

The Haunting Footprints of Drought, Hunger and Poor Governance:

A Report on the Tharpakar Crisis

THE NATIONAL COMMISSION FOR HUMAN RIGHTS

MESSAGE OF THE CHAIRMAN

Thar is a large track of desert land running along the whole of the eastern length of the *Sindh* province. It consists of sand hills or bhiths and shallow salt lakelets (*dhandis*) fed by rain. The phenomenon of drought is recurring and *Thar* remains the worst region of famine. The name *Thar* comes from '*thul*' which means sand ridges. It is also commonly known as '*MarooThul*', which means the death area.

The crisis at *Thar* was nomenclatured as a "Tragedy of *Thar*" by the DAWN newspaper in its editorial after my visit dated 12th March 2016. The conditions in *Thar* are a stark manifestation of state neglect, inaptitude, bureaucratic inertia and corruption. Now another problem is arising through radicalization and attempts of forced conversions. All this calls for immediate curative measures as suggested in the report.

This greatest desert of Pakistan has the biggest deposits of coal and overwhelming non-muslim majority whimpering of inaction on the part of the state.

State organizations like NDMA, PDMAs, metrological departments etc have remained callous so far which is unfortunate. The Metrological department could always forewarn through correct information about the expected drought to prepare people ahead.

The government of Sindh in departments of Health, Education and local administration are to be made accountable.

The agonies of the people were brought to the notice of the receptive Senator Taj Haider, the spokesman for the Sindh government on *Thar*. He immediately arranged two ambulances and asked for repair of few jeeps / four wheelers for *Thar*. He very kindly noted in chronological order the aspect of bad governance prevalent in *Thar*.

The problems viz. food and water can be solved with some efforts. The water policy of RO (Reverse Osmosis) needs to be reviewed as well as the system of distribution of free wheat. Appointment of dedicated medical staff, substitution of the present unconcerned District Health Officer and financial audit of funds allocated for education needs action.

I had a dialogue with UNICEF for urgent help through provision of Mobile Medical Camps for immunization and meeting the nutrition problems, so rampant in case of the infants.

I propose to the Federal Government that it may divert the allocation of 750 million rupees generously given to the Ministry of Human Rights besides its regular budget for relief of suffering people of *Thar*. I further recommend immediate transfer of local administrators who are doing no service to the suffering population.

I am thankful to the members of the team who accompanied me travelling in the harsh desert of *thar*. I am also thankful to the National Press, the Local Press Club, the Sindh Press Club, the Bar association of *Mithi*, the people of *Thar* for their cooperation and help in the making of this report.

Justice (R) Ali Nawaz Chowhan,
Chairman

Tharparkar Map

Introduction

The National Commission for Human Rights undertook a visit to Tharparkar from March 9, 2016 to March 11, 2016. The objective of the visit was to assess and prepare a report on the situation in Tharparkar, affected by droughts, and deaths due to malnutrition for the past three years. The visit was led by NCHR Chairperson Justice Ali Nawaz Chowhan and Member NCHR from Sindh, Ms Anis Haroon. The visit was supported and facilitated by the Pakistan Institute of Labour Education and Research. Dr Sono Kangharani, CEO Hisaar Foundation, and member Board PILER hosted the delegation and also organized meetings and field visits during the course of the visit.

This report was filed following the visit that also included multiple meetings with stakeholders. The report carries details of the visit, meetings and activities undertaken and notes exchanged with relevant actors from the civil society, state machinery and **private entities that have been involved in the resolution of the Tharparkar crisis.**

The report has been divided into the following sections:

1. A brief introduction of the NCHR
2. Objectives of the Tharparkar visit
3. List of activities undertaken during the visit
4. Profile of Tharparkar
5. Details of The Meetings/Engagements
6. Observations of the Commission
7. Recommendations

INTRODUCTION OF THE NCHR

National Commission for Human Rights

The National Commission for Human Rights was formed in May 2015 under the National Commission for Human Rights Act passed by the parliament in June 2012. Being signatory to the United Nations charter, it was obligatory for Pakistan to establish the NCHR.

The NCHR Act 2012 provided a thorough procedure for appointments of the commission members. Apart from forming of a parliamentary committee to finalise the names of the members, the Act envisaged involvement of the Federal Government, the PM and the Leader of the Opposition for inviting and scrutinizing the Commission member nominees. A Parliamentary Committee on Appointment of Chairperson and Members of the National Commission for Human Rights finalized the names of the members in February 2015.

Retired Justice Ali Nawaz Chowhan heads the commission and one member from each province, FATA and minorities are members of the commission. The Chairperson of the National Commission for the Status of Women (NCSW) is an ex-officio member of the Commission.

The NCHR's mandate covers both the promotion of human rights as well as their protection. For the purpose of the promotion of human rights, the Commission is entrusted to create awareness on human rights through HR literacy and research, and develop a "national plan of action for the promotion and protection of human rights". The NCHR also has the mandate to investigate and prevent human rights violations, suo motu or on petition. The Commission is empowered to reviewing and suggesting amendments to Pakistan's constitutional and legal framework on human rights; making recommendations for the effective implementation of international human rights treaties; recommending legal reforms, providing input to the government's treaty reports at the international level, and submitting its own independent reports.

OBJECTIVES OF THE THARPARKAR VISIT

The visit, spread across 5 days including engagements in Karachi, was planned in line with the NCHR's mandate to investigate cases of human rights abuse and propose recommendations for prevention of such violations. The NCHR is firmly of view that right to life is a fundamental human right, and loss or compromise of this right, even if these are due to non preparedness against natural disasters, amount to grave rights violation. The NCHR therefore deemed it necessary to investigate the developments in Tharparkar and play its role as the country's prime human rights body to address the crisis so that further loss of life and compromise of human dignity be averted.

The visiting delegation included Justice Ali Nawaz Chowhan, Chairperson NCHR, Ms Anis Haroon, Member Sindh NCHR, Mr Karamat Ali, Executive Director Pakistan Institute of Labour Education and Research (PILER), Dr Sono Kangharani, CEO Hisaar Foundation, Mr Zulfiqar Shah, Joint Director, PILER, and Ms Zeenia Shaukat, Independent Professional.

The key objectives of the visit can be summed up as follows:

- To assess the ground situation in the drought stricken region that, in the past three years, has experienced a very high number of deaths and loss of livelihood because of drought and breakdown of healthcare infrastructure. Tharparkar is also a district with poor indicators of human development;
- To prepare a report based on the information gathered and observations made during the course of the trip, and present it before the parliament as well as the nation so that relevant interventions can be made to improve the situation in the district;
- To launch necessary lobbying efforts in order to not only address the current crisis of the region, but also to develop a long term plan to deal with natural disasters, especially the drought in Tharparkar.

LIST OF ACTIVITIES UNDERTAKEN DURING THE VISIT

The visit was planned in a manner so that maximum ground could be covered to comprehend the various dynamics of the crisis. Efforts were therefore made to visit relevant facilities so that a first hand account of the ground situation can be assessed, in addition to meeting with varied groups of people to get their inputs and feedback on the handling of the crisis.

Following are the activities that were undertaken:

- Meeting with Advocate Faisal Siddiqi to discuss the court petition on Tharparkar droughts – March 8, 2016; Regent Plaza Hotel, Karachi
- Travel to Tharparkar from Karachi – March 9, 2016
- Meeting with Civil Society organizations in Tharparkar – March 9, 2016; Venue Maroora Organisation, Mithi
- Informal dinner hosted by Dr Sono Khagharani. This included meeting with senior civil society activists and professionals, government and media leadership of Tharparkar - March 9, 2016; Dr Sono's Residence
- Meeting with members Mithi Press Club – March 10, 2016; Mithi Press Club
- Briefing by Incharge Deputy Commissioner Tharparkar, Ahmer Naik at Deputy Commissioner Office – March 10, 2016
- Meeting with local community – March 10, 2016; TRDP Regional Office, Chachro
- Visit to Tehseel Hospital Chachro, Rural Health Centre Islamkot – March 10, 2016
- Meeting with Member Provincial Assembly Mahesh Kumar Malani at Dr Sono's residence
- Meeting with Mithi Bar Council, District Courts, Mithi – March 11, 2016
- Visit to Civil Hospital, Mithi – March 11, 2016
- Return to Karachi – March 11, 2016
- Meeting with Taj Haider, Incharge Thar Relief Operations and Chief Minister Sindh's Coordinator for Thar - March 12, 2016; Taj Haider's office, Karachi
- Meeting and Lunch with members Karachi Press Club – March 12, 2016; Karachi Press Club

THARPARKAR: A PROFILE

Tharparkar, one of the remotest districts of the Province of Sindh is located 400 km southeast to Karachi. The total area of the district is 19,389 sq km and 97 percent of it comprises desert. Administratively, the region was recently divided into 6 Talukas namely: Mithi, Islamkot, Nagarparkar, Chachro, Diplo, and Dahli. The district has a population of 1.3 million spread over 3,500 settlements, 2,380 villages and an area of 20,000 square km (official figures). It is one of the most dense desert regions of the world.

The economy is mostly driven by rain-fed agriculture, livestock, wage labour and remittances (mostly from internal migration). The livestock population in Tharparkar is 6 million, accounting for 65% cattleheads in the province, and standing out as a major source of supply of meat and milk to the entire province. A large majority of farmers are small farmers owning an average of 2.5 acres of cultivable land (as indicated by Agriculture Census 2010).

Tharparkar is located in what is known as “tail end areas” of the country, with access to water majorly compromised in the desert region. 40% population of the region comprises Hindu community.

There is one District Headquarter Hospital, 3 Taluka Hospitals, 2 Rural Health Centres, 49 People's Primary Healthcare Initiative facilities (PPHI) (that include 31 Basic Health Units and 18 Dispensaries), and 189 government dispensaries, all staffed to a minimum required level. The literacy rate is the lowest in the country especially among the women. Ground water is the only source of drinking water that too is brackish and not fit for drinking.

Basic Services:

While the prospects of the coal reserves in Tharparkar are a subject of national discourse, the district itself lies at the bottom pit when it comes to access to basic services including access to food, health and population planning. A look at the human development indicators point out an extremely dismal picture.

A recent report by the Sustainable Development Policy Institute describes 58pc of the country's population as poor marking district Tharparkar as the one with the highest incidence of poverty (47 per cent households fall below the poverty line). Tharparkar is followed by neighbour Mirpur Khas that is the second poorest district with 44 per cent poor households. According to a World Food Programme report, two third of the population falls below the caloric poverty line, meaning they are unable to consume the required calories intake essential for human survival and health living. The district also crosses the Sindh Province's overall average of 40% of children being underweight as half the children below the age of five, in Tharparkar are underweight!

If all three districts of Mirpurkhas, Umerkot and Tharparkar are viewed together, there is one hospital bed for 4,135 in the entire region. There are only 171 Basic Health Centres, 11 Rural Health Centres and 7 Hospitals for a population of over three million in the three districts.

As gathered from another 2004 report, only five percent of women of child-bearing age or their spouse used any family planning methodology in Tharparkar. This is evident in a very high population growth rate of over 3 percent. The problem is further compounded by one of the highest dependency ratios. It is difficult to imagine family planning services working with the any degree of efficiency in an area where healthcare services are at their lowest. This probably explains why only 40 percent of expectant mothers can access complete medical check up once during their pregnancy. The international standard is at least four times during the nine months of pregnancy. Thar's ratio also includes check up by untrained doctors.

With one third of Tharparkar's children out of school, the lucky few who attend school have to contend with a compromising student-teacher ratio as well as absence of basic services such as drinking water and toilets in schools. Local NGOs point out that dysfunctional schools are the biggest problem in the region. In terms of curriculum, no extra attention is given to the fact that 40 percent of the region's population is Hindu and the curriculum needs to be adopted accordingly to address their religious sensitivities.

Tharparkar is currently undergoing a severe third consecutive year of drought. For the population in the remote villages of the rural areas, the major source of income is rain-fed agriculture and livestock. Due to the absence of rainfall in last two years, there has been limited production of crops and fodder in most areas of the region. As a result of three years of drought, inflation, and lack of livelihood opportunities, the poor population of Tharparkar has completely exhausted their capacity to purchase food for their family and fodder for livestock.

The monsoon season between June and September is the time for rainfall, but in recent years, rain has been unpredictable and droughts are recurring, nearly every three years. Inadequate rainfall leads to lack of water, crops, and fodder, aggravating water and food insecurity. Soil erosion and land degradation continue to increase because of recurrence of droughts, increase in number of livestock that need grazing land, and cutting of bushes and trees. Inadequacy and loss of livelihood pushes the local population to seek debts that further entraps them into a cycle of vulnerability. These factors also compel people to undertake migration to barrage areas in search of food, fodder and water. Over the years, the barrage areas have lost the capacity to accommodate an exodus of people and animals from the desert. There have been no efforts to facilitate a reliable source of water for Thar's crucial livestock trade, nor has there been any dependable livestock assistance services such as effective veterinary care accessible to people. According to a government report, 80 pc of the livestock owners of Tharparkar have expressed dissatisfaction with the quality of vet care for the livestock.

DETAILS OF THE MEETINGS/ENGAGEMENTS

Day 1: 8 March 2016

Meeting with Advocate Faisal Siddiqi; Regent Plaza Hotel, Karachi

The delegation had a meeting with Advocate Faisal Siddiqi who briefed about the court petition filed by the Pakistan Institute of Labour Education and Research on Tharparkar drought in 2014. The petition submits that more than 200 people, including women and children, died in Tharparkar as a direct result of, inter-alia, famine, malnutrition, disease and criminal negligence of the state. It seeks justice and enforcement of fundamental rights and the law, for the victims, the survivors and their families, and directions from the high court to deal with the Tharparkar tragedy and to avoid such tragedies in the future.

Advocate Siddiqui briefed the proceedings of the two year old journey of the petition and the challenges that came in the way. He shared various reports and briefings submitted by the Sindh bureaucracy responding to the court orders and directives in the course of the case. He also gave a detailed background to the NCHR about the legal strong points of the petition. The prospects of the reinforcement of the fundamental rights through legal intervention were also discussed.

Day 2: 9 March 2016

Travel to Tharparkar

Meeting with Local Civil Society Groups; Maroora Organisation, Tharparkar

Attendance sheet of the participants is attached in the annexure.

The participants included NGOs working in Tharparkar. Most NGOs working in the area are involved in development work. At the same time, these also work on service delivery, healthcare and education initiatives. Their work makes them very relevant as actors in humanitarian assistance

The meeting began with Dr Sono highlighting the objectives of the meeting. Chairperson NCHR introduced the Commission and underscored the importance of his visit to take back a fact based report to Islamabad for concrete and sustainable interventions. He said that there is not only a need for resolving the current crisis in the district, but long term measures responding to the development deficit and access to rights in the region should be undertaken too.

Civil society organizations shared their experience of working in the area as well as through drought seasons. They also briefed on their interventions in the recent droughts. An overall picture of development in Tharparkar was also presented.

Water, healthcare, education and disaster response were the four most important agenda points discussed at the meeting. It was shared that water is the biggest issue of the district. While ad hoc measures such as the Reverse Osmosis (RO) plants, and before that, a pipeline supply of water have been provided, there is no solid strategy to address the water crisis in the region. A suggestion was

made to provide water through ducts from the nearby dam, rather than through RO plants. The water supplied from the RO plants comes with a set of problems such as poor taste, irregular maintenance, and allegations of corruption.

In terms of healthcare, the NGOs present were unanimous over the gaps present in the healthcare system that have turned life-threatening for the local community. They emphasized that a mapping of pregnant women and children under the age of 5 is extremely important to understand the extent of healthcare deficit in the region. Moreover, healthcare communication system linking villages is also weak and has contributed to the recent crisis. They shared their observation regarding positive work done by former District Health Officer Dr Nalechango who was recently transferred.

Civil society organizations also shared that behind the Thar region's underdevelopment is a progressive decline in access to education. Despite a budget of Rs 3.5 billion dedicated to education, the school dropout rate is disturbingly high. Starting from 190,000 children enrolled in the primary education, only 22,000 stay till matriculation. At the higher level, only 300 are left.

The organizations highlighted that access, coordination, cooperation, and affordability are the four pillars of effective humanitarian intervention in the region. They said that at the beginning of the crisis, there was limited understanding on the part of the government to respond to the issue. This was mostly due to the poor state presence in and commitment to the development of the region. Any intervention was further restricted by the absence of resources – probably coming from the government's tendency to delay action over a crisis. As a result, even the vehicles for a mapping exercise and referrals was sought from the NGOs working in the region. A Volunteer Forum was also formed with membership from civil society organizations, mainly aimed at advising the government over handling of the crisis.

The local organizations observed that an inadequate presence of the government in the region, the continued crisis and the marginalization of the poor has resulted in the weakening of the social fabric in Tharparkar. They also pointed out that there has been an alarming rise in the madrassahs established in different parts of Thar. Because of the lack of checks and balances on these institutions, there is very strong possibility of radicalization of the local population.

Day 3: 10 March 2016

Meeting with Members Mithi Press Club; Mithi Press Club

The meeting began with Dr Sono Khangharani introducing the NCHR delegation and a brief about the objectives of the Commission's visit to Tharparakat. Justice Chowhan and Ms Anis Haroon followed up with a detailed briefing on the NCHR and the significance of their visit to the region. They also shared their observations, drawn so far from meetings and interactions with community leadership and local civil society actors. Justice Chowhan assured all that the Commission is an independent body and deeply committed to addressing rights deficit in the country. The Tharparkar visit was a step in the same direction.

The Press Club members, after formal introductions, shared their views on the crisis. According to media members, there are two problems associated with the Thar's characteristic as a desert: its border with India, due to which the state of Pakistan has always treated it with suspicion and kept the region underdeveloped. The roads, electricity, water supply, and healthcare infrastructure have been a very recent development. Secondly, the region's economy is heavily dependent on rains. As 95 percent of the population is associated with farming, the absence of rains is translated into absence of livelihoods. With massive growth of population in the region, the negative impacts of drought has turned manifold.

Media members also rubbished the government narrative that the phenomenon of migration is traditional in Tharparkar. They said that migration happens only when the rains don't take place. The population, mostly as family set ups including women, moves to the barrage area. At the barrage area too, human rights violations are a regular phenomenon. They emphasized that in Rajasthan, in neighboring India, same desert conditions exist. However, the population is not under any kind of distress because of the pro-people policies and actions of the state

Media persons also pointed out that despite a crisis of huge proportion, there was no presence of the National Disaster Management Authority in the region. They said that being media personnel, they are in a position to be in the know of developments in the region, and they strongly believe that the death toll due to the health crisis is much higher than what has been officially reported. "The Government merely gets the figures from the hospitals. No figures from deaths outside the hospitals or at homes are accounted for." According to their information, 40 children are referred to the Mithi Civil Hospital every day.

The media community also pointed to the damage done by the shortage of healthcare professionals in the region. They said that according to their reports, 300 posts of doctors are lying vacant. Moreover, there is no lady doctor in the Tehsil. Till last year, there was no specialist for children.

The reporters present at the press club also shared information about the process of wheat distribution as disaster response in the region. They said that rather than executing distribution through Deputy Commissioner's office, wheat is being provided to the community through local *thekedars* (contractors), having affiliation with the ruling political party of the province. This is seen as a way of securing votes and also denying community members supporting the opposition, from benefitting from their due share of government relief.

Media members disagreed with the idea of the RO plants. They felt that these plants were a political project and many have stopped functioning within a year of installation, reflecting poor maintenance. They also said that a third party verification is missing from the project.

Justice Chowhan gave a separate interview to TV channels, following the meeting.

Meeting with Incharge Deputy Commissioner Tharparkar, Ahmer Naik, at Deputy Commissioner Office:

Following formal introductions and welcome note, Justice Chowhan shared his observations about the Thar crisis, based on the information that the visiting delegates had received from meetings with multiple stakeholders.

The ADC made a power point presentation covering the health crisis in Tharparkar. He shared the steps undertaken by the government in the aftermath of the crisis. These are as follows:

1. Referral teams were constituted. These teams included one lady health worker, member of Thardeep Rural Development Programme/ Health And Nutrition Development Society, Shifa, and one member from PPHI. The job of these teams was to visit households in the district and refer malnourished women and children to hospitals and doctors. Vehicles for the movement of these teams were given by NGOs. 2,499 children were referred to medical care facilities.
2. An exercise was conducted to verify the attendance of LHWs. Showcause notices were issued to those who were not reporting on duty.
3. The government dispensaries that were closed down for almost a year were reopened. These dispensaries were shut down over the years because of poor infrastructure that almost collapsed because of the halting of funds to these facilities by the government. 186 out of 189 facilities were reopened.
4. A select group of women were given the training of Trained Birth Attendants.
5. Thirteen specialists were appointed, in addition to 36 medical officers. Mobile medical camps made rounds of major towns every day. Budget of DHQ Hospitals was doubled.

The ADC shared that the reason drought was not declared in Tharparkar in 2013, was because of the misleading patterns of rain. The amount of rainfall was observed to be the same as that is in regular periods. However, these rains occurred in a very short duration, rather than spreading across the season as happens in normal periods. This rendered them of little affect in impacting vegetation in the region.

Regarding RO plants, the ADC said that 90 percent of the plants are functional. The government plans to install 700 plants. Currently, 292 plants are functional. He said that canal water cannot be used as a regular source of water because of its low supply.

The ADC also pointed out that the population of Tharparkar is spread out rather than being concentrated in key areas. It is therefore very difficult to make healthcare accessible for all. He said that there is dire need for efficient and trained mid-wives. "Pregnant women do not visit health facilities." He suggested that there is need to train *dais* to handle birth procedure professionally. The ADC observed that even children belonging to well off families are affected by illnesses because of poor maternal health and hygiene conditions.

Other participants, all government officials, also shared the role of their respective departments in addressing the crisis. They also answered queries raised by the delegation. District Health Officer was, however, not present at the meeting.

Additional note: It was surprising to note the condition of the hall in which the said meeting took place. The large meeting hall attached to the Commissioner's office had complete modern facilities including fully functional air conditioners and top quality furniture, a constant supply of mineral water and beverages. Given that this space is to be used to resolve the issues of the crisis-riddled and underdeveloped region of Tharparkar where people cannot have one square meal a day, we found this arrangement extremely inhuman and outrightly in denial of the rights of the local communities, especially since it is the job of the Commissioner's Office to watch and protect the interest of the local community.

Meeting with Community; Thardeep Rural Development Programme Office, Chahcro

People from 14 UCs and 25 villages were present. Most of the community members came from border villages and were a part of the TRDP Para Development Committees.

Members from the community shared their experience of the crisis. They said that healthcare, water availability and livestock care were issues for them. They also complained that as the coal development projects were being launched, they were being forced to give away their land on lease. They wanted Justice Chowhan to take action on that. Justice Chowhan asked them to write a formal letter with details and evidence.

Regarding the RO plants, members community felt that they were not maintained properly. They said that they are having to pay Rs 100 per household per month for the maintenance of these plants. They also flagged non transparency in the location of the plants as those were mostly located at spots favoured by political parties leadership and local MNAs and MPAs

Community members also had grievances against relief distribution systems. A participants coming from Dhalin Jo Thar said that deserving people never get any relief nor did the state care for long term development plan for the region. The community also denied having access to vet docs. They also said that despite the significance of livestock to their livelihoods, no vets were available. This was contrary to the briefing at the ADC office where the concerned officer informed the availability of adequate number of vet doctors.

Members community complained about the poor transportation system. They said that it takes them hours in over-crowded jeeps, used as public transport in the region, to reach healthcare facilities in case of illnesses in the family. They also said that they have to travel far and wide for medical care due to the absence of MBBS staff in the government dispensaries set up across the districts.

The community also shared challenges regarding access to education. They said that schools mostly have broken furniture, dilapidated rooms and no washrooms. An incentive programme was launched to encourage children to go to school by extending a stipend to them. However, due to technical issues such as mistakes in data collection by the government officials, they remain deprived of access to this scheme.

The community members also recommended that all medical facilities be upgraded to make healthcare accessible and effective for them.

Day 4: 11 March 2016

Meeting with Member Provincial Assembly Mahesh Kumar Malani at Dr Sono's residence

MPA Mahesh Kumar was elected as public representative from the area in the provincial assembly in 2013. He is a well respected politician in the region. He visited our host Dr Sono's house to meet Justice Chowhan. Both parties exchanged views on the Tharparkar crisis. Justice Chowhan shared his observation that though challenges of healthcare and food are very serious in nature, they are controllable. Mahesh Kumar agreed and shared his observations regarding the situation.

The MPA said that deficits in healthcare system is a major issue in the province. Another issue he highlighted is infrastructure. He said that only 250-300 villages, out of 2300, have road access.

Mahesh Kumar also briefed Justice Chowhan over the struggle the government and local administration had to face to bridge the healthcare gap in the region. He said that apart from shortage of healthcare facilities, professional medical personnel on Sindh Government's payroll are extremely reluctant to work in the region.

He also noted that due to the culture of early marriage, reproductive healthcare is compromised. The concept of family planning is extremely limited. Therefore, couples tend to have more children than women, with their weak bodies and overworked life, are able to handle healthwise. The diet of the local community, especially that of women, is also devoid of essential nutrients. Their domestic responsibilities and care work keeps them engaged for 18 hours a day while their diet comprises only *lassi* and *bajray ki roti*.

MPA Mahesh Kumar said that earlier, an NGO launched an intervention providing free ghee and milk to expectant mothers. They have however replaced that with nutrition sachets, which are not supported by the community because of their peculiar taste.

Mahesh Kumar also shared that transportation is a major issue in the region. Public transport is almost nonexistent. Because of this issue, risk to the health of those needing emergency care, especially children delivered in non-professional environment at home increases manifold. Many people are unable to make it to the hospital because of the absence of effective transport network. He suggested that health cards be extended to the community. Transport cost can be reimbursed through the card for anybody seeking to come to the hospital for treatment.

Responding to Justice Chowhan's reservations on RO plants, Mahesh Kumar said that it is true that no serious research has been undertaken before the installation of the plant. However, the distribution and the spread of the plants has been fair by and large. He agreed that gaps in maintenance is an issue.

Mahesh Kumar emphasized that in order to maintain sustainable development in Tharparkar, it is very important that the local economy be developed. Migration needs to be stopped and alternate sources

of livelihoods for the community need be developed. He also agreed with Justice Chowhan over the need for setting up higher education institution in the region so that the education cycle of the local children can be completed.

Meeting at Mithi Bar Council

Following formal introductions, Justice Chowhan highlighted the objectives of the visit. He emphasized that being a member of the legal fraternity himself, and with himself and Anis leading the NCHR, he felt it was important to reach out to the lawyers community to persuade them to play an active role in the Tharparkar crisis.

Members Bar Council shared their observation regarding the crisis. They said a combination of factors including underdevelopment, lack of political will on the part of the state to deliver citizens rights, and the peculiar geography of the province are behind the aggravation of the crisis. They also expressed the desire to be party to PILER's petition on Tharpakar.

Justice Chowhan asked lawyers to take the human rights deficit in the region seriously and play an active role to address the rights gap. He said that absence of healthcare facilities, food and water shortage and the resultant malnutrition and poor response from the state in addition to poor governance constitute violation of the right to life, as these directly impact people's capacities to live a healthy life with dignity.

Justice Chowhan also asked lawyers to act as pressure group and keep a close watch on the developments in the region including systems that guide infrastructure development and contracts given out for coal power plants, RO plants and other relief and service delivery projects.

During the course of the discussion, lawyers drew the attention of the NCHR to the absence of the necessary infrastructure to deal with cases of human rights violation in the district. They said that earlier, there was a directorate that used to deal with cases of human rights. District and session judges used to act as implementor/enforcer of human rights. Over a period of time, this practice stopped. They said that there need to be a proper grant sanctioned under the Human Rights Action Plan for the enforcement of human rights structures.

A female lawyer highlighted the difficulties that women legal professionals have to face because of absence of women-friendly spaces. She said that the Commission may want to consider making provisions for the purpose.

HOSPITAL VISITS

Visit to Tehseel Hospital, Chachro – 10 March 2016

The delegation visited Tehseel Hospital Chachro. Key observations made are as follows:

- The hospital premises is large carrying an outpatient department as well as a nursery for children;
- A Medical Officer was present. He showed the delegation around;

- The Medical Officer informed that there are 5-6 doctors in the Outpatient Department. One doctor is on duty in the morning and the other in the evening;
- Children admitted in the hospital mostly had cold, cough and fever. They were physically very weak. One two-month old child had breathing difficulty. His parents said that he was given oxygen supply in the morning, but not later (it was 4.30pm when we met);
- Another person who had brought in a child to the hospital said that transportation is a very challenging issue. He came from Ora Mar Kharoron village. They have to take a taxi – a jeep that serves as a form of public transport – to come to the hospital. They board the taxi at 4.30 in the morning and get here by 10.30am;
- The hospital had no incubators facility;
- There were not many patients in the wards. Apart from wards, all other departments were almost closed.

Visit to Rural Health Centre, Islamkot – 10 March 2016

- The Centre had a large structure. Part of it was taken over by the Pakistan Rangers;
- The Centre, like Tehseel Hospital Chachro had no sense of cleanliness. Patients and visitors were wearing very dirty clothes. There were no gowns for the patients. The hospital was infested with flies. It seemed that no phenyl or dettol was ever used to mop the floors;
- The Centre had two doctors of 18 grade. A pediatrician was also present. He was not a specialist but had a diploma;
- The delegation was informed that the hospital has been declared Tehseel Headquarters Hospital but had not been given any budget;
- The Centre had an incubator facility. It had merely one ambulance at its disposal. The ambulance had gone since morning to transport a child affected by a cardiac illness to a Hyderabad Hospital;
- The hospital had no ICU facility;
- The delegation found two children affected by meningitis. The children, both male, were aged 20 months old and the other 6 years old respectively;
- When the delegation learnt that the Centre does not have enough facilities to treat the children, it was suggested that they be shifted to Civil Hospital, Mithi, that has advanced care facilities;
- However, the delegation was informed that the District Health Officer had recently issued an order forbidding doctors at this Centre to make referrals to any other hospitals. This was done to prevent burdening of other healthcare facilities;
- The NCHR took a strong note of the issue. Using his discretionary powers, Justice Chowhan issued orders to shift the two children to Civil Hospital, Mithi. As arrangements were being made, it emerged that there was no ambulance available. An ambulance was borrowed from the Hindu Council. The fuel for the ambulance was paid for by Dr Sono. We were informed that fuel is usually the responsibility of the relatives who are transporting the patients to the hospital.

Visit to Civil Hospital, Mithi

- The delegation also visited the Civil Hospital Mithi;
- The hospital was a vast facility. Compared to other hospitals visited by the delegation, it had sizeable number of patients and visitors;
- It was a 100-bed hospital. There were 6 ambulances at the disposal of the hospital;
- The MS was present at the premises. There was a pediatrician too;
- The incubators were packed to capacity. Children weighing 0.8kg to 1.3kg were kept in the incubators. The children were also wearing diapers. The nurses informed that because of the non availability of diapers, children are at greater risk to fall ill as they are not cleaned and changed frequently;
- The hospital had received no maintenance funds in the past three years. The rooms and corridors had an unpleasant odor;
- There was a blood bank in the hospital too. The NCHR took issue to the lack of hygiene and cleanliness on the part of the volunteers working at the blood bank. It was emphasized that the handling of blood by people having little care for hygiene may lead to negative health impacts for the patients receiving blood donations. There seemed to be no criteria or SoPs for volunteers.
- All the hospitals we visited had better facilities in the Admin section compared to the wards.

Day 5: 12 March 2016

Meetings in Karachi

Meeting with Taj Haider, Incharge Thar Relief Operations and Chief Minister Sindh's Coordinator for Thar – Taj Haider's Office, Karachi

The meeting began with NCHR sharing their observations of the Thar crisis and especially the government interventions in the region. It was stressed that while the government efforts are fairly visible, non-merit inductions and poor performance on the part of government servants have let down both the local community as well as the Sindh Government itself. Justice Chowhan also highlighted the gap between the budget provision and the effectiveness of the measures undertaken for relief exercises. He said that shortage of ambulances, poor infrastructure at the hospitals, in addition to inadequate staff were a testimony that the government money is not reaching the right hands.

Senator Taj Haider briefed the Commission about the challenges that the Sindh Government faced in the course of the execution of relief efforts in the region. He also highlighted the limitations with regards to the provincial bureaucracy that impede delivery of good governance to the people.

He shared that after the Sindh Government declared crisis in the region (in 2014), their first focus was on strengthening the presence of official machinery on the ground, in addition to urgent measures for healthcare, relief delivery and ensuring water supply. This explains the undertaking of the wide-scale recruitment of medical professionals and establishment of RO plants. He said that the government got a very poor response from doctors and medical professionals working on Sindh Government payroll. The Government of Khyber Pakhtunkhwa sent a team of medical professionals that worked very dedicatedly

for two months responding to the healthcare emergency. He said that 58 new docs were also recruited, while 550 vacancies were announced. However, doctors in Sindh only want to work at places where they can run private facilities alongside their government duties.

Regarding water supply, he said that the RO plants were seen as a measure directed at urgent response to the condition of drought in the region. Responding to the NCHR's question on water supply through canals, Taj Haider said that Tharparkar and adjoining areas fall under the tail end of the water course system. It is not possible to depend on canal water to meet the needs of the local population. He admitted the possibility of the misuse of the RO plants in terms of the location selection and establishment. He however maintained that under the circumstances these plants were the best option available to the government. "They not only run on solar energy and require limited maintenance, they also offer the opportunity for water supply for agriculture production." Towards that end, he mentioned the government of Sindh's efforts to explore biosaline agriculture and fisheries. He said that Engro is already working on this while a UAE based institution has also expressed an interest in exploring the biosaline agriculture prospects in the region.

Taj Haider reiterated the Sindh Government's positive outlook regarding the link between development and coal reserves in the region. He said that Tharparkar has 1.5 billion reserves of coal. The development of these reserves may play a crucial role in boosting investment and development in the region. He said that the process of dewatering because of coal development may lead to the possibility of water availability for alternate purpose. He also mentioned reverse migration due to Thar Coal development. He said that the Sindh Government is working to encourage CSR initiatives from the companies working in Tharparkar so that access to education and healthcare can be improved. He mentioned setting up of a technical institution in Islamkot. Justice Chowhan reminded him that it is important to ensure job creation for the local population in coal development projects, as being locals, they have primary right to the natural resources of their region.

Taj Haider mentioned a number of other measures being pursued by the Sindh Government to develop the economy of the region. These include milk collection centres, promotion of salt water fisheries through the use of saline water disposed off from RO plants, and a railway line from Islamkot to Badin. Regarding healthcare initiatives, a Sindh Medical Support Programme launched in March 2016 aims to cover 8 districts with a budget of Rs 5 billion. The programme is based on public private partnership, including collaboration with NGOs, and carries provision for immunization of mother and child, training of LHWs and other measures directed at preventive healthcare. He said that the programme focuses on the delivery of healthcare at the doorstep.

Justice Chowhan appreciated the challenges that the Sindh Government is facing in delivering on the Tharparkar crisis. He advised Taj Haider to dedicate resources according to the short term and long term significance of projects, emphasizing that the region needs immediate and sustainable response to the crisis. He said that the government will have to undertake measures to expand delivery of healthcare. He also advised Mr Haider to maintain checks and balances and ensure accountability of government personnel working on the ground. He also advocated imposition of the Essential Services Act to make it compulsory for the doctors to discharge their official responsibilities of working in Tharparkar.

Another issue pointed out by Justice Chowhan was the occupation of Chachro Hospital by the Pakistan Rangers and also the proliferation of madrassahs and religious outfits seeking to deliver humanitarian response in the region. Taj Haider said that the Sindh Government is aware of the presence of the charity wing of Jamat ud Dawa (called Falah-e-Insaniyat Foundation) in Tharparkar and had given them the permission to set up emergency response. They are however, keeping a close eye on their work.

Meeting with members Karachi Press Club at the Karachi Press Club

A lunch was hosted by the Karachi Press Club for the National Commission for Human Rights. After welcome notes, Justice Chowhan shared with media personnel the objectives of the NCHR's visit to Thar and the role of media to make the report of the event effective, alongside highlighting the issues of Tharparkar. He shared his observations regarding the situation in Thar and asked media persons to help with any information and knowledge gaps on the subject. Media persons shared their understanding of the crisis and said that they see corruption and poor governance as prime factors behind the issue. They assured Justice Chowhan of help in strengthening the NCHR's role as an authority promoting and protecting human rights in the country.

OBSERVATIONS OF THE COMMISSION

The Commission observed inaccessibility to food, underdevelopment, poor healthcare infrastructure, water supply, system of declaration of drought, and gaps in government relief efforts as prime factors behind the crisis in Tharparkar. Below, we share details of our understanding of these dynamics:

Access to Food:

Food insecurity is at the root of the crisis in Tharparkar. With a majority of the population dependent on rain-fed agriculture, the absence of inadequacy of rains is likely to have a major impact on the local population's status of food security. In a survey conducted soon after the crisis hit the region, it emerged that at least 76 percent of the population had no food stocks at their home, not even for a single day.¹ Lack of income because of droughts also ensures that the population cannot purchase food from the market. The situation is further exacerbated as livestock, a prime means of livelihoods for the local population, too is lost to the inaccessibility to food and water. Hundreds of thousands of livestock have died as the crisis progressed. While it is casually stated that the staple food of the local population is roti, tea and chutni, the impact of a diet devoid of essential nutrients, including fruits and vegetables, milk and eggs is extremely grave. Due to the non availability of food and poor understanding of the essentials of a healthy diet, children are given no diet other than breast feed even up to the age of 2. Their physical and mental under-development is severely compromised due to lack of complete meal in their crucial first 1,000 days.

Leaving a vulnerable population to the vagaries of the market when they have no purchasing power, or dumping wheat bags upon them in times of crisis is a solution that only assists their further degeneration. We have been told that other areas of Sindh face worse crisis of social services. However, they manage to survive because at least they have access to livelihoods and hence food. The state's lack of understanding of the agriculture-livelihood-food security connection of the Tharparkar region has resulted in – and continues to cause - criminal loss of lives and social well being of the people.

Underdevelopment:

Development in the region of Tharparkar mostly appears to focus on physical infrastructure, rather than human development. As we were told, this too is because of the interest of the government in 2000 that laid out a road structure that connected villages. The latter governments pursued it further in order to encourage investment in coal development. None of this seems to be linked with care for people and the residents of Tharparkar. In fact, the infrastructure development has negatively impacted the region as none of the vegetation and trees that were cleared to lay out roads have been replaced, at alternate locations. Moreover, we were repeatedly told by government officials that migration is a traditional phenomenon. If that is the case, then the state should have cared for constructing a separate track for people who seasonally migrate with their livestock and travel on foot for days. None of the roads had any pedestrian tracks for the migrants. Moreover, according to the locals, only 250 to 300 villages are linked to the road network.

Healthcare:

While remoteness is an issue in addition to Tharparkar's vast landscape and spread out population, there is no reason why this region should not have received special attention from the government for

¹ "1st Situation Analysis Survey – Tharparkar", HANDS and UNOCHA, March 2014 at <http://www.hands.org.pk/2012/media/pdfs/HANDSPakistanUpdateFromTharparkarApril2014.pdf>

its specific characteristics. A single district hospital for a population of 1.3mn, majority of which is vulnerable, does indicate the underlying cause of crisis. The presentation made by In Charge Deputy Commissioner also pointed to 141 doctors working in the district in addition to 648 LHWs, whose purpose is to deliver preventive healthcare at the community level. Together they cover 584,535 people but leave out 710,372 others. While this gap is a huge issue, we were disturbed to learn that at the time of the crisis neither the LHWs were working, because of non payment of salaries for months, nor the 189 dispensaries established across the district were functional. (The dispensaries do not have professional doctors anyway). If anything, they had collapsed because of the non use of infrastructure, which was a result of non issuance of maintenance funds over the years. Much of the initial energies and resources of the government went into resurrecting the structures of the LHWs and the dispensaries which, if received timely and adequate care by the government, may have reduced the magnitude of the crisis to a great degree.

When we visited the three hospitals mentioned in the earlier section, we found them to be operating very differently from hospitals in developed urban areas. There seemed to be no care for hygiene and the ambience carried an unpleasant odour because of the lack of use of phenyl for floor cleaning. Patients were wearing extremely dirty clothes and even children were not provided with any patient gowns or diapers. At Islamkot Rural Health Centre, we checked the attendance register and found five out of ten doctors as absent. The illogical order by the DHO preventing referrals to other hospital nearly killed two meningitis-affected children had it not been for our timely intervention. When arrangements were made to send them to another hospital, upon NCHR Chairperson's discretionary orders, it transpired that no ambulance was present to transport them. When the ambulance was arranged from the Hindu Council, it turned out that there was no fuel, nor was there any money for it. These administrative deficits are horrifying given the acute level of health crisis in the region. It is extremely disturbing to imagine that this should happen on a daily basis and each and every death case reported in Tharparkar follows a story of state's incapacity to help the vulnerable.

Ambulances: There were merely 14 ambulances for the entire district, six of which were under use by the Civil Hospital, Mithi. We were told that if patients are referred to advance medical care in any other part of Sindh, the fuel cost of transportation is to be paid by the family. This may run as high as Rs 8,000 for Hyderabad. How is a family, living under extreme deprivation with no assets, is to meet this expense? A family we met informed that they had to take a taxi at 4.30 in the morning that drops them at the hospital at 10.30am. For a critical patient, a 6 hour time lapse wasted to poor transportation, amounts to deliberate murder. Due to the limited number of ambulances, it is hard to imagine caregivers of patients being in a position to call one to transport them to the hospital.

Doctors' private practice: There were very strong complaints of doctors private practice in the region. A senior government representative we met actually officially stated that doctors refuse transfer orders to the Tharparkar region or any other place if there is no opportunity for private practice. We were also told that one of the major reasons behind the crisis was government doctors' refusal to work in Tharparkar. This trend continued even after the crisis was officially announced. These are medical officials on the payroll of the Sindh Government. The Sindh Government is still struggling to hire medical personnel and specialists despite offer for additional incentives. Such insensitivity on the part of medical

and healthcare professionals is ghastly given the amount of benefits they have received from the state for delivery of their regular duties. There is need for strong action against those doctors who refuse work in remote areas or seek private practice to make additional money ignoring their responsibilities towards their noble profession.

The crisis multiplies in the absence of specialists especially those related to gynecology and pediatrician practice. We also failed to spot a single nutritionist. According to ADC's presentation, there are only 21 specialists in the district. Given the official number of deaths standing at 828 since 2014, mostly because of low birth rate, birth asphyxia, severe pneumonia, neo natal sepsis, and respiratory distress syndrome, it is shocking that only 21 specialists are left to care for a large number of critical medical cases.

Preventive Healthcare: Immunisation, birth through trained birth assistants, a functioning and capable family planning structures, are the top most requirements of the region where most of the deaths and cases of poor health can be directly traced to poor preventive healthcare infrastructure. The experts we met all emphasized early marriages, malnourishment in mothers and children, lack of immunisation and access to antenatal care and health facilities as the prime concern of the region. Low birth spacing to the extent of a pregnancy every ten months also points to poor knowledge of family planning as well as disproportionate burden on women's health in a traditional family set up. Birth in unhygienic conditions is also a reason for newborn infection. Majority of pregnant women in Thar generally have no antenatal care and families take too much time to admit them to the hospital. Children's tendency to develop pneumonia also comes from deficits in child care as mothers are overworked and also undernourished. We were also told that as there is no culture of changing children's clothing regularly while diapers are unaffordable for families, it is easy for children to fall ill. .

Water Supply:

Drinking water supply is the most acute problem in Tharparkar. Before the proliferation of RO plants, people had to rely on a pipeline carrying water from nearby barrage areas, in addition to dug wells and tube wells. Additionally, rain water was relied upon for harvesting. The main form of rain-water harvesting in Tharparkar is the construction of tankas (underground storage tanks). In contrast, people in Kohistan, Kachho, Nara, and Achro Thar, rely mainly on water ponds, hand pumps and wells.

The quality of water is also a matter of concern. In Tharparkar, water salinity is a problem and high fluoride content in drinking water is the cause of many health problems. The worse-off villages are those where the government supply of water has not reached, nor are there RO plants. People, especially women have to walk for up to 4-5 hours to get their supply of drinking water from the nearest government source or from dug well.

In 2014, the government of Sindh launch a drive to install RO plants across Tharparkar as a response to the drought and health emergency in the region. Rs 5 billion were spent on the installation of these plants that are being managed by Pak Oasis. The company is getting 12 paisa per gallon as fee. So far, 432 plants, out of planned 700, have been installed. 292 are functioning and 71 are non operational. We were also informed in the community meeting that villagers have to pay Rs 100 a month, per household, for their maintenance. The water from these plants is missing on some salts – laboratory test is

recommended – as people find its taste unpleasant. The plants run on solar energy. However, a large number of plants have gone out of order mostly because of poor maintenance.

Local residents also expressed their dismay over the location of the plants. They said the establishment of these plants was largely politically driven with concerned political parties seeking to favour their own constituency when it came to the location of these plants. There are confirmed reports that no feasibility studies were conducted before the launching these plants. The Sindh Government officials told us that under those circumstances, it was not possible for them to conduct a feasibility study as there was no space for waste of time.

Though during the course of our engagement, we were repeatedly told by local community that the pipeline water was better off, those in the government informed us that there is limited quantity of water available from source, and given the acute condition of drought, RO plants, despite the massive investment that went behind them, offer the best solution.

System of Declaration of Drought:

We were briefed by experts on the system of the declaration of drought. This is in addition to our observations from the briefing we received from the ADC. Our conclusions about the system of the declaration of drought is based on these two interactions.

Droughts are announced under the Sindh Calamities Act 1958, which was adopted as a mirror legislation from the West Pakistan National Calamities (Prevention and Relief) Act 1958. The Act provides for the maintenance and restoration of order in areas affected by certain calamities and for the prevention and control of and relief against such calamities.

The Act was designed to provide an “objective” criteria on which to base the declaration of droughts. It includes observations on rainfall, assessment of crop production, and health and general condition of livestock, among other factors. The Act is also designed with the underlying assumption that droughts are not a regular feature of Thar’s environment.

Though a detailed analysis is beyond the scope of this report, the problem posed by dependence on the Calamities Act for the declaration of drought comes across quite clearly. For example, we were told that the rainfall patterns before 2013 did not point out towards rainfall shortage as there were adequate rains in the monsoon season. However, the rain was spread across very limited period in 2012 and 2013 rather than over the entire monsoon period as is normally the case. Scientifically following the rainfall pattern led the authorities to dismiss the possibility of drought as the amount of rainfall was declared “sufficient”. How wrong this strategy turned out to be is clear before us.

Cattle deaths and crop production are also taken as indicators for declaration of drought. Both are problematic because of the time lapse they entail. The assessment of land use requires that crops be close to harvest and since, in principle at least, each field has to be visited by the patwari, it becomes a long drawn out and time-consuming process. The process itself is usually started in August at the

earliest. Because of this, the declaration of drought is often grievously delayed. The period from the beginning of the monsoon until the crops are harvested is also the period of maximum distress, since by then people have exhausted whatever little stocks they might have had from previous years.

Experts also shared that the declaration of a drought also involves politics and there are various ways in which the criteria of the Calamities Act can be subverted.

Government Relief Efforts:

The Calamities Act does not detail the types of work that may be started in order to provide relief. Moreover, the top-down relief approach, mostly inherent in state's actions aimed at disaster response, means that these exercises do not always reflect people's needs and priorities leading to wasteful expenditure. As a result, people's participation in and ownership of the relief work suffer.

Though drought is a provincial subject, the federal government is required to play its role, which presently is not visibly seen. Specifically, the finances for dealing with a drought are to be provided mainly by the federal government. The federation has two bodies for dealing with "calamities" such as droughts, floods, earthquakes etc. These are the National Disaster Management Authority and the Provincial Disaster Management Authority. Both have Calamity Relief Fund (CRF) along with Relief Commissioner. However, the case of the recent drought in Tharparkar illustrates the deficits in the functioning of these bodies as well as inadequacies in the relief operations on account of political rivalries, corruption and poor governance.

Wheat distribution is the most favoured exercise by the government aimed at disaster relief. Tons of wheat bags are distributed everytime in case of droughts as well as other calamities like floods or displacement. In Tharparkar, we heard complaints of unfair distribution and also the nomination of local political workers as contractors assigned to further the distribution exercises. As per procedure, this job belongs to the Relief Commissioner. People expressed their dissatisfaction over the existing method and felt that those not supporting the ruling party were discriminated against.

NGOs are also approached to carry out relief measures, especially the mapping exercises, the delivery of services, and rehabilitation of the affectees. We were briefed by the experts that though NGOs have been a strong part of Tharparkar's social and political order, and a wide range of initiatives had been undertaken by them – from income generation programmes, to environment conservation and water harvesting, education etc - an overall vision guiding their intervention is missing. Their project based tendency also hampers their effectiveness as lack of availability of funds for non project undertakings prevent them from assisting the community. There is also an issue regarding accountability, as being non governmental entities they are more answerable to their funders than their constituency.

RECOMMENDATIONS

The recommendations are drawn from the Commission's own observations from the situation of Tharparkar, in addition to interactions with stakeholders and review of the work of the experts. These may be extended further by consulting more concerned actors, especially from the donor agencies, development and healthcare sectors. We cannot emphasise enough that no measure can succeed without consultation and ownership from the local communities. It is very strongly recommended that any action whether undertaken by the donors, private entities or state bodies must incorporate local communities' input and active participation.

It is plausible to imagine that there is a deep nexus of negligence, incompetency and lack of political will and commitment to citizens human rights behind the crisis in Tharparkar. This crisis was in every way preventable because there was never any dearth of data, information and updates on developments in the region. It says much about the provincial and even the federal government and their governance style that they, along with the entire state machinery, failed to take note of successive deaths, crumbling of the healthcare infrastructure, decline in access to food, rapid loss of livelihoods. These developments did not take place overnight. They were in progress for long. A keen eye on Tharparkar along with a political will and commitment for the rights of the citizens would have surely prevented these deaths. Instead, the state waited for the media to raise a hue and cry about Tharparkar and even then followed with lackadaisical remedial actions. Surely, there are elements in bureaucracy, political set up and state machinery that have criminally neglected their duties. If they will not be taken to task, it will be a clear message to those running the government and the citizens that playing with the lives of people is completely tolerated by the state of Pakistan.

Healthcare Network: The focus of healthcare need to be preventive care. A robust family planning and reproductive healthcare network is extremely important to establish in the region. Moreover, the number of healthcare workers need to be increased in proportion with the size of the population. The local dispensaries need to be equipped with proper staff including highly trained professionals. This may help the communities a great deal in preventing minor healthcare problems from becoming major illnesses.

Fourteen ambulances for a population of 1.3 million is totally incomprehensible. It is highly recommended that a network of ambulance is established that should specifically focus on covering distant areas. Those requiring emergency care should have easy and ready access to such services through specialized transportation.

There is a serious need to impose the Essential Services Act to compel government doctors to move to and perform their duties in Tharparkar. It is unacceptable for doctors on the Sindh Government payroll to refuse work in the region because of "inconveniences". Those who violate their professional oath should not only be dismissed, they should be fined and blacklisted. Their requirements regarding a comfortable living and additional incentives for relocation should of course be addressed. However, this is no excuse for them to refuse their professional duties or seek private practice as a means to make more money. Private practice also needs to be banned.

Hospitals and healthcare facilities need to follow the procedure of hygiene and cleanliness. There is no explanation for non release of funds on the part of the Sindh Government for the maintenance of these centres. Lives are at stake here and the government needs to do everything it takes to ensure delivery of professional and acceptable medical care to its citizens.

The role of the DHO in any health crisis is of extreme significance. Her/His capacity, commitment, motivation and political will are the critical factors that determine how well a community manages to cope with the kind of health emergency situation that besiege the people of Tharparkar. Unfortunately, we received negative reviews of the current DHO's work from civil society and community forums. His lack of political will was further evident in the absence of patient care standards in the hospitals we visited. We were shocked to note the order at the Rural Health Centre Islamkot forbidding doctors to make referrals, even for critically ill patients. We recommend his removal from this post and replacement by a competent DHO who is committed to the delivery of his responsibility of in charge healthcare of an extremely vulnerable community.

Political Postings: Nearly every community we visited, be that general public, journalists, civil society or lawyers, all complained of the negative impacts of political postings before and after the crisis. This included the post of Commissioner, health managers, those running the education system and those responsible for relief delivery. Because of political postings, people at important positions were found to be either absent from or neglecting their duties with impunity. Moreover, political postings also led to job mismatch where either the qualifications or the skillset would not be suitable for a said post, risking lives and futures of the local community.

On top of political postings is the absence of a system of checks and balances. For instance, there is absolutely no supervision of the Commissioner of the division. Who is he accountable to or on what grounds is he appointed or relieved of his post? Moreover, even as the crisis aggravates, the post of DC is lying vacant.

There is no question of this strategy working for the people. If anything, political appointments are a criminal act to play with the lives of people. We strongly recommend a merit based system of appointments in this sensitive hour as there is dire need of serious and committed efforts to help the region out of the crisis that is claiming lives on daily basis.

RO Plants: It is unacceptable that the RO plants, involving an investment of Rs 5billion are not adequately delivering to the public. Every meeting we had with stakeholders had people expressing dissatisfaction with the plants over the issue of non performance, inaccessible location, poor maintenance and corruption. People also complained of poor taste of the water. There is surely a need to treat this water to make it acceptable for consumption for drinking purposes.

We recommend the termination of the contract of Pak Oasis for its failure to maintain the plants. Over 79 out of 432 plants are non operational. There has been no accountability of the management company over its failure to ensure a consistent supply of clean drinking water to Tharparkar's people crippled by water shortage. It does not make sense to continue with this company if it has failed to

deliver on its responsibility of providing a very basic necessity to Tharparkar's population, despite the astounding bill it charges for its service.

Resources Allocation: There should of course be a separate budget allocation for Tharparkar at least for a decade till the region stands on its own feet in terms of development and the well being of its people. However, in order to address the present crisis on an urgent basis, we propose to the Federal Government that the 750 million rupees generously given to the Ministry of Human Rights besides its regular budget may immediately be diverted for the relief of suffering people of Tharparkar. These funds should be utilized to expand and strengthen the immunization campaign and address the delivery of fortified diet for the people in the region. Rest of the long term matters can be addressed through continuous and sustained budget allocation.

Establishment of a University: Tharparkar has no centre for higher education. Barring some project development interventions, there aren't even institutions for vocational or skill development. At the same time, a large majority of the medical students in Sindh seek Tharparkar's quota to gain enrollment in medical colleges. This is unfair with the region.

It is strongly recommended that a full fledged university with departments that are specifically relevant to Tharparkar's peculiar conditions be established. These may include centres on arid zone, engineering, development, agriculture, science, and social sciences, among others. Moreover, colleges and vocational training centres also need to be opened. Special efforts need to be made to control the school dropout ratio of children. Special shuttle services to transport students settled in distant areas need to be initiated. A curriculum fostering pluralism, tolerance and respect for other religions and cultures need to be pursued as the region has a vast majority of Hindu population.

Employment and Livelihood Opportunities: For a region that has seen rapid infrastructure development, and now the development of coal reserves, it is unacceptable that the local population has been excluded from reaping the fruits of the process. They have the foremost right to natural resources of their area. Moreover, when a development project is undertaken, their right to jobs come first. No undertaking in Tharparkar has cared for this provision. Such processes breed resentment among the local population, as is being seen in Balochistan.

The government should pursue a royalty system for the exploration of coal reserves in the region while it should also make provisions for compulsory employment of the local population in any development projects undertaken in the area. If there are any skills gap, it is the state's responsibility to establish vocational training facilities for the locals so that they can actively participate in the economic development of their region. Corporate Social Responsibility can be explored as an avenue to facilitate greater access of the local population to education, healthcare, livelihood and development opportunities.

We also propose that as a vast majority of the region's population is associated with agriculture, land entitlements should be made with specific focus on food security. This would of course work only if accompanied by agricultural reforms. However, given very small farm ownership size among the local

population, it is advocated that a certain ratio per head² is distributed among the landless and they be encouraged to use it for agriculture purposes with the assistance of the state.

Environment: There are no studies on the environmental impact of infrastructure development in the region. Coal development, especially for the purpose of power production, is being abandoned around the world for its contribution to pollution and environmental degradation. There is no public knowledge, documents or discourse on how it is likely to impact the Thar region and if the government is making any special provisions to address any negative fallout. Moreover, the vegetation and trees that are cleared during the process of infrastructure layout are never replaced. This is a criminal negligence on the part of the state that allows contractors to go scot free, while the local population pays the price for it. This issue also needs to be addressed.

Consultation Based Solutions: Neither the RO plants nor coal development nor road network has been undertaken taking the local population into confidence. Imposing development on a population of 1.3 million while excluding them from participation is against all codes of development expansion. This practice needs to stop.

Transportation Network: It is extremely important that a transportation network, preferably a fleet of buses to accommodate maximum commuters is immediately pursued. The over-packed jeeps that are called taxis in the region are not only dangerous for the lives of the commuters, they also violate human dignity and right to safe transport. Lack of public transport keeps people excluded from seeking livelihood opportunities. In times of health emergencies, it can actually lead to aggravating the crisis. There is no justification to ignore the most important need of the citizens of Tharparkar.

Social Protection: It is more than obvious that a population standing at the bottom of human development and deprivation needs a secure and stable support system for it to develop the capacity to respond to humanitarian crisis. Not only is there no special cash support, ration card, health card, employment guarantee, provision for essential nutrients or zakat or baitul maal programme for the local population, there seem to be no plans to pursue this on the part of the federal or the provincial governments. A comprehensive social protection programme addressing the specific needs of the local population distressed by under development, natural calamities and breakdown of state infrastructure should be undertaken without delay.

Madrassahs: The proliferation of religious institutions are a serious reality of the district. This is despite the fact that Tharparkar has a vast majority of Hindu community, rather than Muslim population. As the state exercises limited control over the functioning of the madrassahs, in addition to lacking the capacity to intervene in the curriculum of these institutions, we watch this development with utmost alarm. Anything that disturbs the communal harmony of the region needs to be discouraged.

Human Rights Protection: In an environment where denial of human rights is manifested in the inadequacy of the very basic necessities of life, it is important to make concerted effort to strengthen a

² A PILER study proposes 0.6 acres per head as the idea farm size to promote food security through land ownership.

rights based culture that addresses rights in an all encompassing way. Empowering legal instruments and institutions can be an important step to contribute to this objective. Given the Mithi Bar Council's capacity to respond to human rights deficits in the region, it is imperative that a special prosecutor for human rights violations be appointed. It is also recommended that a sessions court be assigned at Mithi for this purpose.