



PACIFIC OCEAN

INDIAN OCEAN

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PAPUA NEW GUINEA

Bougainville

SOLOMON ISLANDS

Wallis and Futuna (FR.)

FIJI ISLANDS

New Caledonia (FR.)

AUSTRALIA

NEW ZEALAND

French Polynesia (FR.)

# Asia and Oceania

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# Central Asia

Daniel Openshaw

**M**inority groups live in some of the poorest regions of Central Asia; Pamiris in Gorno-Badakhshan Autonomous Province in Tajikistan; Uzbeks in South Kazakhstan province; Karakalpaks in Uzbekistan's Karakalpakstan region; and high numbers of Uzbeks and Tajiks in Kyrgyzstan's Ferghana Valley. Poverty has a direct impact on their health. The right to free health care is enshrined in the constitutions of four of the five Central Asia states; Turkmenistan abolished free health care in 2004. However, the reality is not as straightforward as reports are commonplace of bribes being necessary to gain access to health care.

Official health data – disaggregated by either ethnicity or gender – is not widely available in the region, but some information is available from international organizations. For example, a 2008 World Health Organization (WHO) report found that inequity of access to mental health services was an issue for minorities in Kyrgyzstan that should be addressed.

The rate of new HIV infections continues to rise across Central Asia according to UNAIDS; in Kyrgyzstan and Kazakhstan new infections rose by 25 per cent between 2001 and 2011. Drug resistant tuberculosis and malaria also disproportionately affect people living in poverty or social exclusion, including minorities, according to the United Nations Development Programme (UNDP).

Prisoners are another population at risk of contracting HIV and tuberculosis, or suffering from mental health problems and other problems associated with drug use. This particularly affects minorities, given the high numbers of ethnic and religious minorities among prison populations in Kyrgyzstan, Uzbekistan and Kazakhstan.

Climate change is exacerbating the effects of long-term mismanagement of water resources,

**Right:** Uighurs in Kazakhstan picking fruit from a tree. *Carolyn Drake/Panos.*

which affects the health of the most vulnerable people living in the region. In March, the Asian Development Bank (ADB) reported that the shrinking of the Aral Sea and drying up of two major rivers, the Amu Darya and Syr Darya, would particularly affect Karakalpakstan – an autonomous region of Uzbekistan, home to the majority of the country's Karakalpak population, as highlighted in MRG's 2012 *State of the World's Minorities and Indigenous Peoples*.

In an already poor region, climate change is especially significantly affecting the most vulnerable. Most people in Karakalpakstan depend on agriculture, so water shortages have reduced farmers' income and resulted in food shortages and poor health through malnutrition. Overuse of pesticides has also polluted water supplies and caused health problems, such as kidney and liver disease, tuberculosis and cancer. Many people want to migrate due to poor environmental conditions.

Climate change and mismanagement of water resources have also led to water shortages in southern Kyrgyzstan, home to many minorities, particularly Uzbeks, according to a 2012 report by the ADB. The ADB report highlights other environmental problems in the region: glacier melt in Tajikistan – the poorest country in the region – which will reduce access to water, and desertification in Kazakhstan.

## Kazakhstan

Incumbent president Nursultan Nazarbaev and his Nur Otan party won parliamentary elections in January with 80 per cent of the vote. The Organization for Security and Cooperation in Europe (OSCE) criticized the elections for failing to meet democratic standards yet again. Two other political parties considered loyal to Nazarbaev also gained seats in parliament. Women continue to be under-represented in government, with 27 of 77 seats in the lower house of parliament and 2 of 47 in the upper house.

There are still very few ethnic minority representatives in senior government, which could in part be because of language barriers.



Although knowledge of Kazakh is not required for government and civil service positions – except for presidential candidates – non-Kazakh speakers complain that Kazakh speakers are favoured for government positions.

Nazarbaev's victory is seen to reflect a growing Kazakh nationalism in the country. Under his leadership, the creation of Kazakh-language schools and the conversion of some Russian-language schools to Kazakh reduced the overall number of Russian-only language schools. In March, Nazarbaev called for fewer home-grown films to be made in non-Kazakh languages and to show the country in a more positive light.

At the most elite end of public health promotion, home-grown nationalism was less of an issue for the government as naturalized or so-called 'plastic' Kazakhs made up over half of Kazakhstan's delegation to the London 2012 Olympics. The athletes included several Russians and three Chinese-born weightlifters, who took Kazakh nationality and changed their names to

sound more Kazakh. While offering substantial positive rewards and glory for successful competitors, this practice reportedly led to resentment towards 'plastic' Kazakhs, which could contribute to discrimination.

The situation for religious minorities deteriorated in 2012, following the adoption of a new Religion Law in late 2011. The law compels public organizations and religious groups to register with the Ministry of Justice and regional authorities, and has been enforced through fines and imprisonment. For example, in East Kazakhstan members of an unregistered Baptist group were fined almost 18 months' wages each.

Registration processes have been described as complex, arbitrary and expensive. The 2013 United States Commission on International Religious Freedom (USCIRF) report documented cases of corruption involving the re-registration process.

During 2012, numerous groups were not allowed to re-register. For example, members

of the Grace Protestant Church in Karaturyk, with a mainly Kazakh and Uighur membership, were pressured to remove their names from registration documents to prevent the church from registering. Some congregations of the Russian Orthodox Church Abroad were also affected. The government raided numerous places of worship and confiscated religious material, affecting Pentecostal Christian, Methodist, Hare Krishna and Jehovah's Witness groups.

Muslim groups have also been affected. Only groups that are part of the state-backed Sunni Muslim Board can register and in November some independent mosques belonging to Shi'a and Ahmadi Muslim communities were refused legal status. As a result the Ahmadiyya community in Almaty has nowhere to legally worship. Other mosques have also been threatened with demolition if their communities don't register with the authorities.

Human rights activists report that prison administrators do not allow prisoners to practise their religion. If members of unregistered groups were incarcerated they would face a prison system that has been criticized for providing insufficient access to medical care and having inadequate numbers of medical personnel, including infectious disease doctors, not monitoring antiretroviral treatment of HIV-infected prisoners, having shortages in medication, and having inadequate heating and ventilation systems.

In September, Uzbek Pentecostal pastor, Makset Djabbarbergenov, was arrested in Kazakhstan at the request of the Uzbek government for conducting religious activity. He was not extradited, partly due to international pressure, but he was held in detention for three months. Upon his release in December, Djabbarbergenov and his family left the region; he is banned from returning to Kazakhstan before 2017. Djabbarbergenov had previously been recognized as a refugee by the UN refugee agency, UNHCR.

The plight of Kyrgyz migrant workers also made the news in 2012 when three Kyrgyz who had suffered de facto slavery in Kazakhstan for about a decade were found and released in Almaty. Rights groups say that migrant workers' rights are often violated due to their lack of

legal documents.

Increasing numbers of Kyrgyz women are moving to Kazakhstan in search of work where they are vulnerable to exploitation. There were reports in 2012 that some migrant Kyrgyz women face mistreatment and exploitation. Poor female migrants are vulnerable to becoming forced sex workers, drug mules or victims of human trafficking to other countries, especially Russia. Their situation risks being compounded by medical problems, lack of access to proper health care and unwanted pregnancies caused by rape or forced prostitution.

This trend sparked debate in Kyrgyzstan in April when a female member of parliament proposed that women under the age of 23 should be banned from leaving the country for work in order to protect them from mental and physical abuse. However, this proposition is an inappropriate attempt to control women's freedom of movement.

## **Kyrgyzstan**

Ethnic minorities are under-represented in the Kyrgyz government; non-Kyrgyz citizens constitute 35 per cent of the population but only 12 per cent of members of parliament. Women are also under-represented. Non-Kyrgyz speakers complain of a glass ceiling within the civil service, even though the law provides for the preservation and free development of minority languages alongside Kyrgyz as the state language and Russian as an official language.

More positively, in December 2012 President Almazbek Atambaev refused to sign a bill that would introduce fines for public officials who do not have sufficient knowledge of Kyrgyz language.

In January Kamchybek Tashiev, leader of the nationalistic Ata-Jurt party, which holds seats in parliament, called for the then prime minister, Ormunbek Babanov, to resign because his mother was not from Kyrgyzstan. Tashiev said: 'I should say openly, and let people not be offended, that the head of government should be a pure-blooded Kyrgyz, who will actually be rooting for the interests of the country.' The statement sparked debate and media attention, as well as reportedly an investigation by the State Security Service.

Ata-Jurt also supported nationalistic protests

in Osh in the run-up to council elections. The poll led to a strengthened position for nationalist mayor Melisbek Myrzakmatov, with his supporters almost achieving a majority in the city council. This is a sign of growing Kyrgyz nationalism in the city. The election results prompted the International Crisis Group (ICG) to warn that Uzbeks are being pushed to breaking point by the discrimination and anger directed towards them, and that Myrzakmatov is largely to blame for this. Too little has been done in the way of inter-ethnic reconciliation, according to ICG.

June 2012 marked the second anniversary of the ethnic clashes between Uzbeks and Kyrgyz in Osh and the neighbouring region of Jalalabad, in which more than 400 people were killed and thousands more displaced. In the run-up to the anniversary, authorities tightened security and carried out passport checks expecting trouble. A National Remembrance Day – 10 June – was instituted and marked by the opening of the country's biggest mosque in Osh city in a bid to instil some unity. However, a bell dedicated to those who lost their lives during the violence was also unveiled in Osh in the summer with 'Peace all over the world' written in Kyrgyz, Russian and English – but not Uzbek.

Ethnic tensions remain high. In June an Uzbek rap song about regional leaders in Osh province offensive to Kyrgyz people started circulating online, where the song had been said to spark several minor ethnicity-based incidents and was promptly banned by the provincial court for inciting ethnic hatred.

The US State Department 2012 human rights report states that trials of ethnic Uzbeks for crimes committed during the 2010 violence continue, with some cases of previously lenient sentences being overturned in favour of harsh ones. Human Rights Watch questioned the fairness of trials for non-Kyrgyz citizens after one ethnic Uzbek and one ethnic Russian were sentenced to death in October for crimes committed during the inter-ethnic violence.

In April 2013, the UN Committee on Elimination of Racial Discrimination reported that Uzbeks were the main victims of the June 2010 events but were also the most prosecuted and condemned. The committee recommended that the government investigate the courts'

'biased attitude' and that it review their guilty verdicts. However, Uzbeks continue to report police harassment, and continue to be disproportionately prosecuted and incarcerated.

Throughout 2012 crowds of courtroom spectators, including family members of victims, disrupted trials of ethnic Uzbeks charged with crimes related to the 2010 violence, threatening the security and the safety of defendants, attorneys and judges.

The strength of inter-ethnic feeling can be seen in an incident in September; Kyrgyz residents in Ala-Buka, Jalalabad (another site of violence in 2010), beat up a judge following the exoneration of a local ethnic Uzbek who was found not guilty of assaulting a local Kyrgyz citizen.

In prisons, a disproportionate number of ethnic minority prisoners serve life sentences and so face numerous health risks, including high levels of drug use. UN Special Rapporteur on torture Juan Mendez noted poor prison conditions, including the use of torture, on his visit to the country in December 2011. In January 2012, prisoners organized a nationwide hunger strike by sewing their mouths shut in protest against poor conditions. The protests, led by an ethnic Uzbek, also aimed to highlight the corruption and criminality rife in the prison system.

Ethnic Uzbek citizens in Osh and Jalalabad face discrimination when looking for work, particularly within public services, according to the 2012 US State Department report on human rights in the country. There have also been multiple reports of seizure of ethnic Uzbek businesses and property.

As 2015 approaches, assessment of how countries have lived up to the Millennium Development Goals has begun. In 2012, research published in *The Lancet* medical journal showed that Kyrgyzstan and Uzbekistan were the two most equitable countries out of 54 studied in terms of mother and child health interventions. This is not to say that interventions were necessarily good, but that access was not determined according to wealth.<sup>1</sup>

In terms of HIV, 70 new cases in children – 10 in Jalalabad and 60 in Osh, both with large Uzbek populations – were announced in June 2013 and attributed to accidental transmissions in regional hospitals. This follows an incident in 2010 when

a large number of women in Osh were infected with HIV. Even though it was accidental, reports following the aftermath of this incident cite a debilitating stigma – within and outside the health service – attached to those with HIV. They also highlight a wider problem of client confidentiality not being observed by health care professionals, as the identities of the women became widely known among their relatives and neighbours.

The Kyrgyzstan government, despite promises, has not reviewed the restrictive 2009 Religion Law, which among other things requires religious groups to undergo a laborious registration process. The government has consulted with external bodies to discuss measures, such as a ban on sending students abroad for religious education without state permission, a ban on foreigners carrying out religious practices without a state licence and amending registration criteria that would require groups to have 200 founders within the same locality; all of which would further restrict religious assembly and freedom.

By early 2012, only 135 Muslim communities and three Russian Orthodox parishes had been registered, leaving hundreds of mosques, Protestant churches, Jehovah's Witnesses and Hare Krishna communities unregistered, according to the USCIRF 2013 report. Ahmadi Muslims are also affected. In February the South Korean-based Unification Church was banned.

Uzbek imam Khabibullo Sulaimanov faced extradition to Uzbekistan at the beginning of 2013 after his arrest for illegally crossing the border in 2012. In March 2013 the courts decided not to extradite him, partly due to international pressure over the ill-treatment he would probably face in Uzbekistan. However, he is still incarcerated.

The authorities continued to target religious minority groups for 'inciting racial hatred', particularly the banned Islamist group Hizb-ut-Tahrir. The group calls for the peaceful establishment of an Islamic caliphate, but is seen as a terrorist organization by the government. In August, a Hizb-ut-Tahrir leader was arrested in Jalalabad, allegedly for planning to overthrow the government. Another imam was arrested in October for suspected membership of the group.

In January charges of inciting religious and ethnic hatred were also used against a Tengrist

for remarks he made about Islamic mullahs in a radio interview, but he denied trying to stir up religious hatred and says he is being targeted for his Tengristic beliefs. The case drew attention to Tengrism, which is an ancient Central Asian religion incorporating elements of shamanism, animism, totemism and ancestor worship. Although largely tolerated in Kyrgyzstan, some clerics claim that Tengrism proselytizes against Islam.

## Tajikistan

Ethnic minorities and women are politically under-represented in Tajikistan. There are no female or minority ministers; and out of the 96 seats in the upper and lower chambers of parliament, only two are occupied by ethnic minorities and 17 by women.

In May Salim Shamsiddinov, an Uzbek community leader in southern Tajikistan's Khatlon region, was seriously assaulted after he publicly claimed the government was pursuing nationalist policies. He has since gone missing in what Amnesty International suggest was a political abduction. Elsewhere in 2012, the US State Department reported occasional harassment of Afghans and Uzbeks by law enforcement officials.

In Tajikistan 7,500 children under the age of five die every year of undernourishment according to a 2012 report by the World Bank and UNICEF. A third of children have stunted growth and there is high prevalence of anaemia and other health impacts from lack of food, according to the report. This was found to be most prevalent in rural Khatlon, with a significant Uzbek population, and Gorno-Badakhshan Autonomous Province, where ethnic Pamiris mainly live. President Emomali Rahmon's lack of connection with his people – especially minorities in these rural areas – was shown when he criticized his citizens' unhealthy eating habits and lack of exercise, which he thinks leads to high levels of obesity.

Violence erupted in Gorno-Badakhshan Autonomous Province in July, after a local state security official government official was murdered. The government sent 3,000 troops to the autonomous Pamiri region to arrest Tolib Ayombekov, an opposition leader from

the 1990s Tajik civil war who was blamed for the assassination. The violence led to numerous deaths and injuries, including among civilians, according to HRW. A majority of the region's population belongs to the Ismaili sect of Islam; representatives of the movement's spiritual leader, the Aga Khan, were involved in negotiation efforts to diffuse the situation.

Tensions continued through August, however, as local Pamiris protested after the murder of another former opposition leader, Imomnazar Imomnazarov. The government conceded that they would withdraw at the end of August but sporadic killings and skirmishes continued into September.

The Tajik government further tightened restrictions on religious freedoms in 2012, introducing new penalties for those receiving religious education abroad, preaching and teaching religious doctrines, and establishing connections with foreign religious organizations. This move led to Tajikistan joining Turkmenistan and Uzbekistan as a 'country of particular concern', according to the USCIRF 2013 report.

The report notes that restrictions and abuses primarily affect the majority Muslim population, but also Seventh-day Adventists, Baptists, Baha'is, Protestants, Jehovah's Witnesses and Hare Krishnas.

A repressive 2009 Religion Law prohibits all religious activity independent of state control. Those who participate in unregistered religious activity face up to two years' imprisonment. The 2011 Parental Responsibility Law stipulates that parents must prevent their children from participating in religious activity, outside state-approved religious education.

According to the Tajik State Department, as mentioned in the USCIRF 2012 report, only 74 of the 4,000 registered religious are non-Muslim, including Ismaili groups. Minority Muslim groups continue to face persecution; the Islamic Renaissance Party claims that numerous unregistered mosques have been demolished; the Salafi Muslim group has been banned since 2009; and in February it was reported that in December 2011 a mosque was raided for observing a Shi'a Muslim holiday when only Hanafi Sunni rituals should be observed. Muslim

women are particularly repressed since a *fatwa* or religious decree issued in 2004 banning women from praying in Tajik mosques remains in effect. Women are also banned from wearing the *hijab* in schools and government offices.

In 2012, the Tajik government arrested citizens for belonging to alleged extremist groups such as Hizb-ut-Tahrir and Jamaat-i Tabligh (Society for Spreading the Faith), which has been banned since 2006. Members dispute claims that these groups have connections to terrorism and say they belong to peaceful organizations. In May, several alleged members of the Islamic Movement of Uzbekistan were arrested and tried behind closed doors.

## Uzbekistan

Only 11 members of the 150-seat strong lower chamber of government and 11 of 100 seats in the lower chamber are occupied by ethnic minorities. Furthermore, officials reserve senior government positions for ethnic Uzbeks despite laws prohibiting employment discrimination based on ethnicity or national origin.

The US State Department 2012 human rights report cites widespread restrictions on religious freedoms, including harassment of religious minority groups. The report also highlighted a government crackdown on international NGO activity and further suspicion of unregulated Islamic and minority religious groups. For example, in March security cameras were installed in more than 30 mosques in the religiously conservative Fergana Valley. Authorities claimed that cameras were installed in order to prevent theft, but locals argue it is to ensure preachers toe the party line.

Uzbekistan remained a 'country of particular concern' according to the USCIRF 2013 report. Persecution of unregistered Christian groups was commonplace throughout 2012. For example, in December a group of Protestants were charged for discussing their faith and singing Christian songs; they also had their songbooks confiscated and fingerprints taken. In November, leaders of some registered Protestant churches were gathered in Tashkent and instructed to re-register within one month. They were also warned against missionary activity. Baptist congregations have made similar reports.



The state-run media encouraged intolerant views towards Protestants, Jehovah's Witnesses and other groups, sometimes equating their practices with extremism.

In the autonomous republic of Karakalpakstan – with a mainly Karakalpak population – only Muslim and Russian Orthodox religious communities have been registered, making the activity of more than 20 Protestant and Jehovah's Witness congregations 'illegal'. Most churches are now closed and there have been reports of Hare Krishna and Protestant students being expelled from university. Members of the South Korean-based Unification Church have been told that they cannot contact members in other countries.

Many citizens arrested for alleged religious extremism continue to end up in prison. In July 2012 ethnic Kazakh Ermek Qosmaghambetov was charged with attempting to smuggle 'materials propagating religious extremism' into Uzbekistan on his laptop. Most arrests for extremism affect members of banned religious groups Hizb-ut-Tahrir and Nur (a movement founded by theologian Said Nursi, who died in 1960), whose members comprise the majority of political prisoners in Uzbekistan. Pressure to break up 'extremist' cells has led to police and security services to use measures such as detention and mistreatment of accused persons' family members and attaining confessions through torture.

Trials rarely meet international standards and once they are incarcerated prisoners report religious discrimination. The US State Department 2012 report highlights the case of an imprisoned Jehovah's Witness reaching the end of his term and being told to renounce his beliefs or face trial once again. Also, despite periodic presidential amnesties to mark public holidays, political and religious prisoners remain ineligible.

Large numbers of prisoners are sent to the infamous Jaslyk Prison in the autonomous republic of Karakalpakstan. The institution is colloquially known as the 'House of Torture' or 'Place of No Return'. It became a destination for those charged with religious extremism after bombings in 1999 that were blamed on Islamist groups. HRW now places the number of inmates at between 5,000 and 7,000. It is well known for housing prominent dissidents and political prisoners.

As in other Central Asian states, simply

being in prison in Uzbekistan is detrimental to prisoners' health. The WHO has launched a prevention and treatment programme in prisons to stop the spread of tuberculosis as well as HIV/AIDS.

The Uzbek government claims that conditions in the jail are improving. However, a letter from an inmate – published by French human rights group Association for Human Rights in Central Asia (AHRCA) – tells of being beaten for something as minor as not showing interest in nationalist books written by President Karimov.

### **Sokh enclave**

Sokh is a small pocket of Uzbek territory almost completely surrounded by Kyrgyzstan's Batken province in the Ferghana Valley. It is home to an estimated 60,000 people, with the vast majority ethnic Tajik and other minorities.

Ethnic tensions have simmered in the small region amid border disputes since the dissolution of the Soviet Union. Both Uzbekistan and Kyrgyzstan have a strong security presence and strict border checks.

Territorial disputes have hampered local development and the region remains one of the poorest areas in Kyrgyzstan. The Sokh enclave has been targeted by the Uzbek authorities as a suspected breeding ground for Islamic extremism. As a result large numbers of residents have emigrated, particularly to Russia.

In January 2013 ethnic violence erupted as Sokh residents attacked Kyrgyz guards erecting electricity poles in disputed territory. The ensuing riots, which spilled over into Kyrgyz territory, led to the destruction of Kyrgyz property – mainly vehicles – and almost 40 Kyrgyz were taken hostage, among them women and children.

The enclave border was sealed and barbed wire fences erected along some borders. The residents, mainly ethnic Tajiks, were cut off from the rest of Uzbekistan. Aid agencies were initially prevented from entering the enclave although restrictions were relaxed by the end of January.

Talks between the governments of Kyrgyzstan and Uzbekistan to solve the crisis quickly broke down, although Uzbekistan did agree to pay compensation in some instances to Kyrgyz citizens for damage to their property. Tajikistan also has long-standing territorial claims in the region.

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**Case study**  
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# Child marriage in Kazakhstan

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*‘There were problems both during pregnancy and after the birth, but my mother-in-law thought it was nothing to worry about: it happens to many women and that’s how it should be. My mother-in-law said I should put up with all the pain.’* Child spouse, member of an ethnic minority.<sup>2</sup>

If you are a married child in Kazakhstan then you are likely to both be a girl and belong to an ethnic minority. Child spouses are those who enter marriage under the age of 18, which the UN Committee on the Rights of the Child considers to be the minimum age for marriage. In Kazakhstan, research by the UN Population Fund (UNFPA) has found this to be particularly prevalent amongst Kurdish, Turkish and Azerbaijani minorities.

Child marriage in many cases is quickly followed by pregnancy, which has the potential to cause physical and mental health problems to both the mother and infant. Girls’ bodies are less ready than those of adult women for childbearing, leading to complications during both pregnancy and childbirth.

UNICEF global figures suggest 70,000 maternal deaths of girls and young women aged 15–19 occur annually as a result of these complications. An infant born to a mother aged under 18 is 60 per cent more likely to die before his or her first birthday than an infant born to a mother aged over 18. And if the infant survives he or she is more susceptible to a range of health problems, including low birth weight, a lack of nutrition and late physical and cognitive development.

Child brides often marry older men, who because of their age are statistically more

likely to have HIV or other sexually transmitted diseases.

In Kazakhstan, child marriage is more common among ethnic minorities who follow Islam and live in rural areas. Women in such communities often occupy a subordinate position within their families and this is a contributing factor to the prevalence of the practice. Many families are also poor, and seek to marry their daughters off early in order to obtain *kalym* or bride price. Many child brides do not want to enter into the marriages chosen for them.

Child marriage is rarer in Kazakhstan than in other Central Asian states, but 2012 statistics still suggest that 1 per cent of girls are married by the age of 15 and 7 per cent by 18. Data from the Republic of Kazakhstan Agency for Statistics shows that child marriage is most prevalent among Kurds with 6 per cent of all married women being under 18, followed by ethnic Turks (4.3 per cent), Azerbaijanis (3.5 per cent) and lesser numbers of Dungan (2.5 per cent) and Uighurs (1.5 per cent). By contrast, only 0.64 per cent of married Kazakh women are under age.

In some of these communities, child marriage is an out-of-date tradition that is still the norm:

*‘Early marriage is typical for the Uighur population. They believe that a girl who doesn’t marry before the age of 18 has failed.’* Child spouse, member of an ethnic minority.<sup>3</sup>

Child marriage in Kazakhstan is illegal. The legal age to enter into marriage is 18 for both men and women except in certain circumstances, such as pregnancy, where the age can be reduced to 16 but only with the consent of both parties. However, in the communities identified, many child marriages are performed by imams and remain both unofficial and unregistered, giving the girls involved few legal rights.

A lack of education in general is one social consequence of child marriage, but access to sexual health education and sexual health services are also particularly restricted. Under Kazakh law, if a 16-year-old girl seeks medical assistance, a doctor does not have the right to conduct a full medical exam without informing the girl’s parents or guardians. Often child

brides are accompanied by their husband or mother-in-law when they go to the doctor. This restricts their personal decisions about contraceptive use or treatment for sexually transmitted infections. The UNFPA research found that most girls interviewed did not know what contraception was. A preference for sons over daughters within communities where child marriage is prevalent also leads to pressure to become pregnant as many times as it takes to have a boy, before family planning is an option.

Further physical and mental health issues arise from the unequal nature of the marriage, which puts child brides at risk of domestic violence, sexual abuse and exploitation by both their husband and husband's family; many girls recount bullying from their mothers-in-law. Child brides are also at risk of becoming isolated from family, friends and their communities.

Kazakhstan has ratified both the UN Convention on the Rights of the Child (CRC) and CEDAW but failure to prevent child marriage puts the state in contravention of Article 24 of the CRC that states all children have the right to health and to access to health services; and protection from harmful traditional practices. And Article 16.1(b) of CEDAW states that women should have the right to freely choose a spouse and enter into marriage only with their free and full consent. ■

# South Asia

Jack Dentith and Farah Mihar

## Afghanistan

While the US and the governments involved in the NATO-led International Security Assistance Force (ISAF) are gradually withdrawing their troops from Afghanistan, serious concerns regarding human rights violations and the protection of minorities remain. At the same time, there were some overall positive developments during 2012. Civilian deaths dropped for the first time in 2012 by 12 per cent compared with the previous year, to 2,754, according to the United Nations Assistance Mission in Afghanistan (UNAMA). Over 80 per cent were killed by armed groups.

The Taliban continue to control large areas of Afghanistan, particularly in the south and the east, where the situation for religious minorities along with dissenting Muslims is insecure. In territory controlled by the Afghan government, too, there have been incidents of violations of religious freedom. In July, the case of Baljit Singh, a Sikh, raised concerns about attitudes towards religious minorities. Singh was held in detention in Afghanistan and later released over allegedly 'false claims' of being an Afghan national after having been deported from the UK, where he had unsuccessfully sought asylum. Singh described how he had been abused by Afghan security personnel and other prison inmates, and forced to convert to Islam. Singh was detained for 18 months but was never formally charged with any crime. The case shone a spotlight on both the Afghan criminal justice system and the Afghan Sikh community, which has gone from several thousand families to merely a few hundred in the last decades.

Ethnic tensions between Hazaras and Tajiks, reported for many years by MRG, remain a key issue in Afghanistan. In September 2012, a number of people were killed as violence broke out in Kabul between members of the



two communities on the day that otherwise commemorates the death of Tajik military leader Ahmad Shah Massoud, who was killed by two Tunisian men posing as journalists in 2001. A convoy of Tajiks from the Panjshir Valley passed through the largely Hazara neighbourhood of Pol-e-Sokhta; a cyclist was injured by one of the vehicles. When the police failed to act, violence erupted. The final number of casualties from the incident was not confirmed. Known as the ‘Lion of the Panjshir Valley’, Massoud is officially regarded as a national hero; however Hazaras recall a devastating attack on their community in western Kabul by his forces in the early 1990s.

There was a reminder during 2012 of a large-scale attack against the Shi’a community that had occurred during the previous year. In November, the Afghan police announced that they had arrested two persons planning a suicide bombing against Shi’a Muslims gathering in Kabul for

**Above:** A Hazara labourer returns home from work in Kabul, Afghanistan. *REUTERS/Adnan Abidi.*

the traditional Ashura festival. Approximately 80 people died during the attack on the 2011 procession.

Despite extensive development and humanitarian assistance efforts, continued unrest has meant that the benefits of international aid have been unevenly distributed. Conflict has had a negative impact on the health of Afghans, and the health care infrastructure throughout the country is poor – with a particularly negative impact on marginalized groups. Bamyán province, for example, has a large Hazara minority population and has faced discrimination on the part of central governments in the past. According to the United Nations Development Programme (UNDP), there are hardly any services available in the region. This has resulted in low vaccination

rates, widespread waterborne diseases, and high levels of maternal and infant mortality.

There have been mixed results from attempts to open the region up to mining in order to exploit its deposits of ores and coal. While the closure of unlicensed mines may have protected children from dangerous and unhealthy work, the Chinese firm that won the tender for mining in the region had reportedly not replaced the jobs with new ones. Reports emerged in 2012 that the lack of opportunities may have pushed people into the employment of the Taliban, which the government has vigorously denied.

Independent human rights monitoring remained in question throughout 2012, adding to the general climate of impunity that helps to keep minorities vulnerable. Posts remained vacant on the Afghan Independent Human Rights Commission (AIHRC) during 2012, including after one member was killed by a suicide bomber in early 2011 and three more were removed by President Hamid Karzai at the end of that year. A fifth commissioner was also dismissed. A landmark AIHRC study of war crimes remains unpublished, despite having been completed two years ago.

### **Women's rights**

The situation for women in Afghanistan showed little improvement in 2012. Despite constitutional provisions on women's rights, grave incidents of violence against women continue to be reported from the country. According to HRW, in early 2012 there were 400 women and girls in detention centres for 'moral crimes', which usually involved attempts to escape forced marriage or domestic violence.

The antipathy of the Taliban towards international aid organizations and government agencies makes it difficult to assess the health of communities living in areas under Taliban control, particularly the health of women who have suffered in the past under the Taliban. In 2012, Afghan intelligence officials accused the Taliban of poisoning schoolgirls in Bamiyan province, although the accusation was denied. Similar poisoning incidents were reported in other provinces as well.

Even in urban areas under government control, vulnerable women still face big health risks, and

ethnicity has been shown to increase the risk of human rights violations for women at a drug abuse treatment centre. Recent studies suggest that Afghan women continue to face cultural, religious and social barriers to accessing health care.<sup>4</sup> Issues include limited autonomy for women, preventing them from visiting clinics for check-ups, as well as a lack of emphasis on the importance of regular antenatal care. Patients also reported that the attitudes and behaviour of public health staff deterred women from using medical facilities, with abusive and disrespectful practices being reported, along with discrimination and charging for free services or medication.

Concerns about the mental health status of women and children in Afghanistan continue. With diminished rule of law and increased economic hardship, practices such as selling or exchanging girls have become more common, and domestic violence continues to be a source of distress. Establishing the social and medical structures to prevent abuse and treat women who have suffered violence remains a significant challenge in Afghanistan.

### **Bangladesh**

Religious minorities in Bangladesh, including Hindus and Buddhists, faced a spate of violent attacks in the middle of the year that earned the country national and international condemnation. In September, dozens of Buddhist temples, at least one Hindu temple and homes and shops belonging to these communities were set alight in Cox's Bazar and Chittagong, in one of the biggest targeted attacks against places of worship in recent years. According to media reports, at least 20 people were injured in the attacks. Amnesty International quoted police as saying they had arrested around 300 people, but according to media reports tens of thousands of Muslims were involved in the attacks, sparked by the posting of a derogatory image of the Qur'an on Facebook. The government did little to protect the targeted communities. While the government condemned the attacks, they unhelpfully politicized them by blaming Islamic radicals and opposition party members.

MRG has documented continuous incidents of violence and human rights violations, including

extra-judicial killings, rape and destruction of property against indigenous Jumma peoples in the Chittagong Hill Tracts (CHT). MRG has also reported in previous *State of the World's Minorities* reports that these communities are also attacked, harassed and face land grabs from Bengali settlers in the area. In September 2012, at least 20 people were injured when Bengali settlers attacked Jumma shops and homes in Rangamati. According to some reports, the figure was as high as 60 injured. The incident was sparked by an altercation on board a college bus. Security personnel reportedly did little to stop the violence.

Bangladesh's Ahmadiyya community also continues to face harsh treatment and threats. In October, in Kisamat Menanagar, a group of Islamic extremists obstructed the construction work of an Ahmadiyya mosque. The local authorities subsequently called for construction to be suspended. On 25 October, the group conducted a procession in the area abusing and threatening the Ahmadiyya community. In early November, they made public calls for the community to renounce their religion. On 7 November, the makeshift mosque and two adjoining houses, one of which was used for prayer, were burned down. Fifteen people were injured in the incident. The community had on several occasions reportedly sought police intervention and protection but had not received any. There is a history in Bangladesh of Ahmadis being attacked and persecuted.

In June, Bangladesh's Foreign Minister declared that the government would not be opening the country's borders, preventing the entry of thousands of the Muslim minority Rohingya people who were fleeing brutal attacks in Burma. This was in response to a request by the UN refugee agency UN High Commissioner for Refugees to keep the border open.

Referring to a widely held principle of international law forbidding forced return to situations of persecution, MRG and a group of international non-governmental organizations issued a joint statement in July saying:

*'The refolement of these refugees by Bangladesh to Myanmar, where they face a very immediate threat to life and freedom, and a danger of irreparable*

*harm; and the manner of refolement, by push backs into dangerous waters, including in unsafe vessels are matters of serious concern.'*

In July, Bangladesh ordered charities to stop giving aid to Rohingya refugees, exacerbating the already precarious health situation of these groups. Acute malnutrition rates were already critically high in the camps for registered Rohingya refugees – approximately 24,000 of the estimated 200,000 population in Bangladesh – while rates of malnutrition for the unregistered Rohingya were reported as being even higher. The Bangladeshi government refuses to recognize and register the vast majority of Rohingya who have escaped to Bangladesh from persecution in Burma. Registered Rohingya are served by inadequate health facilities in their camps, while unregistered Rohingya are essentially reliant on what they can find for themselves. The lack of aid money has meant health assessments have been impossible since the crackdown, but reports suggest that the situation of unregistered Rohingya is growing increasingly desperate.

### Health

As in many South Asian countries, there is a general lack of official health data disaggregated by ethnicity or religion in Bangladesh. Nevertheless, studies from UNICEF and other international organizations help to build a partial picture of health problems faced by marginalized minority and indigenous groups.

Approximately 600,000 indigenous Jumma peoples live mainly in the CHT, one of the country's most deprived areas, and suffer particularly extreme rates of ill health. The CHT has the highest incidence of underweight newborn babies – a strong indicator of poor infant health. The amount of unmet need for family planning services (i.e. married women who want but do not have access to contraception) in Chittagong (at 21 per cent) is also the highest in Bangladesh (for which the average is 14 per cent), and contraceptive use, at 51.4 per cent, is considerably lower than the national average of 61.2 per cent.

The prevalence of malaria in Bangladesh reflects the geographic distribution of Adivasis (the term used generally for indigenous peoples).



This is largely attributable to less investment in proper housing and health services in these high-risk areas. Marginalized communities, such as the Marma tribe of Rajasthali for example, are at risk of the disease. One study found that members of the Marma community had higher prevalence of malaria, and that both the amount of forest cover and the elevation of a person's home had

strong effects on the chances of having malaria in Rajasthali.

Adivasis often live in remote areas where access to mosquito nets and health care is limited, and, on the other hand, their higher rates of poverty mean they often cannot afford health care. The remote location of Adivasi communities like the Mro make accessing health services much more

**Left:** Dalit woman in Bangladesh. *Livia Saccardi/MRG.*

difficult than for their Bengali counterparts. The most recent national demographic health survey showed that the CHT region, home to the Jumma peoples, had the second lowest rate of basic vaccinations in the country, at 81.8 per cent – the national average was 86 per cent.

A 2009 UNICEF study showed that Christians and Adivasi groups have higher prevalence of diarrhoea than other religious or ethnic groups, which is attributable to higher levels of poverty and lower levels of education. The incidence for Christian households was 9 per cent, whereas for Buddhist households it was 5.6 per cent; among Saontals, an ethnic group who live mostly in the Himalayan foothills, it was 12 per cent in comparison to 6 per cent for Marmas of Rajasthali. Poverty and a lack of education are shown in the UNICEF study to increase the prevalence of diarrhoea, and Christians in Bangladesh have higher rates of both.

The lack of adequate sanitation facilities in CHT and other remote areas where many Bangladeshi ethnic minorities and indigenous peoples live also impacts strongly on these differences.

Bangladesh's rush to lift itself out of poverty through a boom in manufacturing has also affected Bangladeshi health, with the tragic collapse of a garment factory in Dhaka in April 2013 reminding the world that it still has a long way to go in ensuring the health and safety of its workers. The leather industry also faced criticism in 2012 for flushing untreated waste water containing chemicals and animal flesh into the city's main river, as well as exposing children to hazardous work conditions. Minority communities, including Dalits, who often live on the margins of communities, are particularly vulnerable to the effects of such contamination.

## India

Elections that took place in five states in India in the early part of the year had some significant impact on minority issues. First, the country's election commissioner announced that a much awaited implementation of a 4.5 per cent quota for jobs and seats in the education sector for

minorities would be put on hold until the elections ended.

The quota proposal suffered a further blow when in May a high court in Andhra Pradesh rejected the government order to implement the quota, saying it was designed purely on religious grounds and had no empirical data to justify the necessity for it. The central government's efforts to override the high court through the country's Supreme Court also failed, when the court refused a stay order against the Andhra Pradesh decision.

In February, Justice Rajinder Sachar, who headed the panel that produced a landmark report on Muslim education in 2006, said in an interview with the *Deccan Herald* that the government was 'fooling' minorities by promising reservations during elections when the greater need was to strengthen the education system to support minorities.

Reports of Muslims being targeted under national security laws for arrest and detention continued. According to media reports, in May, at a special meeting, Muslim leaders under the banner of All India Muslim Majlis-e-Mushawarat expressed concerns about the growing trend of Muslim youth being arrested by police on suspicion of being involved in terrorist groups. The meeting took place against the backdrop of reports that three young men – one from Bihar and two from Kashmir – had been arrested by police that month. In November, the Students Islamic Organisation of India organized a protest march in Delhi, demanding an end to the arrests. Also in November, several Muslim leaders signed a letter to India's Home Affairs Minister making the same call.

February marked ten years since the Gujarat riots, when some 254 Hindus and close to 800 Muslims were killed during communal violence in 2002 that in some areas was sanctioned and supported by Hindu extremists and politicians. The government has taken little action towards achieving justice and accountability. The state of Gujarat has not properly compensated victims and has been very slow to bring perpetrators of crimes to justice. In August, however, in a significant turn of events, a court convicted 32 people, including senior politicians from India's Bharatiya Janata Party for their involvement in





the rioting and attacks in Gujarat. The charges were for a variety of crimes ranging from murder to arson. Maya Kodnani, an ex-minister, received 28 years in jail for her role, while 30 others were given life sentences. Although the verdict caused some embarrassment to Gujarat's Hindu nationalist chief minister Narendra Modi, who held the post during the riots, he managed to win back his seat in December 2012 and remains in power.

In November, Mohamed Ajmal Amir Qassab, the only surviving gunman of the Mumbai 2008 attacks, was executed in a prison in Pune. In September, the Supreme Court upheld his death sentence but the execution happened without warning and Qassab's family was only notified later. The news of the execution sparked mass celebrations on the streets in parts of India, but human rights activists in the country and internationally were critical of the execution and the manner in which it was conducted, adding that it was politically motivated.

Arrests and detention of persons belonging to minorities and indigenous peoples under national security laws continued to take place in West Bengal. The region has been plagued by conflict

between the government of India and Maoists for decades. The Communist Party of India, minorities and indigenous peoples have been targeted for attack and human rights violations by both parties to the conflict. Violence in the state reportedly significantly decreased in 2012, according to the Institute of Conflict Management in Delhi. However, targeted violations against minorities continued. The Asian Human Rights Commission (AHRC) has reported at least five prominent cases in 2012 of torture in police custody, some from West Bengal. One was a member of the indigenous community and one was a Muslim.

In July ethnic violence in the north-east between indigenous Bodo people and Muslim settlers saw an upsurge, leaving at least 78 people killed and more than 300,000 displaced. HRW issued a statement calling on the government to rescind 'shoot on sight' orders issued to the police to quell the violence and asked that police action be taken according to international law. Violence between these two communities has been ongoing and is mainly over land and natural resources. The failure of Assam local government officials to manage the conflict has exacerbated

**Left:** Muslim boys from the Chowduli community catch fish in India. *Sanjit Das/Panos.*

the violence.

In August, nationwide panic swept the country based on rumours of reprisal attacks by Muslims against people from north-east India. Ethnic and tribal community people living and working in India's big cities boarded trains in their millions and fled to their places of origin in fear of being attacked.

In May, India faced its Universal Periodic Review (UPR) by members of the UN Human Rights Council. In September, the Council made a series of recommendations to India to improve its human rights record on issues including torture in police custody; repealing the Armed Forces Special Powers Act; religious freedom; and the rights of minorities and Dalits.

Many international organizations campaigned for Dalit rights issues ahead of India's UPR. Dalits, who make up a little over 16 per cent of the population, suffer consistent and continuous grave human rights violations by members of higher castes and have virtually no access to justice. In December 2012, the brutal gang rape and killing of a girl in Delhi sparked a national outcry as hundreds of thousands of women took to the streets to mourn her death and protest against violations of women's rights in the country. MRG and its partner organizations receive reports of many similar incidents of gang rape on Dalit women that go unreported and unnoticed. Attempts by victims to seek justice are often very difficult, as they face further violations and attacks by the law enforcement authorities they complain to.

## Health

In India, discrepancies in health outcomes occur on the basis of region, gender and social group. Although there is a lack of health data for minority and indigenous groups, the wide discrepancies between regional provisions of services and health outcomes in India is telling. The majority of India's Scheduled Castes (SCs) and Scheduled Tribes (STs) live in rural areas, where there is worse health care provision and worse health outcomes than in urban areas. Similarly, health indicators for regions such

as Uttar Pradesh and Nagaland, which have relatively large populations of SCs/STs, are consistently poorer than for other regions such as Goa.

Infant mortality rates are 25 per cent higher for SCs/STs than for non-SCs/STs, according to a 2007 study by the UNDP. More recent studies in Andhra Pradesh show that infant mortality rates among SCs are double the national average and maternal mortality rates are 50 per cent higher than average.

According to a 2007 UNDP study, a higher number of SCs/STs have no access to public health services compared to other groups; furthermore, since 1990, in some regions, the number of people with access to health services had actually declined.

Problems with lack of health services are compounded by broader socio-economic problems faced by communities. Examples include malnutrition caused by poverty, and the inability to take time off work to travel to health facilities or see a health worker. It was calculated by UNDP that, in 2000, 23 per cent more SC children, and 27 per cent more ST children, were undernourished than their non-SC/ST counterparts nationwide.

For many groups living in remote or forested areas, who have never had access to health care services, medicinal plants and traditional healing practices are a crucial resource for their health. Yet many communities, such as the Sartang in the Monpa area and the Baiga of northern Chhattisgarh, face threats from the unsustainable exploitation of forest resources by outsiders who gather valuable plants like ginseng for trade. Forest peoples in India face a number of threats to their cultures and livelihoods, through biodiversity loss and urban migration. The unsustainable harvesting of medicinal plants simultaneously threatens the well-being of communities while withholding any compensation for resources taken from their land.

Discrimination suffered by marginalized groups also affects their health. In 2012, for example, the AHRC reported that an Ahirwar Dalit community in Maregoan village, Madhya Pradesh was being deprived access to water and food following their refusal to carry animal carcasses; the local shopkeeper had been

intimidated into refusing to provide rations to the Ahirwar by the dominant caste, and the local water pump and communal water tank were fenced in. The AHRC similarly noted in 2012 that the dominant caste preventing access of Dalits, tribal and minority communities to government welfare schemes is a common practice in Madhya Pradesh, Uttar Pradesh, Bihar and Orissa.

This kind of discrimination and exclusion makes minority groups much more vulnerable to disease, and dramatically increases the risks of malnourishment. It also directly affects their ability to access treatment from health services. In 2000, Action Aid found that in 21 per cent of 555 villages sampled from 11 states in India, SCs were denied access to health centres. The same study found that 48 per cent of villages denied SCs access to public water or drinking places. A 2010 study by Navsarjan, a grassroots Dalit rights organization, and the Robert F. Kennedy Center for Justice and Human Rights, found that doctors in 10 per cent of villages would refuse to treat Dalit patients. A follow-up study in 2012 found that three times more Dalit children were unvaccinated against polio than non-Dalit children.

Minority and indigenous groups in India also face discrimination in the way in which their land is appropriated and their voices ignored in the drive to capitalize on India's natural resources, in particular through the mining industry. The effects of mining on health are twofold. First, removing a population from the land on which they depend without adequate compensation results in impoverishment and ensuing indirect health effects. And, second, there are the direct impacts on health from pollution resulting from the mining. The first kind of deprivation was shown in 2008, when hundreds of displaced villagers from Jagatsinghpur district in Odisha protested against inadequate compensation from Paradeep Phosphate Ltd. The second kind has been demonstrated across India, from reproductive health problems due to uranium mining in Jharkhand to skin disorders associated with bauxite mines and refineries in Orissa and Andhra Pradesh.

The well-publicized case of the indigenous Dongria Kondh's battle with the UK mining

company Vedanta Resources and its Indian subsidiary's plans to open a mine on land held sacred by the local community had a positive moment in April 2013, however, with India's Supreme Court ruling that the indigenous communities will have the final decision on any bauxite mine plans

The ongoing unrest in Jammu and Kashmir has also had drastic health consequences for the population there. Violence or the threat of physical violence continue to have significant effects on mental health, with a number of studies in recent years identifying high prevalence of mental health problems, from post-traumatic stress disorder and bipolar disorder to high levels of generalized anxiety, panic and phobia.

The increased presence of the military also makes it difficult for some people to access health care. Nomads like the Gujjars, who traditionally live in higher altitudes, have been left unable to access facilities, or unable to sustain their livelihoods due to restrictions on movement and access to land. One study, published in 2012, revealed that 39 per cent of the Gujjar community had relinquished their migratory tradition during the past two decades of conflict.

## Nepal

The deadline to agree on a new constitution expired in May as members of the country's Constituent Assembly failed to come to an agreement. Then Prime Minister Baburam Bhattarai, member of the Maoist Party, went on to dissolve the Assembly, but elections were not held in 2012. The Assembly had also served as the country's parliament.

One of the major areas of disagreement for members of the Constituent Assembly was on the issue of creating federal units based on ethnicity. This is a major demand for some minority communities that want greater self-rule in their areas. However, the large numbers of different ethnic groups in Nepal and their geographical dispersion has complicated the issue. The failure to reach agreement on this issue and the subsequent dissolving of the Constituent Assembly has left Nepal in political deadlock. The country effectively spent much of the year without a legislature. More concerning is that the constitution-making process linked to

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**Case study** by *Dr Audrey Prost, Dr Prasanta Tripathy and Soumendhra Sarangi*  
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# Power of participation: women's groups dramatically improve health for Adivasi mothers and newborns in eastern India

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**Involving Adivasi women in the planning and evaluating of health care has significantly reduced deaths and empowered women among India's Adivasi communities in Jharkhand and Odisha.**

Over 84 million Adivasis (original inhabitants) from more than 500 tribal groups live in western, central, eastern and north-eastern India. Today a quarter of all Adivasis reside in the central and eastern states of Jharkhand, Odisha and Chhattisgarh. Traditional Adivasi livelihoods revolved around the use of forest products and cultivation (both shifting and upland). Laws imposed under the British administration led to the widespread nationalization of forests and subsequently large forest areas were contracted to private companies. Adivasi ownership of land and resources has yet to be addressed through government legislation, such as the recently enacted Forest Act. Because of this, and large infrastructure projects such as the construction of dams, Adivasis now constitute over half of India's displaced people. Adivasi homelands also span some of the world's largest mineral reserves, but

indigenous communities have yet to reap the social and economic benefits of mining-related development. In eastern India, competing claims over existing natural resources are increasing the risk of conflict.

Amidst this charged political backdrop, Adivasis remain the poorest socio-economic group in India, with low literacy and the highest maternal and child mortality rates in the country. The risk of an Adivasi child dying before the age of five is 25 per cent higher than that of a non-tribal child, and the maternal mortality ratio (MMR) in tribal areas of Jharkhand and Odisha is three times the national MMR.

Although access to quality health services is critical to saving mothers and infants, in tribal areas of Jharkhand and Odisha around half of women still deliver at home, and fewer than 20 per cent access postnatal care. This is because of the remoteness of tribal villages, concerns about the costs of health care and fear of discrimination at the hands of non-Adivasi professionals. There is also a lack of information about simple prevention strategies and care for common problems during pregnancy, childbirth and the postnatal period.

Fortunately, in some areas this is beginning to change through processes led by Adivasi women themselves. Since 2005, the civil society organization, Ekjut (meaning 'coming together'), has worked with women's groups to improve maternal and newborn health in remote tribal areas of Jharkhand and Odisha. Building on a methodology first developed with the indigenous Aymara community of Bolivia, Ekjut selected local female facilitators to support 244 women's groups to meet every month as part of a participatory learning and action process. During these sessions women identified common problems they faced in pregnancy and after giving birth. They also found feasible strategies to address these problems and evaluate the results. The facilitators were not health workers but local women whom others could trust and relate to. They were given training in participatory communication techniques and basic knowledge about maternal and newborn health. The women's groups discussed common

## Case study continued

problems using role plays, picture cards and storytelling, followed by reflection and analysis. The groups also organized large community meetings to share their priority problems and enlist the support of other community members to implement their chosen strategies. These activities were meant to improve individual and community knowledge of maternal and newborn health, but also foster reflection and the confidence to change existing practices.

The intervention had hugely positive results. The impact of the women's groups was evaluated using a cluster-randomized controlled trial, published in a leading medical journal. An indigenous demographic surveillance system was used, in which local women reported births and deaths among women of reproductive age in their communities. A data collection team interviewed women who had recently delivered to find out about events around the time of birth. The women's groups led to a 32 per cent reduction in neonatal mortality (deaths in the first 28 days of life), significant improvements in hygienic practices at the time of delivery and increases in exclusive breastfeeding.

At the end of the trial, Ekjut decided to introduce the women's group intervention into control areas for ethical reasons. Neonatal mortality fell sharply in the control areas, and an estimated 500 newborn infants have been saved through these interventions since 2005. Further analyses also showed that the groups had succeeded in attracting the poorest mothers and mortality reduction has been greatest among the poorest.

After these early successes, Ekjut is also adapting the participatory learning and action method to address other pressing health issues, including the prevention of childhood illnesses and under-nutrition, and carrying out new evaluations. Ekjut have also supported a scaling up of the intervention through their own facilitators and other actors. The government of India's flagship National Rural Health Mission programme now supports women's groups facilitated by accredited social health activists in several areas of Jharkhand, and other agencies

are implementing the participation learning and action cycle with self-help groups in Bihar and Odisha.

There are a number of lessons from this work. First, women can be catalysts for change. Many organizations and governments endorse the right to participate in the planning of health care, but methods to ensure this are rarely evaluated, and tribal women are seldom in control of the process. Using participatory methods to involve Adivasi women in planning and decision-making resulted in substantial reduction in mortality and a significant sense of empowerment among women. In the first local elections held in the areas where Ekjut implemented the programme, several facilitators of the women's groups won seats as people's representatives, testifying to women's increased confidence.

Second, good evaluation pays off. Many organizations do outstanding work to improve health among indigenous communities but low-cost surveillance systems and evaluation methods lend credibility to demands for scaling up. Finally, scaling up interventions is often not – and need not be – a linear process: change happens in many ways, and so efforts to scale up interventions require long-term commitment and flexibility. Today, combined with increased government efforts to strengthen health services and a national conditional cash transfer scheme to increase the uptake of institutional deliveries (Janani Suraksha Yojana), women's groups from Jharkhand and Odisha are paving the way to a better future for Adivasi mothers and their newborn babies. ■

## Endnotes

1. F. Gonzales, E. Arteaga and L. Howard-Graham, 'Scaling up the Warmi project: lessons learned', Save the Children Federation, retrieved July 2013, <http://www.eldis.org/vfile/upload/1/document/0708/DOC15246.pdf>
2. S. Rath et al., 'Explaining the impact of a women's

group led community mobilisation intervention on maternal and newborn health outcomes: the Ekjut trial process evaluation', BMC International Health and Human Rights 2010, retrieved July 2013, <http://www.biomedcentral.com/1472-698X/10/25>

peace-building has been stalled, which does not augur well for a country that has been out of conflict for a relatively short period. Furthermore, the continuum between the old Constituent Assembly and the new process is unclear, leaving in doubt the impact of the groundwork done by minority and indigenous members of the former Constituent Assembly and civil society groups on minority rights promotion and protection.

A further pressing issue is lack of accountability. While in August the Council of Ministers proposed a Commission of Inquiry on Disappeared Persons, Truth and Reconciliation, the Commission was reportedly granted powers to recommend amnesties but not prosecutions. The situation was exacerbated by a number of high-profile appointments of persons alleged to have committed serious human rights violations. Amnesty International noted that this climate of impunity was a particular problem in the Terai region, where it reported abuses by the security forces, police and armed groups. Fear of reprisals prevented victims from coming forward.

Human rights protection in the country was further affected when, in March 2012, the Office of the High Commissioner for Human Rights (OHCHR) field presence was formally shut down after the Nepali government refused to extend its mandate. They also refused to allow an OHCHR staff member to be housed in the country's UNDP office. This removal of the UN human rights office has left a vacuum in international human rights monitoring and reporting.

Caste-based, ethnic and religious discrimination continued to be reported. In October, Bhim Bahadur, a Dalit from Dailekh district, sustained severe injuries after having been attacked for touching the front door of a house belonging to a person of a dominant caste. Dalits experienced restrictions on their religious freedom; Hindu priests and villagers prevented Dalits from entering temple precincts and participating in Hindu festivals. Christian groups reported receiving threats from Hindu extremists; these were usually linked to extortion.

The rights of Tibetan exiles and Nepalis of Tibetan origin continued to be curtailed, particularly with regard to public assembly and

celebrations of Tibetan holidays. In March, for example, the authorities arrested 100 Tibetans who were protesting to mark the 53rd anniversary of the Tibetan uprising. These restrictions appear to have been imposed at the behest of the Chinese government.

## Health

Although Nepal's 2012 demographic health survey did not provide data about inequalities across caste or ethnic groups, previous population surveys have indicated serious disparities between the health of minority populations and that of the population at large.<sup>5</sup> The life expectancy of a Hill Brahmin was 68 years, while for a Hill Dalit it was only 61 in 2009, according to UNDP. In 2001, UNDP found that upper-caste Brahmins and Newars live, on average, between 11 and 12 years longer than Dalits and Muslims.

Disadvantaged minority groups face difficulty in accessing health services in Nepal, due to geographical remoteness, social stigma, or refugee status. Marginalized groups, including Dalits and indigenous Janajatis, face barriers to accessing family planning services due to their illiteracy (which may prevent them filling in required forms), poverty (which may prevent them from paying for services), or their low social status (as a result of discrimination on the part of health workers). The very distribution of health workers is, in the first place, highly unequal across regions.

A number of factors that contribute to health outcomes, such as sanitation, nutrition and access to health care, are marked by significant disparities between rural and urban populations that recent Nepalese surveys have captured. These factors disproportionately affect ethnic minorities, who make up a higher portion of the population of Nepal's rural regions.

A number of sources suggest that insecure access to food and water is especially pronounced for indigenous groups, especially in mountainous regions, as well as for Dalits in Nepal. As a result, disadvantaged minority groups are more vulnerable to disease and malnutrition.

Maternal mortality for Muslims, Terai Madhesi and Dalit groups is higher than for other social groups. These rates are linked to the

comparative lack of access to pre- and post-natal care for marginalized groups.

The latest figures from Nepal's Demographic Health Survey, in showing sharp disparities in child mortality between the far-western and eastern regions, strongly suggest that these trends have continued to create health differences between ethnic groups. Similarly, under-five mortality rates among Dalits are higher than among any other group, and well above the national average (95 out of 1,000 Dalit children do not survive to their fifth birthday, while for Newar children the figure is 43).

Although a 2012 Samata Foundation study in Sapatri district found that health workers do not in general discriminate against low-caste members at the point of service delivery, there is believed to be more widespread discrimination in terms of access to information about health care that Dalits in Nepal have, as well as health workers requiring increased interest rates or fees for services.

Dalits also suffer discrimination in accessing water due to their untouchable status. The AHRC reported in 2012 an instance where the non-Dalit community in Koteli village, Dadeldhura district prevented the water from flowing to Dalit households. The affected villagers, particularly women, have to walk five hours to fetch water – back-breaking work that causes stress as well as physical problems, and takes time away from crop cultivation.

For refugees in Nepal, the situation in terms of accessing health resources remains precarious. One study of Pakistani and Somali refugees noted that, given the lack of attention to or budget for mental health care for the population at large, provision for refugees was negligible. For Tibetan refugees, the Nepali government's recent rejection of a plea to grant them identification papers represents a major obstacle to their ability to secure livelihoods and access essential services.

## **Pakistan**

Pakistan has become one of the deadliest countries in the world for ethnic and religious minorities. In 2012, targeted attacks against the country's minority communities rose significantly, with little or no action taken by the government to protect them. In September

2012, HRW reported that 320 members of the Shi'a community had been killed during the year, noting that this was an escalation of the violence against the minority. Most of the attacks in the largely Sunni country were targeted ones by militant groups such as the banned Lashkar-e Jhangvi. In one of the attacks in August, gunmen ambushed a bus, searched ID cards, singled out Shi'as and shot them dead, HRW said. Violent attacks against Shi'as increased again towards the latter part of the year, as the community marked its major religious festival, Ashura. In the run-up to the event at least 30 people were killed and over a hundred injured in a series of bomb attacks in Rawalpindi and Dera Ismail Khan. Seven children were killed in one attack on 24 November.

Many of the attacks on Shi'as were targeted against ethnic Hazara living in the conflict-affected Baluchistan province. According to media reports over 100 Hazara were killed in Baluchistan in 2012. The Human Rights Commission of Pakistan (HRCP) reported that there were 213 incidents of sectarian-related attacks in 2012, which killed 583 people and injured 853.

Intolerance towards other religious minorities in Pakistan continued to be reported throughout 2012. In August 2012 the AHRC reported on a rise in emigration of Hindus from Pakistan's Sindh Province to India. The AHRC noted that large numbers were fleeing the country due to the increase in incidents of religious intolerance. The exodus was believed to have been prompted by the abduction and forced conversion of a 14-year-old Hindu girl to Islam in Jacobabad, in Sindh. Earlier in the year, in Mirpur Mathelo, a 17-year-old Hindu girl was allegedly abducted, forcibly married and forcibly converted. The AHRC reported that the case was brought before a civil court, where the girl, Rinkle Kumari, was slapped and abused, and, despite her pleas that she wanted to return to her parents, the girl was converted to Islam. Her family was threatened and forced to accept the conversion. Kumari's case was later heard by the Supreme Court, which ruled that the girl should choose. The question raised by human rights defenders and community spokespersons was whether her decision ultimately to remain with her husband

could truly be voluntary. While the facts of the case remained disputed, it drew considerable media and political attention to the situation facing religious minorities in the country.

In September, a young Christian girl, Rimsha Masih, who suffers from a learning disability, was held on remand in an adult prison for blasphemy and accused of damaging parts of the Qur'an. Several weeks later, Rimsha was freed on bail after witnesses had stated that she had been framed. Under Pakistan's oppressive blasphemy laws, bail is normally not permitted; Rimsha's lawyers had pleaded for her release, however, on the basis that the girl was a juvenile. An imam in the area was subsequently arrested for planting burnt pages of the Qur'an in the girl's bag. The case was finally thrown out of court. Rimsha's plight highlighted how the blasphemy laws can be abused by individuals.

Despite increasing national and international condemnation, Pakistan has done nothing to remove these laws. In November, when Pakistan was reviewed by the UN Human Rights Council under its four-year UPR, more than 15 countries raised concerns over the laws and asked for them to be repealed. Several international organizations, including MRG, drew attention to the difficult and threatening conditions under which religious minorities live, having to face killings, abductions, attacks, rape, forced conversion and extortion, many of which are conducted by members of violent religious extremist groups but commonly supported by state agents and enabled by the legal system.

Pakistan's Muslim minority Ahmadiyya community continued to face intolerance throughout the year. In August, the local Ahmadiyya community was prevented from attending religious prayers to mark the Eid-al-Fitr festival in Rawalpindi. In December, masked men desecrated an Ahmadiyya grave site, in Lahore, breaking down and destroying over 100 gravestones. A similar incident had occurred in Faizalabad earlier in the year. No action was taken by the police following these incidents. The Islamist Tehrik-e-Khatme Nabuwat organization had previously pressured the police to remove Islamic inscriptions from the gravestones. Earlier in the year, this group had held a conference in Lahore that had called

for the banning of the Ahmadiyya community in Pakistan. According to the HRCP at least 20 Ahmadis were killed in 2012 because of their religious identity.

Baluchistan, where ethnic Baluchis are fighting for a separate state, has long seen large-scale human rights violations. In August 2012, following a fact-finding mission, the HRCP said the situation had shown little improvement in the past year and serious violations, including enforced disappearances, continued to be reported amid widespread impunity in the province. The HRCP stated in its annual report that 125 mutilated bodies had appeared in the first 10 months of the year; in addition, the HRCP recorded 34 disappearances; while 26 people were traced and released, the remainder are still missing. The HRCP argued that the human rights situation in Baluchistan should be seen more broadly beyond the conflict with the Baluch independence movement, given the increased targeted attacks against Hazara, other Shi'as and other religious minorities in the province.

Violations also continued to be reported from Pakistan's Federally Administered Tribal Areas (FATA), which are also affected by conflict. HRW reported that thousands of people arrested in 2009 in the Swat valley and FATA on suspicion of being involved with the Taliban remain in custody under anti-terrorism laws. This area is particularly affected by internal displacement due to the conflict. In September 2012, aid agencies warned that due to the protracted conflict around 400,000 children displaced because of the conflict were at risk from malnutrition and disease.

## Health

Pakistan is not expected to meet the child mortality target set for 2015. At present, the number of deaths of children under one year of age per 1,000 live births is 75, against the Millennium Development Goals (MDG) target of 40. Attaining high immunization coverage for childhood diseases is an important intervention with regard to reducing child mortality. However, less than half of Pakistan's children are fully immunized. Immunization coverage has actually fallen in all the provinces except Punjab,



with the sharpest decline seen in Baluchistan (19 per cent).

In December 2012, nine health workers vaccinating children against polio were shot and killed in Karachi and Peshawar. Pakistan is one of four countries in the world where new polio cases were still emerging, despite a massive nationwide immunization programme. There were 58 reported cases in 2012, down from 198 cases in 2011. Misinformation about the immunization programme led some Islamists and Muslim preachers in Pakistan to say the polio vaccine is a western plot against Muslims. The killing of the health care volunteers in December was a major setback to the effort to reach full immunization coverage for polio and resulted in the UN calling off the campaign.

Malnutrition contributes to 35 per cent of under-five deaths and more than 40 per cent of children are either moderately or severely stunted; malnutrition rates in two provinces are above emergency levels. The national nutrition survey of 2011 reveals that Sindh is the poorest and most food-deprived province, with 72 per cent of families being food insecure. It is followed by Baluchistan, where 63.5 per cent of families are food insecure.

Pakistan's maternal mortality ratio has declined, from 400 per 100,000 in 2004–5 to 276 per 100,000 in 2006–7, but meeting the MDG target of 140 per 100,000 will require further immense resources and efforts. The maternal mortality ratio in Baluchistan is

shockingly high, at 758 per 100,000 live births.

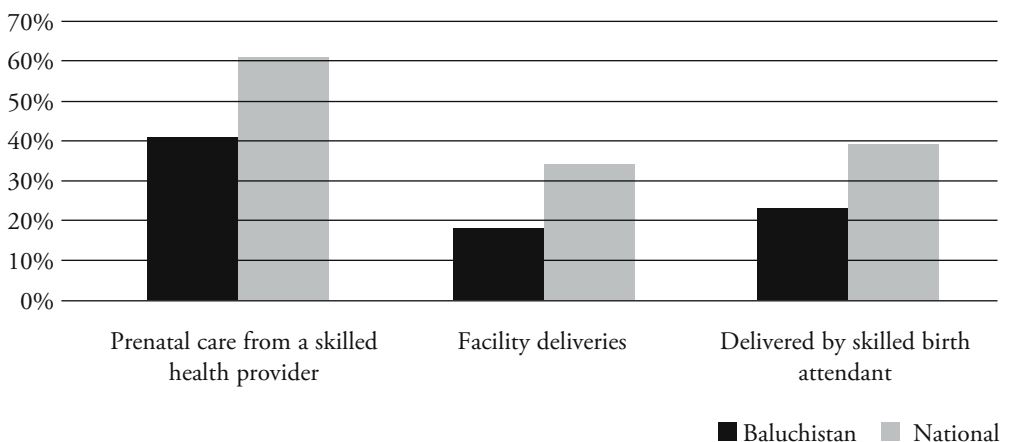
Cultural practices of ethnic minorities living in Baluchistan do not allow women to seek services/information from male health staff. The majority of Basic Health Units in the province are reported to have no female health workers. Almost a quarter of the Basic Health Units do not have personnel to offer family planning counselling or other services; almost 40 per cent do not have a maternity kit; and almost half do not have a labour room. Geographical disparities can be seen across the country, especially between Punjab (with the most personnel and facilities to serve women) and Baluchistan (with the least).

### Sri Lanka

Minority rights remain critically challenged in Sri Lanka as the country's human rights situation deteriorated further in 2012 in a climate of impunity. Serious human rights violations, such as abductions, arbitrary arrest and detention, torture and sexual violence continue to be reported from the country's former conflict areas, which are considered the homeland of the ethnic Tamil minority.

These areas remain heavily militarized; in addition to checkpoints blotting the region, the military also runs businesses, farming and development projects, and controls civil society activity in these areas. There is very limited freedom of expression or assembly in the country's north and east and, while people are allowed to move in and out of the area, they

### Maternal health status in Baluchistan compared with national figures



are heavily monitored. Tamil women in the country's north are especially vulnerable in these situations.

In March 2012, the Regional Director of the Jaffna Hospital, Sinnaiah Savarooopan, reported to the BBC that in the previous two months there were 56 cases of rape and severe violence against women and girl children reported to his hospital. MRG's partner organizations working in northern Sri Lanka say they receive a number of complaints of sexual attacks, violence and abuse, in some cases by the military, but frequently women are afraid to make formal complaints. They also say women are coerced into sex work and/or sexual relationships with military personnel to gain access to resources or services. There are also major development projects taking place in the north and east without consultation with local communities, and there are serious concerns regarding land acquisition and land-grabbing by state agents for development projects. Large sections of minority lands remain under military control with no access for civilians.

In 2012 there were also notable targeted attacks against minority rights activists, human rights defenders and media personnel. Paramalingham Tharsananth, secretary of the students' union of the University of Jaffna, was brutally assaulted by masked men close to a military checkpoint in Jaffna.

The year 2012 also saw a new wave of widespread targeted attacks against minority Muslim places of religious worship and business establishments by extremist Buddhist groups and monks. In April 2012 a mosque was attacked in the north central town of Dambulla, and subsequently the government issued demolition orders for the building. There has been a national campaign against Muslim religious practices, including on 'halal' certification for food. There is evidence of state involvement or at least complicity in the attacks and police inaction during the attacks. Attacks against Christian religious places of worship, particularly Evangelical churches, continued to be reported throughout the year, especially in the south of Sri Lanka.

At the end of 2012 the Sri Lankan parliament began impeachment proceedings against the

country's Chief Justice, Shirani Bandaranayake, on corruption allegations that she denies. Sri Lanka's highest court ruled that the proceedings were illegal, and lawyers and civil society activists took to the streets for days, protesting against the move and warning against interference with the judiciary and breakdown of rule of law. Despite national and international condemnation, the Sri Lankan parliament voted Bandaranayake out and she was sacked from her position by the President in January 2013.

Hardly any effort has been made by the Sri Lankan government on issues of accountability, justice and reconciliation. Over three years since the end of the armed conflict thousands of victims, including families of the disappeared, are awaiting justice in Sri Lanka. Attempts by family members, women especially, to seek justice or simply mourn for their dead have been brutally obstructed by the government. In March 2012 the United Nations Human Rights Council passed a resolution on Sri Lanka, calling on the government to do more to protect human rights and to implement its own Lessons Learnt and Reconciliation Commission (LLRC) report recommendations.

Sri Lanka's national-level performance on health is generally quite good compared to other South Asian states, but minority areas have poorer health outcomes. Available national statistics on Sri Lanka are from 2006, released in 2008 in the Demographic and Health Survey (DHS 2006); they indicated higher levels of child malnutrition in the former conflict areas in the east of the country. The survey was not conducted in the north at the time as the armed conflict was taking place. In the former conflict-affected districts, such as Trincomalee, 28.1 per cent acute and 30.5 per cent chronic malnutrition was recorded among children, which is higher than the national average. These figures are expected to be much higher in the country's north, where access to medical care was limited for nearly three decades.

According to the UNDP 2012 Human Development Report, the four districts with the highest rates of maternal mortality were areas with high levels of minorities. The maternal mortality rate in the northern town of Killinochchi was 102 per 100,000 births as



**Above:** Tamil tea plantation workers, Sri Lanka. *MRG.*

against the national average of 39.3.

Several thousand, including children, also faced permanent physical injuries received during the last stages of the war and have faced varying degrees of trauma and mental illness. Due to the government's position that there were minimal civilian casualties in the conflict, many of these people are not receiving the required medical attention and psychosocial support. NGOs and other organizations providing counselling are strictly monitored by the military, and sometimes attacked on the grounds that they are collecting evidence to support international allegations of war crimes. Following the conflict, many female-headed households are facing high levels of poverty, which is also likely to affect the health conditions of women and children in these areas.

Plantation areas where most Tamils of Indian origin live have some of the worst health

statistics. The health care facilities available to plantation workers are inferior to those available in other sectors. One health facility must serve the inhabitants of multiple plantations, which means the facilities are overextended and lacking in resources. The plantation workers face a variety of risks (mechanical, medical, etc.) as a part of their daily lives. The health care facilities in place do little to help those who have been severely disabled by their working conditions (e.g. back, leg, heart injuries). The increase in the use of pesticides on the plantations has had adverse effects on the workers, including the spread of disease. Despite these dangers, the workers are not offered any additional health care outreach.

Within family planning programmes, maternal and child mortality rates are particularly high. Expecting and new mothers are of low body weight and give birth to underweight and undernourished infants. Mothers lack adequate pre- and post-natal nutrition education.

# South East Asia

Irwin Loy

As the world nears the 2015 deadline to achieve the Millennium Development Goals, events in South East Asia during 2012 underscored the unequal progress that has been made in many countries. In many parts of the region, there are troubling and consistent gaps in health outcomes between the majority and the often marginalized minorities. In eastern Burma, maternal health remains dire for minority women in conflict zones, despite hopeful but tenuous ceasefires. Incidence rates of HIV soar unacceptably high above the national average in Indonesia's Papuan provinces. In the Philippines, a pair of calamitous natural disasters exposed an uneven response to survivors, while maternal and child health indicators in parts of conflict-torn Mindanao have actually worsened. Meanwhile, in Vietnam, researchers say the gap in access to maternal health is widening – and it is largely drawn down ethnic lines. The year's events show that basic rights for minorities are not an inconsequential ideal – they have a direct impact on health and lives.

## Burma

During 2012, Burma continued to re-engage with the international community following years of isolation. The government continued its gradual release of political prisoners, touted tenuous ceasefire agreements with armed ethnic militias and lifted aspects of its once crippling media censorship.

In April, the country held by-elections to fill vacant parliamentary seats. Opposition figure Aung San Suu Kyi ran and won her seat, less than 18 months removed from long-term house arrest. Critics charged that the government was using a by-election – in which its control of power was never in doubt – as a modest show to encourage the lifting of international sanctions. Indeed, the United States and European Union

began to ease sanctions following the vote. Observers such as the Alternative Asean Network on Burma noted 'widespread irregularities, threats, harassment, vote-buying and censorship'.

In three constituencies of conflict-ravaged Kachin state, authorities postponed the vote altogether. Nevertheless, the international community responded positively to the by-election. Still, the well-being of Burma's diverse and numerous ethnic minority groups is necessarily a measure of the extent of the country's reforms.

Throughout the year there were worrying developments, including anti-Muslim demonstrations and violence, the continued persecution of ethnic minorities in conflict zones, and the marginalization of minority communities in tenuous ceasefire areas. In each case, the instability had detrimental effects on the health of already marginalized populations. In eastern Burma, for example, the maternal mortality rate is triple that of the country as a whole, making this statistically among the most dangerous places in the world to be a pregnant woman. At the same time, drug-resistant malaria is spreading along this eastern border heavily populated by minority groups. It now means that Burma accounts for more than half of all malaria-related deaths in South East Asia, according to *The Lancet* medical journal.<sup>6</sup>

The dire health situation in such areas is exacerbated by long-standing conflicts, which displace and destabilize civilian populations. Fighting continued between the Burma Army and the Kachin Independence Army through the year, following the crumbling of a 17-year ceasefire in 2011. Numerous attempts at peace talks failed to produce an end to the violence. In the meantime, civilians caught in the crossfire continued to suffer. A March report from HRW accused government soldiers of blocking needed humanitarian aid, torching villages and firing on innocent civilians. Rights groups say the conflict has displaced as many as 75,000 civilians. A further 10,000 who attempted to flee to China were denied basic care, including safe water supplies, food, sanitation and health care, HRW reported in June.

Also in June, the Kachin Women's Association Thailand (KWAT) said it had documented



**Above:** Rohingya families living in basic home-made shelters in Rakhine state, Burma. *Mathias Eick EU/ECHO.*

cases in which 43 women or girls were raped or sexually assaulted in the 12 months leading up to June 2012. Burmese soldiers, the report stated, 'have used rape systematically as a weapon of war'. A later report documented the killings or injuries of 26 civilians between September 2012 and February 2013.

In Karen state in eastern Burma, the government touted its ceasefire with the Karen National Union (KNU) and its military wing, the Karen National Liberation Army (KNLA). But a May report by the Karen Human Rights Group (KHRG) detailed abuses post-ceasefire, either at the hands of the Burma Army or the Democratic Karen Buddhist Army (DKBA), a splinter faction of former KNLA fighters. These

included allegations of arbitrary arrest, physical violence and forced labour.

In Shan state, a short-lived ceasefire with the Shan State Army North (SSA-N) broke down in June as the rebel group clashed with the Burma Army. In December, the Shan Women's Action Network (SWAN) said civilians were frustrated by the continuing violence despite a more than year-long peace process.

One of 2012's most worrying developments was the surge in violence between Buddhists and minority Muslims. This was centred in troubled Rakhine state, where tensions between ethnic Rakhine Buddhists and Rohingya Muslims spilled over into bloodshed. Though violence often grew from back-and-forth retaliations, it quickly developed into a humanitarian crisis with tens of thousands of mostly Rohingya Muslims driven from their homes. In May, a Rakhine woman was raped and murdered; the assailants

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**Case study**  
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# Despite the ceasefire, health care woes continue in south-eastern Burma

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In a bustling waiting room, Naw sits on a fold-up chair, her hair caught in the breeze of a whirling fan.

Her arms rest over the bump just beginning to show beneath her clothes. This will be the eleventh time she has been pregnant. However, it is the first time she will actually consult with a health professional during the sensitive prenatal months.

For many like her, the Mae Tao Clinic in the western Thai town of Mae Sot along the Burmese border is the only opportunity to access reliable health care.

‘When I was in the countryside in Burma, there would be only one midwife for the entire village,’ says Naw, who asked that her name not be published. ‘If I wanted to get proper health care, I had to go to a big city and spend money.’

It is a vital issue in south-eastern Burma, which has suffered from years of clashes between Burmese troops and armed ethnic militias fighting for autonomy. That includes decades of fighting over the border in Karen state, where many of the patients who cross the border to reach the clinic live.

The instability means the maternal mortality rate in south-eastern Burma – describing the rate of women who die during pregnancy – is more than three times the national rate, at 740 deaths per 100,000 live births.

Mortality rates for infants and children under the age of five are also

disproportionately high. Naw, who lost four of her children before they were five years old, says she feels safer having a baby here in this clinic. That’s why she pays for transport across the Moei River, which acts as a natural border here between Thailand and Burma, so she can reach the clinic on the Thai side.

Naw says, ‘I’m not young any more. I know I’m old to be having a baby. I should be delivering in a proper health centre.’

The year 2012 began with hopeful news in Naw’s native Karen state: the announcement of a ceasefire between the Burmese government and the Karen National Union (KNU), who have been engaged in one of the longest-running civil wars in the world.

An October survey from The Border Consortium (TBC), an umbrella organization of international groups delivering aid to Burmese refugees in Thailand, estimated that 10,000 people were displaced in south-eastern Burma during 2012. It is still a worrying figure, but far less than the estimated 75,000 a year that had been recorded prior to this.

Even as hostilities cooled during the year, however, the health situation remains perilous. The TBC survey suggested almost three-quarters of people in the south-east’s rural areas do not have access to safe drinking water, while almost half cannot access proper latrines.

While Burma has boosted funding for its health services recently, the national health budget still comprises only 3 per cent of total government expenditure, according to medical journal *The Lancet*.<sup>7</sup> People like Naw have turned to the international community, through the Mae Tao Clinic, which has a target population of about 150,000 people on both sides of the border.

For others, who cannot reach the clinic, the situation is often dire. Groups like the Backpack Health Workers Team, based in Mae Sot, are trying to take health care to those who need it.

For years, the group has sent mobile teams into remote areas to deliver health care. In just the first six months of 2012, health teams dealt with more than 45,000 individual cases.

Mahn Mahn is the group’s director. He says last year’s KNU ceasefire has made travelling in

## Case study continued

the region easier for health workers. But even with a ceasefire, health problems are just as worrying. Preventable illnesses like malaria, diarrhoea and acute respiratory infections are still prevalent in the target area. At the same time, aid workers say the relative calm has sparked a renewed interest in large-scale development projects, particularly in the mining sector. There have been more reports of land confiscation as proponents of these development projects are

**Below: Karen amputee at the Mae Tao Clinic in Thailand, found along the Burmese border.**  
*Brendan Brady.*

eager to take advantage of the relative calm.<sup>8</sup>

Mahn Mahn says, 'There are direct health impacts, but also indirect ones from land confiscation, conflicts between locals and workers.'

Mahn Mahn says he hopes a permanent end to the fighting will see the health situation improve. However, the path ahead remains difficult.

*'We see only the ceasefire, but we don't see the peace process clearly. We need to see what the peace process will be in order for the political situation to stabilize. Without solving the political situation, the ceasefire is not sustainable.'* ■



were reported to have been three Muslim men. A week later, an incensed Rakhine mob attacked a bus and beat to death 10 men perceived to be Muslim. The violence sparked a series of retaliatory attacks. According to official estimates, the attacks left 80 people dead and displaced a further 90,000, mostly Rohingya, by the end of the month.

Aid workers warned of a burgeoning 'humanitarian crisis' for Rohingya Muslims fleeing the violence. Conditions in temporary camps were described as 'alarming', with health experts expressing particular concern over malnutrition rates among displaced Rohingya. The violence saw many Rohingya attempt to flee Burma in boats, only to be turned back by neighbouring Bangladesh, where tens of thousands of displaced Rohingya already live in official and unofficial refugee camps. In a June report based on interviews with fleeing Rohingya, the UK-based Equal Rights Trust charged that the military had not only turned a blind eye to the violence against Rohingya, but that it had actively participated in 'state-sponsored violence' against them:

*'The military became more actively involved in committing acts of violence and other human rights abuses against the Rohingya including killings and mass-scale arrests of Rohingya men and boys in North Rakhine State. This has caused an increased proportion of men and boys to flee the country, resulting in increased incidences of rape of the women left behind, committed by Myanmar security personnel.'*

Violence again erupted in October, leaving more than 100 people dead, according to official estimates. HRW suggested that the death toll could be far higher. While there has been violence on both sides, human rights groups warn that many of the consequent attacks have been focused on Rohingya communities, often with the complicity of a government unwilling or unable to protect them. For example, HRW released satellite images following the October attacks showing whole villages belonging to Muslim families burned to the ground.

The stateless Rohingya are often called 'the

most persecuted people on earth' – refused citizenship by Burma, and unwanted by neighbouring Bangladesh. While the antipathy in Burma has been cultivated by outspoken extremist Buddhist monks, ordinary citizens have also participated in large anti-Rohingya and anti-Muslim gatherings. This was highlighted by an October demonstration in the capital, Yangon, when thousands of monks marched in the streets to protest the Organization of Islamic Cooperation's stated plans to help the Rohingya. Violence between majority Buddhists and minority Muslims flared elsewhere in Meikhtila in central Burma in March 2013. Media and rights groups reported on a massacre of at least 25 Muslims in late March.

The future prospects for long-term peace in Burma's disparate ethnic regions are inextricably tied to the government's renewed push for the development of the country's natural resources. But critics say the push for development in these still sensitive areas has brought with it increased militarization. A November report by the Ta'ang Students and Youth Organization (TSYO) highlighted problems associated with the controversial Shwe Gas Pipeline, which will allow the shipment of oil and gas between China and the Bay of Bengal. Burma has deployed additional military units to guard the pipeline route, amid pressure from armed ethnic militias. The pipeline's construction has led to land confiscation, forced labour and other rights abuses, the report states.

A February 2013 report by the Transnational Institute warns that the sudden development rush sparked by Burma's political changes has actually fuelled ethnic conflict. The authors estimated that 65 per cent of approved foreign direct investment had been injected into three conflict-ridden states alone: Rakhine, Shan and Kachin. The report states:

*'Instability and the lack of effective regulatory mechanisms has provided opportunities for rapacious, large-scale resource extraction, such as mining, hydropower dams and logging, as well as illegal cross-border trading. The impact on local communities has been severe, and the benefits few and far between.'*



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Case study  
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## Continued fighting causes human rights abuses and health concerns in Burma's non-ceasefire areas

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Lway Poe Ngeal is a Palaung woman who left Burma for better education opportunities in neighbouring Thailand. Now, she works with the Palaung Women's Organization, which advocates for the rights of an ethnic minority community concentrated in northern Shan state.

Palaung civilians have become caught up in the violence between the Burma Army and armed ethnic militias, including the Kachin Independence Army (KIA), the Ta-ang National Liberation Army (TNLA) and the Shan State Army-North (SSA-N). Upon returning from her most recent aid mission in early 2013, Poe Ngeal says there are at least 2,000 internally displaced people (IDPs) from Palaung communities living in five basic camps in northern Shan state near Kachin state. Aid has barely trickled in to these camps. Food and water shortages are common and medicine is difficult to obtain.

*'The new IDPs cannot access humanitarian aid. They don't have shelter. They don't have a safe place to stay. They don't have food, water, or medicine too. They don't have anything because they had to run away from their homes suddenly. It is a new life for them. They have to start their lives again.'*

Many men have fled or migrated elsewhere in search of work. That means women are taking on increasing responsibilities and bearing the burden of displacement. For many women in the camps, one of the biggest fears is becoming pregnant again.

*'Some women tell me that they don't want to get*

*pregnant, because they don't know when they will have to go on the run again. They don't want to have to flee while pregnant. So they ask us to give them birth control. We try to give things like birth control pills and condoms, but we don't have enough. They don't know that you have to keep taking the pills and they don't know where to get other medicine. So if we give them enough for one month, they just use it for one month, and that's it. So they will get pregnant again.*

*'One of the women in the camp was heavily pregnant when she had to run away. She suffered a miscarriage on the journey. Pregnant women have to stay in a safe place and not have anything to worry about except to take care of their own health. But she couldn't do that. Then even after she miscarried, she still had to run.'*

Increasingly, some Palaung farmers have had to turn to opium cultivation to survive. The increasing availability of narcotics has sparked an addiction problem. Poe Ngeal has seen the effects in the camps.

*'One of the fathers is a drug user. His wife has to starve because of it. Her husband doesn't care about anything; he just cares about drugs. So when they fled from the fighting, she was pregnant. She gave birth to her baby after arriving in the camp. After, the family didn't have anything to eat. Eventually, her husband took the baby and sold it. He trafficked the baby. It's such a horrible story. We don't know how we can help them. We can only support them with small humanitarian aid, but we can't help everyone.'*

Burma's president, Thein Sein, has received international attention because of the country's recent political reforms. But Poe Ngeal worries that these cautious changes have overshadowed the continuing humanitarian crisis in conflict zones.

*'There are still serious human rights violations in Palaung areas. You see the IDPs running away from their homeland. So how can they survive and live their lives? If the political situation is not stable, they cannot go back to their homeland. They cannot survive. That is very worrying for me.'* ■

## Cambodia

The issue of land rights dominated concerns for indigenous peoples in Cambodia during 2012. An escalation in controversial economic land concessions, or ELCs, continued to exert pressure on marginalized communities throughout the country, especially indigenous groups relying on ancestral and communal lands for their livelihoods. At the same time, the government's overt support of private firms, often run by individuals with close ties to the ruling Cambodian People's Party (CPP), contributed to what local rights group called the 'worst year' on record for activists trying to defend their land.

A study by local rights group Licadho reported that authorities had carved up nearly one-quarter of the country's land mass as ELCs awarded to private interests. Of these, at least 98 concessions, totalling more than 700,000 hectares, affect land that indigenous communities live on or use, according to a September 2012 report from Surya Subedi, the UN Special Rapporteur on the situation of human rights in Cambodia. The government says ELCs are a vital part of its strategy to develop what is a largely rural-based country, but critics say the policy has seen hundreds of thousands of Cambodians threatened by eviction in the last decade. The roots of Cambodia's land problems can be traced back to the Khmer Rouge, who abolished private ownership and monetary currency during their disastrous rule from 1975 to 1979.

The country held nationwide commune elections in June 2012, which were dominated by the ruling CPP. Before this, Prime Minister Hun Sen announced a moratorium on the granting of ELCs, as well as a new land-titling scheme nationwide. But critics say the programme has been too secretive, while others have speculated that it was more likely part of electioneering in the lead-up to the commune elections, or the general elections planned for July 2013.

While Cambodia's land problems have affected a broad cross-section of society, indigenous groups have been particularly impacted by ELCs and the renewed land-titling efforts. The titling scheme is especially of interest to indigenous communities, who have lived for generations on communally run land. But the government titling scheme has favoured individual private

titles rather than communal ones, which has caused division in some communities. By signing on to private titles, some indigenous families have given up the right to traditional land cultivation methods and other cultural traditions on their ancestral lands inside ELCs. The scheme was initially meant to include access to collective communal titles, with the purpose of honouring indigenous groups' traditional ways of living. But the government later decided to delay the granting of collective ownership, according to local media. In early 2013, however, authorities announced a plan to begin mapping the ancestral land belonging to a handful of ethnic Bunong communities seeking collective titles.

An analysis of a proposed agricultural ownership law by Licadho suggests the government intends to encourage communities to abandon traditional shifting methods of cultivation.

While facing pressure on land issues, health statistics for marginalized indigenous communities continue to be cause for concern. For example, births in urban areas of Cambodia are more likely to be attended by a skilled health professional, compared with rural provinces like Monduliri or Ratanakiri, where many indigenous groups reside.

In his report, Subedi, the Special Rapporteur, warned that forced evictions and relocations resulting from land concessions exacerbate an already challenging health situation, in many cases making it harder for indigenous communities to access water, sanitation and basic health services.

Yet divisive resource projects slated for development near indigenous communities seem likely to heighten problems in the near future. Plans for hydropower projects in the Cardamom Mountains could displace roughly 1,000 mostly indigenous people. The Lower Sesan 2, a dam project of Mekong tributaries in northern Cambodia, will also see an estimated 5,000 people resettled.

In April, well-known conservationist Chut Wutty was gunned down while accompanying journalists to a suspected illegal logging site in the Cardamom Mountains. After altering the official explanation of how Wutty died, authorities claimed Wutty was shot and killed by a military

police officer, who was in turn accidentally killed by a private security guard working for a logging company. A provincial court convicted the security guard of causing an accidental death and sentenced him to two years in prison, only to suspend the remaining sentence.

Wutty had become a thorn in the side of the government by shining a spotlight on illegal logging. He also campaigned on behalf of indigenous communities in Prey Lang forest, a lowland evergreen forest in central Cambodia.

Critics saw Wutty's death as a tragic continuation of repeated attempts to intimidate and threaten land rights activists. Throughout the year, activists reported numerous cases where community organizers had been summoned to appear in court to face charges of incitement, or where authorities disrupted rights training sessions. A January 2013 report from the Jesuit Refugee Service focused attention on the under-studied problem of discrimination against Cambodia's Vietnamese minority, which comprises an estimated 5 per cent of the population. Many Vietnamese in Cambodia live in limbo, having been denied the documents required for citizenship, even though many speak the Khmer language and were raised in Cambodia. The report argues that such groups are at risk of statelessness. Being denied basic citizenship rights also makes these already vulnerable groups more susceptible to human trafficking.

Additionally, members of the Khmer Krom minority – ethnic Khmer from southern Vietnam – continued to report difficulties accessing basic services. Though the government's stated policy is to welcome Khmer Krom in Cambodia, advocates for Khmer Krom say they face discrimination in practice.

The Extraordinary Chambers in the Courts of Cambodia, the UN-backed war crimes tribunal set up to try senior leaders of the Khmer Rouge regime, continued its work throughout the year. But it faced increasing questions over the status of future cases and the likelihood of seeing a full trial against its frail and ageing defendants. In March 2013, Ieng Sary, the regime's former foreign minister, died at the age of 87. The court also continues to be dogged by funding shortfalls, which threatened to disrupt proceedings. Despite

its faults, which include serious allegations of political interference, the court's backers see it as a rare symbol of justice following years of impunity for Khmer Rouge perpetrators.

While the court is pursuing crimes committed against the Cambodian people as a whole, the two remaining elderly defendants on trial – the Khmer Rouge regime's chief ideologue, Nuon Chea, and its former head of state, Khieu Samphan – are also charged with genocide specifically against the minority Cham Muslim community and ethnic Vietnamese, who historians believe were both specifically targeted by the regime.

## Indonesia

Indonesia, the world's largest Muslim-majority nation, is also an intensely diverse country whose citizens are drawn from an estimated 300 separate ethnic groups, speaking different languages and practising multiple religious faiths. While the country is often held up as a model of religious tolerance and democracy, alarming instances of intolerance, which sometimes spilled into violence, shows that the reality is far removed from the political platitudes.

There were numerous examples throughout the year. Members of Indonesia's Ahmadiyya community, a Muslim community branded heretics by religious conservatives, continued to face persecution. In April, members of fundamentalist group Islamic Defenders Front (FPI) attacked an Ahmadi mosque in Singaparna, West Java, according to the Asian Human Rights Commission (AHRC), which contends that police did little to stop the damage.

That same month, the AHRC says FPI members forced an Ahmadiyya religious leader on Batam Island to sign an agreement to stop holding religious activities. In July, local media reported that 'an angry mob' attacked and injured three Ahmadi in Bogor. Other Ahmadiyya communities continue to be marginalized. Local media reported that 120 members of the Ahmadiyya community remain displaced in West Nusa Tenggara province, seven years after a mob attacked and burned their homes. They are unable to obtain basic identity cards, preventing them from accessing needed health and education services.

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Case study  
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# In Cambodia's remote Ratanakkiri province, resource exploitation puts pressure on indigenous communities

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Ploy Them is an ethnic Tampuan woman living in Ratanakkiri province in Cambodia's remote north-east.

In 2004, Them says the government awarded a land concession to a firm that quickly opened up a large gem mining operation. Her fellow villagers were allowed to stay, but some of the gem mine infringed on the local community forest. By the time the company left several years later, the water flowing in a nearby stream had become undrinkable. Today it has an oily sheen and villagers are afraid to bathe or wash their clothes in it. A well provided by an NGO broke down. They now rely on a basic well that villagers dug nearby.

*'We don't drink the water any more. We used to wash in the stream, but the water is no good to use now. If the water is not clean, then it's not very good for living. The company was trying to look for gems and they made the water dirty. When people drank the water, they became sick.'*

Ratanakkiri is a hotbed of activity for resource exploitation industries. In recent years, large-scale logging, rubber and agro-business plantations and mining operations have opened up as a result of economic land concessions granted by the government. In

Ratanakkiri alone, authorities have issued land concessions to private firms for at least 157,000 hectares of land where indigenous communities live, according to estimates from a September report by the UN Special Rapporteur on human rights in Cambodia. Naturally, these projects cause conflict with local indigenous communities. For example, in early 2013, multiple indigenous communities complained about at least three separate Vietnamese-run rubber firms, according to local media. Complaints included accusations of the bulldozing of community farmland and filling in a lake vital for food and irrigation. Such firms had been granted controversial economic land concessions in the area. Despite the resource development, the province remains one of the most impoverished in the country. Them worries about the health of her six children, because the nearest clinic is at least 15 km away.

*'If my family gets sick, the nearest clinic is far away from here. This year, my son got very sick. He couldn't eat anything or even swallow. We spent a lot of money to get there. We had to take loans from other people just to pay for the trip. Now my daughter is sick with diarrhoea. I want to take her to the health clinic, but if we don't have money, what can we do? We just stay here and do what we can.'*

Them says that recently a representative from a new company came to the village and showed residents a map of a land concession they planned to develop. Some of the concession overlapped with parts of the community's land. The company has not yet returned, but Them says people in her village are worried about the future.

*'We really don't want to lose the land. If we lose the land, we will surely die. We can't live without land to farm. All the villagers want to stop the company because we can't afford to lose our land.'* ■

A report by Ahmadiyya advocacy group Lajnah Imaillah, submitted to the UN's Committee on the Elimination of Discrimination against Women (CEDAW) in July, outlined health concerns for a group of displaced Ahmadis who had fled violence from their homes in West Nusa Tenggara province. Some children from a group of 170 people living in temporary shelters on Lombok island were suffering from malnutrition, while others had dropped out of school.

Rights groups also called on authorities to stop attacks against minority Shi'a Muslims. In July, a Shi'a cleric from Madura Island was convicted of blasphemy for his religious teachings. An August incident left one Shi'a man dead in the same community after an attack in which a mob also burned down 35 homes belonging to Shi'a families. By the start of 2013, rights groups said local authorities were threatening the families already displaced by the violence with forced eviction.

Persecution against Christians also continued in parts of Indonesia, with groups blocking some congregations from holding religious services. In April, for example, local officials in an area outside Jakarta obstructed 100 members of the Filadelfia Batak Christian Protestant Church from worshipping. In 2009, local authorities stopped the planned construction of a church there, and the congregation has faced continuous opposition.

Overall, the Jakarta-based Setara Institute for Democracy and Peace recorded 264 cases of violations against religious freedoms during 2012 – a figure that has risen steadily over the last six years.

Rights groups say such persecution against religious minorities continues to occur in part because of a weak government response. For example, authorities have encouraged Christian and Shi'a communities to relocate, while court prosecutions against perpetrators of violent attacks are rare.

In July's CEDAW session examining Indonesia, the country's National Commission on Violence Against Women (Komnas Perempuan) warned that acts of intolerance against religious minorities could see an increase in violence against women in particular. Women from religious minorities face additional threats

of rape and sexual intimidation even after the attacks, while those driven into shelters, as with the Ahmadiyya communities in West Nusa Tenggara, have lost their jobs and been prevented from registering their marriages.

In its concluding statement, the committee expressed deep concern about the pressures faced by rural and indigenous women. Women from rural settings were much less likely to be able to give birth in a health facility than their urban counterparts, a worrying problem that directly affects uneven maternal mortality rates, the committee stated.

Overall, Indonesia has made progress in lowering its maternal mortality rate, from a baseline of 390 deaths per 100,000 live births to 228, according to the government's Millennium Development Goals (MDGs) update last year. The goal is to reach 102 deaths per 100,000 live births in 2015. However, the results are uneven across the vast archipelago, with troubling differences between urban areas and the rural villages where many minority and indigenous women live. The discrepancy can be blamed in part on a weaker health system in outlying areas.

Indonesia's often heavy-handed crackdown on the movement for autonomy and self-governance in West Papua continued to have detrimental impacts on indigenous Papuans in the country's easternmost provinces.

In June, police shot and killed independence activist Mako Tabuni, whose death triggered angry demonstrations. Police claim the vice-chairman of the National Committee for West Papua (KNPB) violently resisted arrest, but activists and rights groups dispute this. Also that month, KNPB leader Buchtar Tabuni was arrested after police accused his organization of engaging in violence.

Throughout 2012, activists and rights groups accused police and military of employing intimidation tactics against activists, including arbitrary arrests, shootings and torture. In a June report, the Commission for Missing Persons and Victims of Violence (Kontras) outlined what it said was a drastic increase in reported torture incidents over the past 12 months, predominantly at the hands of police. The rights group said they had recorded 86 allegations of torture – triple the previous total. Roughly 40 per

cent of reported victims were from the Papuan provinces.

The continuing conflict in West Papua is exacerbating what is already a worrying health situation for civilians. According to Indonesia's National AIDS Commission, AIDS prevalence rates are at least 15 times higher than the national average. This suggests a need to step up awareness and education efforts in high-risk areas. At a national level, heightened HIV infection rates are generally found in traditionally high-risk groups. However, in Papua, health professionals say the problem is more widespread across the general population. At the same time, NGOs, including those working in the health sector, say the authorities have made it increasingly difficult to work in the area, which suggests that West Papua's political stability will be an important determinant in changing health outcomes for minority groups.

Cases of land conflict between private companies and indigenous communities continued through the year. Protesters have often found themselves on the receiving end of excessive police force when staging demonstrations. In February 2012 for example, police shot and injured five farmers in Sumatra's Riau province. The AHRC said the farmers were peacefully protesting against a palm plantation firm.

The national government's broad development plans seem likely to be a source of future conflict if not handled carefully. Indonesia's Economic Master Plan (MP3EI) seeks to stimulate growth through a focus on so-called 'economic corridors' – clustering and connecting industrial and special economic zones throughout the country. It is crucial that indigenous groups themselves are included in any such planning that affects their land and livelihoods; failure to do so could instead increase tensions with affected groups.

In May, Indonesia was subject to scrutiny as part of the UN Human Rights Council's UPR process. Member states urged Indonesia to ensure that perpetrators of assaults against religious minorities were brought to justice and to ensure the rights of indigenous peoples. But some rights groups were disappointed by Indonesia's response to the UPR, which included a passage stating that 'given its demographic composition, Indonesia

... does not recognize the application of the indigenous people concept as defined in the UN Declaration on the Rights of Indigenous Peoples in the country'.

## Laos

Laos, a single-party state, nominally allows for freedom of religion, so long as worshippers adhere to one of the state-sanctioned groups within four recognized religions: Bahá'í, Buddhism, Christianity and Islam. Evidence from rights monitors shows authorities continued to harass and repress those who attempted to exercise their rights outside of these parameters, particularly in rural areas.

The US-based Human Rights Watch for Lao Religious Freedom (HRWLRF) highlighted a number of cases throughout the year. In February, for example, HRWLRF says local officials threatened to expel 10 Christian families in northern Laos' Luang Prabang province, unless they renounced their faith. The organization says Lao authorities have cracked down in particular on new Christian converts in Savannakhet province.

A joint 2012 report between the Lao Movement for Human Rights (MLDH) and Paris-based International Federation for Human Rights (FIDH) noted that many Christians in Laos come from already marginalized ethnic minority groups. The report stated, 'Repression against Christians has not diminished and has even intensified in 2012.' The US Commission on International Religious Freedom (USCIRF) listed Laos as a 'watch list' country because of 'serious religious freedom abuses'.

Ethnic diversity in Laos is expansive; officially, the government recognizes 49 separate groups, but there are likely quadruple the number. Rights groups say the Hmong continue to be among the most persecuted, because of Hmong leaders' support of the United States during the Vietnam War. Of particular concern are a group of 4,700 that Thailand forcibly repatriated to Laos in late 2009 – a group that included 158 who had already been granted refugee status before their deportations. Other than a tightly controlled visit in 2010, neither rights monitors nor aid workers have been granted access to the camps where the returned Hmong were held. According



**Above:** Hmong boy at a market in Laos. *Chris Stowers/Panos.*

to the MLDH, ‘repatriated Hmong have been victims of imprisonment, re-education and discrimination’.

Unanswered questions also remain about prisoners detained in Vientiane’s Somsanga drug detention centre – ostensibly a facility for treating drug addiction that critics say is more of a prison for undesirables. HRW researchers say there is evidence that Hmong have been detained there.

Landmines or other unexploded ordnance (UXO) still kill or injure about 100 people each year in Laos, one of the most heavily bombed countries on earth. The government itself acknowledges that assistance to landmine and UXO survivors is ‘still inadequate’. As the International Campaign to Ban Landmines notes, ‘Most survivors come from the poorer remote areas, belong to ethnic minorities, and are disproportionately disadvantaged by the existing limitations in the provision of service.’

This is representative of Laos’s overall struggle to bring adequate health care to remote communities, where many minority groups live. A World Health Organization (WHO) profile of the health sector noted that the government claims 93 per cent of the population lives within an average walk of 90 minutes to the closest health facility, but there are ‘major differences’ in accessibility compounded by ethnicity and gender.

A separate WHO/Ministry of Health report on the mental health system noted a large gap in the distribution of health professionals between urban and rural settings. All the country’s psychiatric treatment centres are located in the capital, Vientiane, rendering it highly prohibitive for ethnic minorities living in the highlands to access them. The report concluded, ‘Inequity of access to mental health services for other minority users ... is a major issue in the country.’

A study published in the *Asia-Pacific Journal of Public Health* in November examined health inequalities in the country. The authors found

highland Mon-Khmer minorities reported 'significantly worse health, even after making adjustments for their living in inaccessible areas'.<sup>9</sup> While the government is attempting to reduce the geographic inequalities in the health system, the results have been slow in some cases. For example, a July news report from Inter Press Service (IPS) showed that many rural minorities were unaware of a new mobile midwife programme – a year after health authorities had launched it.

Land issues in the country continued to place pressure on minority communities. In a January report submitted to the UN Committee on the Elimination of Racial Discrimination (CERD), the Unrepresented Nations and Peoples Organization (UNPO) warned that land concessions for rubber plantations were stripping Hmong people of their land with inadequate compensation.

During 2012, Laos broke ground on its controversial Xayaburi hydropower dam. The 1,285 megawatt dam would be the first project on the mainstream of the Lower Mekong River and have adverse effects for the food supply downstream. About 2,000 people around the area are expected to be displaced – a number that includes many indigenous Lao Theung families. Conservationists say the project, and others planned on the Mekong, could decrease fish supplies and have a major impact on food security in the future.

In December, prominent human rights activist Sombath Somphone went missing. Supporters believe Sombath was abducted. The government has denied involvement, but international rights groups and diplomats have expressed grave concern.

## Malaysia

In Malaysia, controversial new legislation drew broad criticism from rights groups at home and abroad. The Peaceful Assembly Act was passed in late 2011. Critics, including civil society groups and the political opponents of Prime Minister Najib Razak, said the law's 'excessive restrictions' would be used by the government to crack down on public demonstrations, rather than support freedom of assembly rights.

In April, the anti-corruption coalition, Bersih,

staged a large-scale rally in Kuala Lumpur. Organizers claimed up to 300,000 people attended. As in previous Bersih protests, police responded in a harsh manner, arresting hundreds. In June, three UN special rapporteurs issued a statement urging the government to protect activists from harassment, drawing attention to claims of intimidation against Bersih organizer Ambiga Sreenevasan.

During 2012, parliament approved legislation to replace the Internal Security Act, which had been used to harass government critics in previous years. But its replacement, the Security Offences (Special Measures) Act, still allows those suspected of 'security offences' to be detained without trial. The new legislation, Amnesty International stated, 'merely replaces one oppressive regime with another'. In multicultural Malaysia, the issues of ethnicity and religion are never far from the surface. Islam is the majority religion, with significant Buddhist, Christian and Hindu minorities. In June, JAIPP, the Islamic affairs council in Penang, investigated after Christians were accused of proselytizing to Muslims. No evidence was found of this, according to rights group Suara Rakyat Malaysia, or Suaram, but the issue nonetheless highlighted the sensitivities of religious matters in the country. In October, Suaram said parents at SK Pos Bihai, a school for indigenous children in Kelantan state, accused a Muslim teacher of slapping their non-Muslim children because they could not recite an Islamic prayer. Government officials initially denied the claims.

Peninsular Malaysia's diverse indigenous peoples, collectively known as Orang Asli, comprise less than 1 per cent of the overall population, yet face worrying health discrepancies. For example, a report by the Women's Aid Organisation (WAO) examined Malaysia's progress on gender equality. It pointed out that studies show Orang Asli women have a lower life expectancy than men. They also run a greater risk of malnutrition and have high rates of postpartum haemorrhage and puerperal sepsis. As researcher Colin Nicholas of the Center for Orang Asli Concerns has noted, 'With the majority of them living below the poverty line, their narrow margin of survival makes the Orang Asli's health situation precarious.'



Orang Asli communities also find themselves battling over land and development in their often resource-rich areas. Early in the year, 13 Temiar protesters in Kelantan were arrested after they protested against an agricultural project slated for development on their ancestral lands, according to rights organization Aliran Kesedaran Negara. Activists in the area have also warned of the increased threat posed by rubber plantations.

In Borneo's Sarawak, extensive plans for massive hydropower projects are of major concern to indigenous communities. The first such project, the Bakun dam, was responsible for the forced displacement of 10,000 indigenous people before it was finished in 2011. Now, activists are fighting against the next projects in line – the Murum and Baram hydropower dams, which rights groups say could displace more than 20,000 indigenous people altogether.

In October, 450 Orang Ulu villagers – a general name used to describe several tribes on Sarawak – protested against local leaders who they said had pledged support for the Baram project without their consent. In September, villagers at risk of losing their homes blockaded construction of the Murum dam, which was expected to be completed in 2013. A September report from the Forest Peoples Programme noted that the expansion of palm oil plantations in Sarawak is proceeding at a rate of 90,000 hectares each year.

The WAO report also highlighted the abuse of Penan women and girls in Sarawak. The report included allegations of abuse at the hands of timber workers, underscoring the interconnection between resource-exploitation without sufficient local consultation and human rights problems. An April briefing by the Global Health Group said Malaysia should focus its anti-malaria fight in part on Borneo, where indigenous populations remain at high risk. The government has set a goal of eliminating malaria on peninsular Malaysia by 2015; however, the deadline is five years later on Malaysian Borneo. The malaria issue for indigenous peoples in Sarawak and Sabah is indicative of unequal access to vital services. While the usage of ineffective traditional remedies and environmental factors contribute to the problem, indigenous peoples on Malaysian Borneo also lack the same access to health care as

the population as a whole.

Ethnicity remains a hot-button issue in Malaysia, particularly in the lead-up to planned elections in 2013. Analysts say ethnic Chinese voters are becoming increasingly disillusioned with Razak's ruling coalition, with public opinion surveys suggesting an increasing lack of support. This may have ramifications for ethnic minorities in general, should the coalition decide to shore up its support by instead focusing on policies popular with majority ethnic Malays. Already in 2012, minority politicians complained of veiled threats of violence.

Meanwhile, China continued to show that it had the ability to export its domestic agenda to neighbouring countries in its pursuit of minority Uighurs. Radio Free Asia (RFA) reported that 11 Uighurs whom Malaysia previously repatriated to China had been sentenced to prison terms in China on charges of 'separatism'. At the end of the year, Malaysia again bowed to China's wishes, forcibly returning six Uighurs with pending asylum claims. HRW called it 'a grave violation of international law'.

## **The Philippines**

The year 2012 in the Philippines was bookended by a pair of natural disasters that shone a spotlight on the hardships faced by minority and indigenous groups – already marginalized populations that suffered from an uneven disaster response in the aftermath of the damage. Tropical Storm Washi, known as Sendong in the Philippines, slammed into Mindanao in mid-December 2011 before touching down in Palawan. Both areas have a significant population of minorities or indigenous peoples. The storm killed more than 1,200 people and left 300,000 homeless – one of the Philippines' worst natural disasters in years. In February 2012, more than a month after the storm hit, UNICEF reported an alarming rise in child malnutrition rates attributable to the storm's effects.

One year later, a report on Sendong's effects by the Internal Displacement Monitoring Centre (IDMC) warned of an uneven response to survivors in places like Northern Mindanao's Cagayan de Oro. Some respondents told researchers that authorities had classified them as migrants rather than Sendong survivors,

preventing them from accessing aid. The January 2013 report stated, 'Evidence suggests that Sendong survivors in Cagayan de Oro have not received equal treatment on the basis of their political opinion or ethnic or social origins.' In surveys of affected areas, there were anecdotal reports of gender-based violence and coerced prostitution at relocation sites. This suggests an urgent need to study and address this issue as part of future planning for disaster response.

In December 2012, Typhoon Bopha, known as Pablo in the Philippines, struck Mindanao, killing more than 1,100 people and displacing hundreds of thousands. Again, medical experts raised concerns of lingering health impacts, particularly in areas where the storm had destroyed local health clinics and severely damaged larger hospitals.

However, disaster response experts applauded the government in February 2013 for introducing the Act Protecting the Rights of Internally Displaced Persons. The IDMC called it 'the first of its kind in Asia', particularly for highlighting the rights of indigenous peoples and women.

While this may be a positive development, throughout the year alarming acts of violence against indigenous people, often land rights activists and their supporters, continued to tarnish the Philippines' human rights record. In March, Lumad leader Jimmy Liguyon was shot to death, allegedly at the hands of a paramilitary group, according to Kalipunan ng mga Katutubong Mamamayan ng Pilipinas (KAMP) – an alliance of indigenous peoples' groups. In July, Willem Geertman, a Dutch missionary who advocated on behalf of indigenous peoples in Central Luzon, was shot dead in front of his office, KAMP stated. In September, the AHRC reported that the son of a tribal leader opposed to local mining operations was shot on his way to school in Zamboanga del Sur in western Mindanao. In October, Gilbert Paborada was shot dead in front of his home in Cagayan de Oro. Paborada led an advocacy organization that opposed plans for a local palm oil plantation.

The reported violence against indigenous activists often went hand in hand with land disputes, primarily over private development projects opposed by local communities in resource-rich areas. For example, KAMP linked

the May shooting death of Margarito Cabal to his opposition to the controversial Pulangi V hydropower dam in Mindanao. Groups like KAMP point the finger at the government of President Benigno Aquino III or its agents. In October, KAMP claimed there had been 30 extra-judicial killings of indigenous activists or their supporters in the 28 months since Aquino had taken office. In a May statement, the UN's Special Rapporteur on the rights of indigenous peoples, James Anaya, urged South East Asian governments, including the Philippines, not to 'sideline' the rights of groups 'who derive their livelihoods, traditions and ways of life directly from their natural environments'. He highlighted the case of the bio-ethanol energy project in Isabella province, which has displaced indigenous farmers.

Sadly, the killings continued even after year's end. In February 2013, Dexter Condez was killed while on his way home from a meeting about land rights: Condez was youth leader and spokesperson for the Atis, an indigenous community living on the island of Boracay, a fast-developing tourist destination. In 2011, the government had granted the Atis a certificate of ancestral land title to a 2.1-hectare waterfront site. This decision has been challenged by property developers, and the Atis remain severely marginalized.

Since coming to power, Aquino has largely staked his legacy on a peaceful resolution to the long-standing conflict in Mindanao. Violence between the Philippine Army and pro-independence groups, most notably the Moro Islamic Liberation Front (MILF), has had severe effects on civilians over the course of a more than four-decade conflict. In its year-end report, human rights watchdog Karapatan said the military continues to falsely accuse some civilians caught in the violence of being 'Muslim terrorists'.

In October the government and MILF reached a deal the Aquino administration touted as a roadmap to peace. The deal sees MILF dropping its demands for outright independence, in favour of an 'autonomous political entity' to be known as Bangsamoro. This represents a hopeful step towards ending the violence in troubled Mindanao. However, much work



remains to be done to ensure a lasting peace in the lead-up to 2016 and beyond, when the framework agreement calls for the election of the Bangsamoro legislature and the formation of a government. A disarmament plan must still be agreed upon and implemented, as must a method of ensuring that the rights of non-Moro minorities are respected. At the same time, not everyone is on the same page. Militant group Abu Sayyaf remains on the sidelines, as does the Bangsamoro Islamic Freedom Movement, a MILF breakaway group that, in August, clashed with the army in the lead-up to the peace accord, causing the temporary displacement of an estimated 60,000 civilians, according to the IDMC. To its credit, the framework agreement includes passages – albeit brief ones – calling on parties to respect the ‘customary rights and traditions’ of the region’s indigenous peoples.

While the peace process is welcome, it does not negate the years of significant suffering by civilians. In February 2012, the World Bank and World Food Program released a general population survey of central Mindanao, which highlighted the far-reaching effects of the conflict.

The report estimated that 40 per cent of families in the survey areas had been displaced by fighting at least once between 2000 and 2010. Compared to Christians in the survey area,

there were four times as many Muslims exposed to unprotected water sources, while Muslims also had to travel double the distance to access health clinics or schools, according to the report. Previous studies have noted that when displaced Muslims seek shelter in Christian communities women often face the bulk of discrimination, as many are easily identifiable if they wear headscarves. At the same time, key health statistics in the Autonomous Region in Muslim Mindanao (ARMM) are troubling. The ARMM has the highest levels of under-five, infant and neonatal mortality of all 17 regions, according to a January 2013 study on health inequality in the Philippines. In Northern Mindanao, under-five and neonatal mortality rates actually increased between 2000 and 2007.

In late December, the Philippines took a major step when President Aquino supported legislation that would make it easier for women to obtain contraceptives and would make sex education mandatory in public schools. The issue was a divisive one in a country where the Catholic Church holds significant influence. However, abortion remains illegal in the Philippines. During the UN’s UPR for the Philippines in May, the Committee on Economic, Social and Cultural Rights (CESCR) urged the government to address the issue of maternal deaths stemming from unsafe abortions by ‘reviewing’

**Left:** Karen people from Burma work in fields in Mae Sot, Thailand. *William Daniels/Panos.*

its legislation on abortions. Sweden urged the Philippines to amend legislation to allow for abortion in cases of rape, incest or when the health of a pregnant woman is threatened.

## Thailand

The unresolved conflict in Thailand's south continued to be a source of instability and human rights abuses throughout 2012. While Thailand is predominantly Buddhist, its southern border provinces are home to a majority Malay Muslim population. A separatist insurgency – and the often-criticized response from Thai security forces – continued to see civilians caught in the middle and even targeted. Since 2004, more than 5,000 people have been killed.

In February, a truck bomb explosion in front of a public health office killed a retired teacher and injured 13 other civilians. One month later, a roadside bomb struck down four soldiers. Also in March, nine people were killed and a further 70 injured after a series of bomb explosions, which authorities blamed on separatists. Insurgents also continued attacks on public sector civilians. This included a December attack in which insurgents allegedly shot dead two ethnic Thai Buddhist teachers. Some insurgent fighters view civilians such as teachers and civil servants as legitimate targets because they are perceived to represent the Thai government. HRW counted 11 separate attacks on schools or teachers in the preceding month and a half before the December killings.

Civilians have also been victims of violence perpetrated by the army. In January, for example, Thai troops killed four people initially identified as insurgents. But the military later admitted the four were not linked to the separatist movement. Critics say the military has targeted innocent Muslim civilians suspected of being insurgents with insufficient evidence. In submissions to the UN CERD, a coalition of advocacy groups based in the south said 80 per cent of arrests made following insurgent attacks were based on false assumptions or accusations from a third party. The coalition – the Alliance for CERD Alternative Report on Racial Discrimination

towards Malayu in Southern Border Provinces of Thailand (ACARM) – claimed that state discrimination against Malay Muslims has 'created an environment of distrust' between authorities and the local affected communities. ACARM highlighted problems for Malay Muslims in accessing health care. These include communication problems for elderly Muslims in public hospitals and the failure of some health care centres to accommodate Muslim customs. ACARM also says Malay Muslim women have been disproportionately affected by the Thai military's response to the conflict, shouldering the responsibilities for providing for their households if male family members are killed or arrested.

Thailand is home to diverse ethnic minority communities, particularly in its northern hill areas. In its CERD submissions, the Coalition on Racial Discrimination Watch (CRDW) highlighted problems of racial discrimination. For example, reports in local media that ethnic minority communities had cut down trees propagated the view that such groups were responsible for the destruction of forest areas. Indigenous peoples in forest areas have become 'scapegoats' for climate change, CRDW argued, citing an Environment Ministry practice that fines forest-dwelling communities like ethnic Karen or Hmong for practising shifting agriculture techniques.

The report noted that there were still more than 100,000 indigenous people who had no access to the public health system. A significant problem is many indigenous people's inability to obtain legal status. NGOs who work with such communities say that applicants suffer from a lack of information on procedure. While the government allows in-process applicants to receive health care, the National Commission on Human Rights of Thailand notes, 'public health services are still elusive for hill peoples who have not yet received status'. In its concluding observations from an August session, the CERD stated:

*'The Committee is concerned about the inadequate access to social welfare and public services by certain ethnic groups because of language barriers and the limited availability of such services where these groups live.'*

Thailand has long been home to tens of thousands of refugees who have fled fighting in eastern Burma. Though Burma has struck fragile ceasefires with some armed ethnic militias, the situation remains volatile. Along Thailand's western border, more than 150,000 people, both registered and unregistered, make their homes in what have become semi-permanent refugee camps. In the past, Thai officials have publicly mused about sending refugees back to Burma as the country opens up.

In a July visit to both countries, the UN High Commissioner for Refugees, António Guterres, said it is imperative that the refugees not be forced to return, particularly while the situation across the border remains uncertain. But life in and out of the refugee camps in Thailand remains tenuous. Refugees staying within the camps are not allowed to work. Those who try to make a living outside the camps are often without status and at risk of deportation. A September report by HRW, meanwhile, said that dwindling funds mean health organizations are struggling to provide adequate assistance in the camps. One French NGO downsized its outreach staff and cut its mental health services by 40 per cent. Camps have also lost skilled refugee health workers and teachers to resettlement, resulting in less experienced replacements and, noted one NGO official, 'a decline in services'. The HRW report states, 'With a reduced support network and fewer coping skills and after so many years with restrictions on movement, proscriptions on the right to work, and dependency on outside aid, many camp residents experience domestic abuse, depression, and other social and mental health problems.'

## Vietnam

Vietnam's Constitution nominally allows for freedom of belief and religion, but only 'lawful religious organizations' are protected by law. Sanctioned religions include Buddhism, Cao Dai, Catholicism, Hoa Hao, Islam and Protestantism. Followers of religious denominations that do not enjoy official status faced particular problems throughout the year.

In June, authorities demolished two Christian churches built by ethnic Hmong in Dien Bien province. One of the churches belonged to an

unregistered church group, the Vietnam Good News Mission, while according to UNPO, the other belonged to the registered Evangelical Church of Vietnam (North). In early January 2013, authorities began tearing down a monastery in Hanoi, according to Asianews.it, a Catholic news website.

In late December, Vietnamese police arrested Le Quoc Quan, a Catholic lawyer who was an outspoken advocate for democracy and freedom of religion. In August, police conducted a mass raid on Degar Christians in Kontum, a highland province. According to the Degar Foundation, more than 30 mostly elderly people were injured when they could not disperse quickly enough. In November, the group reported that police arrested six Degar Christians in a separate raid. Degar refers to the indigenous peoples of the central highlands, who were called Montagnards by the former French colonial administration.

Buddhist orders not sanctioned by the government also faced harassment. In June, police beat a monk from the outlawed Unified Buddhist Church of Vietnam, after arresting him for not wearing a helmet while driving a motorbike, according to RFA. The US Ambassador to Vietnam, David Shear, later met with the leader of the church in an apparent show of support.

But the US's own stance on Vietnam's treatment of religious minorities is mixed. During 2012, the USCIRF once again recommended that Vietnam be designated as a 'country of particular concern' (CPC) by the US State Department – countries that display severe violations of religious rights, which could then be subject to US government sanctions. But Vietnam has not been included on the State Department's final CPC list since 2006. Some observers have attributed this discrepancy to the United States' renewed strategic interests in Asia, which include a warmer relationship with Vietnam.

A controversial new government decree on religion approved in late 2012 may see the situation worsen for religious minorities. Decree 92 include new requirements to obtain legal status, including a provision stipulating that applicants must not previously have 'infringed

on national security'. Such broad wording seems likely to increase the ways in which authorities can crack down on unsanctioned groups.

Meanwhile, freedom of expression continued to be tightly controlled during the year. According to the Committee to Protect Journalists, Vietnam had locked up 14 journalists by December. These included journalists who reported on religious minorities and other sensitive topics.

Land conflicts continued to be a contentious issue through the year. In July, authorities jailed three activists who were outspoken about land issues. Land in Vietnam is owned by the state, which grants usage rights to individuals. For Vietnam's indigenous peoples in particular, uncertainty over land-ownership is a pressing concern.

Vietnam is in the early stages of preparing for REDD – Reduced Emissions from Deforestation and Forest Degradation, the UN-backed initiative that applies financial incentives to preserve forest areas. But with uncertain tenure rights, this has the potential to be a future flashpoint. A 2012 briefing paper by the Asia Indigenous Peoples Pact (AIPP) warned that pilot projects in Vietnam showed that much work remains to be done to ensure that indigenous peoples are properly included in meaningful consultation. A 2012 study by a local NGO, Culture Identity and Resources Use Management, noted a wide gap between rights in Vietnam's forestry laws, and the reality for indigenous peoples on the ground.

As part of its submission to the UN CERD, which reviewed Vietnam in 2012, UNPO warned that land disputes are seeing indigenous communities literally losing ground to Kinh people, who form Vietnam's ethnic majority:

*'Indigenous groups ... report that large tracts of fertile farms and valuable forest lands have been confiscated and reallocated to ethnic Kinh without fair compensation. In many instances, the indigenous families are relocated to areas that lack access to basic infrastructure and services, including schools and healthcare facilities.'*

Health outcomes among ethnic minority and indigenous groups are continually lower than those of the general population. In the Khmer

Krom community – ethnic Khmer who live in southern Vietnam – accessing basic health care can be problematic. In its CERD submission, the Khmers Kampuchea-Krom Federation (KKF) said many Khmer Krom have difficulty accessing government-subsidized health care and are treated as 'second-class citizens' even when they are able to.

In its CERD submission, the Vietnam Committee on Human Rights (VCHR) said the introduction of user fees for health care two decades ago has led to 'alarming disparities' between ethnic minorities and the overall population. These include significant differences in infant mortality and poverty rates. And a WHO bulletin from December 2012 warned of 'increasing ethnic inequity' in maternal health care in Vietnam. While women in Vietnam were more likely than in past years to receive proper antenatal care and give birth in a health facility, ethnic minority women were at greater risk of not receiving such treatment. The WHO stated that:

*'Inequity in maternal health care utilization has increased progressively in Viet Nam, primarily along ethnic lines, and vulnerable groups in the country are at risk of being left behind. Health-care decision-makers should target these groups through affirmative action and culturally sensitive interventions.'*

In its concluding observations on Vietnam, the UN CERD said it is 'deeply concerned at the sizeable socio-economic gap between disadvantaged ethnic minorities and the majority Kinh, even when they live in the same mountain area'. For many marginalized communities in remote locations, this economic gap compounds the inequality in accessing health care. Anand Grover, the UN's Special Rapporteur on the right to health, noted in a July report on Vietnam:

*'The poor and near poor, especially those in rural and mountainous areas predominantly populated by ethnic minorities, are often burdened by additional expenditures on food, travel and accommodation in order to access basic health services. In many instances, these expenditures amount to more than the cost of the health services sought.'*

# East Asia

Emily Hong

## China

Despite China's once-in-a-decade leadership transition, political developments and legal reforms in 2012 failed to signal a departure from long-standing policies towards minorities and indigenous peoples. The lead-up to the transition was marked by a crackdown in which over 130 human rights activists were detained or faced restrictions between September and November. During the week of the National Party Congress, 11 Tibetans set themselves on fire, reflecting a sense of desperation for political change in Tibet.

On 15 November, the Chinese Communist Party unveiled its new leadership, including Party Secretary Xi Jinping and six others, notably excluding two senior reformist members. Unlike the last grouping, the majority of new Politburo members have coastal constituencies, prompting concern that they may have even less reason to tackle ethnic issues in inland China. Xi became the country's president in March 2013.

In a speech following the congress, Xi only mentioned 'ethnic groups' as part of a narrative celebrating the Party's transformation of 'the impoverished and backward Old China into the New China that has become prosperous'. China's leaders continue to emphasize ethnic unity and modernization but have failed to address the grievances of the country's ethnic minorities, who comprise 8.5 per cent of the population.

In May 2012, the dramatic escape of blind disability rights activist Chen Guangcheng brought China's human rights issues to world headlines. Chinese and international NGOs highlighted his case in September when China participated in its first-ever review under the UN Convention on the Rights of Persons with Disabilities, which it adopted in 2008.

The UN Committee on the Rights of Persons with Disabilities criticized the then draft mental health act for violating the free and informed consent of the individual. The new mental health law was passed in October and prompted mixed responses from human rights groups. According

to Chinese Human Rights Defenders (CHRD), the law marks a 'step in the right direction', but fails to close loopholes allowing police and government officials to commit political dissidents to psychiatric institutions against their will. The year 2012 also saw major reforms in China's Criminal Procedure Law, a process that has been ongoing for almost ten years. The Danish Institute for Human Rights argues that the law has created a 'two track criminal system', representing progress in areas of procedural rights and a ban on torture, but only for 'ordinary criminals'. The legislation simultaneously legalizes the detention without charge of those suspected of terrorism, corruption or jeopardizing national security, charges often brought against Tibetan, Uighur and other minority dissidents. However, controversial 'disappearance' clauses (which would have allowed authorities to detain suspects without family notification) were removed due to overwhelming criticism, according to the *Dai Hua* human rights journal.

The government continued to crack down on activists in China's ethnic autonomous regions. The government intensified its crackdown in Tibetan regions after a record number of self-immolations by Tibetans, reflecting a wider trend in heightened surveillance and repression since protests in 2008. Eighty-two Tibetans self-immolated in 2012; self-immolations continued in 2013. The government opened fire on Tibetan protesters in January 2012, and those involved in self-immolation-related protests have received sentences of up to 13 years. In February 2013, repression intensified with authorities detaining 70 'criminal suspects' linked to 'inciting' acts of self-immolation.

Environmental degradation linked to natural resource extraction in Tibet came to the forefront in April 2013, with a deadly mine-related landslide killing 83 in the Gyama Valley near Lhasa. The Gyama mine, along with other major development projects, is part of the government's five-year plan to make Tibet a mining centre and hydropower engine of China.

Amnesty International highlighted the cases of several Uighur political prisoners, including a famous writer who died in prison due to ill health in 2012. Another prisoner remains critically ill with cancer. Amnesty International

also reported on new testimony which shows that hundreds of Uighurs disappeared during the Urumqi riots of 2009, many of whom are still missing. This is part of wider repression in the Xinjiang Uighur Autonomous Region, as indicated by the alarming number of Uighurs on trial for ‘endangering state security’. Uighurs, who account for less than 1 per cent of the population in China, comprise about half of all those on trial for endangering state security, according to *Dai Hua* journal.

In Inner Mongolia the Southern Mongolian Human Rights Information Center celebrated the news that, after years of efforts by activists, the regional government has agreed to consider a proposal to bring in new legislation to promote the use of the Mongolian language in 2013.

In November, local NGOs Green Sina and Green Earth Volunteers found evidence that toxic water from a coal-processing factory was being illicitly dumped in the Tengger desert of Inner Mongolia, contaminating the underground water and endangering herders in the area.

China’s socialist health care system was once lauded by the World Health Organization (WHO) as an example for other developing countries, with ‘Barefoot doctors’ (*chijiao yisheng*) providing basic services to some of the most rural ethnic areas.<sup>10</sup> Market reforms of health care since the 1980s led to widespread public discontent over the lack of affordable health care. In response, the Chinese government launched major health reforms in 2009, with a goal of achieving universal health coverage by 2020. More than 95 per cent of the population is now covered by some public health insurance, but patients still have to pay for at least 60 per cent of out-patient costs and 50 per cent of in-patient costs, according to a 2012 review published in *The Lancet* medical journal.<sup>11</sup> Critics argue that without a focus on structural causes of discrimination, such reforms will have uneven impacts.

China is ‘on track’ towards meeting all of its health-related Millennium Development Goals, but given the lack of data disaggregated for minorities, it is doubtful that national statistics are representative of remote ethnic areas, which often lack basic health infrastructure.

Rural migrant workers living in urban areas,

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**Case study** by *Rinnai Ngadan*  
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## Maternal deaths remain high for China’s ethnic minorities

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**Many minority women in western China do not give birth in hospitals because of poor-quality facilities and culturally insensitive care.**

Despite China’s national progress in the areas of maternal and infant health, rural and ethnic minority regions lag behind. A 2010 UN report tracing China’s progress towards the Millennium Development Goals shows that maternal mortality rates are almost twice as high in western regions, where many ethnic minorities live, than in wealthier eastern provinces.

Since 2000, China has campaigned for all women to give birth in hospitals, in an effort to reduce the number of mother and newborn deaths. And yet such a policy focus ignores two persistent realities that hinder maternal and child health for rural minority women – lower-quality care in rural hospitals and a lack of understanding of traditional birthing practices.

Studies show that ethnic minority women are much less likely to seek health care or give birth in hospitals than the majority Han population. A major study in 2007 investigated the challenges of using maternal health care services for Yi and Mong ethnic minority women in a remote area of south-west China’s Sichuan province.

The study found that accessibility, while clearly a factor given the lack of good roads and transport, was not as important as many presume.

Hospital deliveries are very expensive. The government’s new cooperation insurance



## Case study continued

scheme was introduced in the area in 2006, and although most women have paid their contributions, many do not know how to use the scheme. Furthermore, costs of a hospital birth – including medication, transportation and family accommodation – exceed any reimbursement available through the scheme.

Women are also staying at home because of the poor quality of care in township hospitals, where medical staff cannot perform caesarean sections or keep safe blood supplies.

Lack of understanding of local culture and beliefs among health care staff is another important and neglected barrier. The cultural inappropriateness of birthing practices causes women discomfort and embarrassment; and there is a lack of incentives such as pain relief during labour.<sup>12</sup>

Researchers noted how women said that they

**Below: Yi woman from Yunnan Province, China. *Eric Lafforgue.***

would prefer not to be shaved, to be allowed to walk around during labour and to give birth in a position similar to the traditional semi-sitting position, which was not available as a choice in the hospital.

The focus on western medical approaches to health and childbirth, and the lack of sensitivity to local culture and practices, contributes to the lack of trust and desire for minority women to give birth in a hospital setting. The government also does not support relationships between health staff and experienced traditional midwives.

In spite of China's progress towards health targets, health issues among ethnic minorities continue to be neglected. The government's emphasis on increasing accessibility and improving health infrastructure ignores the much-needed improvement in service quality. Most critically, a bias towards western medicine in hospitals does not give sufficient attention to the potential and role of traditional health practices. ■



including minorities, are denied access to social services and health care under the *hukou* – or household registration system. Most of the estimated 200 million migrants are still registered as rural residents and so are excluded from accessing health insurance, or must pay higher prices for health care they can rarely afford. In December, the government announced it will speed up household registration reform but the details have yet to be revealed.

## Japan

Despite Japan's public narrative of racial and cultural homogeneity, the country is home to several minorities. These include the Burakumin, descendants of outcastes during the Tokugawa period, Ainu and Okinawan indigenous peoples, ethnic Korean and Chinese populations, and its 'newest' minorities *nikkeijin*, Latin Americans of Japanese descent who began to return to Japan in the late 1980s. The year 2012 saw several major events for minority rights and health in Japan – its second UPR by the UN Human Rights Council in October and a visit by the Special Rapporteur on the right to health in November.

In an August 2012 report the Japanese NGO Network for the Elimination of Racial Discrimination documented how legal authorities refused to deal with multiple cases of hate speech against minorities on the basis that there is no legal mechanism or law to prohibit such racial discrimination. The report also documents speeches from a handful of elected officials who have publicly remarked upon Japan's status as 'one nation, one language and one ethnicity' and linked economic success to its status as a country of 'one race'. The anti-discrimination network has pointed to the persistent problem of internet-based hate crimes including so-called 'Buraku Lists', which name town wards populated by descendants of the Burakumin community. One boy who discovered his Buraku origins on the internet committed suicide.

In Japan's UPR in October, several NGOs and UN member states underscored the persistence of direct and indirect discrimination against Japan's minorities. The Network for the Elimination of Racial Discrimination expressed concern that the proposed national human rights institution

would not address discrimination against minorities, and called for the government to adopt an anti-discrimination law.

Following December elections, the Liberal Democratic Party announced it will exclude Korean schools attended by third- or fourth-generation North Korean students from tuition subsidies, citing poor political relations between the two countries. Since then, local governments, including the Tokyo municipal government, have followed suit. Schools for children of migrant workers, such as Brazilian and Peruvian schools, have also not received financial support from the government.

Students of Korean schools have also been the target of hate crimes, a trend that has worsened in recent years. The government has failed to respond to violence against girl students, and so schools have changed the design of noticeably Korean school uniforms to less conspicuous styles.

Japan's minorities also face multiple forms of discrimination with regard to health care. Disadvantaged migrants face multiple barriers to accessing health care, particularly emergency, HIV/AIDS and maternal health care. Migrants and asylum-seekers held in detention centres are particularly at a disadvantage. In a 2012 report, the UN High Commissioner for Refugees (UNHCR) asked the government to consider changing its current policy requiring asylum-seekers to pay for medical care up front and wait for later reimbursement.

A 2012 study published in *BMC Public Health* showed that, despite the universal health insurance policies for legal residents, documented Latin American immigrants disproportionately lack health insurance coverage.<sup>13</sup> A joint report by the Ainu Association of Hokkaido, the Buraku Liberation League Central Women's Division and other NGOs urged the government to provide counsellors who can offer culturally sensitive care for Ainu, Buraku and Korean women who face domestic violence. The minority organizations claimed there is complete failure to ensure the active participation of Buraku, Ainu and Zainichi Korean women in the deliberation, preparation and evaluation of women's policy, including health.

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**Case study** by *Emily Hong*  
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## Japan's Burakumin minority hired to clean up after Fukushima

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### **The nuclear disaster highlights health hazards for the country's marginalized workers.**

In November 2012, Anand Grover, the UN Special Rapporteur for health, made a trip to Japan to investigate the right to health in the context of the triple earthquake, tsunami and nuclear disaster that devastated the country in March 2011. His report highlighted the tremendous health risks for nuclear plant workers exposed to high levels of radiation. At a press conference, the Special Rapporteur said, 'I was distressed to learn that there is a practice of employing a large number of contract workers through a layer of sub-contractors'.

Both Amnesty International Switzerland and an investigative documentary produced by European television network Arte have claimed that many of these temporary workers are from Japan's most excluded minority – the Burakumin.

It is difficult to verify how many of the clean-up workers are Burakumin, but one Burakumin worker, temporarily employed at a nuclear plant in Hamaoka, speaks about his recruitment in the Arte documentary. 'The Burakumin, the Japanese Untouchables,' Yoshito Fujita says, 'when I

arrived, I saw that there were many homeless people, like me, working. I realized then that this company recruits in the poorest areas.'

Kazuyuki Iwasa, the first Japanese worker to sue the government for radiation-related illness, 40 years ago – was a Burakumin. Photographer Kenji Higuchi, whose work documents the exploitation of nuclear plant workers, has highlighted Iwasa's case, which was rejected by the government. In a speech on the Fukushima 50, he spoke of Iwasa's tragic case and untimely death: 'Of course his origin had something to do with his job. In our social structure a discrimination creates another discrimination.'

The term 'Burakumin' refers not to a distinct ethnic group but to people living in *Buraku*, areas where many but not all residents are descendants of the outcastes of feudal society during the Edo period. They were given work, such as leatherwork and butchery, considered 'tainted' according to Buddhist and Shinto beliefs. Despite the formal abolition of the caste system in 1871 and special government measures in the 1970s to prevent third parties from searching Buraku ancestry, the Burakumin – who number between 1 and 3 million – remain one of the most excluded and disadvantaged communities in Japan.

Discriminatory attitudes towards Buraku remain deeply ingrained in Japanese society. According to the Buraku Liberation League (BLL), between 10 and 50 per cent of people surveyed in several prefectures do not want relatives to marry a person of Buraku origin and do not want to live in a school district which includes a Buraku area.

The BLL's survey of 12,000 Burakumin women has shown the continued effects of such discrimination on employment opportunities.

## Mongolia

Mongolia is one of Asia's fastest-growing economies, but the gaps between urban and rural populations, particularly among ethnic minorities and nomadic communities, continue to grow. A new governing coalition led by the Democratic Party took power in July 2012, replacing the Mongolian People's Party, which has historically

dominated politics in Mongolia. After the elections, Amnesty International called for new legislation to combat discrimination against minorities and marginalized groups, particularly non-Mongolian nationals, who are often targets of discrimination.

In a speech at the UN General Assembly in November, Mongolia's UN Permanent

Between 60 and 70 per cent of women surveyed work in irregular precarious jobs, a number 1.5 to 2 times higher than the average. In a 2012 report on minority women in Japan, the BLL claims that 'difficulty for Buraku women in obtaining stable jobs originates in their educational backgrounds, which leave them no choice but to take seasonal or irregular work'. Such structural discrimination leads some Burakumin to take jobs in some of the most 'dirty, dangerous, and difficult' industries, including the nuclear sector.

According to Yuki Tanaka, a Professor at Hiroshima City University, Japan's poor, including many Burakumin, have difficulty buying into the national health insurance programme because of the high premiums.

A further issue is the practice of subcontracting, which causes lack of accountability. The Fukushima plant is no exception. Plant owner and spokesperson for TEPCO, Yoshiaki Hirasawa, denied ultimate responsibility for the health and safety of temporary workers in an interview with Arte. According to Hirasawa: 'We currently employ three hundred people at the site of Fukushima through subcontractors. In the end, we do not know who is involved or what conditions are proposed for the most dangerous tasks.'

The dearth of public information on workers' health and safety in the ongoing clean-up at Fukushima points to a larger problem – the persistence of intersecting forms of discrimination faced by Japan's most marginalized minorities. ■

Representative highlighted human rights as a priority of the National Action Plan for 2012–16, including abolishing the death penalty and minimizing the negative impact of business on human rights.

Natural resource extraction is a hot political issue in Mongolia, as evident in debates surrounding the parliamentary election and

upcoming presidential election in May 2013. Eighty per cent of the country's exports are minerals; the Oyu Tolgoi copper and gold mine, the largest foreign investment project in Mongolia, is expected to contribute one-third of the country's GDP by 2020.

The National Human Rights Commission of Mongolia highlighted the negative impact of mining on the environment, the health of local people, and nomadic culture and traditions in an October 2010 report. The Chief Commissioner said the 'right to health protection is violated during mining exploration, extraction, and processing and transportation activities'. Hospitals in mining-affected counties are unable to provide adequate services to residents and migrant workers, and there are a high number of industrial accidents and occupational diseases among those working at mining sites.

Dukha, Mongolia's smallest ethnic minority, have also felt the impacts of mining and loss of access to natural resources. The 200 remaining reindeer herders in Mongolia's north-west have had to abandon pastures due to deforestation and chemical contamination caused by small-scale gold and jade mining. The ban on Dukhas' traditional hunting methods since 2010 has also affected the nutritional diet of herders. In a 2012 United Nations Environment Programme report, one woman expressed concern that Dukha children are smaller than children born in other parts of the country and that pregnant women do not have access to regular medical care.

In the past few years, UN agencies have focused on projects aimed at benefitting the country's ethnic and linguistic minorities. The UN Education, Science and Culture Organization (UNESCO) is working with the government to establish public television and radio channels in minority languages and community radio projects in minority populated areas of four provinces.

UNESCO has also worked with the WHO to improve health and sanitation in rural Mongolia, including areas populated by ethnic and linguistic minorities, by training health care workers, improving basic water facilities and reducing the spread of infectious diseases in rural county hospitals. The UN Population Fund (UNFPA) has provided 'mobile health care' in remote areas



**Above:** Dukha people in Mongolia. *Hamid Sardar/Corbis.*

in the wake of a *dzud* – severe cold weather – which destroyed the livelihoods of thousands of Mongolian herders in 2010. This has included mental, reproductive and maternal health for women.

## South Korea

In 2012, Jasmine Lee became the first naturalized Korean to win a seat in South Korea's National Assembly. This marked an important step towards Koreans coming to terms with an increasingly ethnically diverse society. However, despite the government support for 'multicultural families', official policies towards immigrants remain pro-assimilation in practice.

In January 2012, immigrants and children of immigrants comprised 2.5 per cent of the population. One out of ten marriages in the country are international and the number of naturalized Koreans is projected to reach 200,000

by 2020. This is in addition to the large number of migrants who come to Korea for work, approximately 550,000 in 2011. Demographic shifts have stimulated public debate on questions around ethnicity and the Korean 'nation', in contrast to the dominant nationalist discourse historically focused on 'one blood' present in textbooks just ten years ago.

The government, despite outward encouragement of 'multiculturalism' – such as sponsoring poster campaigns for the *damunhwa gajeong* (multicultural family) in Seoul's subway stations – has not embraced a multicultural ideal. Government-sponsored 'multicultural family support centres' provide courses on Korean language and culture, prompting criticism that such centres aim to assimilate minorities rather than foster multiculturalism. Public sentiment also remains ambivalent. Xenophobic discourse was ignited in August, when a group of protesters gathered at the immigration office calling for the abolition of multicultural policies.

South Korea's UN UPR in October

2012 highlighted both positive and negative developments with regard to discrimination against minorities. The government noted its efforts to 'ensure that marriage immigrants adjust well to society'. It referred specifically to the Multicultural Family Support Act, which includes provisions for health care and education for 'marriage immigrants'.

Several states urged South Korea to improve treatment of migrants and refugees, and provide children of undocumented migrants with health care. NGOs estimate that 17,000 children of undocumented migrant workers have no access to health care. NGOs expressed concern regarding the new Refugee Act, which will be enforced in July 2013. The Advocates for Public Interest Law have noted a lack of any mechanism to assess the dangers a person could face upon return to his/her country of origin and the Korean Bar Association has criticized the 'accelerated' procedures, which they believe could lead to abuse. In 2010, Korea recognized 11 per cent of asylum applicants compared to a global average of 38 per cent.

In July 2012, a New Zealand woman teaching English in South Korea appealed to the UN CERD when she was forced to take a second HIV test within nine months. The government first introduced mandatory HIV testing for foreign teachers in 2007. An article in the *Journal of Korean Law* has claimed that this constitutes racial discrimination since testing is not required for Korean teachers or ethnic Korean non-citizens. Foreign teachers are the only foreign workers still mandated for HIV testing, since reforms in 2010. ■

## Footnotes

1. Barros, A.J.D. et al., 'Equity in maternal, newborn, and child health interventions in Countdown to 2015: a retrospective review of survey data from 54 countries', *The Lancet*, vol. 379, no. 9822, 2012, pp. 1225–33, retrieved July 2013, [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60113-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60113-5/fulltext)
2. From UNFPA fact sheet on child marriage in Kazakhstan.
3. Singh, L. et al., 'Public health care in Afghanistan: an investigation in suboptimal utilization of facilities', *Health*, vol. 4, no. 10, 2012, pp. 794–801; Rahmani, Z. and Brekke, M., 'Antenatal and obstetric care in Afghanistan – a qualitative study among

health care receivers and health care providers', *BMC Health Services Research*, vol. 13, 2013, p. 166.

4. Thapa, J., 'The other side of the coin: disparities in achievement of health related Millennium Development Goals (MDGs) in Nepal', *Himalayan Journal of Sociology & Anthropology*, vol. 5, 2012, <http://www.nepjol.info/index.php/HJSA/article/viewFile/7040/5690>; Ministry of Health and Population (MOHP) [Nepal], New ERA, and ICF International Inc., *Nepal Demographic and Health Survey 2011*, Kathmandu, Nepal, Ministry of Health and Population, New ERA, and Calverton, MD, ICF International, 2011.
5. 'Socioeconomic inequalities in global and relative self-rated health in Laos: a cross-sectional study of 24 Hood, J., 'Between entitlement and stigmatization: the lessons of HIV/AIDS for China's medical reform', in W. Sun and Y. Guo (eds), *Unequal China*, London, Routledge, 2013, pp. 141–2.
6. 'Early appraisal of China's huge and complex health-care reforms', *The Lancet*, vol. 379, no. 9818, 3 March 2012, pp. 1880–1.
7. 'Burma: health and transition', *The Lancet*, vol. 379, no. 9834, 23 June 2012, p. 2313, retrieved June 2013, [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60998-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60998-2/fulltext)
8. Back Pack Health Worker Team, Provision of Primary Healthcare among the Internally Displaced Persons and Vulnerable Populations of Burma, 2012, retrieved June 2013, <http://www.backpackteam.org/wp-content/uploads/reports/2012%20Mid%20Year%20Report%20final-0409122.pdf>
9. Andersson, M. and Lundin, A., 'Socioeconomic inequalities in global and relative self-rated health in Laos: a cross-sectional study of 24 162 men and women', *Asia-Pacific Journal of Public Health*, 27 November 2012, retrieved June 2013, <http://aph.sagepub.com/content/early/2012/11/22/1010539512466566>
10. Hood, J., 'Between entitlement and stigmatization: the lessons of HIV/AIDS for China's medical reform', in W. Sun and Y. Guo (eds), *Unequal China*, London, Routledge, 2013, pp. 141–2.
11. Yip, W.C., Hsiao, W.C., Chen, W., Hu, S., Ma, J. and Maynard, A., 'Early appraisal of China's huge and complex health-care reforms', *The Lancet*, vol. 379, no. 9818, 3 March 2012, pp. 1880–1.
12. Harris, A., Zhou, Y., Liao, H., Barclay, L., Zeng, W. and Gao, Y., 'Challenges to maternal health care utilization among ethnic minority women in resource-poor region of Sichuan Province China', *Health Policy and Planning*, vol. 25, pp. 311–18, 2010, retrieved June 2013: <http://heapol.oxfordjournals.org/content/25/4/311.full.pdf+html>
13. Pilar Suguimoto, S., Ono-Kihara, M., Feldman, M.D. and Kihara, M., 'Latin American immigrants have limited access to health insurance in Japan: a cross-sectional study', *BMC Public Health*, vol. 12, no. 238, 2012, retrieved June 2013: <http://www.biomedcentral.com/1471-2458/12/238>