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MALADY CAUSED DEATH OF CHILDREN IN BIHAR: HUMAN RIGHTS, ACCOUNTABILITY & RESPONSIBILITY IGNORANCE

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Abstract
Making a commitment to respect the rights of children has profound implications for the status of children in our society. Nowhere, is this more evident than in the field of health care where the decisions and actions of professionals impact on children's lives in profound, intimate, and powerful ways but every year, we are facing several health problems and become the mouth gross of kal (death) especially children due to lack of health facilities and liability ignorance of the state as well as central government of India. Recent time our country is talking about the child rights on world platform but reality is that we are not able to provide the basic health facilities to our children. Few cases are highlighted; moreover, other manages through media and step down for time being. In the political discourse, subjective discussion has been lapsed and only myth of development generally found in every day news papers.

The first United Nation's document specially focused on child rights was the Declaration on the Rights of the Child, but instead of being a legally binding document it was more like a moral guide of conduct for governments. It was not until 1989 that the global community adopted the United Nations Convention on the Rights of the Child, making it the first international legally binding document concerning child rights. The Convention consists of 54 articles covering all four major categories of child rights; Right to life, Right to development, Right to protection, and Right to participation. It comes into force on the 2nd September 1990. India is treaty member country and ratified of this convention of United Nation in 1992.

According to the United Nations Convention on the Rights of the Children- that India ratified in 1992, all children are born with fundamental rights.

1. Right to Survival- to life, health, nutrition, name, nationality;
2. Right to Development- to education, care, leisure, recreation, cultural activities;
3. Right to Protection- from exploitation, abuse, neglect;
4. Right to Participation- to express, information, thought religion

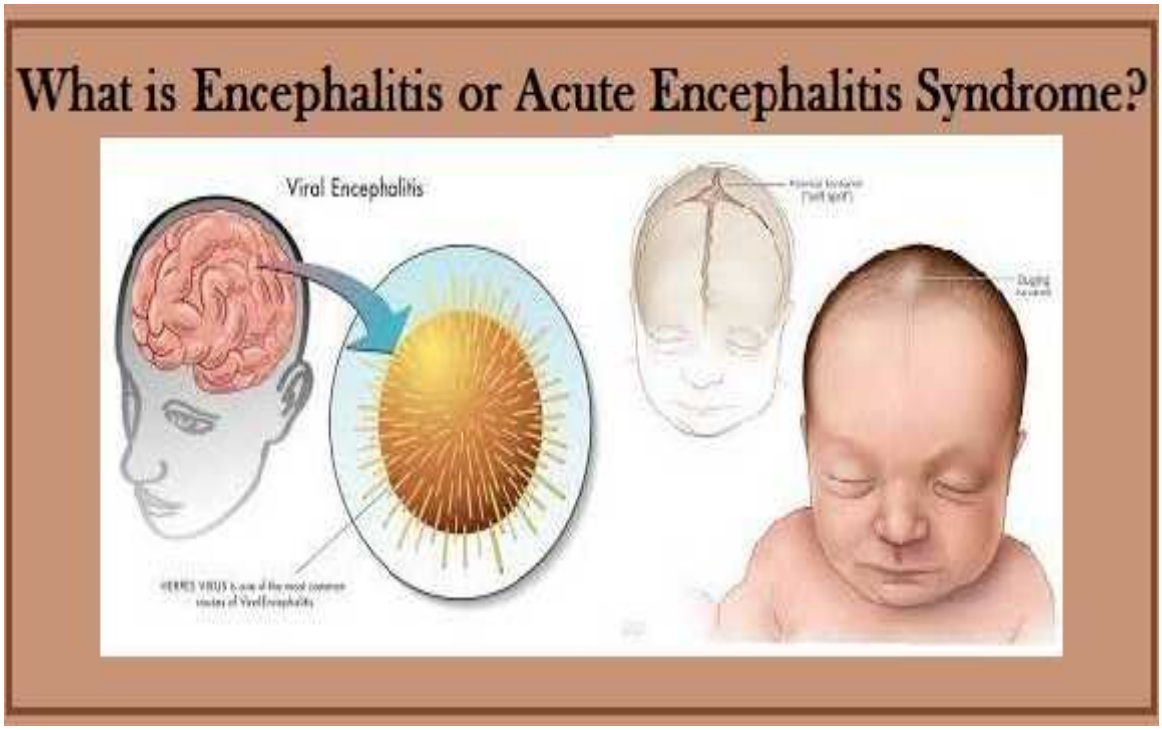
and a right to achieve these dreams. Even though India's children account for more than one-third of its population, their interests have never been given priority. And their rights have been violated every single day.

Article 24 of the Convention stated that 'Every child has the right to access health services and attain the highest degree of health. To do so the state shall reduce the infant mortality rate, ensure medical assistance, provide prenatal and post natal care of mothers and child, combat diseases and malnutrition, create awareness of correct health practices, and development preventive measure to protect children from possible risks. The state shall also abolish all traditional practices detrimental to a child's health.'

Government has a serious concern over the spread of fatal viral infection. It has observed that Encephalitis has claimed lives of a large number of children in India. Encephalitis fever was cause of hundred of children's death in Gorakhpur in 2018. Shocking news comes from Bihar which witnessed more than hundred children's death by Chamki (encephalitis) in May- June 2019.

In Bihar, Acute Encephalitis Syndrom (AES) mostly affects children and young adults central nervous system. It is characterize disorientation, seizure, confusion etc. this is generally called Chamki fever or encephalitis. Around 12 districts of the state in Bihar are under the grip of Chamki fever which includes Muzaffarpur, Vaishali and East Champaran. However, Muzaffarpur has been declared as the worst hit zone in entire Bihar. Most cases of encephalitis happen in children the elderly and people with a weakened immune system from HIV/AIDS, cancer

etc. it is also said that in encephalitis inflammation of the brain is caused by an infection or through the immune system attacking the brain in error.



Encephalitis is also known as Chamki fever, acute viral encephalitis or aseptic encephalitis. It is defined as inflammation in brain which can be swelling or irritatior in the brain. Due to encephalitis more than 300 hundred children died in several parts in the state of Bihar mostly in Muzaffarpur district's surrounding areas. It is a rare but serious disease and most of the casualties occurred are between 1-10 age groups. It has been observed that the cases of this disease mostly occurred during April to June mainly in children who are undernourished and also those have a history of visiting litchi orchards.]

Encephalitis or Acute Encephalitis Syndrome: Causes

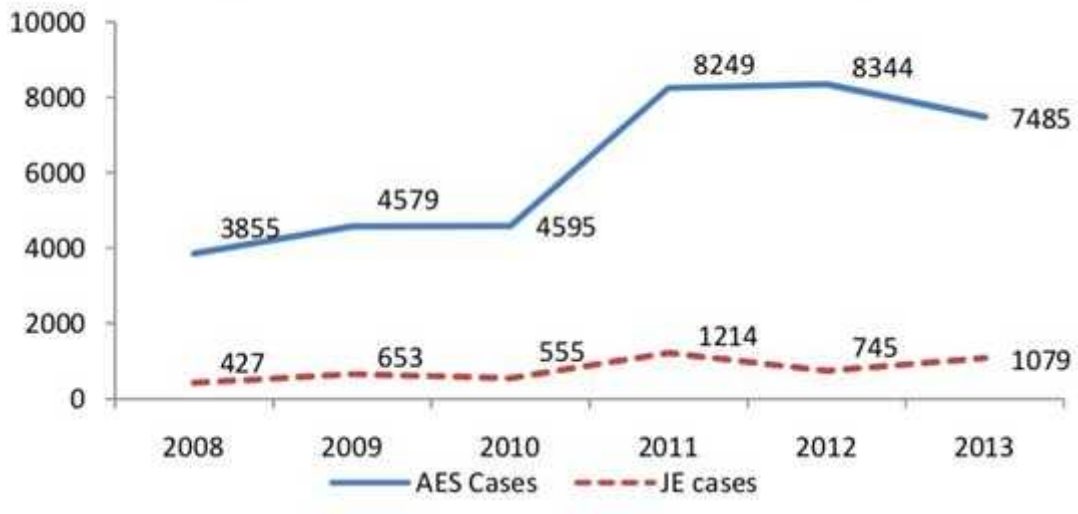
1. The inflammation is caused either by an infection invading the brain or through the immune system attacking the brain;
2. The main causative agents of acute encephalitis are the viruses like herpes viruses, enteroviruses, West Nile, Japanese encephalitis, Eastern equine viruses, tick-borne viruses etc.;
3. Encephalitis is also caused due to bacteria, fungi or parasites, chemicals, toxins and non-infectious agents;
4. Let us tell you that in India, the major cause of acute encephalitis syndrome is due to Japanese virus on the other hand Nipah virus and Zika virus are also found cause of Acute Encephalitis Syndrome disease.
5. During or after infection viral encephalitis may develop with several viral illness like influenza, herpes simplex, measles, mumps, rubella, rabies, chickenpox and arbovirus infection including West Nile virus;
6. Herpes simplex type 1 virus is one of the more common and serious cause of viral encephalitis;
7. Other causes of AES are Chandioura virus, mumps, measles, dengue; parvovirus B4, Epstein-Barr virus S. pneumonia etc. are other cause of AES in sporadic and outbreak form of India.

Graph: Deaths due to suspected Acute Encephalitis Syndrome in Bihar

Source: Sunil Sahi, Medical Superintendent of SKMC Hospital, Muzaffarpur

Between 2008 and 2013, Acute Encephalitic Syndrome cases have recorded an increase in the country, from 38, 55 to 7,485 (graph). As per news reported, last year 10,485 such cases were diagnosed and 632 deaths recorded across 17 states. India's fatality rate in Acute Encephalitis Syndrome is 6 percent, but in the case of children it is as high as 25 percent. Cases of Acute Encephalitis Syndrome are reported throughout the year, but there is an increase in these cases in June, which peak during July and August, and then decline in September-October. This is not the first time children are dying in Bihar due to outbreak of an unknown viral disease, suspected to be AES. In 2011, there were 147 cases and 54 acute encephalitis syndrome related deaths in Muzaffarpur. In 2014, there was a spike in such deaths after witch there was a drop in death toll. This year (2019), cases have spoken again high.

Figure 1.AES/ JE cases from 2008- 2013 in the country



Source:http://ismocd.org/jcd/46_1/2_PkSen(4-11).pdf

Majority of victims of AES in Bihar belong to poor families, children of daily wagers, migrant labourers, or small and marginal farmers. People are angry and losing patience with what they call is an apathetic government. People held protests in cities. According to some studies it is said that in India AES outbreaks in north and eastern India have been linked to children eating unripe litchi fruit on empty stomachs. Toxins hypoglycin A and methylenecyclopropylglycine (MCPG) are present in an unripe fruit which cause vomiting if ingested in large quantities. Hypoglycin A has amino acid which is found in unripened litchi and MCPG is a poisonous compound found in the seeds of litchi that cause sudden drop in blood sugar, vomiting, altered mental states, unconsciousness, coma and death, these toxins cause sudden high fever and seizures and require immediate treatment hospitalization especially in malnourished children.

> "*the suffering children have been admitted for high fever and shivering. With hands twisted by spasms and eves that struggled to focus, many of the victims reached a condition when they could not speak or open eyes. Light, sound and touch brings agony to them. They suffer before death took them away. With their children; their parents have also suffered, fighting a dual battle, against helplessness while seeing their children ravaged by the virus, and medical ignorance and skepticism (Amitabh 2019)"*

Promotion of Children's Right to Health

With hundreds of children dying every year due to encephalitis, malaria, chikungunya, among others, the state and central government would thus serve better by focusing on strengthening preventive measures to tackle diseases and outbreaks.

A report published in Times of India conducted by Niti Aayog, asserted that Kerala is India's healthiest state, UP, Odisha worst. Keral remains at the top of the heap among larger states in terms of various health parameters, followed by Andhra Pradesh and Maharashtra. Uttar Pradesh, Odisha, Bihar are the worst performers according to Niti Aayog's latest health index released on 25.06.2019. Haryana, Rajasthan and Jharkhand top the charts based on incremental performance. The report prepared by Niti Aayog in collaboration with the health ministry and with technical assistance from World Bank, has three categories- larger states, smaller states and Union territories- to ensure comparison among similar entities (Times of India 2019).

Among the smaller states, Mizoram ranked first in overall performance while Tripura and Manipur were the top two states in terms of incremental performance. Sikkim and Arunachal Pradesh registered the biggest decline in overall health index scores. Among the UTs Chandigarh ranked first in overall performance while Dadra and Nagar Haveli improved the most.

If children's interests are to be a primary consideration in the broad provision of health services, then explicit consideration must be given to children in the allocation of budgets, the organization of services, their inclusion in research programmes or indeed, the need to reduce waiting lists at government diktat. The failure to give children adequate priority is evident in the several health related reports. UN report on health 1997 commented that; children are given insufficient priority by policy makers and health service of professional; services are too often based on traditional practice or professional self interest, services are not always provided by appropriately educated and experienced staff, fragmentation between services is common, adolescent health needs are given insufficient priority and lack focus with poorly developed services, guidance on good practice is often not implanted (Health Report 1997).

Recent death of children below 10 years by Chamki fever worse, since the health authorities don't know what causes the disease; nothing can be done to prevent it either. The disease has acquired the magnitude of an epidemic, and has become an annual affair, with poor children being the most vulnerable. But the intervention is limited at post care levels.

National Human Rights Commission of India has taken suo motu cognizance of media reports about the rising number of deaths of children due to acute encephalitis syndrome in Bihar, has issued a notice to the Chief Secretary, Government of Bihar and the Secretary, Union Ministery of Health and Family Welfare calling for a detailed report in the matter, including the status of implementation of National Programme for Prevention and Control of Japanese

Encephalitis Syndrome and other steps taken to deal with the painful situation. The Commission would also like to know about the status of the treatment being provided to the children and response is expected within four weeks (NHRC 2019).

The NHRC has observed that in spite of reported measures taken by the government agencies, deaths of children in such a large number indicate towards possible flaw in proper implementation of the vaccination and awareness programmes. Not only vaccination but all precautionary measures, such as cleanliness and hygiene etc are also required to be taken sincerely to ensure that young kids do not fall prey to the fatal disease. It is a case of violation of human rights of the victim children and their families, as the State appears to have failed to protect the young innocent lives.

Preventive Measure and fixation of Responsibility

United Nation Convention on the Rights of the Child which was ratified by India places a clear obligation on health authorities and practitioners to evolve policy and practice in accordance with the human rights of children. Some other provisions has already implemented as a matter of good practice by some health bodies. What is new is the recognition that children are subjects of rights, that those rights impose obligations on adults to ensure their implementation, and that it is necessary to address the inter-relation between the rights embodied in the Conventions in order to promote respect for children. Its principles and standards provide a holistic framework with which to analyse and develop the care and treatment of children in the health services. Examination of two important principles in the Convention highlights the implications of taking a rights based approach to children.

"Respect for children's rights cannot be perceived as an option, as a question of favour or kindness to children, or as an expression of charity. Children's rights generate obligations and responsibilities that must be honoured. (Pais 1999)"

A significant proportion of the resources of the health service are directed to repairing the damage to children caused by social and economic factors which can only be prevented by decisions and actions well beyond the scope of health professionals. Health professionals have an enormous body of knowledge pertaining to the impact of public policy on children's lives. It is why who treat the devastating physical consequences of poverty and disadvantage- whether it be the consequences of inadequate diet, poor housing and homelessness, access to drugs and alcohol, depressed and inadequate parenting.

It will necessitate better collaboration with partners in education, housing and social services to address the social factors impacting on child health. It means looking at the organization of services, the allocation of budgets, the processes by which decisions are made to assess whether the interest of children have been given proper consideration. One thing more intimated here that the availability of health infrastructure and various health outcomes primarily depends on the level of expenditure on health-care borne by the government as well as private sector. The public expenditure in health is very low in India and the total expenditure (both public and private) stood around 4.1% in 2007 (WHO 2010).

Several governmental initiatives have been undertaken to educate and improve the hygiene of people living in the disease prone endemic zone. Government and non-government organizations have been instrumental in providing proper nutrition to the AES affected population as most of the affected people belong to the lower economic strata of the society.

The ministry of women and child development, Government of India has come up with several schemes deciding the norms of child nutrition. These are:

National Guidelines on Infants and Young Child Feeding- These guidelines emphasize the importance of breast feeding. Breast feeding must commence immediately after birth and continue exclusively for six months before other forms of milk are introduced. Appropriate and adequate complementary feeding must commence there after and breast feeding can continue for up to two years.

National Nutrition Policy- was adopted by the Government of India in 1993 under the aegis of the Department of Women and Child Development. It advocated a multi-sectoral strategy for eradicating malnutrition and achieving optimum nutrition for all. The policy advocates the monitoring the nutrition levels across the country and sensitizing government machinery on the need for good nutrition and prevention of malnutrition. The National Nutrition Policy also includes the Food and Nutrition Board, which develops posters, audio jingles and video spots for disseminating correct facts about breastfeeding and complementary feeding.

The Integrated Child Development Services Scheme- is one of the most comprehensive schemes on child development in the country and perhaps in the world. The Ministry of Women and Child Development has been running the scheme since 1975 in pursuance of the National Policy for Children. It aims at providing services to pre-school children in an integrated manner so as to ensure proper growth and development of children in rural, tribal and slum areas. This centrally sponsored scheme also monitors nutrition of children.

Udish- in Sanskrit means the first rays of the new dawn. It is a nationwide training component of the World Bank assited Women and Child Development Project. Udisha has been cleared with an outlay of about Rs. 600/- crores for five years. UNICEF is also a technical collaborator in the Project. The programme aims to train child care workers across the country. Its scope reaches as far are remote villages.

National Policy for Children- lays down that the State shall provide adequate services towards children, both before and after birth and during the growing stages for their full physical, mental and social development.

National Charter for Children- emphasizes Government of India's commitment to children's rights to survival, health and nutrition, standard of living, play and leisure, early childhood care, education, protection of the girl child, empowering adolescents, equality, life and liberty, name and nationality, freedom of expression, freedom of association and peaceful assembly, the right to a family and the right to be protected from economic exploitation and all forms of abuse.

National Plan of Action for Children- includes goals, objectives, strategies and activities for improving the nutritional status of children, reducing infant mortality rate, increasing enrolment ratio, reducing drop out rates, universalization of primary education and increasing coverage for immunization.

National Immunization Programme (NIP)- is organizational component of Ministries of Health charged with preventing disease, disability and death from vaccine preventable diseases in children and adults. This programme is a government programme under the guideline of WHO that operates within the framework of overall health policy.

Government of India as part of the National Programme for Prevention and Control of Japani Encephalitis follows a multi pronged strategy encompassing preventive (sanitation, safe drinking water, improvement in nutrition etc.) case management (capacity building of medical and para medical staff, referral etc.) and rehabilitation (physical and social rehabilitation of disabled children) measures to address the problems relating to encephalitis.

The Central Government and State of Bihar Government will undertake a special vaccination drive immunizing children in selected districts of Bihar affected by the killer Acute Encephalitis Syndrome in the month of June 2019 but concerns about its effectiveness will still remain as no vaccine has been developed so far to treat the mysterious virus strain causing the deadly AES among children in Bihar, Uttar Pradesh and now spreading even in Assam and West Bengal.

Conclusion

In this preceding section, it made a situational analysis of children in perspective of their health and human rights. However, the provisions are rights are in paper only, proper implementations of rights are rather more important. Rights protecting agencies are equally required like 'rights implementation agency, so that implementation and maintenance of rights are both possible.

Promoting children's active participation is important as a matter of principle- children like adults have a right to services which take account of their concerns, experiences, and views. But it is also valuable as a means of improving quality, raising standards, and ensuring the development of relevant and appropriate services. Directive Principles of State Policy in Indian Constitution's Article 39 empowers the state to direct policies so that the tender age of the children are not abused and childhood are protected against exploitation and moral abandonment. As a follow up of this constitutional commitment and being a party to the UN Declration on the Rights of Child 1959, India adopted a National Policy on Children on 1974. This policy reaffirmed the constitutional provisions and authorized the State to provide adequate service to children through the period of their growth in order to ensure their full physical, mental and social development (Roy 2013).

There are competing calls on public priorities. Children are not the only group in society with unmet needs and rights. However, they are deserving of high priority for principled and instrumental reasons. Investment in children now is probably the most effective strategy for ensuring a stable, human democratic and economically sound society of the future. The challenge rests with those who are committed to respecting children's rights and have the information and power to make a difference. It also to be noted that India was ranked 103 of 119 countries in the Global Hunger Index last year. It spends just over one percent of its national income on health care- one of the lowest in the world.

The pursuit of children's rights allow to policy makers, professionals, to follow a practice of health care which is child centered, respectful, and promotes well being. It makes the relation with our inter-cultural groups more satisfying and ensures that we are considerate of global and national societal needs. The work is best conducted in a team with other health professionals who have similar approaches such as NGOs in their respect for children's rights.

This chapter is concluded with this bright hope that the child right and health of children would put a spotlight on the authority so that the good performing States such as Kerala, Chandigarh feel encouraged for their achievement and poor performers such as Bihar, UP, West Bengal are compelled to rectify their faults and a modern outlook can be adopted in the coming child development plans.

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