

# 30 days and counting...

The aftermath of violence in Muzaffarnagar & Shamli Districts, Uttar Pradesh

## MAIN OBSERVATIONS & CHARTER OF DEMANDS

to  
Government of Uttar Pradesh  
and  
Government of India  
-----

By the **Joint Citizens' Initiative (JCI)**  
comprising women's rights activists, health and medical professionals, and lawyers from  
Uttar Pradesh, Delhi, and Mumbai

Organizations represented on the JCI field team were Astitva (Muzaffarnagar), Forum Against Oppression of Women (Mumbai), Humsafar (Lucknow), National Alliance of People's Movements, Nirantar (Lucknow & New Delhi), Rehnuma-Sanatkada Samajik Pahel (Lucknow), Sahayog (Lucknow), Sama (New Delhi) and Vanangana (Chitrakoot).

The team was supported for report writing by independent women's rights activists (JCI, Delhi & Lucknow)

Initial Visits: September 24-25, 2013

*Follow up visits towards this report and towards helping survivors are continuing...*

Press release: Lucknow, October 11, 2013

## Introduction

At the time of writing, several credible fact-finding visits by activists, academics, and concerned citizens from across India have taken place to the violence affected districts of Muzaffarnagar and Shamli. We wish to acknowledge these reports and endorse many of their recommendations.<sup>1</sup> Now, a month after the violence, it is time to move beyond recommending to pressing for these demands, for the situation on the ground, over 30 days after the first incidents of violence (September 8<sup>th</sup>, 2013), is so grave that the State must act now.

Internally displaced people are still living in camps. A few are leaving in desperation, but not always returning home. The possibilities of securing State accountability for its abdication become weaker with each passing day. FIRs are being filed, but many accused are not being arrested. Camps are still being run by citizens and not the State. Reports are coming in of deaths in camps (many of them children) due to illness, poor hygiene, and the complete lack of medical care. The aftermath of violence in Muzaffarnagar and Shamli is similar to what we have witnessed in Gujarat 2002 and in Assam in 2012. Reparative justice is miles away. The death toll maybe counted, and minimally compensated for as ex-gratia, but the scores who have lost everything else, are left scattered to the winds. Their life's meagre belongings taken from them; family members still missing; homeless and without livelihoods; their properties usurped and their mental and physical health destroyed; the possibilities of rebuilding lives, remote and fragile. And no one is held accountable for this slow destruction of lives. The State continues to be in denial.

- **Listening to women voices:** The JCI (Joint Citizens' Initiative) is a collective of activists based in Uttar Pradesh, Delhi, and Mumbai, many of whom are continuing to work in the relief camps. Our focus in this summary of observations and charter of demands is the immediate needs of survivors, especially women.
- **Camps visited:** Bassikalan Madrasa Camp, Kamalpur Camp, Tavli Madrasa Camp, Shahpur Madrasa Camp, Jogi Khera Camp, Shahpur Madrasa at Haji Ala Sahab's residence, Husainpur Camp, Loi Camp (Muzaffarnagar district), Kandla Eidgah in Kandla village (Shamli district),.
- **Villages visited:** Phugana, Lisarh and Kutba-Kutbi villages in Muzaffarnagar and Shamli districts.<sup>2</sup>
- The team met survivors, members of management committees of relief camps, and local

---

<sup>1</sup>

Violence by Political Design, Centre for Policy Analysis, Delhi, Sept 17, 2013;  
A Human Tragedy Unfolds, as the State Watches, Preliminary Citizens Report, (UP & Delhi)  
Sept. 20, 2013; Evil stalks the land, Anhad, Delhi, Sept 24, 2013; AIDWA report, Delhi, Oct.8, 2013.

<sup>2</sup>

Under revenue jurisdiction Lisarh and Phugana villages come under Shamli district but under criminal jurisdiction both villages are part of Muzaffarnagar district.

residents from both Muslim and Jat Communities.

## **Main Observations**

### **Women's Voices**

#### **A. Women's continuing security concerns and the spectre of 'panic marriages':**

At a time when the nation is outraged about the security of women across the country, the State of Uttar Pradesh is failing to provide even a minimal sense of security to women in the relief camps, who have already suffered so much, and fear so much.

*Naseema (Munni) w/o Naseem Ahmad from village Kutbi told the team that her sister-in-law and brother-in-law were killed by people known to them in Kutbi. Her extreme sense of insecurity has forced her to marry off her two daughters whose marriages had been fixed before the violence. She has also shifted her two minor daughters to a relative's home as she feared for their safety.*

The uncertainty of life in the relief camp, and the remote possibility of returning to their villages has pushed many women to get their daughters married. Security of young girls is an enormous weight on the minds of parents; they are being seen as a liability. In many cases, the marriages are clearly seeking to shift the burden of responsibility from the parents to the husbands, because the girls who are being married are simply moving from one relief camp to another camp where their husbands are located. The camp organisers are taking care of some expenses for the weddings. According to newspaper reports, till September 25th, 31 marriages had been solemnised in various camps. 162 marriages were reportedly solemnised on October 7 and 72 marriages on October 4.<sup>3</sup>

#### **B. Sexual violence: Women seek justice**

In the immediate aftermath of violence, women in camps who spoke openly of the general pattern of violence, destruction of property, loss of loved ones, and their continuing fear, fell silent on the issue of sexual violence. Young adolescent girls were particularly reluctant to speak. So, at first fact-finding reports only alluded to the possibility of violence against women during the communal violence. A news website then ran several reports of sexual

---

3

'Post Riots, 160 couples ties knot in mass wedding in Muzaffarnagar', Economic Times, October 8 2013; Wedding Bells Ring in Muzaffarnagar Relief Camps', Times of India, October 9 2013

violence,<sup>4</sup> one initial fact-finding report spoke of meeting two women survivors of gangrape,<sup>5</sup> and subsequent reports recorded many further testimonies.<sup>6</sup>

Today, despite the high premium on notions of ‘family and women’s honour’ and the consequent enforced silences around sexual assault, women in the camps are not only speaking, they are actively seeking justice. At least 6 FIRs on sexual assault have been filed. Many more women in the camps spoke to this team about sexual violence of varying degrees and said they wanted to file FIRs, but had not done so yet. Specific testimonies of sexual assault were given by survivors from Village Lisarh (in Shahpur camp) and by survivors from Village Phugana (in the Jogikhera camp), Muzaffarnagar district. But along with pursuit of justice, we are also witnessing the familiar pattern of pressures on women and family members to withdraw complaints.

**6 women from Phugana, district Muzaffarnagar, have filed FIRs. 2 of the complainants have not received the registered copy of the FIR. The details of FIRs on sexual assault are available:**

**1-Offence: Sexual Assault, Date of Incidence: 8.9.2013 Time of Incidence: 10.30 am**

**FIR Lodged on: 29.9.2013** Time of FIR: 2.30pm **Police Station:** Phugana while the FIR was lodged at Budhana **Under Sections:** 147, 148, 149, 452, 352, and 376(D) IPC  
**Accused Persons: Neelu s/o Krishna Pal, Badlu S/o Rajendra, Sunil and Vinod**

No arrests were made till 3-4 days ago. Statement under 164 CrPc has not been recorded yet.

**2 - Offence: Sexual Assault, Date of Incidence: 8.9.2013, Time of Incidence: 10.30am,**  
**FIR Lodged on: 15.9.2013, Time of FIR: 2.30pm, Police Station: Phugana under**  
**Sections: 395, 397, 427 and 376(D) IPC Accused Persons: Jogendra, Sunil, Ramesh,**  
Vijendra and Ramkumar all residents of Phugana village

No arrests were made till 3-4 days ago. Statement under 164 CrPc has not been recorded yet. The medical examination has taken place. The survivor is from Phugana village, Tehsil Budana and is currently residing in a camp.

**3- Offence: Sexual Assault, Date of Incidence: 8.9.2013, FIR Lodged on: 29.9.2013,**  
**Time of FIR: 1.00pm, Police Station: Phugana, Under Sections: 147, 148, 149, 452, and**  
**376(D) IPC Accused Persons: Mahendra, Rupesh, Prahlad, Rambeer, Rajendra, Kuldeep,**

4

<http://daily.bhaskar.com/article-ht/UP-they-yelled-take-away-all-the-girls-they-must-know-what-it-means-to-be-dishonore-4378323-PHO.html>

<http://daily.bhaskar.com/article/UP-daughters-raped-in-front-of-mothers-muzaffarnagar-riots-victims-too-afraid-to-re-4376208-NOR.html>

5

A human tragedy unfolds, as the State watches, op cit

6

Evil stalks the land, op cit & AIDWA report, October 8, 2013

Dhamsingh, Sunil, Bramh Singh, Subash, Anil, Naresh, Sukhbeer, Sudhir and Rajpal all residents of Phugana Village.

No arrests were made till 3-4 days ago. Statement under 164 CrPc has not been recorded yet. The survivor is from Phugana village, Tehsil Budana and is currently residing in a camp.

### C. Health Conditions in the Relief Camps

A range of health problems were documented / examined in the camps, including: diarrhoea, amoebiasis, cold and cough, viral fever, conjunctivitis, scabies, dermatitis, infected small wounds and ear infections. Many children were observed with scabies and dermatitis and there was a possibility of spreading the infection to others in such crowded camps (**among children**); headache, body ache, anaemia, backache, chronic bronchitis, constipation, dermatitis, conjunctivitis, loss of appetite, gastritis, amoebic dysentery, acidity and stomatitis, (suspected) tuberculosis. Serious injuries, wounds were also observed and mental health issues including depression, anxiety, fear, post trauma stress disorder (PTSD) were also observed (**among adults**). Most pregnant women were already anaemic and underweight and the situations in the camps would only aggravate their health status / conditions. Similarly, with mothers who had delivered in the camps more attention needed to be paid in terms of food intake to meet their nutritional needs, along with iron and calcium supplements. No ANM, no gynaecologist nor any woman doctor from the government facility had visited and examined them. Antenatal and postnatal care was completely absent in the camps. Women were suffering from various problems like Leucorrhoea, micturition, fever and Urinary Tract Infection (UTI) and Anaemia.

In Loi camp of Muzaffarnagar district, there have been eight deaths since the last week of September. These include (i) an elderly person who died of suspended cardiac arrest, (ii) a four-day old child whose mother had fever, (iii) five children with diarrhoea and fever, (iv) a 14 year old girl who had severe bleeding during menarche; she was taken to the hospital, but it was too late. Currently there are 67 pregnant women residing in the camp.

**Deliveries-** No separate space for women who recently delivered was available in the camp and they were living in tents, without any assistance from any skilled birth attendants or an ANM. No Post Natal Care (PNC) related services were provided to them.

**Newborn Health Issues-** The newborn babies were mostly of low birth weight. No immunization services were provided to the new born and infants in the camps. And no provisions were made for supplementary feeding of infants.

**Child Health-** Among children observed many were suffering from common cold (coryza), fever, dermatitis, conjunctivitis, ear infections and respiratory infections, diarrhoea and skin diseases. The team could observe anaemia and chronic malnutrition symptoms in few children. There were many cases of skin infections like rashes, warts, abscess, scabies observed.

**Mental Health Issues-** Assessment of Post Traumatic Stress Disorder (PTSD) and provision of counselling, crucial in a post-riot situation, remained neglected. In general, stress and

trauma manifested in both physical and psychological symptoms. People expressed helplessness, fear, insecurity, anxiety, agitation, fatigue, lethargy and depression.

#### **D. Access and availability of Health Care services**

Government negligence in terms of health services and health care delivery system was apparent in almost all the camps visited. Medical facilities in term of human resources, drugs and expertise were inadequate, ad hoc and with poor standards; local primary health centres (PHCs) and community health centres (CHCs) were not proactively involved. Neither doctors nor ANM/ Lady health supervisors, dressers or staff nurses from the PHC/ CHC were available to address / treat health problems in the camps. Despite the urgent need for a woman doctor, gynaecologists and paediatrician, none were deputed to provide health care services in the camps. Basic medicines like analgesics i.e. paracetamol, diclofenac sodium, antibiotics like co-trimoxazole, and anti-allergic like cetirizine were available but not sufficiently. Parenteral drugs like IV antibiotics, IM antibiotics, saline, dextrose and IV anesthetic drugs were completely absent at almost all places. These are necessary in the context where many severely injured patients are residing in the camps. There was no apparent coordination among the local health authorities and the few health personnel working in the camps. Medical professionals (in one of the camps, camp organizers) had different attitudes to people's health needs and were completely apathetic, rude and unskilled for the situation. There were no reliable systems for emergency referral. No ANC and PNC care has been provided. No prevention measures towards the outbreaks of infectious, water-borne diseases have been taken. No counselling for PTSD has been observed.

#### **E. Women still looking for loved ones**

*A girl at Tavli camp, Shahpur (Muzaffarnagar) spoke of her brother who is mentally challenged and was left behind in the village during the violence and chaos of their forced displaced. She has no information and she believes he might be dead. A couple from Dulehra Village living at Islamiya madrasa camp at Shahpur have been separated from their 16 year old daughter during the attack. These are just two of the many testimonies about missing persons gathered by the team. The state administration has provided no help or support to trace these missing people.*

When women lose key family members, sometimes husbands, and other supportive familial structures in such violent circumstances they may have few alternative means to access help. Many women we met have been separated from their husbands, children and other family members. They have often lost all means of communication with those lost, some of whom were not in the village at the time of violence. Many women did not have access to phones; in many cases they do not remember the contact numbers of their family members and other relatives; leaving them with no means to trace their whereabouts. They live in daily terror that their missing family members have been killed and buried without trace. There is no systematic action on this by the state administration. No attempt to reach out to women, who have been widowed, or otherwise left alone, with no social support. There has been no investigation, or circulation of lists of missing persons in each camp. Nor any effort to reunite families, if still alive.

## **F. Damage to education**

*In Jogikhera Camp in Muzaffarnagar, the managing committee has arranged access to a room in a nearby village, so that families in the camp can help their children resume studies. Since many camps are being run in residential madrasas, the academic calendar of the madrasas has gone haywire. For example, the Islamiya madrasa at Bassikalan, which is now a relief camp, has not held regular classes since the violence began.*

*In a gesture of solidarity, the management of Chanakya Academy, a private school in Shahpur, Muzaffarnagar has offered free education to all the class X and XII children of the Islamiya madrasa in Shahpur, which is now a relief camp.*

Many women in the camps are anxious about the loss of their children's education, and destruction of young lives. Especially worried are those young people, boys and girls who have to take their board examinations at the end of this academic year. Many have sought help to recover their books and documents so that they can resume their studies. At Shahpur camp a team from Darul Uloom Deoband had come offering free education along with free lodging and boarding facility to the displaced children. Many parents agreed because they had few other options left. As a result of the violence, more children are likely to shift from mainstream education to madrasa based education. Young girls shared their fears of their education being cut short forever; because for their families at the moment the priority is security of the girls and not their education.

## **G. The 'women's question' in the relief camps:**

The State is not running any relief camps visited by this team in Muzaffarnagar and Shamli districts. Concerned citizens and Muslim community members are cobbling together resources to help people somehow survive in terrible conditions. Invariably, the specific needs of women are gravely affected, since socialization ensures that in post-violence emergencies of this nature, it is men from the community who take decisions, gather resources and plan, as best they can, the running of the camps. Women are visibly absent from camp committees, and play no part in decision making related to distribution of scarce resources – rations, blankets, medicines. In most camps, there are no separate enclosures or bathrooms for women. Women's health issues are not a priority for the management committees (indeed some members of relief camp managing committees admit that this issue does not occur to them as a serious concern). As the administration of the camps was completely controlled by men, women were left with little choice but to turn to them, sometimes total strangers, for their most basic needs. They were facing difficulties during menstruation due to non-availability of clean clothes and sanitary pads, causing them to use old clothes instead.

## **H. Compensation and Documents**



There continues to be complete absence of a comprehensive State-led rehabilitation and compensation framework or plan. Apart from ex-gratia for next of kin of those killed, and compensation announcements for those injured, there is hardly any other pro-active measure. The government announced jobs to the families whose members have been killed in the violence, and some young people have filled up forms for the jobs, but have not received any response yet. There is no clear information on compensation entitlements, for loss of many forms of bodily injury, loss of property or principles for assessment for such losses. No officer of the state is helping women access any of these entitlements. In many cases, loss of documents and identity papers, as well as absence of bank accounts is an enormous hurdle. One woman whose husband has been killed could not cash her compensation cheque as she did not have any identity documents - her ration card (or other identification) was left behind in the house when they were attacked. In another case, the survivor did not have a bank account and no means to open an account.

**Information received from government records in Muzaffarnagar district on 9<sup>th</sup> October 2013**

- Total FIR's lodged at Muzaffarnagar- 284
- Arrests made – 148
- Deaths – 35 (13 Hindu/Jat, 22 Muslim)
- Compensation amount to all the dependents except two as bodies have not been identified - Rs. 12 lakhs (Rs. 10 lakhs from the Govt of UP and Rs. 2 lakhs from the Govt of India)
- Grievously injured – 15 (4 Hindu/Jat, 11 Muslim)
- Compensation amount – Rs. 1 lakh (Rs. 50,000 from the Govt of UP and Rs. 50,000 from the Govt of India)
- People with minor injuries – 27 (13 Hindu/Jat, 14 Muslim)
- Compensation given for minor injuries- Rs. 20,000 from the Govt of UP
- Total number of camps: 41 (10 have closed down)
- Total number of people currently living in camps – 13,902 (14,106 people have returned to their villages)
- The dependents of 33 out of 35 people who have died have got government jobs according to their levels of education.

Even as the state makes these claims, the Joint Citizen's Initiative is continuing its efforts to help survivors seek justice and reparations.

# 30 days and counting...

The aftermath of violence in Muzaffarnagar & Shamli Districts, Uttar Pradesh

## A CHARTER OF DEMANDS

October 11, 2013

### A. COMPREHENSIVE REPARATION, INCLUDING RELIEF, COMPENSATION, REHABILITATION AND RESTITUTION

- 1. Ensure immediate safety of persons and property.-** (1) The State Government in co-ordination with the Chief-Secretary of the State, the Superintendents of Police and the Collector must ensure that any person whose life, liberty or property is threatened, or where he or she apprehends such threat, is immediately provided security including creating police outposts and pickets in the vicinity of the affected area and providing temporary relocation if necessary.  
  
(2) The State Government and the Collector must ensure that that all properties of affected persons whether movable or immovable are protected, in particular, against destruction, vandalism, appropriation, occupation, waste, damage, alienation, misuse, sale or transfer by any means.
- 2. Duty to operate Relief Camps.-** (1) The State Government must immediately take full responsibility for operating relief camps in safe locations for the internally displaced persons. Such relief camps must not be closed unless all internally displaced persons have been voluntarily rehabilitated.  
  
(2) A relief camp so established must continue to be operated by the State Government until all internally displaced persons residing in that relief camp return to their original habitations, or are resettled in a new suitable location.  
  
(3) Relief camps must, at the minimum, provide internally displaced persons with:
  - (a) basic shelter which is appropriate and adequate to protect the residents of the camps from extremes of the weather, and which provides due privacy especially to women and girls; including toilet and bathing facilities, provided that there must not be less than 1 toilet per 40 adults and that no dry latrines must be constructed for this purpose.
  - (b) 24 hour security at the relief camp;
  - (c) adequate nutritious food
  - (d) potable drinking water;
  - (e) adequate clothing which appropriate and sufficient to protect the residents of the camp from extremes of weather;
  - (f) essential medical services including antenatal and postnatal care of expectant mothers, pediatric care and emergency and rehabilitative services for the injured and referral services wherever necessary;

- (g) adequate sanitation;
- (h) psycho-social and trauma counseling and psychiatric services;
- (i) child-care services for infants and small children;
- (j) educational facilities for children;
- (k) special facilities and assistance, as may be necessary and reasonable for the medical condition and treatment of certain residents of the relief camps, such as children, especially unaccompanied minors, expectant mothers, mothers with young children, female heads of households, elderly and disabled persons with special needs;

**3. Duties in relation to relief camps.-** Until such time internally displaced persons are located in relief camps, it must be duty of the State Government and, in particular, the Collector, to ensure the following:

- (a) provision for family members of one household unit to remain in the same relief camp or if they wish, relocate together to another relief camp, or if separated, then to enable them to reunite as soon as possible by taking all steps to expedite the location and reunion of such families, particularly children and parents;
  - (b) establishment of a single window system to complete all administrative formalities in relation to provision of quick relief and rehabilitation, including making available identity documents, certificates, ration cards, passports, speedy disposal of insurance and other claims, provision for certification of loss or damage of educational or other certificates or ownership or other documents in respect of all such persons;
  - (c) restoration of all official documents of all such persons that include but are not limited to ration cards, property proofs, government cards and identities, school and college related documents, election cards at the earliest but in any case not later than three months must be the responsibility of the State Government;
  - (d) facilitation for the students affected by communal violence to appear for any examination, condoning delays caused by such violence, and to provide for such facilitation, including creating support centres for the same.
  - (e) provision for victims to file FIRs and record statements
  - (f) provision for all internally displaced persons to claim and receive compensation while still in the relief camps;
  - (g) provision of a single window system for all internally displaced persons to make enquiries and give information about the status and whereabouts of missing family members, relatives or friends and assist them in receiving such information as desired with regard to the progress of investigation of the whereabouts and condition of such missing persons;
  - (h) access to legal aid in the prosecution of offences.
- (i) special efforts must be made to ensure the full participation of the internally displaced persons residing in the relief camps and, in particular, women, in the planning and distribution of basic services and supplies; and further that such assistance may be organized with the help of individuals and groups including human rights groups, and professionals or groups qualified in the providing specialized services to such persons including women's groups, child rights groups and support groups.

**4. State Assessment Committee.-** (1) A State Assessment Committee should be immediately formed by the State Government to assess aspects of reparations, including relief, compensation, rehabilitation and restitution. The State Assessment Committee should perform the following functions:

- (a) prepare a list of internally displaced persons including any person identified through a survey;
- (b) duly inform all internally displaced persons, whether or not residing in a relief camp, of the procedure and the purpose of the assessment;
- (c) conduct a survey of the injury to life and property for the purposes of restitution in the affected area;
- (d) assess and certify loss or damage caused by communal violence;
- (e) appropriately rehabilitate restoring all rights of and provision of services to all affected persons;
- (f) make an assessment, including gathering of necessary data and information, at the site of violence of damage to life, liberty and property;
- (a.a) monitor the establishment of relief camps
- (a.b) monitor safe passage of internally displaced persons from the site of violence to a temporary shelter or relief camp, established by the State Government;
- (a.c) ensure participation of internally displaced persons in the formulation of rehabilitation and resettlement plans;

**5. Restitution and rehabilitation.-** (1) The State Government should ensure reparations to internally displaced persons, whether or not such persons are residing in a relief camp by adopting measures for restitution and implementing comprehensive rehabilitation plans. The process of rehabilitation must ensure full participation of such persons. Further, the rehabilitation of such persons must be declared by them to be entirely voluntary.

(2) Restitution and rehabilitation should include:

- (a) resettlement of the family or persons in homes, dwellings and places of livelihood affected by communal violence, either in the existing locations or such new locations, as the case may be, by restoring them to levels not less than those prevailing before such violence occurred or fresh construction of the same in new resettlement colonies or allocation of suitable land for the same;
- (b) restoration of employment or provision of alternate employment, including the tools or means of livelihood and provision of soft loans where necessary;
- (c) restoration and repair of places of worship or sacred sites damaged or destroyed during the commission of communal violence and construction of places of worship in resettlement colonies as requested by such persons;
- (d) restoration of all civic amenities in and around the original habitations at least equivalent to those prevailing before the occurrence of communal violence, or provision of civic amenities in new resettlement sites or colonies, as the case may be;

- (e) reconstruction to their original condition, all community structures, including schools and health centers and means of livelihood destroyed or damaged, or construction of new community structures in resettlement sites and colonies, as the case may be;
- (f) long-term psychological counseling for all and particularly, to victims of sexual assault;
- (g) necessary and appropriate provisions for rehabilitation of women, including community-based rehabilitation of those widowed;
- (h) appropriate provisions for rehabilitation of children including community based rehabilitation for those orphaned and appropriate arrangements for their continuing education.

**6. Duty to establish conditions to enable return.-** The State Government, should establish conditions and provide means to enable internally displaced persons to return to their place of ordinary residence or livelihood in safety and with dignity, protected against any threat, intimidation or attack to their life, liberty or property, provided that;

- (a) such return must in all cases be declared by such persons to be entirely voluntary;
- (b) the concerned public authorities must ensure the full participation of all persons residing in the relief camp in the planning and management of their return or resettlement.

**7. Compensation.-** (1) It must be the duty of the State Government, to provide appropriate compensation to all affected persons, whether or not such person resides in a relief camp. (2) Compensation should be announced in accordance with annexed Schedule I and must include sexual assault as a specific category of injury. (3) In addition to the ex-gratia compensation, additional compensation must be payable to such person as determined by the State Assessment Committee. Provided that for the determination of such additional compensation, the State Government must by notification create a multiplier method of arriving at compensation or any other method known to law. (4) The amount of compensation must be such that a person is restored to levels of housing, habitat, means of livelihood and economic standards including all social and civic facilities, which are at par or better than those that he or she enjoyed before the communal violence. (5) While determining compensation the State Assessment Committee, must take into consideration the gravity of the violation of rights and the compensation must be proportional to the gravity thereof. (6) Reasonable compensation for loss due to injury to the property, must be awarded to such person so as to enable him or her to reconstruct or restore his or her property to its original condition.

**8. Additional compensation to be made for.-** The assessment of compensation, in addition to ex-gratia compensation, should be made for:

- (a) injury to public property;
- (b) injury to private property;
- (c) bodily injury caused to a person or death;
- (d) moral injury;
- (e) material injury and loss of earnings, including lost opportunities of employment, education and social benefits;

- (f) psychological injury caused to such person;
- (g) cost of the actions by the authorities and police to take preventive and other actions;
- (h) requirements for legal or expert assistance, medicine and medical services, and psychological and social services.

## **B. ADDRESSING HEALTH NEEDS AND IMMEDIATE PROVISION OF MEDICAL AND HEALTH SERVICES**

1. Regular / daily visits to the camps by a team of sensitive health care providers (including LHV's/ANMs/Doctors/Nurses/Gynaecologists/Paediatrician/Counselors/Pharmacists/Mental Health professionals) must be ensured by a team of health care providers who will be able to provide a diverse range of services for existing health problems amongst those living in the camps.
2. Requisite medical devices, medical kits, medicines including for paediatric use, immunization and other ANC and PNC, intravenous (IV), injections, bandages, DOTS, etc. must be made available and adequate as per the needs of the camps.
3. All Essential drugs must be adequately available in the camps - including Fe and Folic acid tablets, Calcium tablets, drugs to stop postpartum bleeding (hemorrhage) which are important for pregnant women, drugs for management of labor, and other drugs like magnesium sulphate for eclampsia, drugs which are useful in emergency and basic obstetric care, etc.
4. All necessary steps to ensure prevention of outbreaks of communicable diseases, infections in the camps, diarrhoea, should be taken.
5. Arrangements for necessary referral, transport, treatment by health facilities with requisite infrastructure for care (including secondary and tertiary) should be organised where necessary for all those living in the camps.
6. Specific to Pregnant and Lactating Mothers- Given the large numbers of pregnant women and women who have had recent deliveries, and are breast feeding, there is an urgent need for ante natal and post natal care as well as establishment of systems for safe deliveries for women living in the camps.
  - a. Ensure comprehensive ante natal care and post natal care, including immunization, counseling, etc.
  - b. Ensure availability of necessary medicines and supplements such as Iron and Folic Acid (IFA), Vitamin A supplements, malaria screening.
  - c. Ensure skilled birth attendants and supplies for normal births are made available. Ensure that emergency obstetric (EmoC) and BEMoC and newborn care is made available and accessible to prevent maternal and infant mortalities and morbidities. Make available safe delivery kits to midwives who may be present in the camp.
7. Specific to New Born and Children's Health Care- Ensure regular visits by paediatrician to provide health care for children.
  - a. Ensure immunization for new born and other children in the camps.

- b. Paediatric drugs and drugs for neonatal care must be provided, including IV/ IM paediatric antibiotics, paediatric medicines.
  - c. Monitoring and screening of children for malnutrition and ensure necessary intervention. Screening for cognitive impacts of the violence on children.
- 8. Health Care for persons with disabilities and injuries
  - a. Immediate health care must be provided for children and adults who have suffered serious injuries as a consequence of the violence, if possible at the camps and if required through referral and health care at a secondary / tertiary facility.
  - b. Medico-legal assessment and documentation of these injuries must be carried out urgently, if not done previously.
- 9. Mental Health and Psychosocial support
  - a. Health care response for women and young girls who have been sexually assaulted is extremely critical. Such a response should include necessary reproductive health services, medico legal as well as psychosocial support by arranging skilled health personals including counsellors, psychologists and psychiatrists.
  - b. Skilled and sensitive health care providers should facilitate this process and enable her access to the nearest health facility where the necessary screening, examination, documentation treatment can be provided.
  - c. All health problems, physical injury and mental health included be recorded completely in prescribed formats and shared in the public domain.
- 10. Nutrition
  - a. The need for food security response in the camps, which includes the nutritional requirements particularly of those most at risk, must be ensured by the state.
  - b. Ensure the pregnant women have access to additional nutrition support and children have access to nutritious complementary food.
  - c. ICDS should be implemented in the camps and food / nutrition provisions for pregnant, lactating women should be provided.

### **C. PROVISIONS FOR CHILDREN**

1. The State should make immediate arrangements for resumption of studies of those children living in relief camps.
2. The National Commission for the Protection of Child Rights should visit the riot affected area to assess the impact of violence suffered by children and make provisions for their protection.
3. Provision should be made to address the post-violence trauma that the children are undergoing so that they do not live with permanent scars.

### **D. CRIMINAL JUSTICE AND STATE ACCOUNTABILITY**

1. Immediate arrests of those named in existing FIRs

2. Help to survivors in pursuing legal justice, filing FIRs, recording statements, police desks in camps, lawyers on the ground in camps, medical check-ups, medico-legal intervention for sexual assault.
3. Officers of the State to be prosecuted for dereliction of duty for acts of omission and commission where they have failed to protect, provide assistance, or colluded with perpetrators.
4. Cases of sexual assault to be recorded in accordance with new provisions of the Criminal Law Amendment Act 2013, specifically under Section 376 (2) (g) – committing rape during communal or sectarian violence.

### **E. DEMAND FROM THE UPA GOVERNMENT AT THE CENTRE**

Immediate tabling in Parliament and passage of the Prevention of Communal and Targeted Violence (Access to Justice & Reparations) Bill, 2011, making dereliction of duty by public officials a punishable offence and making it the State's legal duty to make comprehensive reparation (including relief, compensation, rehabilitation and restitution) to all victims and survivors of communal violence.



**SCHEDULE I  
COMPENSATION**

S. No.	OFFENCE	COMPENSATION
1	Death	Minimum compensation of Rs. 15 lacs
2	Disablement : (a) Permanent disablement: <sup>7</sup> means a disability of 50% and above suffered by the victim which is of permanent nature and there are no chances of variation in the degree of disability and the injury/disability renders the victim unfit for normal life for the rest of his life. (b) Partial Disablement: <sup>8</sup> means, where the disablement is of a temporary nature. , such disablement as reduces the earning capacity of a person in any employment in which the victim was engaged at the time of the violence resulting in the disablement.	Minimum compensation of Rs. 5 lacs  Minimum compensation of Rs. 3 lacs
3	Grievous hurt	Rs 2 lacs
4	Criminal trespass	Rs 2 lacs
5	Kidnapping & abduction	Rs. 2 lacs
6	Rape	Minimum compensation of Rs. 5 lacs
7	Other forms of sexual violence	Minimum compensation of Rs. 4 lacs
8	Mental Harassment, Depression & psychological harm	Rs. 3 lacs
9	Destruction of immovable property: (a) Total or partial destruction of house  (b) Total or partial destruction of shop and other immovable property such as shed and godown.	Value of property at the time of the communal violence adjusted with inflation  Minimum compensation of Rs. 1 lac subject to inflation adjusted value of property at the time of communal violence
10	Destruction of movable property – cars, goods, etc	
11	Forced displacement & occupation	

7

Adapted from the Central Scheme for Assistance to Civilian Victims of Terrorist, Communal and Naxal Violence, 2009

8

Adapted from Section 2 (g) of the Workmen's Compensation Act, 1923

	(a) Forced displacement from habitual residence, shops and other immovable property (b) Forcible occupation of habitual residence, shops and other immovable property	
12	Loss of opportunity	