



**Complaints of Neo-natal deaths in Malda Medical College & Hospital
Deprivations of child rights on account of Gangetic Chars
Malda District, West Bengal**



National Commission for Protection of Child Rights
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EXECUTIVE SUMMARY

The human life cycle begins with fertilization of ovum and progresses into a full term foetus in 37 to 40 weeks finally ending with delivery of a new born baby. the first 28 days of life have been nomenclature as neonatal period which has been further subdivided into early neonatal period (up to 7 days of life) and late neonatal period (7- 28 days of life).This transition of life from womb to independent existence needs support at every level.

The Neonatal phase (0-28 days) constitutes two elements – (i) the Early Neonatal phase, 0-7 days after delivery carries an extremely high risk survival element, and (ii) the Late Neonatal phase 8-28 days post delivery, which again needs an extensive observation and supervision of the new born and carries an equal amount of survival risk. Negligence or unavailability of support and care in this period nips the bud before it flowers, has been a cause of utmost concern to all in a civilized society. The proportion of child deaths that occurs in the neonatal period (38% in 2000) though on the decrease (34% in 2009)¹ still remains a cause of concern, and constitutes more than 50% of all the infant deaths, Three-quarters of neonatal deaths happen in the first week of life and highest risk of death being on the first day. India striving for Millennium Development Goal for child survival needs to reduce neonatal mortality substantially and at the earliest.

¹ SRS Bulletin Volume 45 No 1, January 2011

There is a need to understand the most common causes of neonatal death in our country. Major causes of neonatal deaths in order of occurrence are:-

Prematurity

Birth asphyxia

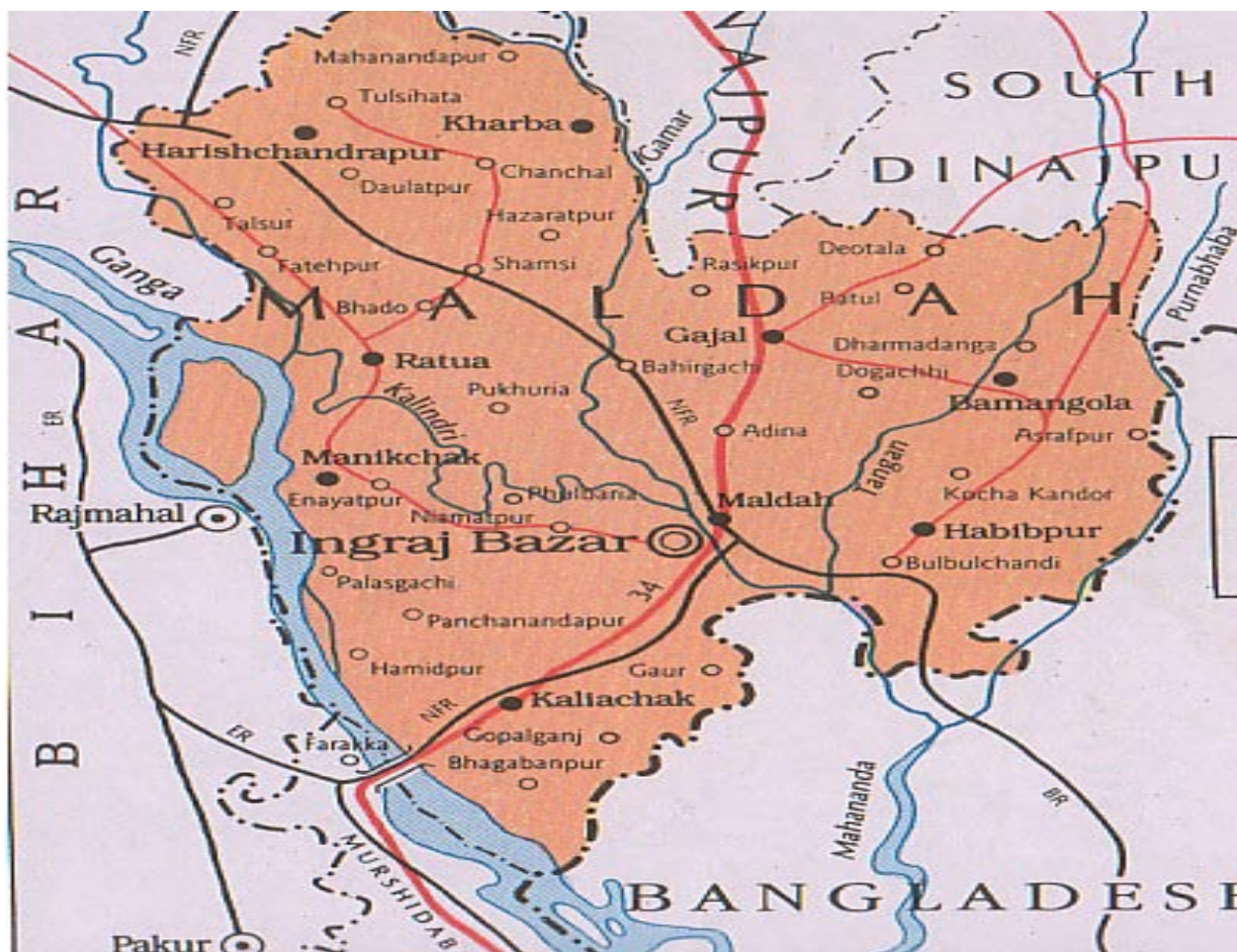
Septicemia

Neonatal infections & other congenital disorders

Neonatal Tetanus

Though the list is not exhaustive but it indicates that majority of cases are preventable, signifying the thrust and impetus required to strengthen the RCH and the newborn care services in order to save unnecessary wastage of life before it erupts/begins.

Hence it becomes imperative from the child rights view that the newborn should be offered with the best of the services be it ,the form of nutritional and supplemental support to the mother during pregnancy, be it the regular follow up or immunization during pregnancy, be it the medical assistance provided at the time of delivery or the medical /nursing care [provided immediately after birth - no compromises or excuses can explain or justify the jeopardizing of the very right to survival of a helpless new born baby.



Malda : West Bengal:

Headquarter:	English Bazaar Town
Area:	3733 sq km

As per the official Census 2011, Malda had a population of 3,997,970 of which male and female were 2,061,593 and 1,936,377 respectively. There was an increase of 21.50 percent in the population in 2011 when compared to population as per 2001. In the previous census of India 2001, Malda District recorded increase of 24.78 percent to its population compared to 1991.

The initial provisional data suggest a density of 1,071 in 2011 compared to 881 of 2001. Total area under Malda district is of about 3,733 sq.km.

Average literacy rate of Malda in 2011 was 62.71 compared to 50.28 of 2001. If things are looked out at gender wise, male and female literacy were 67.27 and 57.84 respectively. For 2001 census, same figures stood at 58.80 and 41.25 in Malda District. Total literate in Malda District were 21,36,898 of which male and female were 11,82,672 and 9,54,226 respectively.

With regards to Sex Ratio in Malda, it stood at 939 per 1000 male compared to 2001 census figure of 948. The average national sex ratio in India is 940 as per latest reports of Census 2011 Directorate

BASIC INDICATORS OF DISTRICT MALDA, WEST BENGAL

Description	2011	2001
Actual Population	3,997,970	3,290,468
Male	2,061,593	1,689,406
Female	1,936,377	1,601,062
Population Growth	21.50%	24.78%
Area Sq. Km	3,733	3,733
Density/km2	1,071	881
Proportion to West Bengal Population	4.38%	4.10%
Sex Ratio (Per 1000)	939	948
Child Sex Ratio (0-6 Age)	945	964
Average Literacy	62.71	50.28
Male Literacy	67.27	58.80
Female Literacy	57.84	41.25
Total Child Population (0-6 Age)	590,237	639,904
Male Population (0-6 Age)	303,540	325,888
Female Population (0-6 Age)	286,697	314,016
Literates	2,136,898	1,332,704
Male Literates	1,182,672	801,770
Female Literates	954,226	530,934
Child Proportion (0-6 Age)	14.76%	19.45%
Boys Proportion (0-6 Age)	14.72%	19.29%
Girls Proportion (0-6 Age)	14.81%	19.61%

Introduction

National Commission for Protection of Child Rights took suo-motu cognizance of the newspaper and video media clippings on and complaints on incidence of a number of neonatal deaths reported in Malda Medical College and District Hospital, Malda, West Bengal. The Commission had also been receiving a number of complaints on the violations on Educational and other child right violations in Malda District, West Bengal.

The Commission taking cognizance of these complaints, constituted a team to investigate the matter. The team comprising, Mr. Vinod Kumar Tikoo, Member NCPCR; Mr. Rishikant representing NGO Shaktivahini, Ms Ratna Saxena Bhardwaj & Ms Debyani Sr. Consultants NCPCR, and Mr. Syed Tazkir Inam, Consultant, NCPCR, visited Malda from November 23-25, 2011, to get first hand information about these child right violations.

Date of Visit	Activities
23.11.2011	Visit to Malda
	<ul style="list-style-type: none">• Meeting with various NGOs working on child rights issues and the state officials from Departments of WCD and Health, who were present at the Circuit House.
24.11.2011	Visit to Malda Medical College & District Hospital
A	<ul style="list-style-type: none">• Interaction of the team with Principal MMC & DH on recent spate of neonatal deaths reported in the media.• Visit to Children's (Paediatric) Ward of the District Hospital & recording of statements of Doctors & Nurses present.• Visit to Neonatal Ward of the District Hospital & recording of statements of Doctors & Nurses present• Visit to Maternity Ward and the adjoining Labour Room of the District Hospital & recording of statements of Doctors & Nurses.• Visiting the under construction 12 bedded SNCU (Sick Nursing Care Unit) of the District Hospital.

Visit to Hamidpur Char (one of the Gangetic Chars)	
B	<ul style="list-style-type: none"> • Visiting the Hamidpur Char under the Kaliachak II Bock in Malda District to assess the current situation on enrolling the out of school children in the newly set up school on 19th November 2011.
C	<ul style="list-style-type: none"> • Meeting the relevant officials District Administration, as well as Child Welfare Committee, at the Circuit House
25.11.2011	
Visit to Narayanpur & Duyani Chars (two of the Gangetic Chars)	
	<ul style="list-style-type: none"> • Visit to the Narayanpur Char under the Manikchak Bock in Malda District to assess the current situation on enrolling the out of school children in the newly set up school on 23th November 2011. • Visiting the Duyani Char under the Manikchak Bock in Malda District to assess the current situation on enrolling the out of school children in to be opened school on 14th December 2011.

- The meeting of the NCPCR team began with a brief round of introductions. A brief overview of the work done by the NGOs in Malda District was solicited by the NCPCR team. The issues that emerged were as follows :-
- **Child Right Deprivations on account of the Gangetic Chars:** Chars are reportedly those inaccessible areas, formed by the receding flood waters of Ganges that remain until these are again washed off the surface after staying visible number of years. It was apprised that many administration officials do not even visit these areas to assess the deprivations and even the violations of child rights. The children of these areas have been deprived of many basic entitlements including education and healthcare.

There is complete absence of the health facilities in the Gangetic char areas of Malda District. Some of the Chars in close proximity to the Rajmahal Area lying under Jharkhand could cross over the river Ganges and avail the facilities but all were not that lucky. The only health facility that the local populace could visibly boast of was that of the *Polio Vaccination* for their babies once in five to six months. NGOs reported that the condition prevailing in the Primary Health Centres in the mainland were not at all satisfactory. More over the number of PHCs itself were few, located in the mainland in about a radius of 4-7 KMs. The PHCs were marred by the absence of qualified medical practitioners, lack of medicine. Many a time it had been noticed that a critically sick child would die on account of the strenuous travel to the District Hospital and the conditions in the District hospital were also not very conducive to receive proper medical treatment. The immunization programme in these areas was as good as absent. There were no trained ANMs, Midwives, Asha workers in these areas.

Note: The Farakka Barrage Project taken up for the resuscitation of the navigational status of the Port of Calcutta has resulted in massive devastation in Malda on its upstream and Murshidabad on its downstream in West Bengal. Huge sedimentation, increasing flood intensity and increasing tendency of bank failures are some of its impacts. Erosion has swept away large areas of these two districts causing large scale population displacement, border disputes with Jharkhand, Bihar, Bangladesh, pauperization and marginalisation of the rural communities living by the river and creation of neo-refugees on the chars. In Malda, the upstream areas of Farakka, on the left bank of Ganga for a long time, five community development blocks are being more

or less affected by erosion. They are Manikchak, Kaliachak-I, Kaliachak-2, Kaliachak-3 and Ratua since last three decades (now four decades)².

- **Right to Free & Compulsory Education :** The NCPCR team was apprised of the violations in the areas of education by way of schools still charging fee from the students and parents, screening for admission into the schools, detention in the class, corporal punishment etc. A few of the NGO representatives who were present in the NCPCR's Public Hearing on Right to Education held in Kolkata on 20th October, 2011, informed that though some of the schools had refunded the fee yet there were cases left unsolved by the District Inspector of the schools (elementary as well as primary). It was pointed out that though the DPO and ADM (Gen) were taking initiatives to provide schools in the unschooled areas, there were still some areas left where children were still out of school and a mapping needed to be done for the out-of-school children to ensure that all such children were enrolled into the formal stream. A visually impaired teacher cum-activist wanted schools to be provided with the modern aids and also initiating action on imparting computer education to the visually impaired. It was also informed to the team by DPO-SSM that a total of 318 children with special needs (CWSN) have been provided with visual aids free of cost as well as a number of ramps having been set up in the toilets. It was also informed that 90 children in the district were subjected to free eye surgeries in the past year and the success rates have been encouraging in enabling such children to have achieved corrective measures.

A few of the NGOs also felt relieved that NCPCR was taking proactive role in monitoring the RTE Act and ensuring that the out of school children are finally made to let their dreams come true and that the intervention of NCPCR led to opening of two schools in a short span of less than one month.

- **Child Labour:** The team was apprised that the children continue to be employed unabated in various forms of labour in the district. A girl who makes in excess of 1000 *beedis* in a day also improves the chance of getting a good groom in her early childhood marriage as this skill is taken as a part of the dowry since she would carry the skill and the prospect of being a handsome earning member to her in-laws' family. The girls especially could

³A report on the impact of Farakka Barrage on the Human Fabric - Nov1999, by South Asian Network on Dams, Rivers and People

be seen all across in *Beedi Making* in entire length and breadth of the District. A lot needs to be done in terms of advocacy on ending this form of child labour in the district.

(The NCPCR team had the first glimpse of this form of child labour in the village Adhina about 20 kms on way to Malda Town. The girls reportedly make about 700 to 1200 beedis a day and are reportedly paid Rs 55 to 70/ per day for rolling out 1000 Nos).

- **Child Marriages:** The team was apprised that despite laws banning child marriage, it continues unabated especially in the rural areas, and the governing factor being the socio-economic reasons as well as the indicator of threat of being trafficked out of state by the traffickers on the prowl. It was a pleasant surprise to the team when it was apprised that the administration had appointed Child Marriage Co-ordinators to prevent Child Marriage and this was backed by a UNICEF project on prevention of Child Marriage which was run in its sponsored Toll Free Helpline exclusively for Child Marriage. However the NGOs wanted a greater awareness programme to advertise the Helpline. About 65 child marriages were reported to have been prevented with the intervention of the helpline.
- **Child Welfare Committee:** The team was apprised that the CWC has been recently constituted and has started functioning only about three days ago.



Interaction of NCPCR team with the NGOs working in the areas of child rights violations in Malda District in a meet on 23rd November, 2011 at Circuit House, Malda. In the meeting ADM (Dev) and DPO SSM, Malda also participated

Attendance List of NGOs Malda District meeting with NCPCR 23-11-2011

S.No	Name	Organisation	Designation	Phone	e-mail
1	Rabi Shankar Ghosh	MSS (Malda Sohojugita Samiti)	Project Mgr - Project by funded NAACO	9932983332	
2	Nazema Begum	MSS	President	8759759356	mss.malda@gmail.com
3	Md. Tajmul Haque	GBPANC	Mg. Committee Member	9378047364	
4	Kedar Nath	GBPANC	Vice President	9378099416	
5	Anand Kr Mandal	RWS (Rohinpur Welfare Society)	Treasurer	9734952927	
6	Md. Tasirrudin	RWS	Secretary	9749040494	
7	Md. Tojbul Haque	From Paranpur Char		900223616	This Org. works closely with GBPANC
8	Nazrul Islam	From Paranpur Char		9153623248	
9	Idrish Ahmed	GBPANC	Member	9593846151	
10	Sanjay Basak	GBPANC	Project Coordinator	9378098818	
11	Md. Badruddin	From Peerpur Char	Secretary	9546291618	In Peerpur Org. which works with GBPANC
12	Md. Abdur Rahman		President	9771253614	
13	Md. Azzizuddin Sk.	GBPANC	Assistant Secretary	9832047383	
14	Md. Khidir Bax	GBPANC	Vice President	9474343045	
15	Sova Devi	Moulpur Samaj Kalyan Samiti - Old Malda		9932518726 - 9733136882	
16	Samar Ghosh	GBPANC teacher	Hamidpur-char, Teacher	9378043207	
17	Abidin Sk	Panchayat Samiti Member.		9934427050	At Raj Mahal – Udhwa Blk
18	Md. Robiul ALam	GBPANC	Hamidpur-char, Teacher	9775855937	
19	Rabindranath Mondol	GBPANC	Hamidpur-char, Head Teacher	9733126303	
20	Abdus Salam	GBPANC	Computer Deptt.	7602313809	Salam1991@rediffmail.com/ Gbpanc.panchanandapur@rediffmail.com
21	Satya Narayan Choudhury	From-Narayanpur Char	School Teacher	8348407213	
22	Bhubanan Choudhury			8154819437	
23	Md. Sattar Ali	GBPANC	Cry Funded Project Worker	9539801258	
24	Ruhul Amir	GBPANC	Cultural Secretary	9832305830	
25	Biswajit Bose	MSS	Secretary	9851593454	

MEETING OF NCPCR MEMBER WITH DM MALDA - 8.30 A.M. 24th NOV. 2011

DM, Malda, Dr Ms Archana visited the Circuit House to meet the Member NCPCR and apprised the Member of the prevailing situation confirming that she and even the State Govt. authorities were gravely concerned with the reported neonatal deaths in the Distt Hospital and CM who is also in-charge of the Health Portfolio is taking keen interest in this area. The Hospital has been sanctioned a new neonatal 12 bedded SNCU facility which is under construction and is likely to be made fully operational by the end of 31 December, 2011.

With regard to the Commission's directives on the last month's public hearing on RTE and Child trafficking, and constant monitoring, she assured that she is lending her personal support to the SSM initiatives and all the directives of NCPCR will be ensured to be taken care of and implemented in toto. With regard to the child trafficking she informed that she has instructed the Superintendent of Police to look into the complaints personally and confirm compliance to NCPCR. When asked about the implementation of ICPS, she said that she was aware of the scheme but the same is yet to be implemented in the district. She however, due to paucity of time assured to discuss in details in the evening meet at the Circuit House.



Overcrowded children's ward

As well as the Maternal Ward. Against a sanctioned strength of 50 beds in the **general paediatric ward**, the patients present were 82 at the time of the visit of the team. The scene inside the ward looked too chaotic with free for all situation and on some



While checking the records, team observed that in absence of requisite number of nursing staff the proper updates history were inconsistent in the files

The team reached the Malda Medical College & District Hospital at about 10 A.M. and was introduced to the Medical College Senior Faculty, Hospital Authorities and the Health Department Officials present in the Conference Hall. The brief presentation on the action taken by the hospital highlighted some of the issues already put up by the media in the recent past. However, the team insisted on visiting the paediatric and the neonatal wards, as

of the beds 2 to 3 patients could be seen with not only their mothers but even their relatives sitting on the bed itself, making it impossible for the Nursing Staff or the Doctors to attend the genuine infant patients. There were just two Nurses and a Head Nurse available in the paediatric ward. There was no visible entry regulated into the ward and high decibel cries of the children and the parents crying for help rendered the medical help almost out of reach. On checking at random the history sheets of the patients, it was observed that the consistency in updating the history sheet /medical records was missing and it was apprised that sometimes the

Trainee Nurses do come and record the details like the temperature, pulse, blood pressure, respiration, intake & output etc. and in absence of the required number of Nursing staff, the same is not possible all the time. Regular nursing staff had not been maintaining the record of the patients consistently in the patient files. To sensitize the parents and relatives on the impending high risk involved in infants catching up with infections with such a large number of parents / attendants present in the infant ward, the Member requested them to wait outside the ward and allow the Doctors and Nursing staff to take care of

the children, which on translation into Bangla by the accompanying NCPCR Consultant was acceded to.

On visit to the **neonatal ward**, the team was surprised to see the freshly painted walls of the ward, well kept beds and minimal number of patients. As against a sanctioned strength of 30 beds, only 19 beds were occupied, the beds were well kept and clean, and on insistence by the team to be supplied with the face masks, the nursing staff too applied the masks on their faces. On being asked whether the hand sanitizers were being used, the sister in-charge responded in affirmative and pointed out towards the half cut soap in a stinging wash room behind the nursing station, referring to it as the hand sanitizers . It later transpired that the hospital had



Freshly painted walls of neo-natal ward; neatly kept beds and minimal patient admission; nurses with face mask.

organized all this just a day earlier. The entry in this ward was surprisingly well regulated by the nurses and no relative was seen loitering around in the ward. However, the maintenance of patient history files was as good or as bad as in the general paediatric ward. The team picked at random a couple of history files and obtained a xerox of the same. As informed by a senior Paediatrician, there are only 4 Paediatricians working in the General Free children's ward, Neo-natal free ward (23 bedded facility), Neonatal Paid ward (23 bedded, wherein Rs 20/day was reportedly charged) and Paid Cubes (2 x 2=4 bedded), and also included 15 bedded facility for the Children's Eye Ward. The most common grievance by the staff nurses was that the hospital was understaffed in terms of Doctors and the Nurses, while the patient load was too heavy to handle. A large number of babies were reportedly brought to the hospital in a very critical condition mostly with:-

Premature birth

Very LBW (Low Birth Weight)

R T I (Respiratory Tract Infection),

Gasping,
Septicemia,
Birth Asphyxia, etc.

The attitude of the parents/attendants being very tough to handle in absence of the security staff, many a times the hospital staff do not convey the news of death of the baby to the parents/attendants in time and when confronted the bewildered parents/attendants take the issue too seriously and raise a hue & cry. Apart from the critical condition of the baby, the situation gets worse with the unhygienic condition around the wards, in the corridors and the touch of the attendants who simply walk in with their unkempt physical attire carrying the infections and exposing the neonates with the high risk of catching up the infections.

A visit to the maternal ward revealed an unhygienic condition of the ward, which



Most unhygienic part of the hospital – where life evolves - the Maternity ward with even two patients on some of the beds

by any means cannot be acceptable to any medical practitioner as it is where the life evolves. Some of the beds had two patients lying on the header as well as footer side of the same bed. The walls seem to have been used as betel spittoons and never white-washed / distempered for decades. On way to the labour room, the passage way was laid with additional beds being an integral part of the Maternity ward which has a sanctioned strength of 120 beds as against current admissions of 126. In the

maternity ward could be seen quite a few neonates along with their mothers. The labour room attached to the Maternity is a mere 6 bedded facility. The entire maternity ward & the labour room has strength of 1 Male and 2 Female obstetricians cum gynaecologists, far below the required strength. In the labour room a cat could be seen roaming around freely. There were four baby warmers in use in the Labour room (Radiant Warmers were enhanced from 2 to 6 in the month of November 2011).

In the Deaths Register placed in the hospital children ward, no signatures were recorded in the respective column by the concerned hospital staff. There is a police post within the hospital just before entering the Maternity Ward. The Police Post was bolted from inside, and when the team knocked at and insisted to open the door, a weary and sleepy man peeped out from the room with a broken table & cot which was reeking with foul smell. No reason could be provided to the team for the utility of such a police post within the hospital complex.

The hospital runs a CT Scan Unit in collaboration with Sonoscan Healthcare Unit under the Public Private Partnership, providing CT scan facilities to the patients. The hospital is reported to have a CT Scan equipment of its own which is out of use and dumped in a store room for want of entering into AMC with the OEM / suppliers.

VISIT TO GANGETIC CHAR OF KHATIAKHANA or HAMIDPUR, UNDER KALAICHAK - II BLOCK, MALDA -24th NOV. 2011 2.30 P.M.

Post visit of the Malda District Hospital, the team set out for the Khatiakhana also known as Hamidpur char falling under Kaliachak –II Block in the Malda District, which was at a motorable distance of 30 kms about 45 minutes drive from the heart of Malda. From Kaliachak –II block office, the Ganges Bank lies at a distance of 5 kms., where after one can only take a boat to cross the river Ganges.



On way to Gangetic char of Hamidpur, under Kaliachak-II Block, Malda by Road, Boat and then on Foot 1.5Kms

After crossing the river Ganges (Boat ride takes about 15-20 minutes, the on foot distance is about 1.5 to kms. to reach the habitation of Hamidpur village. There are about 1990 households in the village with about 440 children in the age group of 0-8+ yrs. During the public hearing conducted by NCPCR in October, 2011, at Kolkata, the Jury was informed that there were several children in various char areas in the age group of 6 to 14 yrs who need to be in a formal school although the local volunteers were rendering whatever service they could to these children in absence of a government support. Directions were issued to the Education Department to map such children and necessary arrangements be made to enroll them into the formal school in age appropriate class. The administration swung into action, and sanctioned a school at a cost of Rs.8,42,000/, appointed two teachers and inaugurated a school in Hamidpur char on 19th Nov, 2011 by enrolling 50 children on the inauguration, which swelled to 378 on the day of visit by NCPCR team.



The intervention of NCPC a month ago led to enrollment of 50 children into a formal school, which number swelled to 378 on the day of NCPCR team visiting the Hamidpur char. About 440 children tasted the Mid Day Meals for the first time – A Dream come True for children in remote & inaccessible areas.

BDO of Kaliachak-II Block also contributed by arranging to serve more than 400 children with freshly cooked MDM in the village school for the first time in their history. It was a day of dream comes true for the children. BMOH assured free health check-up camp for the village children on 28th November, 2011 and thereafter arrange an outreach post for regular health checkups of the children. The villagers represented that no CDPO or BMOH had ever visited the char in the past and were glad to have them in their midst. CDPO was directed to assess setting up an AWC in the area for the children in the age group 0-6yrs.

MEETING OF NCPCR TEAM WITH DISTRICT ADMINISTRATION AT CIRCUIT HOUSE -24th NOV. 2011 @ 6.30 P.M.

Subsequent to visit of the NCPCR team to the Malda Medical College and District Hospital in the morning and in later part of the day to the Gangetic Chars of Hamidpur falling under the Kaliachack Block, the team held a meeting with the District Administration headed by ADM (Gen) since DM Dr Archana, who while in a early morning meet with the Member NCPCR Mr. Vinod Kumar Tikoo, had assured to be present in the meet could not do so as She was down with heavy fever. With 34 officials present in the meeting held at the Circuit House@ 7.00 P.M. various departments of the District Administration were represented which inter-alia included

- Medical College,
- Health,
- Social welfare (Officials, CWC-Chairperson & members)
- Education,
- Labour,
- Police, and
- UNICEF- Child Marriage Project
(List of Participants is annexed at Annexure II)

AGENDA OF THE MEETING

- Reported Neonatal deaths at the District Hospital, Malda, W.B.
- Deprivation of Children's Educational Rights affected by the Gangetic Chars
- Violations on account of Trafficking and Child Marriage.

After a brief round of introduction Member NCPCR initiated the discussion based on the observation of the team's visit to the Malda Medical College & District Hospital on the recent spate of reported **cases of neonatal deaths**. The overcrowding of hospital wards especially the paediatric ward, the neo-natal ward, the maternity ward, the absolute prevailing unhygienic conditions, understaffing of nurses and Para-medical staff, lack of requisite number of the Paediatricians, absence of any Paediatric Surgeon, lack of requisite number of gynaecologists especially female gynaecologists in maternity ward-cum-labour room, presence of cats roaming in the

labour room was shared with the Administration. While agreeing to the overall unhygienic conditions prevalent in the Hospital, the Medical Superintendent informed the team that the Hospital on being upgraded to a Medical College had seen a sudden influx of the patients for which the hospital infrastructure as well as the Medical & Non-medical staff was not geared to attend. The hospital currently a 600 bedded facility has been enhanced to a 750 bedded facility is running with a scarcity of Doctors (reportedly short by 35 Nos.) Nursing Staff (reportedly short by 45 NOS) and general staff (reportedly short by 129 Nos.). The requisition for the enhancement was informed to have been already taken up State Authorities and was reported to be under consideration.

With regard to the poor upkeep of the hospital wards and surroundings, the MS and ADM (Dev) assured that the same will be immediately taken care of. For regulating the entry of the patients' attendants, the ADM (Dev) confirmed that the Superintendent has been instructed to immediately put requisite security in place at all major entry/exit points of the hospital. The hand sanitizers which could not be seen anywhere in use in the ICU, Neonatal Ward, Labour room etc during the team's visit in the morning has since been ordered to be supplied to the hospital.

The Principal as well as the MS assured that the hospital passages, surrounding areas would be properly cleaned on a regularly basis and suitable requisition would be sent to the Municipality for removing the garbage from the garbage dumping areas in the hospital on a daily basis.

The team was informed that the under construction 12 bedded SNCU paediatric ward would be operational by end of December 2011

On preventing **Child Marriage**, the DSWO informed that the anti child marriage unit working in close coordination with the UNICEF's project **Preventing Child Marriage** working in Malta and operating a helpline 221098 exclusively for prevention of child marriage, had successfully intervened in preventing about 65 girl child being forced into child marriage in past one year. Since the toll free Child line 1098 will be operative by only Dec 2011, it was suggested that the calls received on violations of child rights other than Child marriage, may be passed on to the respective agencies for effective follow-up.

On **Child trafficking and kidnapping**, it was informed by SP, Malda that the SJPU is already in place and even the AHTU has also been set up as per the guidelines issued by MHA. On further exploration, he further informed that the Special Juvenile Police Officer has also been entrusted with the additional job of holding the post in AHTU which technically falls under the Crime Investigation Department and has to be manned by a separate officer, however SP informed that his department is facing the manpower crunch. He was directed by ADM to take up on the issue with the HQRs. On the information that as against 183 cases of kidnapping, 625 Traffickers (588 male & 37 female)were arrested and 194 victims were recovered, it was suggested to get the figures checked verified since no conviction was reported, the verified report be submitted to NCPCR. During the meet, it transpired that the Police Officials as well as the NGOs need more orientation programmes in sensitising them on the various Child Rights issues. The member of the team representing Delhi based NGO ShaktiVahini, volunteered to work in the area in close coordination with Child Rights & You, NGO working in Malda District on various issues.

The **CWC** Chairperson and the 3 members present informed that the committee has joined only a few days ago (on 21-11-2011) and agreed that a lot needed to be done in ensuring the rights of CNCP. They volunteered to exchange their contact details with the Police Stations and vice-versa and such details to be prominently displayed. They also volunteered to visit the NGO run two homes and a govt run home for girls in Malda, and submit a visit report to NCPCR.

On **Child Labour**, the labour department represented by ALC informed that he had joined just two months ago and that there were no reported cases of child labour and the conviction rate was zero. Considering the reported rampant child labour prevalent in the district, the ALC was directed to visit the areas and report any cases of child labour. No task force committee on child labour was reportedly in place in the District.

On **children's right to free and compulsory education**, the Commission complimenting the Education Deptt for the swift Action in announcing three primary schools for the chars areas bringing hope to the lives of over 700 children, desired that mapping of children in other Gangetic chars in Malda district be conducted to rope in more numbers of out of school children deprived of their educational rights. This was readily agreed upon by the ADM (Gen) representing DM; ADM (Dev) and DPO-SSM present in the meeting.

List of Officials who participated in the meeting with NCPCR Team on 24-11-2011 at Circuit House, Malda, West Bengal.

S.No.	Name	Designation	Ph. No.
1.	Tarun Sinha Roy	ADM (Gen) representing DM, Malda	9434355488
2.	Md. Nurul Islam	ADM (Dev)	9434004603
3.	J K Pal	S.P.Malda	9733351556
4.	Prof Debasis Bhattacharya	Principal, Malda Med College	9433033333
5.	Prof M A Rashid	Med. Supdt. & V.Pr. Malda Med. Coll. & Hosp.	8902289043
6.	Dr H K Ari	Supdt. Distt. Hosp. Malda	9434386481
7.	Samaun Mondal	Astt. Supdt. Distt. Hosp. Malda	8900284551
8.	Chinmay Sarkar	DPO –SSM, Malda	9434255524
9.	S K Sinha	DPO- ICDS	9734937077
10.	Hassan Ali Shah	Chairman – CWC, Malda	9434176179
11.	Sagar Gos0ami	Member – CWC, Malda	9832455255
12.	Subhamay Basu	Member – CWC, Malda	9434213256
13.	Ashok Kr Chaudhary	Member – CWC, Malda	9434170912
14.	Sankha Santra	Dy. Magistrate & Dy. Collector, Malda	9434140528
15.	Dr Manoj Saha	Dy CMOH-I	9432428961
16.	M K Halдар	District Mgr-WB SCST Dev. & Fin Corpn.	9903546926
17.	Arun Kr Ghosh	Dy. Magistrate, Chanchal	9475258548
18.	Dr Omkar Nath Mandal	D.M.C.OH, Malda	9434120877
19.	Dr K Biswas	Dy. CMOH-III	9434135617
20.	Bimal Kumar Pande	D.I Schools, (S.E.), Malda	9434206578
21.	Tripti Guha	D.I Schools, (P.E.), Malda	9434189953
22.	Amit Kumar Singh	C.D.P.O. Kaliachak – II	9735020640
23.	Debukar	Astt. Labour Commr	9831174377
24.	Babli Ghosh	Supdt, Sahajour Child Welfare Home	9933719796
25.	R N Dutta	NDC, Malda Collectorate	9474320317
26.	Basudeb Jha	T.I.C. R.P.Roy Memorial Blind School	9474348531

27.	Sutapa Mukhopadhyay	DSWO	9831203804
28.	Samiran Roy Choudhary	Asst Co-ordinator, Preventing Child Marriage Project	8972071304
29.	Pamela Sarkar	Coordinator, Preventing Child Marriage Project	9474794433
30.	Mausami Saha	Supdt-cum-Manager, Distt. Shelter, Malda	9434682878
31.	Bibhas Roy	Asst Co-ord, Preventing Child Marriage Project	9434532274
32.	S. Sengupta	S D M, Malda Sadar.	'0152-252733
33.	Manmay Mukherjee	Haidarpur Shelter of Malda	9434154314

VISIT TO GANGETIC CHAR OF NARAYANPUR, UNDER MANICHAK BLOCK, MALDA - 25th NOV. 2011, 9.00 A.M.

The team left for the Narayanpur Char falling under the Manikchak Block in Malda District lying at a distance of about motorable road of 30 kms. and by a boat about 20min ride and thereafter 4.5 Kms. track to be covered on Tractor facilitated by the Administration. On reaching the Ganges banks, the team was taken on a motor boat provided by the Irrigation Department to hasten the journey and avoid long travel time by normal boat and on reaching the other side of the river two tractors were waiting to take the team to the village. On reaching the village, the newly appointed teacher



Journey to Narayanpur char with the help of Boat and Tractor.

BMOH explaining a point to Member

was taking the attendance of the children. The formal elementary school in Narayanpur Char was inaugurated on Nov23, 2011 with 42 children and the number had swelled to 136 on the day of the team's visit to the village.



(1)

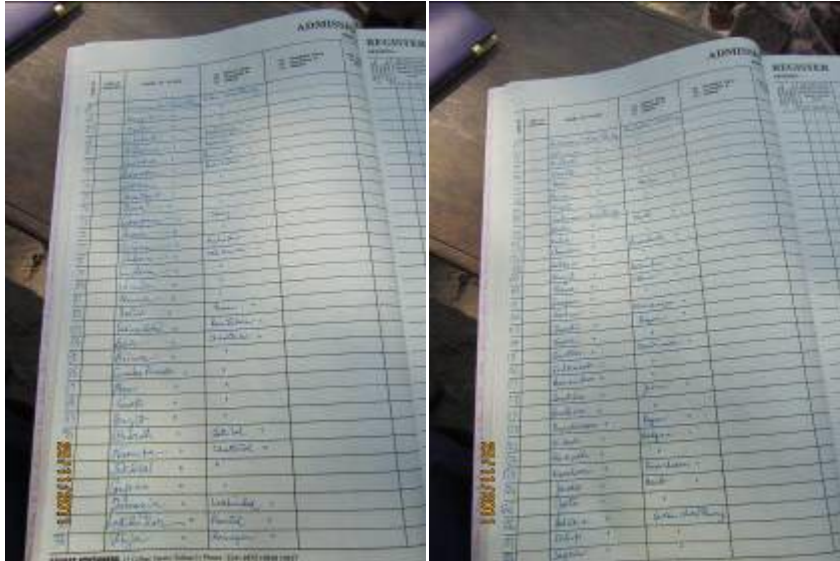
(2)

(3)

(1) 136 Children enrolled into the formal school in Narayanpur Village of the Gangetic Chars. In the back drop of the picture can be seen the temporary structure under construction for the school. Land for the Pucca structure is adjacent and a sum of Rs 272,000. has been sanctioned for the building and another Rs.20,000/ for the benches and the blackboards etc. (2) Villagers glad to be interacting with the NCPCR team, the ADM (Gen) and DPO-SSM. The children were too excited to hear that the books were about to be distributed(some of the books can be seen o the carrier of the bicycle) (3) BMOH of Manikchak being directed to assess the situation for setting up a CHC in Narayanpur char and sending a proposal to ADM (Dev).

BDO who accompanied the team was directed to ensure MDM to the children and to assess requirements for setting up of an AWC for children 0-6 years.

The children's eyes had a delightful glint when the books were announced to be distributed to them. The two teachers appointed had commenced their duties and



Attendance register contains the names only of the children and their father's names only.

Other details like D.O.B and identification of age appropriate class teachers will take some time.

were in the process of working out the date of birth of children after discussing with their parents and village elders on the probable day & date of birth. The villagers informed the team that in the name of immunization & healthcare for the children, just the polio drops were being administered to the children once in about 6 months, that too the same was brought over by the couple of youth from the mainland fed to the children. The issues were discussed with the BDO and BMOH, who assured to organize immediately an outreach post for health camp, and forward a proposal for AWC.

VISIT TO GANGETIC CHAR OF DUYANI, UNDER MANICHAK BLOCK, MALDA - 25th NOV. 2011 1.30 P.M.

Carrying forward to realize the dream of the marginalized children of the Gangetic chars of Malda District, the team set to reach the Duyani Char about 6 kms. away from Narayanpur char, under the Manikchak Block, where 199 out of school children were identified by the SSM-Malda and where the plot of land was finalized to inaugurate a primary school on 14th December, 2011. Two teachers were already appointed and the piece of land in the centre of the habitation at a relatively higher ground level was identified to construct the School building. Financial sanction for the construction of the school building has already



1



2



3

(1) On way to Duyani char in a boat; (2) The kind of soil erosion that take place on an ongoing basis; (3) children asking for a school building on the piece of land identified for the purpose.

been made and the ADM (Gen) even engaged a local boatmen with the help of villagers to ferry the teachers to and fro the Ganga bank on either side of the river. The only pucca building in this char was that of a Police Post built when some extremists from Jharkhand had attacked the village and slain 11 people



4



5



6

(4) Children excited with the news on opening of their school finally. (5) Interacting with the Villagers who assure their support to administration in running of the school. (6) Team on the way back from Duyani Char

The visit turned out to be a fruitful one with the satisfaction of hope to change forever the future of 713 children whom the torch of education might enlighten their lives in the days to come.

OBSERVATIONS AND RCOMMENDATIONS

On Visit to District Hospital :-

The District Hospital statistics show 2020 deliveries including caesarians in a span of less than two months (1-10-2011 to 23-11-2011, Commission team visited on 24-11-2011), which means more than 35 deliveries per day. For three obstetricians on the job, this may certainly prove an uphill task with full indulgence.

During the same reporting period, the neonatal deaths reported are 84(including 22 referrals). Reported 105 still born births during the period is a significant number and reflects on the Ante-natal and Perinatal care of the hospital and the peripheral area. More than 50% neonatal deaths are reported due to Birth Asphyxia, which is quite high. The high incidence of Birth Asphyxia is a direct reflection of poor antenatal, perinatal and neonatal resuscitation services.

The ratio of bed to patients in the children ward is too low, coupled with the overcrowding of the wards by the attendants and parents of the already sick children, the risk of catching on the infections increases manifold. The hygiene and cleanliness of the wards, the washrooms, the passageway and the periphery leaves much to be desired and only adds to the pathetic condition of the hospital.

The abject dismal condition of the maternity ward with even two patients lying on the header & footer side of one bed and the labour room also being used as nursery, with cats seen freely roaming around, adds to the pathetic conditions.

Recommendations:-

- (a) The Administration to take measures for the department of obstetrics and gynecology need to be upgraded and add manpower on a war footing.
- (b) To make arrangements for assessing the requirements of Doctors, Nursing staff and Para-medical staff and ensure their appointment.
- (c) The number of beds to be increased in the children ward. As a matter of short term measures, the empty/unused beds in the children eye ward are converted to the children general ward.
- (d) To upgrade the Labour Room & OT with all necessary equipment including a well equipped newborn resuscitation corner by removing the dumped furniture in the LR.

- (e) Administration to take measures for a periodic review of neo-natal care and neonatal deaths.
- (f) Arrangements are made to impart fresher course trainings to the peripheral T.B.As. (Traditional Birth Attendants)
- (g) Arrangements be made to keep the entire hospital premises in a clean and hygienic condition. Also the entry and exit points are manned with security to regulate the attendant traffic into the wards.

On Visit to Gangetic Char areas of (i) Khatiakhana or Hamidpur under the Kaliachak Block, (ii) Narayanpur and Duyani under Manikckak Block.

A visit to the normally inaccessible Gangetic char areas and interaction with the local populace that *it was a case of what could be termed as Defecit Governance*. The apathetic attitude of the administration in not visiting the areas for assessing the deprivations of the basic entitlements to the children of the areas had rendered the children to live in conditions that could not be termed civilized. Main occupation of villagers is agriculture and grow cash crop of bitter gourd, black gram (locally called *Kalai*) and '*parwal*'-the snake gourd. In absence of any ICDS programme in these areas, children in the age group 0-6 are deprived of supplementary nutrition, immunization, health check-up, pre-school non-formal education and nutrition & health care.

Based on the directions conveyed by a panel of jury of NCPCR on 20th October, 2011 in Kolkata, to make arrangements for starting a formal school for children in the chars who were deprived of their educational rights. Acting on the directions, the education department had mapped the areas and opened a school on 19th November in Hamidpur/Khatiakhana char (with 50 children which swelled to 378 on the day of visit), on 23rd Nov in Narayanpur Char (with 42 children which swelled to 136 on the day of visit) and Duyani Char to be opened on 14th Dec, 2011 (199 children identified). The expression with a twinkle of glint in the eyes of over 400 children was the most satisfying when it was announced that they will be served with the

freshly cooked MDM in their newly set-up school in Hamidpur char. Similarly the 136 children in the newly set-up school in Narayanpur Char under Manikchak Block, expressed their joy on being in the school and on receiving free books when the team visited the village. At the Duyani char, again under the administrative control of Manikchak Block of Malda District, the villagers were thankful enough to receive the administrative officials like the BDO and BMOH for the first time in years. These had accompanied the Commission team along with ADM (Gen) and DPO-SSM for.

Recommendations:-

- (i) As per the directions conveyed in the meeting with district administration on 24th Nov, it is recommended that the other chars be mapped for out-of –school children to be mapped for enrollment into formal education stream.
- (ii) Arrangements and supervision be made for construction of *pucca* School buildings in Hamidpur (Khatiakhana); Narayanpur and to be opened school at Duyani chars at a fast pace.
- (iii) Urgent intervention be made by the district administration for assessing and setting up ICDS centers in these areas to enable the deprived children to avail their rightful entitlements.
- (iv) As far as possible to identify literate persons especially who had been actively and passionately providing services to the children and the villagers as the only link between with the Administration in the mainland, and continue to use their services as teachers / Para-teachers as far as possible, as it was observed that the officials from the mainland are too reluctant to go to these chars for rendering the services.

- (v) Local girls from the chars be identified (like the one in Narayanpur who was in class 12 and willing to work for the children & women of her community), for imparting training as ANM / ASHA (Accredited Social Health Activist) who will be trained in the mainland and sent back to the community to work as an interface between the community and the public health system under the NRHM. This will rule out the possibility of any absence of services required in these areas. BMOH was directed to assess the situation and forward the proposal to ADM (Dev).
- (vi) The recently setup CWC be provided with necessary infra-structural support so that they can commence their work properly.
- (vii) Administration to coordinate in joint collaboration with NGO Shakti Vahini and CRY to initiate sensitization / orientation programmes for officers of various NGOs, the Police Force as well as the concerned administrative officials in areas concerning child rights especially child trafficking.
- (viii) Elaborate advocacy and awareness programme in close collaboration with UNICEF and other NGOs on prevention of Child Marriage is desired. More publicity be given to the existing child help line 221098 backed by UNICEF so that concerted efforts are made in ending child marriage.

Abbreviations Used:

AIDS	Acquired Immune Deficiency Syndrome
ALC	Assistant Labour Commissioner
ADM(D)	Additional Development Magistrate - Development
ADM (G)	Additional Development Magistrate - General
AHTU	Anti Human Trafficking Unit
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BDO	Block Development Officer
CDPO	Child Development Project Officer
CHC	Community Health Centre
CMOH	Chief Medical Officer Health
CNCP	Child in Need of Care & Protection
CPO	Child Protection Officer
CSE	Commercial Sexual Exploitation
CWC	Child Welfare Committee
DC	District Collector
DM	District Magistrate
DPT	Diphtheria, Pertusis and Tetanus
DSWO	District Social Welfare Officer
FIR	First Information Report
HIV	Human Immunodeficiency Virus
ICDS	Integrated Child Development Services
JSY	Janani Suraksha Yojana
MHA	Ministry of Home Affairs
MOIC	Medical Office In- Charge
MS	Medical Superintendent

MTP	Medically Terminated Pregnancy
NCPCR	National Commission for Protection of Child Rights
NGO	Non- Government Organization
PCPNDT	Pre-conception and Pre-natal Diagnostic Techniques
PHC	Primary Health Centre
PNDT	Pre-natal Diagnostic Techniques
RCHMO	Reproductive and Child Health Medical Officer
SDM	Sub Divisional Manager
SJPU	Special Juvenile Police Unit
SNCU	Sick & Nursing Care Unit
SP	Superintendent of Police
SSM	Sarva Shiksha Mission
UNICEF	United Nations International Children's' Fund
WCD	Women and Child Development