, caused by the smoke from the jhum fires lit over all the hill-ranges of the region. The ecological impact is intense.

14. The impact is not just on the atmosphere but on local forest cover as well. Traditionally, villages in the area partitioned their lands into tithes, with sections being burnt and farmed in a 10-year cycle. However, because of the pressure of a growing population, in Saiha that cycle has now come down to 4 years. This does not give enough time for the forest to recover. The monsoons strip soil away from bare land, which becomes less fertile and more prone to landslides. Implementing the New Land Use Policy is therefore essential.

15. The Mara complain that they have a particular difficulty with education because of the multilingualism which is forced upon them. They insist that their children be taught in Mara, but the State Government also requires teaching in Mizo, and in addition the children have to learn Hindi and English. In practice, those graduating from village schools are comfortable only in Mara and Mizo. Very few have a working knowledge of either Hindi or English, which makes it difficult for them to easily integrate with or find jobs in the rest of India. Since jobs are scarce in Saiha, this condemns the majority to a life of penury, surviving either on farming that is not profitable or on schemes like the NREGS.

B. FOOD: AVAILABILITY, ACCESSIBILITY AND AFFORDABILITY

16. Residents of the district have substantial problems:
- i. The Public Distribution System needs attention. The quality of food-grains it sells is poor. The transportation and distribution system is inadequate. Members of the District Council felt that high transportation costs made commodities costlier.
 - ii. Villagers complained that the ration of 2 kg per person per week was inadequate. They also said that they did not get essential items like maida, wheat flour, cooking oil and sugar from the PDS shops.
 - iii. The supply of LPG is also poor. There are 10,000 LPG connections in the district but only 6000 cylinders are supplied every month. There were complaints that there was black-marketing which was not being checked by the department concerned.
 - iv. the electricity supply is highly erratic throughout the district, so kerosene is essential, both for lighting and fuel, but it too is not available in the quantities needed, and is supplied once a quarter.

C. EDUCATION

17. The team visited the Jawahar Navodaya Vidyalaya, where 64 students were enrolled. Its infrastructure was poor. The building was in bad shape, the furniture and toilet facilities inadequate, the maintenance was poor.

18. Enrolment levels are low in the village schools, because some parents are perhaps unaware of the need for education and others prefer to send their wards to schools at the district headquarters, where standards are higher.

19. The teacher-student ratio is very low. In elementary education it is 1:10, 1:4 for the middle classes and 1:8 in higher classes.

20. Members of the District Autonomous Council complained that the district had an acute shortage of teachers and the quality of education was low.

D. HEALTH: INFRASTRUCTURE, HUMAN RESOURCES, SERVICES AND MANAGEMENT OF HEALTH CARE

21. The state of healthcare in the district leaves much to be desired:
- i. The absence of roads means that patients and doctors often cannot go to each other. There is a severe shortage of doctors and paramedical staff.
 - ii. The 100-bed District Hospital, located in the heart of the city, is in an old building which is poorly maintained. Hygienic conditions there are not satisfactory. The team was told that there is a proposal for the construction of a new building.
 - iii. The hospital staff was not trained to segregate bio- and non-biodegradable waste. They had no concept of yellow, black and red polythene. Used needles and syringes litter the wards.
 - iv. The incinerator for non-biodegradable waste, installed at a cost of about Rs. 1 crore, has never worked.
 - v. The hospital only has Indian-style toilets, which too are outside the main building, and reachable by a path that is not covered. This is completely unacceptable, given that the rainy season is the longest in the area, and the winters are cold.
 - vi. Hygienic conditions in the OT, both major and minor, were satisfactory.
 - vii. There were many serious irregularities in the distribution of medicines:
 - there were allegations that the district was receiving from the state health department medicines near their expiry date. On scrutiny it was found that medicines had lain unused though received on time. Many medicines of daily use like paracetamol lay expired in the stock;
 - the hospital stocks only mandatory vaccines as per immunization or vaccination guidelines. It does not have anti-rabies or anti-venom serum, though cases of snake-bite are not uncommon;
 - on a visit to the wards it was found that patients were asked to buy syringes from the market. When the team asked why syringes were not provided by the hospital, it was told that they were not available, and a register showing 'NIL' availability was shown. However, on an inspection of the stock room, the team saw many boxes of syringes. It was first told that these were for the PHCs, later that they had been donated by an NGO; no satisfactory reply was received as to why patients were asked to buy syringes when these were in stock;



- there were many medicines not carrying the warning that they were not for sale or for use of government hospitals only. The possibility that these medicines are being sold on the market cannot be ruled out;
 - stocks of medicines meant for PHCs were kept at the hospital for a long time, perhaps because of shortages of staff at the PHCs.
- viii. As per the norms for Primary Health Centres (PHC), doctors and paramedical staff must be present round the clock and the PHC must function on all days. But there was an acute shortage of manpower in the PHC at Phura and it was not functioning as a 24x7 facility.
- ix. There are no diagnostic tools for serious illnesses; even the District Hospital does not have an MRI or ultrasound unit. Tests like these are available only in Aizwal, which is 10-12 hours by road from Saiha.
- x. The open slaughtering of animals is a health problem as the district does not have a modern abattoir.

E. CUSTODIAL JUSTICE

22. An inspection of the District Jail and of police stations showed that, by and large, custodial justice and the functioning of the police were satisfactory:

- i) The jail, commissioned in 1997, is a two-storied building, with its administrative block separated from the prison by a barbed-wire fence.
- ii) Its capacity is 85 male and 10 female prisoners. Presently it has:

Type	Male	Female	Total
U.T.P.	12	-	12
S.I.	06	-	06
Total	18	-	18

- iii) Registers for rations, security, admissions etc. were maintained, but entries were made weekly, not daily, as they should. No entry had been made in the dietary register for the last 15 days. The monthly report on the prisoners was not maintained properly.
- iv) Prisoners who needed hospitalization were sent to the District Hospital. However, the jail did not have a vehicle to carry sick prisoners there.
- v) No tests for TB, HIV/AIDS, Hepatitis, STD etc were being conducted when prisoners entered the jail. The team stressed that these tests were a must, and could be carried out at the District Hospital.
- vi) Under-trials and convicts were housed in the same barrack, apparently at their request, and because it was convenient. The team urged the jail administration to keep UTPs and convicts in separate barracks.

- vii) Convicts were not in jail uniform, making it impossible to distinguish them from UTPs. The team was told by the AIG (Prisons) that the Jail Manual of Mizoram does not require convicts to wear a jail uniform.
- viii) The prisoners had no complaints when they spoke to the team.
- ix) The most significant problem the jail authorities face is that Saiha only has a First Class Magistrate. The Sessions Court is in Lungtalai district, and transporting prisoners there is a logistical problem.

F. VISITS TO VILLAGES

23. The team heard a broad range of complaints in the meetings it held with the residents and members of the village councils of some remote villages, the discussions centring on food, health, sanitation, agriculture, education, road, electricity and local culture.

24. In New Latawh, a village of 150 houses and a population of 600, a meeting was organized in the Community Centre with members of the Village Council, from whom the team heard that:

- i. The village had a Health Centre with a Child Delivery Room, but in an emergency patients have to be taken to the District Hospital in Saiha. None of them knew about the Janani Suraksha Yojna (JSY). The most popular form of birth control was the IUD; condoms and pills were less in use.
- ii. Malaria was rampant, even though mosquito nets and DDT sprays were widely used.
- iii. They had a primary school with 22 students enrolled, and an Anganwadi; they were satisfied with the services these provided.
- iv. The absence of roads and electricity was their most pressing problem.

25. At Lawngban, a village of around 600 people:

- i. there were complaints about the shortage of school teachers, about the school building, and about rations for the midday meal, which were irregular and generally supplied only once a quarter;
- ii. a private school in the village, which had 90 students, provided much better education than the government school did. Classrooms in the primary school were very congested;
- iii. malaria was rampant, though they used DDT spray, mosquito nets etc. Government surveys showed that Lawngban had the highest mortality rate from malaria in the district;

- iv. most births take place at home. Immunization facilities are provided through Anganwadi centres. The village has a drug distribution centre but no health worker;
- v. in a medical emergency, the patient must be taken to the district hospital, which is far away and hard to reach given the condition of the roads and the absence of public transport;
- vi. The village council usually meets once a month. Sadly, it only has one woman member, patriarchal prejudice still being strong among the Mara.

26. In Phura, the team was told that:

- i. 17 villages in the sub-division had no electricity; no government official wanted to serve there because of this and the lack of roads; because the roads are not tarred and the area is prone to landslides, it is cut off from the rest of the district in the rainy season.
- ii. It had primary, middle and a high school, but attendance was low. Students went away to get a better education.
- iii. The villages needed roads and drinking water.
- iv. Most villagers are farmers; a handful are landless labourers. Only paddy is grown here, and in a single crop, because irrigation is rarely available. They want assured irrigation so that they can move to multi-cropping.

G. INTERACTION WITH NGOS

27. NGOs, often run or supported by churches, are active in Saiha, and do good work. The team interacted with some of their representatives, and visited the home for motherless children run by an NGO in Saiha.

28. This home was started in 1992 and accepts any child from any community who is motherless or abandoned. It is funded by three private organizations, and individuals associated with the NGO also make donations to maintain the quality of its services. All aspects of its work, including the nourishment of the children, hygiene, and its referral facility, are systematic.

29. Though it asks for no financial support from the Government, Central or State, this home shows how private philanthropy can supplement the initiatives taken by Government, addressing needs that might otherwise not be met. The encouragement and support it receives from the District Collector is heartening, and this harmonious partnership between the local administration and the NGO is a model worth replicating.

H. ANGANWADI CENTRES

30. The Centre that the team inspected catered to a population of 1765. 104 children, 10 nursing mothers and 8 pregnant women were enrolled, according to the staff, but on average only 25-30 children attend. The team was told that regular attendance was low because many children enrolled in the Centre were also enrolled in schools, and many working parents tended to leave their children with relatives rather than sending them to the Centre.

31. The shortcomings that the team found, detailed below, are troubling, particularly if these are generic problems that affect Anganwadis throughout the district:

- i. Registers for attendance, demand and supply inspection, immunization and referrals were not maintained properly. The centre was cramped for space and its facilities, including for potable water, seating and stores, were not up to the mark.
- ii. There were not enough pamphlets, posters, toys, charts and recreational materials for the children.
- iii. There are no regular inspections. The Anganwadi workers said there had been one in 2009, but there was no evidence of this.
- iv. The Centre gets food for 104 children but only 25-30 were present. The register showed that this was normal. The team asked what was done with the surplus food, but received no answer.
- v. Many children at the Centre were older than the norm under the ICDS.

I. WORKSHOP

32. The workshop on human rights issues, held on the 17th March at the DC conference hall, was attended by senior officials, NGOs and members of the Mara Autonomous District Council (MADC). After the opening plenary, four groups were formed to discuss and to report back with recommendations on four broad sets of rights – food, custodial justice, education and health. However, two generic problems, and demands that they be urgently addressed, surfaced in the discussions in all groups:

- i) The district is backward because of it is cut off, has hardly any roads and the terrain is difficult; employment should be provided throughout the year under NREGS, roads should be built and public transport arranged.
- ii) Electricity supplies must be regular.

33. Group I, led by the DC, was on the right to food. It evaluated measures taken to ensure it in the district, including the responsibility of Panchayats, listing problems like adulteration and the vulnerability of sections of society. It asked for a larger quota of rice from the FCI so that adequate food supplies could be maintained in every village. It emphasised that stocks should be built up before the monsoons set in, when many villages became inaccessible.

34. Group II, led by the Superintendent of Police, was on custodial justice. It recommended that all jail inmates be provided with proper medical care; there should be a referral system and transportation facilities for sick inmates. All children accompanying their mothers in jail should be immunized with the help of the District Hospital. Inmates should be allowed to communicate and correspond with their families, as per norms, and the jail should provide them some recreational facilities.

35. Group III, led by the District Education Officer, was on the right to education. The number of children from the remote villages who go to school is minimal compared to the towns, though enrolment has risen after the introduction of the mid-day meal scheme in primary and middle school levels. However, the District Administration and MADC would have to find ways to ensure that all children below the age of 14 went to school. They must ensure that all educational institutions had proper infrastructure - classrooms, toilets, playgrounds – and qualified teachers for all subjects.

36. Group IV, led by the District Medical Superintendent, was on the right to health. It discussed the implementation of health schemes like NRHM, Pulse Polio, and the campaigns against TB, AIDS and malaria. It reported that under the NRHM, villages had been provided with health volunteers at every health sub-centre. The number of neonatal deaths was a cause for concern, and needed urgent attention from the district health authorities.

J. RECOMMENDATIONS

37. The following recommendations emerged from the discussions that the team had and the inspections it made during its visit:

38. FOOD

- The quantity and quality of food supplied through the Public Distribution System (PDS), Integrated Child Development Scheme (ICDS) and the Mid-day Meal Programme need to be monitored regularly. Parents should be associated with the monitoring.
- The more remote villages should have priority for the supply, each month, of foodgrains and kerosene under the PDS.
- More items like maida, wheat flour, cooking oil and sugar should be included in the PDS.

- LPG supplies should be regular; the black marketing of cylinders should be checked.
- The infrastructure and hygiene of Anganwadis need to be improved. The utilisation of the food supplied to them should be monitored.

39. **EDUCATION**

- All educational institutions need better infrastructure, including adequate water and sanitation facilities.
- Qualified teachers in all subjects must be appointed in sufficient numbers, particularly in rural areas.
- Parents must be motivated to ensure that their children complete elementary and middle-level education.
- The availability of the Mid-day Meal should be ensured with proper cooking arrangements.
- An attempt should be made to establish why so few children are sent to Anganwadis and corrective steps taken.

40. **HEALTH**

- The infrastructure and quality of services at the district hospital must be improved, including the availability of medical supplies and equipment.
- The hospital should have a proper medical-waste disposal management system. The non-operational incinerator should be repaired and used for non-biodegradable waste.
- The record of logistics and supply in the hospital should be properly maintained and monitored.
- Expired medicines should not be kept in stock; if medicines and supplies are available in the hospital, patients should not be asked to purchase them from the market.
- Deaths from malaria are a cause of concern, and serious efforts must be made to control the disease; drug distribution centres must have adequate stocks of anti-malarial medicine and testing facilities.
- The immunization coverage needs to be expanded; all the designated health centres must have anti-rabies vaccine.
- Vacant posts of medical and paramedical staff should be filled in a time-bound manner. The Primary Health Centre must function 24x7.

- A modern abattoir should be installed in the district.

41. CUSTODIAL JUSTICE

- The prisoners must be medically examined when they are admitted to the jail and all tests carried out at the District Hospital.
- .Appropriate transport must be provided to carry jail inmates to the hospital whenever needed.
- Convicts should be segregated from under-trial prisoners.
- The food inventory records of the district jail should be properly maintained and entries made daily.
