

Title of the Case Study

**Social and Economic Implications of
Armed Conflicts on Displaced Migrant Children:
A Case Study of Purkhoo Camp in Jammu City**

By:

**Dr. Falendra K. Sudan
Reader**

**University of Jammu, Jammu
Department of Economics,
Jammu and Kashmir**

Telephone: 191-2437907 (O)

Mobile: 94192-13190

Fax: 191-2450014

E-mail: fksud@yahoo.com; fk_sud@rediffmail.com

Acknowledgements

This study was initiated under the National Child Rights Research Fellowship sponsored by Child Rights and You (CRY) in April 2007 and completed in July 2007. The financial support for the completion of the study under the fellowship from CRY is deeply acknowledged.

The critical comments and suggestions made by the following key experts during the first Enabling Workshop at Mumbai are duly acknowledged and special thanks are due to Dr D.L. Sheth, Senior Fellow and former Director of the Centre for the Study of Developing Societies (CSDS), New Delhi; Mr.S.B. Mallik, Executive Director, BIRSA, Ranchi; Ms. Rajni Bakshi, a writer and journalist, and a CRY trustee, Mumbai; and Ms. Ingrid Srinath, Chief Executive Officer (CEO), CRY, and Senior Fellow, Synergos Institute, Mumbai.

The fruitful discussions and interactions with Mr. Pradeep Narayanan, Ms. Amita Puri, and Ms. Trina Chakrabarti from CRY and Mr. Haroon Mirani, a journalist associated with www.kashmirnewz.com, Srinagar have benefited immensely in completing the study and are deeply acknowledged.

Thanks are also due to Ms. Lakshmi from CRY for providing timely administrative support and to Mr. Gurvinder Singh and Ms. Reena Sharma, Ph. Research Scholars, Department of Economics, University of Jammu, Jammu for assisting in field research and data collection.

Dr. Falendra K. Sudan

Contents

Acknowledgements	1
Contents	2
Executive summary	3
1. Introduction	4
2. Relevance of the study	6
3. Concepts	7
3.1 Children	7
3.2 Armed conflict	8
3.3 Displaced migrant	8
3.4 Social and economic effects of displacement	8
4. Objectives and methodology	9
5. Main findings of the study	10
5.1. Social and economic implications of armed conflicts	11
5.1.1. Demographic characteristics of children	11
5.1.2. Living conditions of children	13
5.1.3. Education and child care	16
5.1.4. Health	17
5.1.5. Medical care	20
5.1.6. Time budgeting	22
5.1.7. Economic activity	23
5.1.8. Camp life	25
5.2. Three case studies	27
5.2.1. Case study of Sandeep Dhar	27
5.2.2. Case study of Priyanka Sehgal	28
5.2.3. Case study of Vimal Ji Pandit	29
5.3. Results of FGDs and in-depth interviews	29
5.3.1. Pre-camp life and camp life	29
5.3.2. Camp vs. non-camp life	33
5.3.3. Marriage pattern and practices	35
5.3.4. Young children's top concerns	36
6. Conclusions	37
7. Recommendations	39
7.1. Child care and protection	39
7.2. Initiate child-focused activities	39
7.3. Community mobilization around children needs	40
7.4. Addressing educational and health needs	40
7.5. Promote vocational and life skills training opportunities	40
8. References	41
Questionnaire	43

Executive summary

The ongoing armed conflict in the Valley of Kashmir has resulted in forced migration of Kashmiri Hindu community in early nineties. At the time of displacement, Kashmiri migrants perceived that migration was temporary and left, with whatever little they could carry. Most of them have lost everything and they had to start from the zero level and they are suffering from various shortcomings in their life. The elderly male members were no longer capable of taking the responsibility of running their homes, as they do not have enough income and employment opportunities after their displacement. On account of sudden displacement, there was no option for them to cope with small living accommodation and livelihood means, which resulted in break down in traditional joint family structure. Government is providing them financial assistance and food relief, which has produced a feeling of dependence and self-pity and tends to lead to anger, frustration, uncertainty and helplessness among male members and sometimes this translates into violence against women in the family.

Majority of children in Purkhoo camp were in the adolescent age group of 15-18 years and they were on the verge of transition from the childhood to adulthood. Displacement inevitably takes its toll on children's education and increases the pressures on the young children to work, possibly at the expense of their schooling and also leads to under-nourishment and malnutrition. There has been reports of shortage of food, prevalence of malnutrition, exposure to sub-nutritional diet and experience of epidemic of nutritional related diseases, which has caused poor physical growth, inability to learn and poor work performance by children. During the time of displacement, numerous distressed marriages took place and the average age at marriage declined very sharply to the low level of 18 years and 21 years respectively for girls and boys, which is also the legal age at marriage in the country for both the sexes. This was done to save the girls from sexual abuse and exploitation from the members of their own community as well as host community. In case of girls, most of the marriages were solemnized inter-caste and inter-community and a large number of them left their studies mid-way.

The life in camp was creating psychological problems for the children and impairing their future mental health and personalities. They were reportedly becoming more and more passive, dependent, mendacious and unquestioning. Most of the displaced migrant children often experience abuse and discrimination on a daily basis and subjected to physical violence, sexual assault, threats and other forms of coercion. The level of living was poor and they perceived that camps are not good for children and no one can pursue a normal life in a camp. The 'care and maintenance' assistance and aid received by them was completely undependable, erratic and inadequate and given the opportunity they would like to move out from the camp as quickly as possible. Most of them were very hopeless of their future career and life and have indicated a need and desire for income generating activities and trade and skill building programmes in addition to literacy. The parents would like training in how to help their children with psychological effects of the conflict and displacement. The programmes to address educational and employment opportunities were much desired by young children and communities.

1. Introduction

Armed conflict devastates people, families, communities, and nations. It not only obliterates the present, but it also mutilates the future. It shatters the lives of the current generation, and the dreams of the next. In the prevalent form of modern armed conflict – intra-state and targeted overwhelmingly at civilians – children are exposed to horrific abuses and violations, and left with severe physical and psychological trauma from which they may never fully recover. Armed conflict impose significant costs upon civilian populations. Populations are often forced to flee their homes and communities. Systematic violence and destruction are used as tools to undermine support for insurgent forces. Communities as well as individuals are often targeted in such a way as to destroy unity and fragment social networks. Households are left without breadwinners, the livelihoods of individuals are threatened and the safety of communities and the human rights of individuals are not preserved. Aside from the physical and emotional trauma of these oppressive and deliberate actions, such events have long lasting effects upon the ability of these communities to recover in the wake of armed conflict (UNHCR, 1997).

Men and women may be differentially affected by armed conflict and differentially exposed to violence, assassination and torture (Cockburn, 1999; Tornqvist, 1998). The prevalence of rape and sexual violence during armed conflict increases the likelihood that survivors of violence have poor reproductive health and are less likely to seek medical assistance (BRIDGE, 1995). After combatant populations, women and children have among the highest incidence of injury and disability as the result of anti-personnel devices. Men and women also face different challenges and opportunities to rebuild their lives, reform households and reinsert themselves into economic and social activity in the post-conflict . Many households are left permanently fractured and are uprooted or forced to flee without resources. A large proportion of these households may be either female-headed or female-maintained (Forbes Martin, 1992; Cohen, 1995). The loss of human, physical and social capital may consign a substantial number of these households to persistent poverty, which may or may not be intergenerational in nature. There may also be consistent gender disparities that are compounded by flight and relocation that also have long-term implications for the ability of individuals and households to exit poverty.

UNICEF (2000) estimated that 540 million children live in countries where there may be armed conflict at any moment, are displaced or made refugees as a result of conflicts that are already raging. Armed conflict is not confined to the South, a disproportionate number of conflicts take place in poor countries - more than half the countries in Africa, for example, are affected by armed conflicts. At the macro level, there are numerous political, social and economic costs over and above the deaths directly resulting from battle. Machel (1996) and Boyden et al. (2001) point to the difficulty in establishing precise links between armed conflict and the impoverishment of children, and the necessity of relying heavily on ‘impression and anecdotal evidence, backed up by such statistics as exist regarding basic health, literacy levels and life expectancy pre-, post- and during conflict’ (Boyden et al., 2001:8).

The primary concern for children in conflict zones is their physical safety. The hazards associated with armed conflict range from being accidentally caught in the crossfire, bombing and shelling and communal massacres, to landmines, which children are particularly vulnerable due to their generally smaller stature and the proximity of vital organs to the body surface. These threats to the physical integrity of the child make it very dangerous for them to remain freely mobile during armed conflict, which may affect their access to schooling and/or employment. In some cases, schools are deliberately targeted in bomb attacks and in forced recruitment drives by military units. The deliberate destruction of transport facilities and infrastructure also deepens the isolation. A general breakdown of law and order often leads to uncontrolled theft and looting, exacerbated by problems of food production arising from the abandonment of land through forced migration, fear of military action or shortage of labour. Poor families are particularly vulnerable, since they can least afford to lose what little they have. Households that are just managing to survive economically may be rendered destitute by the demands of military forces living in their immediate vicinity. Particularly unfortunate are those enduring extortion from both sides - reportedly the case in many villages in Nepal and Kashmir. The poor living in these areas 'fall below the law' in the sense of losing legal protection (Keen, 2000).

The exposure of children to actual armed violence is limited in Jammu and Kashmir, however, the effects in terms of repression, loss of security, income and service access, displacement, harassment, and other such phenomena are considerable. The imposition of security checks, patrols, curfews, restrictions on access to farmlands and other resources, discriminatory employment practices, closure of schools and other facilities, enforced use of identity cards, and so on, are all a critical part of military strategy. Thus, ongoing armed conflict may have an immense impact on the lives of children and their families (Boyden et al., 2001). However, those most affected live mainly in specific, often quite localised, areas. Since these areas are not necessarily the poorest (e.g. Kashmir) nationally, or the affected population is small in national terms, they have not been given priority by the aid community, however, in such areas conflict undermines children's rights in numerous ways. Moreover, claims over the small percentages of a total population involved is misleading and the number of children who experience the effects of armed conflict in Jammu and Kashmir is a significant proportion of all war-affected children globally. Similarly, "the deployment of 350 - 450,000 armed police and soldiers in Jammu and Kashmir makes it the highest concentration of security forces per capita in the world" (Boyden et al., 2002: 14).

Forced migration and internal displacement are a common feature of armed conflict. The social and economic consequences of displacement for families are severe. The vast majority of displaced peoples live from their own devices, often in extreme economic insecurity and constant fear of banishment. They also generally lack any effective voice to advocate for their protection and assistance, nationally and internationally. Only a small proportion of those who are displaced are officially registered and in receipt of humanitarian assistance. Amongst several factors, non-acknowledgement of professional skills, language difficulties, lack of social networks, and deliberate obstruction by local and national authorities hinder the ability of displaced

populations to access regular employment. As a consequence they tend to occupy the most menial and poorly paid jobs, in which the opportunities for collective organisation, self-representation and self-advocacy are few and the dangers of exploitation and abuse great. The concentration of such a population group in an area also affects host communities, swamping health facilities, contributing to the spread of disease and overburdening the labour market. The exodus of large numbers of people from conflict-affected communities has an impact on those who remain. It undermined productive capacity, community networks and structures, causing fragmentation, impoverishment and dispersal. It is detrimental to health and educational services, since many professionals fled (Boyden et al., 2002).

Even the more isolated and apparently localised conflicts have the potential to destabilize fragile national polities. The economic and social effects may also be felt nationally, with special implications for children's wellbeing, which is revealed through the diversion of investment away from the social sector towards military expenditure and discrimination in the job market; revenue foregone due to the decline in tourism and productive investment; and many other such phenomena. Deaths, casualties and emigration need also to be taken into account, as does the productivity lost due to the displacement of hundreds of thousands of people, many of whom would ordinarily be engaged in productive activities in agriculture, fishing, commerce or industry (Arunatilake et. al., 1999). Armed conflict has its greatest socio-economic impact on the poorest communities in the poorest countries, and children and adolescents under age 18 are among the most severely affected in these communities. The impacts on children may be direct and apparent, as in the case of death, wounding, family separation, or dislocation, but they are frequently far less obvious, as with economic impoverishment, hazardous labour, early marriage, or the loss of opportunities for education and health.

2. Rationale of the study

The ongoing armed conflict in the Valley of Kashmir has resulted in forced migration of Kashmiri Hindu community in early nineties. Currently, these Kashmiri migrants are settled in different places in Jammu region and across the country. Living in migrant camps is, therefore, assumed to present minimal risk to children. Nevertheless, even when exposure to actual armed violence is limited, the effects in terms of loss of security, income and service access, displacement, and other such phenomena are considerable. The discriminatory employment practices, limited access to schools and other facilities may have an immense impact on children living in displaced migrant camps and result in a range of rights violations. One issue that merits consideration and empirical research is the potential link between armed conflict and early marriage of girl children. The living conditions in camps may contribute to an increased incidence of early marriage. The circumstances in the camps offer scant opportunity for girls to contribute in any way other than domestically, which rarely requires more than one daughter per household. Additionally, there is a significant threat of rape by locals and other migrants. Those girls who are raped generally find it harder to get a husband due to the social stigma that attaches to them. Thus, by marrying girls off early this danger may be averted. In any event, the conditions of overcrowding, the lack of educational and recreational

opportunities, and the consequent boredom are all believed to be important factors accounting for the noted prevalence of sexual activity amongst unmarried adolescents. Marriage at such an early age can impact very heavily upon the psycho-emotional, educational and physical development of girls. With wedlock generally comes strong family and societal expectations for children and all this implies for intense physical strain and loss of educational and social opportunities.

Displacement inevitably takes its toll on children's education. Most obviously there is the problem of disruption and of loss of access to schools. However, this is not the only challenge. Due to bureaucratic procedures, the displaced children, in particular, are denied access to educational facilities. The most common cause is the lack of a birth certificate (often lost in displacement), which is used by head teachers as an excuse to deny children entry or to prevent them from participating in public examinations and sports competitions. With these limitations in mind it is, nonetheless, possible to make the general observation that conflict appears to marginalise further those who are already vulnerable economically. The most obvious way in which this occurs is through the loss or drastic reduction of capital, income and employment. The impoverishment impacts upon children in a number of ways. It increases the pressures on the young to work, possibly at the expense of their schooling. It also leads to under-nourishment and malnutrition; to the inability of parents to pay for the basic necessities of a school education, such as uniform and writing materials; and to a child's withdrawal from religious, social and cultural events, including temple festivals, for which some offering is necessary.

Jammu and Kashmir is profoundly affected by armed conflict and forced migration, with grave implications for the survival, development and well being of children. Consequently, little is known about how children in displaced migrant camps experience the effects of armed conflict, or what legal and practical means exist to aid and support them. The proposed case study is an attempt in this direction to fill the information gaps. This has serious ramifications for policy and programmatic interventions, since effective measures require a full understanding of both the overall situation with respect to armed political struggles and the specific circumstances of children lives. This will help raise awareness of the true extent and effects of social and economic implications of armed conflict on displaced migrant children living in camps in Jammu city. It is also an attempt in building capacity in child-focused participatory research in displaced migrant communities living in camps.

3. Concepts

3.1. Children

No one definition of 'children' has universal acceptance. The principal international standard for determining who "children" are remains the Convention on the Rights of the Child (CRC), which states in Article 1 that a "child" is "every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier." Thus, this definition acknowledges that national standards may differ. However, the age

of majority in most countries is 18. Children are viewed by their parents, by their peers and by their societies at large in a multitude of ways that do not always follow the criterion of age. In some countries and cultures, childhood may be qualified in relation to such factors as the commencement of work, the end of schooling, the onset of menarche or betrothal and marriage (Boyden and Levison, 2000). Even within the same society, the attainment of 'adulthood' may differ according to social class, as in Bangladesh, where a working child leaves childhood earlier than one that attends school and has no economic responsibilities (Blanchet, 1996). In the present case study, all human beings below the age of 18 years are considered as children.

3.2. Armed conflict

Armed conflict is a difficult and chameleonic term to define. It is assumed to refer to "a struggle, between individuals or collectivities over values or claims to status, power and scarce resources in which the aims of the conflicting parties are to assert their values or claims over those of others" (Goodhand and Hulme, 1999:14). Armed conflict is defined as the use of armed violence to resolve local, national and/or international disputes between individuals and groups that have a political, economic, cultural and/or social origin. It is a mechanism of social transformation that may originate either in competing claims over resources or power or in conflicting cultural or social values, and is often aggravated by low levels of human security. The term 'armed conflict' is preferred to that of 'war' because its usage commonly encompasses a far broader range of circumstances and conditions, from violent political protest or insurgency, to violence enacted by trained and organised military units and to genocide.

3.3. Displaced migrant

Displaced migrant communities emerge, by definition, out of crisis. They are frequently made up of individuals and families that do not share common origins and have no prior connection with each other, who come together more by accident than design. Situations of displacement create particular challenges for the young. For children, displacement invariably has very direct impacts upon their schooling, nutrition and health. It is also likely to disturb the coherence of familiar networks of community, friends and family, which provide a basis of consistency and security for the young (Boyden et al., 2002).

3.4. Social and economic effects of displacement

The 'social and economic effects' of displacement are likely to be severe, with particular pressures for children to engage in some form of labour in support of themselves and their families. In many cases of long-term displacement, children have only ever known camp life, with all of its constraints and difficulties. In many cases, families have been split up and some have been reconstituted, taking in new members, such as orphans or step-parents and siblings. Often displaced families are dispersed, with children taking employment in communities distant from their parents (Boyden et al., 2002).

4. Objectives and Methodology

The objectives of the present case study are:

1. To examine the social and economic implications of armed conflict on displaced migrant children;
2. To understand how children are affected by such adversities and their understandings and experiences of and responses to conflict; and
3. To suggest policy measures to mitigate problems and sufferings of affected children in conflict settings.

The present case study has been conducted in one of the largest displaced Kashmiri Hindu migrants camp in Purkhoo, which is about 13 km southwest of Jammu city in the state of Jammu and Kashmir. This study has been confined to children below the age of 18 years belonging to the displaced migrant families. The sample size has been restricted to 20% of the displaced migrant families and the proportional sampling technique has been used to select the male and female children. Thus, a total of 230 children (160 males and 70 females) have been selected from 1300 displaced migrant families living in the camp for collection of primary data and information related to the phenomenon under study.

The team strategies have been used to collect data and information. The researcher, himself has assumed the role of participant observer/moderator (as the case may be) and has been assisted by two research assistants to collect data and information, to gain access to multiple perspectives. Both the unfocused and focused observation techniques have been used. The unfocused initial observations have been used to become increasingly familiar with the insider's world so as to refine and focus subsequent observation and data collection. All the observations have been recorded on site and misunderstanding, if any, has been corrected thereof. In all the focus-group observations, 10-12 stakeholders have been recruited from different settings. Highly formal interviews have been conducted using structured interview schedules. In-depth interviews have also been conducted to elicit opinion of stakeholders with extensive knowledge of the phenomenon under study. The content analysis technique has been used to analyze the data and information qualitatively and quantitatively (using descriptive statistics). The content analysis technique has been supplemented by use of code and label field notes, sorting, shifting, constructing and reconstructing these materials.

5. Main findings of the study

Kashmir has been a land of armed conflict since 1989, which has disturbed personal, social and political life of the state of Jammu and Kashmir. The murder, loot and inhuman practices like branding with hot iron, lynching, burning alive etc. by insurgents, compelled Kashmiri Hindu families to move out of their motherland, within short span of one week to fortnight (Zutshi, 2003). A large majority of them are settled in various displaced migrant camps in Jammu. For Kashmiri Hindu, forced and displaced migration has led them to geographical areas grossly incomparable to their original habitation in terms of weather conditions and assets available. From lush green cold environment, they

have landed into hot and dry areas, which they find totally uncomfortable. From luxurious open houses, several of them have been forced to reside in one-room dwelling of size 9 x 14 feet, having a verandah (open space on the outer portion of the house). The inhabitants are using more than half of the portion of verandah as kitchen. The common toilet and bathing facilities are available to them within the premises of the camp. The residents possess items such as double beds, television, refrigerator, air cooler, almirah and kitchen appliances and have floor-sitting arrangement. No financial assistance is provided to these displaced migrant families for purchase of such commodities. Raina (1994) revealed that these migrants have been forced to live in camps under economic, social and emotional trauma. Traders could not be compensated; unemployed not provided with jobs, individuals - old as well as young - are trying to cope up with changed environment.

Government is providing relief to those displaced families who have registered themselves as migrants and have no other source of income after migration. Those who were government employees prior to migration were adjusted in their respective departments. The total amount of relief given is for four family members only. If the number of family members is more than four, even then the amount is restricted to Rs. 2400. But in case the number of members is less than four i.e. 3 or 2 the amount is curtailed accordingly, like Rs. 1,200 for family of two members. In terms of ration provided to families, if a family is having a newly born baby then it is provided with an extra quantity of sugar (250 gms per month) for next 4 years. On the economic front, displaced families have been hit hard. According to Ali et al. (2001), when the intensity of militancy increased, they were forced to leave their movable and immovable property. It was so instant that they did not get a chance to dispose these off. The immediate impact of displaced migration was very high increase in number of nuclear families. The traditional joint families were forced to split up due to lack of adequate accommodation. The displaced families lack privacy. The condition was so bad initially that several families were forced to live in tents/single room portioned by sheets of worn out linen cloth. The entire families had to sit, eat and sleep in single room only. Parents, students and teachers, all of them complained about the disarray of education system which created frustration among the young children.

The children in displaced migrant camps are under the influence of terror. They have suffered from physical and psychological disturbances. The education and upbringing has adversely been affected. The number of dropouts has increased. They have suffered from malnutrition and disease. The girls have been forced in early marriage, which affected their education and future development adversely. Many of them are facing cruelty at the hands of surviving relatives in the form of negligence and rejection, which have shattered the feeling of security in them. Very few institutions have come up to take the responsibility of these parentally deprived children. Youth have very clear impression of the process of displacement due to ongoing armed conflict. They have gone through trauma of insurgency and displacement in their early life. With above backdrop, the main findings of the case study on social and economic implications of armed conflicts on displaced migrant children of Purkhoo camp have been presented in the following paragraphs.

5.1 Social and economic implications of armed conflicts

5.1.1. Demographic characteristics of children

The displaced migrants living in Purkhoo camp have come from almost all the districts of Kashmir and before coming to this camp, they were putting in tents at scattered places in Udhampur, Reasi, Ranbir Singh Pura, Gho Manahasa, etc. All the families were from one single community i.e the Kashmiri Hindu except two families each from Muslim and Sikh communities, who were migrated from the Valley of Kashmir in early 1990s and living together very harmoniously in the camp. Kashmiri Hindu were from upper caste, while the members of other community were from other backward caste.

The age and sex of the sample children is given in table 1, which reveals that majority of them were in the adolescent age group of 15-18 and they were on the verge of transition from the childhood to adulthood. A large concentration of children in upper age bracket of the childhood category has its own repercussions on social, economic and psychological needs of the children such as education, health, peer relationships and future career planning, etc., which have been discussed in the subsequent paragraphs. One third of the sample children were girl children and half of them were in the age group of 15-18 years and more than one-third of them were in the age group of 10-15 years. Given the poor level of living and insecurity, the age at marriage is reportedly low as the parents would like to free themselves from this major responsibility at early possible opportunity, keeping in view the idleness, lack of educational facilities, peer relations, and psychosocial problems and threats of sexual violence from the local community as well as displaced migrants.

Table 1: Age and sex of the children

Age (Years)	Male (No.)	Male (%)	Female (No.)	Female (%)	N
< 5	10	6.25	3	4.28	13
5-10	23	14.37	7	10.00	30
10-15	34	21.25	25	35.71	59
15-18	93	58.12	35	50.00	128
N	160	100.00	70	100.00	230

More than one fourth of the children were studying in higher secondary level (10+2) and after completing this level, some of them were planning for college education, and technical and professional education. Most of the girl children were apprehending that they may not be allowed to pursue further education due to poor economic conditions and some of them will be married off at an early age. The small children below the age of 6 were not enrolled in any school, as the parents could not afford to send them to pre-school classes outside the camp, which is very costly affair for them and in this survey such children without any formal education constitute 14.15%. A significantly high proportion of the children were studying in high school. It has been reported that their parents are themselves highly educated and have very high value for educating the children, however, keeping in view the precarious living conditions and future uncertainty, the parents give more emphasis on their early settlement in life, which may or may not be realized.

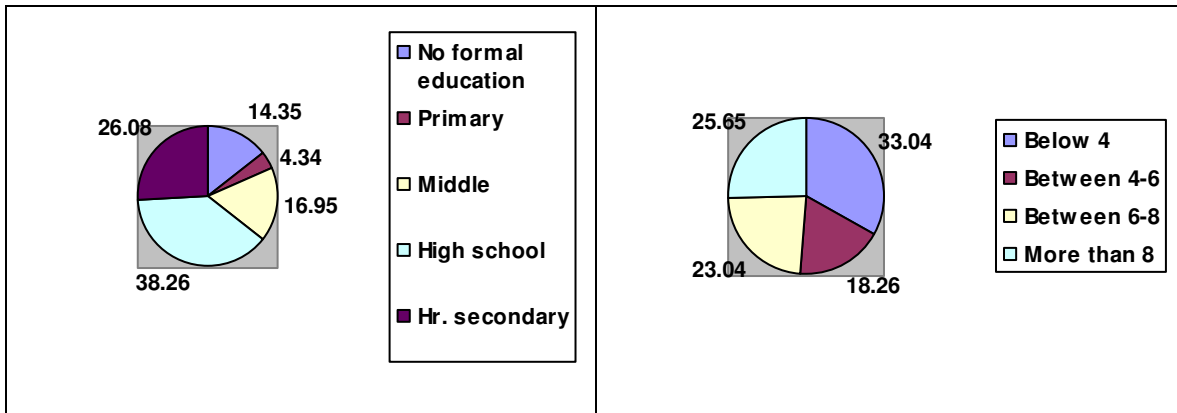


Figure 1: Educational level of the children

Figure 2: Size of family

The family has been recognized as an important unit of society because of the role it plays in generation of human capital resource and the power that is rested in it to influence individual, household and community behaviour (Sriram, 1993). Any change in the ecological and sociological setting, especially of the kind witnessed due to forced migration, is bound to have multiplicity of effects on this important and basic institution. Over the period of displacement, there has been significant decline in the population of Kashmiri Hindu migrants living in camps, which may be attributed to rapid fall in fertility and comparatively high mortality. As a result, the family size of the half of the families was reportedly below 6 persons and one-third of the families has family size below 4 persons and one-fourth of the them have family size of above 8 persons. Most of the families are nuclear, which is due to the fact of changed livelihood circumstances. On account of sudden displacement, there was no option for them to cope with small living accommodation and livelihood means, which resulted in break down in traditional joint family structure, where the family needs and care were taken care of by elderly members of the family, especially the child care responsibilities were vested with the grand parents, which is totally devoid of, to the displaced migrants' children after forced migration.

Table 2: Educational status of parents

Educational level	Father (No.)	Father (%)	Mother (No)	Mother (%)
No formal education	0	0.00	24	10.43
Primary	23	10.00	39	16.96
Middle	34	14.78	37	16.08
High school	57	24.78	69	30.00
Hr. secondary	39	16.96	33	14.34
Bachelors	43	18.70	14	6.08
Masters	24	10.43	7	3.04
Technical	10	4.34	7	3.04
Total	230	100.00	230	100.00

The data on educational status of the parents is given in table 2, which makes it evident that the educational status of the father was comparatively higher than the mother and three-fourth of them have education above high school, and more than one-fourth of them have educational attainment above graduation. However, one-tenth the mother of the sample children have no formal education and more than half of them have education above high school level and more than one-tenth have educational attainment above

graduation. Thus, the educational status of the parents of the selected children was significantly higher.

At the time of displacement, Kashmiri migrants perceived that migration was temporary and left, with whatever little they could carry. The financial condition of most of the families living in Purkhoo camp is grim, which is evident from their asset holdings. However, over the period they were able to rebuild their economic life and possess small household and kitchen appliances. All the families were reportedly having household appliances such as ceiling fan, desert cooler, television, radio/tape recorder etc. and kitchen appliances like kerosene stove, electric cooking stove, gas stove, mixer/grinder, and some necessary utensils. The modern furniture like sofa set and wooden almirah were not found in any of the sample household. The real problem is for those people whose primary occupation was agriculture. Most of them have lost everything and they had to start from the zero level. Majority of the children have shown their displeasure regarding the asset structure in their household as compared to an average household in local community. Thus, they are suffering from various shortcomings in their life.

5.1.2. Living conditions of children

The living conditions of household ultimately affect the socio-cultural patterns and the ideology of beliefs, values and attitudes of a group (Minturn and Lambert, 1964). The roles and relationships of the family members have been challenged in the wake of altered living conditions in displaced migrant camp. The elderly male members were no longer satisfied with the kind of role they were playing in the family. They were no longer capable of taking the responsibility of running their homes, as they do not have enough income and employment opportunities after their displacement. Government is providing them relief and they are dependent on it. This has produced a feeling of dependence and self-pity and tends to lead to anger, frustration, uncertainty and helplessness among male members and sometimes this translates into violence against women in the family. Women are facing double stress. Firstly, it is the stress of migration that she has to bear and secondly, being the weaker sex, she also faces stress in family due to internal tension.

Majority of the sample children were born and brought up in displaced migrant camp. Some of them were just below the age of 1 year at the time of displacement from Kashmir and some of them were born in tented accommodation before coming to Purkhoo camp. Those of the children who were not born in the camp reported that they are in camp, because it was no longer safe for their family to stay in their original homes due to constant fear of insecurity and threat to life from the insurgents. Most of the children were speaking Hindi within and outside the family, whereas their parents mainly speak Kashmiri language while communicating with community elders within and outside the family and they speak in Hindi while communicating with children and young within and outside the family. Some of the children speak very fluently in Dogri (the main language of local Dogra community of Jammu) with local people, whereas they were not using their mother tongue (Kashmiri) within the family. Surprisingly, a significant proportion of the elder male members of the community have also learnt the

Dogri language as a means to survive because they have to communicate with local people very frequently in their daily life. Thus, it is not wrong to infer that due to displacement of the Kashmiri Hindu community, the Kashmiri language is dying among the displaced migrants.

A very high proportion of the children (95.66%) reported that the conditions of their dwelling as damaged (80.86%) and destroyed (14.78%), and the repair and maintenance was virtually nil. In most of the cases, the age of the dwelling was almost the same as that of the children. Since the displaced migrant families in Purkhoo camp lack proper accommodation and other assets, they originally possessed at their native places and have to bear drastic changes in climatic conditions, their individual needs, habits and behaviour patterns of life are modified, changed and adjusted to the needs and conveniences of other members of family and local community as well. The need to make gross adjustments in life in a very short period has resulted in brooding over the past events, property left, loss suffered and other related issues, which added more to anxiety, depression, violence and frustration among them. The displacement was so sudden that the government and local administration was not prepared to accommodate such a large influx of internal migrants in suitable accommodation. Therefore, there has no shelter assistance in the camp except the tented accommodation at various places in outskirts of various town and cities in Jammu region.

Table 3: Usual daily activities of children

Activity	Male (No.)	Male (%)	Female (No.)	Female (%)
Washing clothes	103	64.37	49	70.00
Cleaning utensils	81	50.63	38	54.28
Water collection	36	22.50	43	61.43
Food preparation	43	26.87	51	72.85
House maintenance	54	33.75	53	75.71
Care of siblings	13	8.12	39	55.71
Earning income	24	15.00	0	0.00
Reading	140	87.60	57	81.42
Watching TV	160	100.00	37	52.85
Other leisure	87	54.37	24	34.28
Total	160	100.00	70	100.00

All the families of the children (whose parents are without government jobs) were reportedly getting regular financial assistance and food relief to the tune of Rs. 600 per head cash assistance plus food items at the rate of 9 kg of rice, 2 kg of wheat flour and 1 kg of sugar per head and those of the families whose members were in government jobs before displacement have been adjusted in various departments and those who have shown their reluctance to join regular postings (except those who were in essential services) were getting their regular salaries in their own pay and scale without any promotions and fringe benefits. Most of the children were living in two parents' families (85.22%) and rest were living with single parent as the other parent has gone outside to earn a livelihood or died. None of the family was accommodating any orphans to live with them. The main source of water available to them was regular tap drinking water, which runs for half an hour daily, which was reportedly not sufficient to meet their daily water requirements. None of the household has latrine facility, which is available as common facility in all the blocks of the camp.

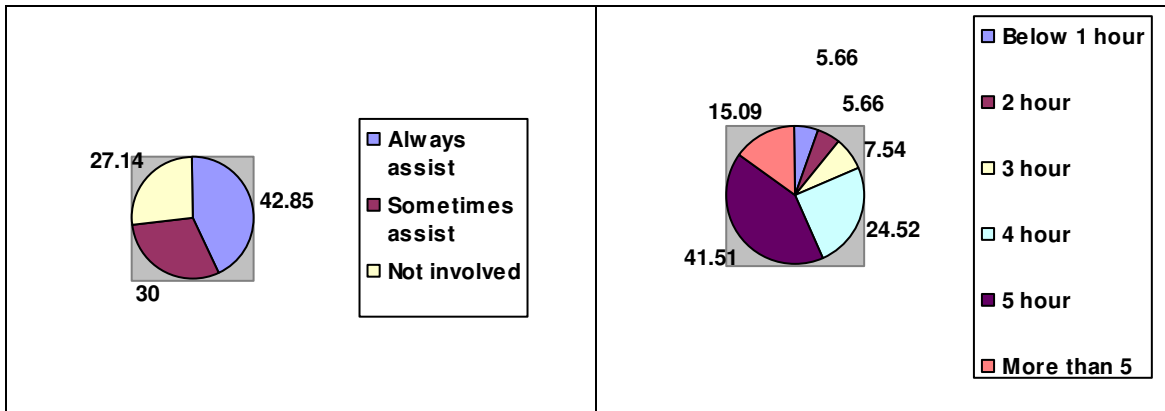


Figure 3: Extent of cooking involvement of female children

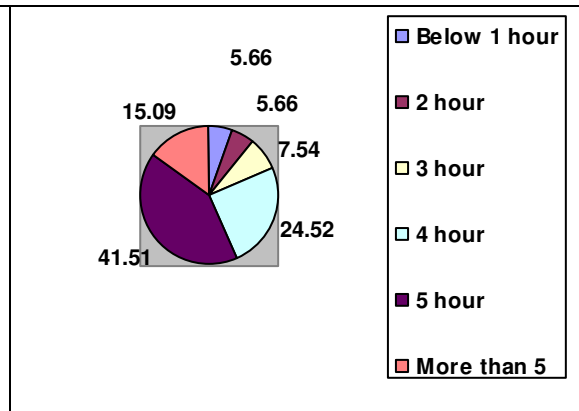


Figure 4: Time spent on household activities by female child

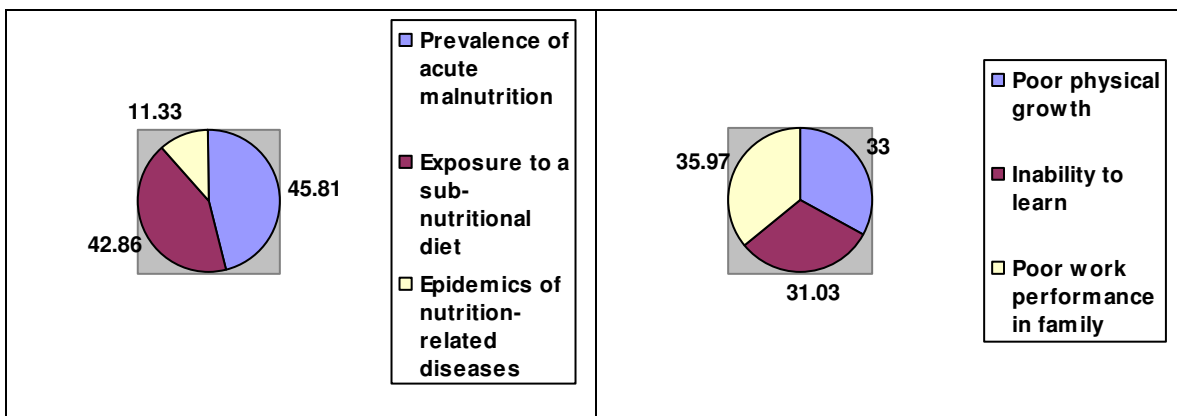


Figure 5: Experience of malnutrition by children

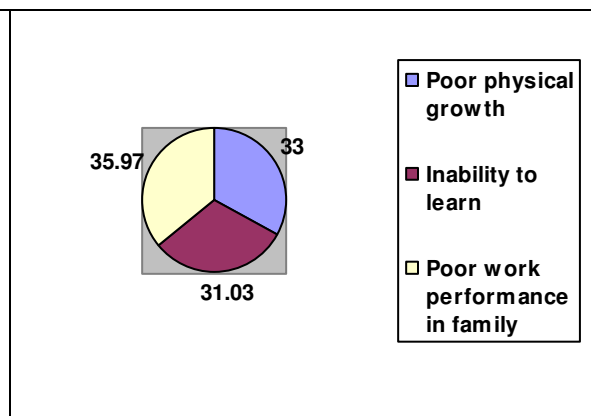


Figure 6: Effects of prolonged state of malnutrition

The sample children were attending to all the household activities such as washing clothes, cleaning utensils, collecting water, preparing food, maintaining house, caring siblings, etc. on routine basis (see table 3). Only 27.14% of the female children were not involved in cooking, whereas 42.85% and 30% respectively always assist and sometimes assist in cooking (see figure 3). They spent up to more than 5 hours a day in household activities (see figure 4), which results in loss of time available for education and other activities and 28.07% of the female children attending household activities were not happy in doing so. The problem of food insecurity and under-nutrition reported by 88.26% of the children. During the last seven days prior to the survey, they have ate rice, chapatti, pulses, and vegetables, but surprisingly none have reported eaten rich diets such as fish, meat, cheese and fruits, whereas culturally and traditionally, the Kashmiri Hindu community is mainly non-vegetarian and fond of cheese and fruits as part of their normal food, however, given the precarious living conditions and economic insecurity, they are unable to provide rich diets to their children, which is hampering their proper physical and mental growth. Out of 203 children who reported shortage of food during last 30 days, prevalence of malnutrition, exposure to sub-nutritional diet and experience of epidemic of nutritional related diseases were reported by 45.81%, 42.86% and 11.33% of the children respectively (see figure 5). One-third each of them also reported poor physical growth, inability to learn and poor work performance as the effects of prolonged state of malnutrition experienced by them (see figure 6).

5.1.3. Education and child care

Three-fourth of the sample children were enrolled in schools and out of them more than two-third were enrolled in high school and above (see figure 7). There was a government run high school within the camp and a higher secondary school at a distance of 2 km to exclusively cater to educational needs of children of displaced migrant families, where the teachers were also displaced migrants from the same community. Some of them were living in camp, however, majority of the teachers were living outside with local community on rental basis or in their own houses. Out of 173 children studying at different levels, three-fourth and one-fourth of them respectively perceived high value of education and very low proportion (3.46%) of them have low value of education and 6.35% were indifferent in this regard (see figure 8), which reflects the indecisiveness on their part may be due to childhood and/or displaced living conditions.

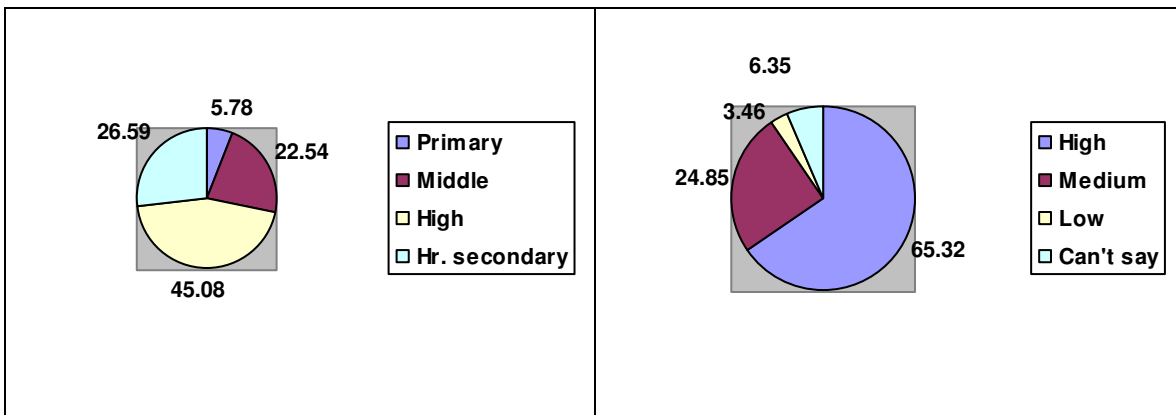


Figure 7: Level of current schooling of children

Figure 8: Value of education perceived by children

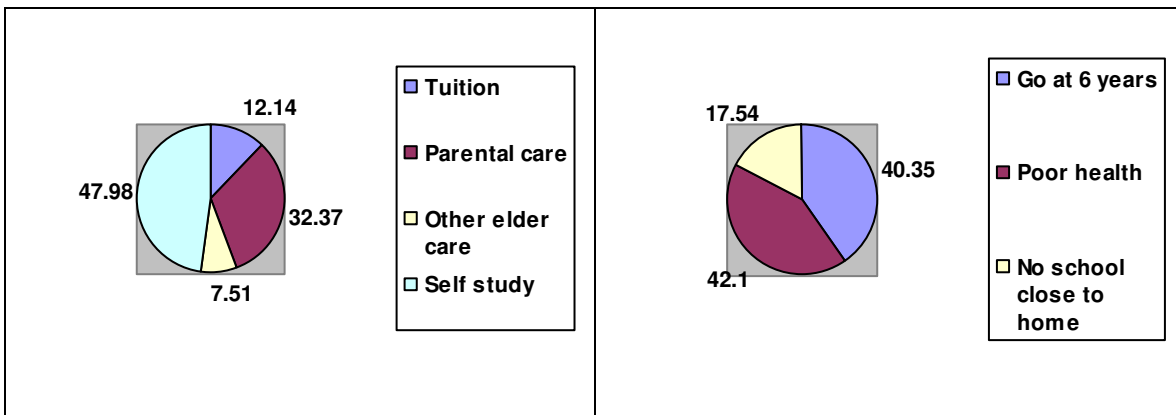


Figure 9: Extra attention for education

Figure 10: Reasons for not attending school

A high proportion of the children (47.98%) were doing self study and 12.14% of them were getting tuition and 32.37% and 7.51% respectively of them were helped by parents and elderly family members in education (see figure 9). In the government run school, no tuition fee was charged from them, however, they were spending in the range of Rs. 500 to Rs. 1000 for the purchase of text books and other study materials. Those of

the children, who were not attending school at the time of the survey, were asked to reveal the reasons for not doing so and 42.10% of them revealed poor health as the reason and 40.35% reported the lower age as deterring factor (the minimum age for enrollment in government run schools is 5 year) and 17.54% of them reported distance as a reason for not attending the school and this was mainly revealed by young girl children, who were supposed to enroll in higher secondary school at a distance of 2 km, for which their parents were not permitting due to socioeconomic reasons (see figure 10). Besides above, those of the children enrolled were not regular in schools and majority of them have reported missing of classes during last one year up to more than 30 days due to family work and illness. They were taken care of by family members alone and none had been taken care of by relatives or the persons who were not members of their family during the last seven days preceding the survey. Due to poor economic conditions, they were not getting the services of child care centres and there was no provision of extended school day group or the like to take care of them if need arises.

5.1.4. Health

The data related to health status of the children is presented in figures 11, 12 and 13. A perusal of these figures makes it evident that 36.08% and 17.82% of them perceived their health as poor and quite poor respectively and 17.82% of them have also shown their inability to perceive the status of health. A very small proportion of them perceived their health as very good (3.48%) and good (6.08%). Given the prevalence of food insecurity and acute malnutrition among sample children, this is not at all surprising. About one-third of them reported normal mood over the last 30 days preceding the survey and 60.86% of them reported experience of bad mood during the same period and of them a significantly high proportion (88.71%) of them feel depressed, which is a clear indication of poor mental health of the displaced migrant children living in Purkhoo camp. Likewise, the level of cleanliness and personal hygiene was also reportedly inadequate in case of more than three-fourth of the sample children (see figure 14), and those of the children reported the level of cleanliness and personal hygiene as adequate also reported the problems of insufficient water, non-provisioning of western toilets, irregular bath and insufficient clothing. The incidence of body lice was revealed by 36.52% of the children and of them 42.86% and 57.14% have suffered from skin infections and relapsing fever (see figure 15 and 16).

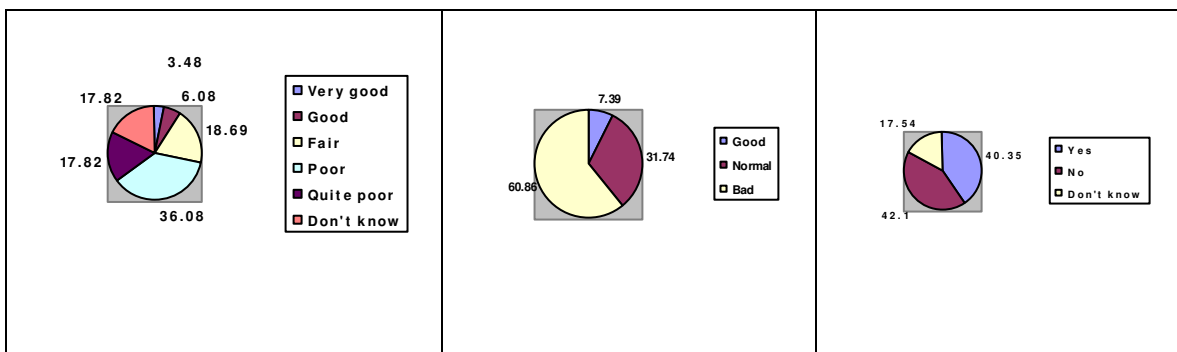


Figure 11: Health status of children

Figure 12: Mood during last 30 days

Figure 13: Feel depressed during last 30 days

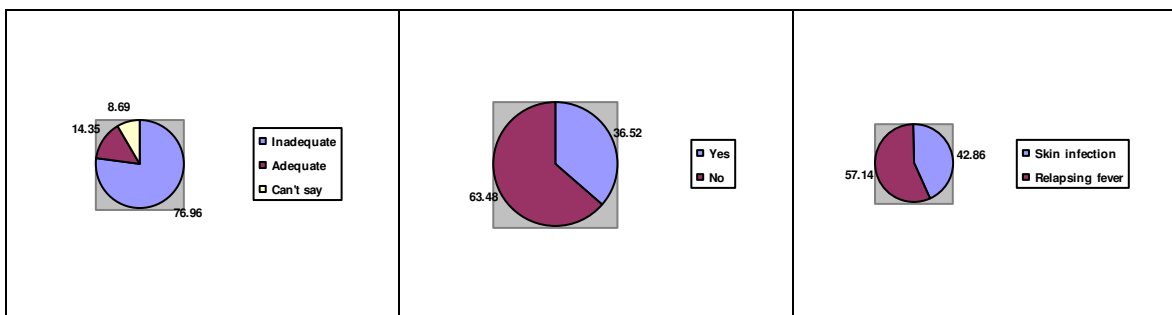


Figure 14: Level of cleanliness and personal hygiene Figure 15: Incidence of body lice and scabies Figure 16: Suffered from skin disease

Due to mental trauma and disturbance experienced by displaced migrants, the problem of diabetes is very common among elder members of Kashmiri Hindu community. What is ironical to note that the children of the displaced community were no exceptions to this and 49.13% of them were suffering from diabetes due to tensions, idleness and less mobility (see figure 17) and for treatment of the disease they were relying on special diet (20.35%), weight control (59.29%), pills (11.50%) and homeopathic medicines (8.85%) and none of them was taking insulin and herbal treatment (see figure 18). The health problems such as cough, head cold, may be running nose or a clogged nose were reportedly very common among them. Besides, they were also suffering from minor ailments like pain in ears, sore throat, and cutting teeth.

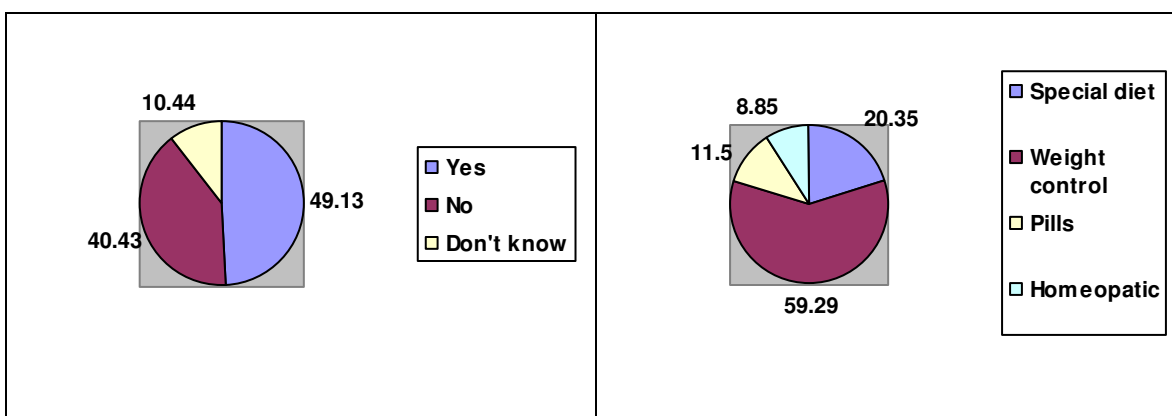


Figure 17: Diabetes among children Figure 18: Treatment of diabetes

One of the major health problems reported among them was diarrhea in summer season due to poor quality of water and heat waves and 38.26% of the children suffered on this account during the last seven days preceding the survey (see figure 19), which has lasted for less than 3 days in case of 19.32% children to more than 7 days in case of 11.36% children. However, its intensity was between 3-5 days in case of 48.86% of children (see figure 20). At the same time, 45.45% of the children who suffered from diarrhea reported defecating between 3-5 times during the last 24 hours preceding the survey (see figure 21) and more than 12% of them defecated more than 5 times during the same period. The data on diarrhea related problems among children is given in table 4, which reveals that the mucous was noticed in case of more than half of them and 61.36% of the children have suffered from other symptoms of illness such as high fever (79.63%), vomiting (50.00%), pains in abdomen (75.92%) and anemia (48.15%).

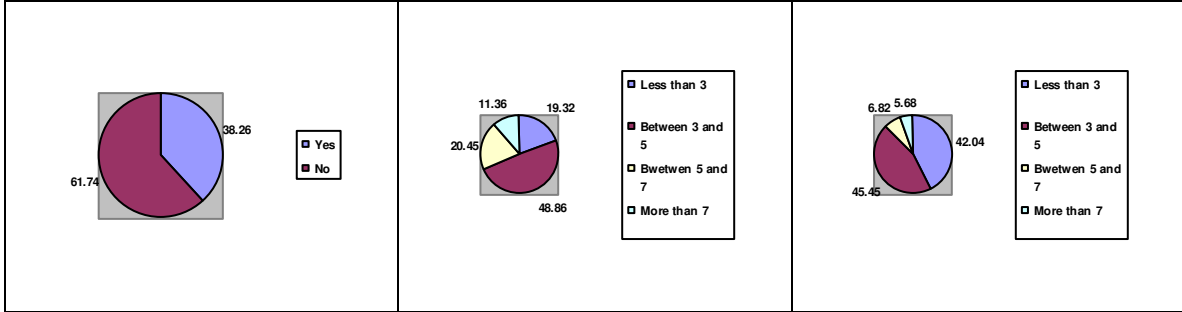


Figure 19: Diarrhea among children

Figure 20: Number of day diarrhea last

Figure 21: Number of times defecates in 24 hours

Table 4: Diarrhea related problems among children

Diarrhea related problems	Yes	No	Persons	Diarrhea related problems	Yes	No	Persons
Notice of mucous	52.27	44.73	88	Vomiting	50.00	50.00	54
Other symptoms of illness	61.36	38.63	88	Pains in abdomen	75.92	24.07	54
High fever	79.63	20.37	54	Anemia	48.15	51.85	54

Besides, the children were also reportedly suffering from indoor air pollution (see figures 22 to 25). The regular indoor smoking of one or more persons in family was reported by more than two-third of children and out of those who smoke, 60.45% were smoking more than 20 cigarettes a day. Besides, there is also problem of inadequate ventilation and use of kerosene for burning cooking stoves, which add more to the adverse effects of indoor air pollution and as a consequence, 82.17% of the children were suffering. Out of 189 children suffering from indoor air pollution, 22.75%, 38.09% and 39.15% respectively have suffered from cough, cough and breath shortness, and cough, breath shortness and fever.

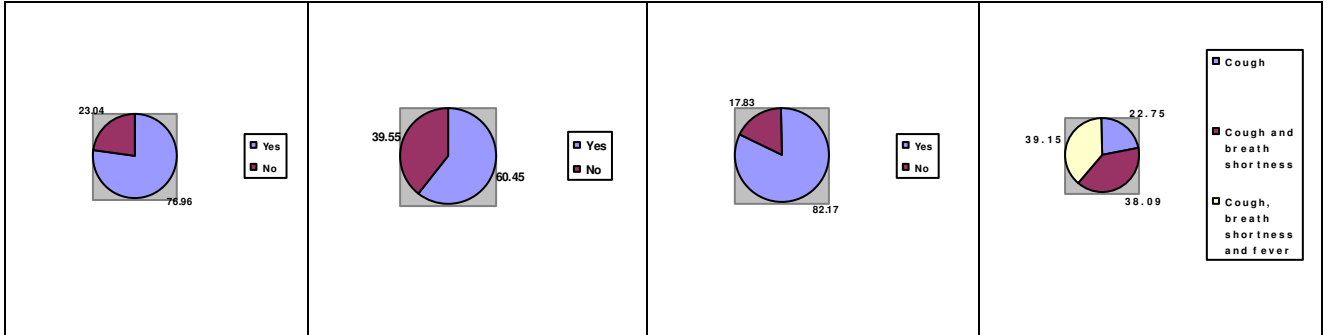


Figure 22: Regular smoking at home

Figure 23: 20+ cigarettes smoking per day

Figure 24: Suffering from indoor pollution

Figure 25: Health problems faced

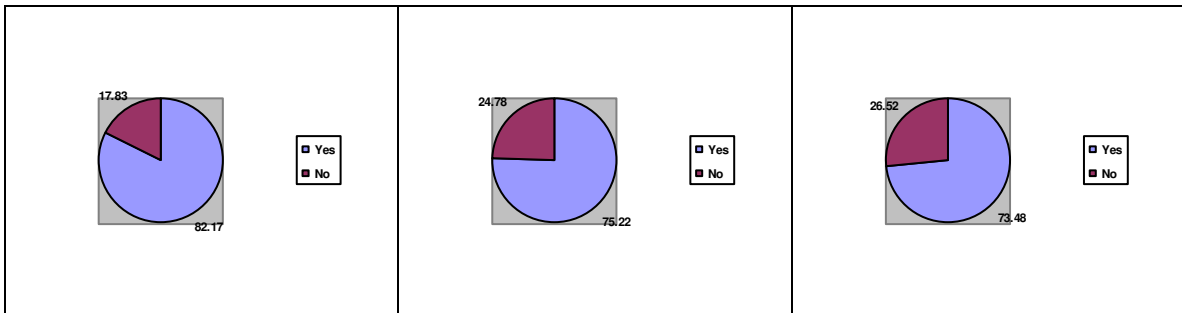


Figure 26: Share of bed at home

Figure 27: Dampness in home

Figure 28: Dust in home

Not only this, the sample children were also reportedly living in poor sanitary conditions (see figures 26 to 28). Due to paucity of living space in small dwelling, 82.17% of the children were compelled to share bed at home with other family members, which also hinder their studies and comforts. The dampness and dust in home were also reported by three-fourth of the children, which poses severe health problems for them.

5.1.5. Medical care

The basic medical facilities were available within a distance of 1 km in a government run dispensary in the Purkhoo camp, which was fixed in nature and a trained medical doctor was available for consultation, who was assisted by a trained male health worker. The services of trained lady doctor and female health worker were lacking and in time of need they have to visit the Government Medical College or other government and/or private hospitals and clinics. More than one-third of the children have visited a health centre for consulting a doctor for treatment of the health problems during the last 30 days prior to the survey (see figure 29), for which they have spent on average three hours on traveling (to and fro). They have spent less than Rs. 50 per visit to meet travel expenses, if visiting a doctor outside the camp, otherwise if they made a visit to the health facility within the camp, no travel expenses were incurred as they travel mostly by foot. In each of the visit to a doctor, they spent less than an hour in waiting for their turn, if the visit was made to the health facility within the camp, and more than one hour, if the visit was made to the health facility outside the camp. The doctor consultation within the camp and in government run health institutions was free, whereas if the doctor consultation was in a private hospital or clinic, they have paid a fee ranges between Rs. 50 and Rs. 100. None of the children reported any additional check up during the visit to health facilities except for the scheduled purpose and illness.

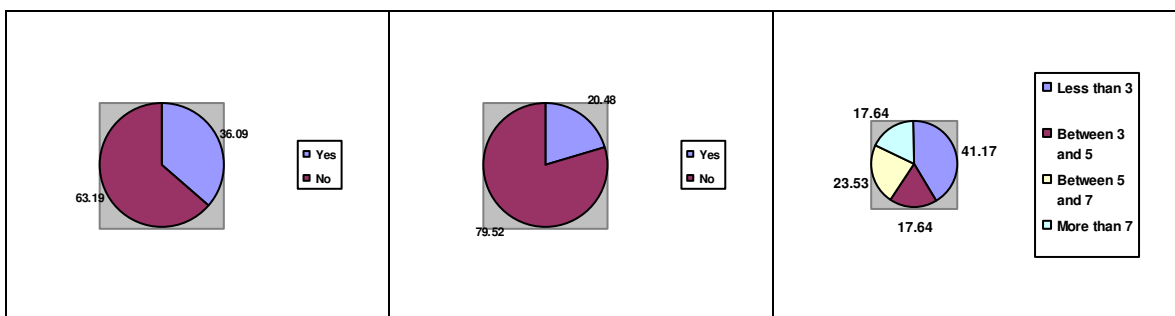


Figure 29: Visited doctor in last 30 days

Figure 30: Hospitalized during last 30 days

Figure 31: Number of days hospitalized

Out of 83 children who have visited a doctor for medical consultation during the 30 days preceding the survey, more than one-fifth of them were hospitalized (see figure 30) for a period of less than 3 days to more than 7 days (see figure 31), for which the family has incurred expenses on medical assistance, treatment, and medicines (see figure 32) in the range of less than Rs. 500 to more than Rs. 1000 (see figure 33). About 44.58% of the ill children have missed school due to illness during last 30 days prior to the survey (see figure 34), in the range of less than 3 days to more than 7 days (see figure 35).

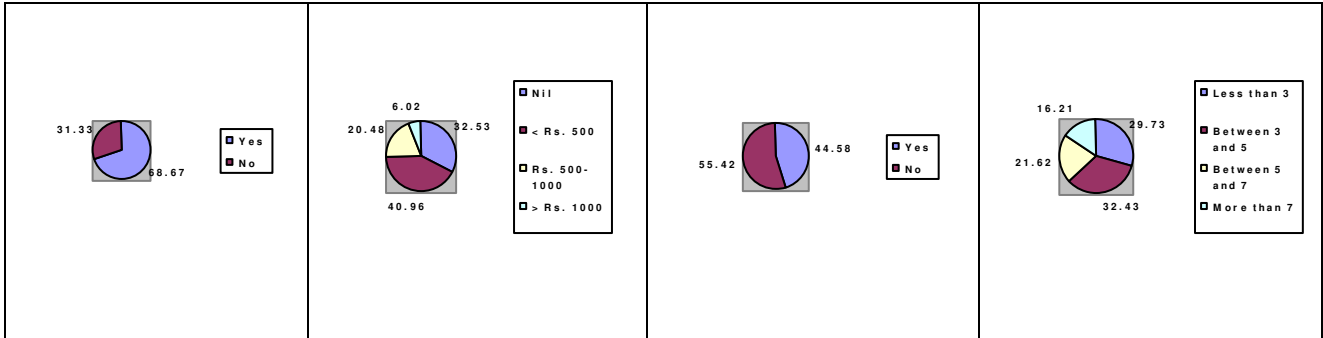


Figure 32: Prescribed any medicine

Figure 33: Expenses on medical treatment

Figure 34: Missed school due to illness

Figure 35: School days missed

It is significant to note that all of the children have been vaccinated against the killer diseases like diphtheria, whooping cough, tetanus and polio. However, none of them were reportedly vaccinated against hepatitis, mumps, etc. During the last 3 months prior to the survey, nearly one-third of the children were vaccinated (see figure 36) against diphtheria, whooping cough, tetanus and polio and other diseases (see figure 37) and majority of them were vaccinated in government hospital (36.98%) followed by school (30.14%), children's clinic (17.81%) and maternity hospital (15.07%) (see figure 38). More than three-fourth of the children were desirous of getting those vaccinations, which they were not able to get earlier and the reasons cited for not vaccinated earlier were too expensive (64.64%) to non-availability of vaccine (1.65%) (see figure 39).

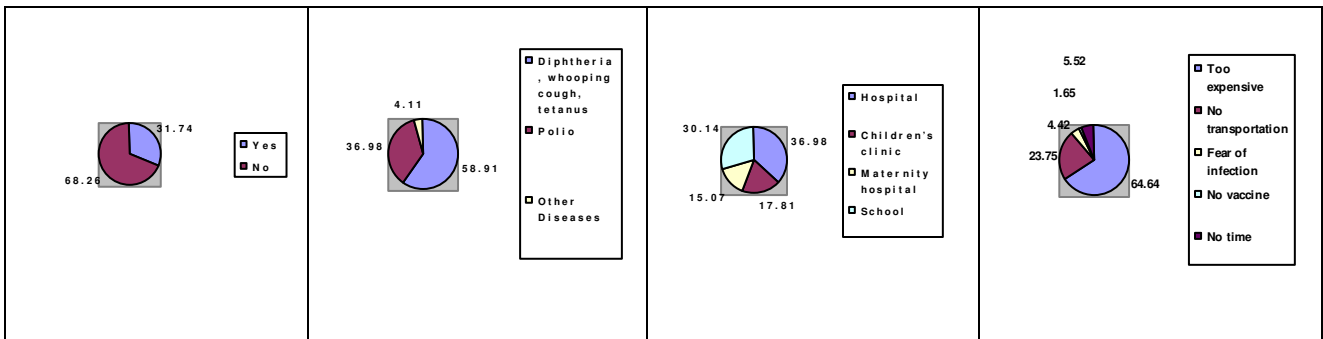


Figure 36: Vaccinations in last 3 months

Figure 37: Type of vaccinations in last 3 months

Figure 38: Place of vaccinations

Figure 39: Why not vaccinated earlier

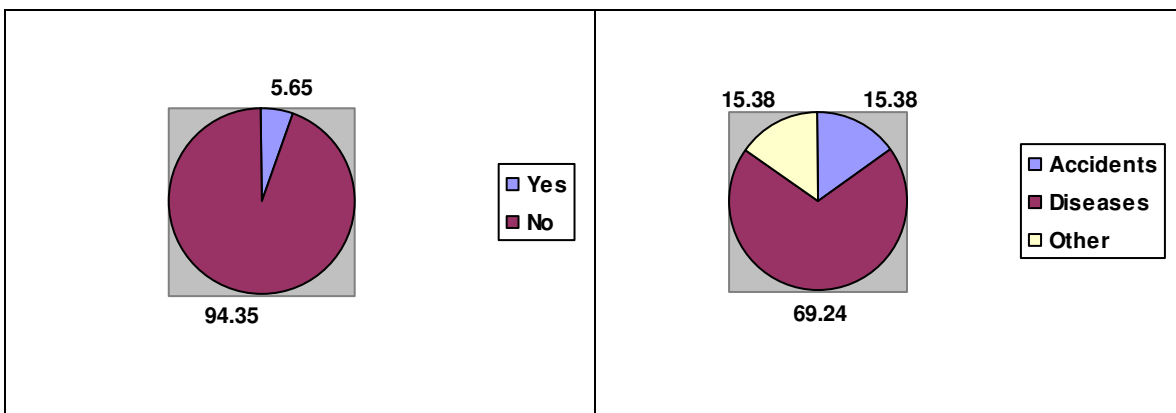


Figure 40: Child died in family during last six months

Figure 41: Causes of child death

Due to poor economic conditions, food insecurity and prevalence of malnutrition and diseases in the camp, the child mortality rate was significant. It is ironical to note that 5.65% of the children reported a child death in their respective families during the last 6 months preceding the survey (see figure 40) due to accidents, diseases and other causes, out of which the deaths due diseases were predominant (see figure 41).

5.1.6. Time budgeting

The sample children in Purkhoo camp were reportedly attending to all sorts of activities ranges from working in family business to attending household chores, however, none of them was doing any work in home garden, as these were non-existent. About 7.39% of them were working in family business activities to the tune of less than 3 hours a day to more than 7 hours a day during last 7 days prior to the survey and more than one-tenth of them were working on payment basis elsewhere to the tune of 3-5 hours (one-fourth) to more than 7 hours (41.67%) (see table 5). The young children in higher secondary classes were spending more than an hour in commuting to attend their school, while the junior children studying up to high school were spending less time traveling to school as the same is located within 1 km of the camp. The sample children were spending a significant proportion of their time in studying outside the school, which ranges between less than 12 hours a week (36.99%) to more than 24 hours a week (19.65%) in the last seven days prior to the survey (see table 6).

Table 5: Time spent on income generation activities by children (hr/per week)

Activity	Yes	No	< 3 hours	3-5 hours	5-7 hours	> 7 hours
Work in family business	17 (7.39)	213 (92.61)	35.29	17.65	23.53	23.53
Work for payment elsewhere	24 (10.44)	206 (89.56)	0.00	25.00	33.33	41.67

Table 6: Time spent on study outside school by children (hr/per week)

Study outside school	No.	%
< 12 hours	64	36.99
12-18 hours	43	24.86
18-24 hours	32	18.49
> 24 hours	34	19.65
Total	173	100.00

Besides above, the children were engaged in household tasks and care of siblings and old parents and relatives (see table 7). Half of the children were reportedly engaged in purchasing food items and out of these, more than half of them were engaged in this task for less than 6 hours a week during last 7 days prior to the survey. They were reportedly engaged in household activities such as preparing food or washing dishes, home cleaning or repairing things such as furniture or appliances doing laundry, ironing, repairing, or sewing clothes for family members, participating in feeding, bathing, strolling, babysitting, etc. for young children who live in their house, warming up food, helping with homework, etc. for children living with them, taking care of any other children - related or not - who are 12 years of age or younger and who do not live with them, helping parents and relatives who were more than 50 years of age, etc. Thus, one can infer that all of these activities took a heavy toll on their study, which is very necessary for their future career development, however, keeping in view the mental agony and tensions and poor health conditions of their parents, the children are helpless and just sharing their own feelings and concern by attending to all sorts of work within

and outside the four walls of households as a part of their moral duty and obligations towards them.

Table 7: Time spent on household activities by children (hr/per week)

Activity	Yes	No	< 6 hours	6-10 hours	10-14 hours	> 14 hours
Purchasing food items	113 (49.13)	117 (50.87)	53.98	28.31	7.96	9.73
Preparing food	94 (40.87)	136 (59.13)	35.12	38.29	11.70	14.89
Home cleaning	107 (46.52)	123 (53.47)	32.71	28.04	21.49	17.76
Laundry, ironing etc.	156 (67.82)	74 (32.18)	28.20	20.51	17.31	33.97
Caring siblings	52 (22.61)	178 (77.39)	26.92	36.53	23.07	13.46
Warming up food	52 (22.61)	178 (77.39)	23.07	32.69	32.69	11.54
Caring others	32 (13.91)	198 (86.09)	40.62	21.87	18.75	18.75
Caring old father	112 (48.69)	72 (31.30)	56.25	21.43	15.18	7.14
Caring old mother	97 (42.17)	123 (53.48)	27.53	35.05	26.80	10.31
Caring old relatives	43 (18.69)	187 (81.31)	30.23	27.91	37.21	4.65
Sleeping*	230 (100.00)	0.00	4.78	62.17	21.74	15.65

Note: * refers to hr/per day

5.1.7. Economic activity

Besides father, mother, elder brother and elder family members, one-tenth of the children in Purkhoo camp were also providing family income (see table 8). The displaced migrant families were also getting cash assistance and food relief from the government. A small proportion (5.65%) of the families were engaged in small business activities (see figure 42), such as small petty shop, small non-farm enterprise, transport and other activities (see figure 43). Out of 13 families engaged in small family business, 46.15% of the children were reportedly attending these activities (see figure 44) and half of them were engaged up to less than 6 hours, one-third between 6 hours to 10 hours and rest (i.e a single child) was contributing to the tune of 10 hours to 14 hours over past 7 days preceding the survey (see figure 45). Those of the children who were labouring for survival and family assistance, were engaged in labouring outside in the range of less than 14 hours to more than 48 hours over past 7 days preceding the survey (see figure 46).

Table 8: Sources of family income*

Source	No.	%
Father	57	24.78
Mother	24	10.43
Elder brother	38	16.52
Other family member	17	7.39
Young child	24	10.43
Government relief	230	100.00
Total	230	100.00

Note: * More than one income source reported

The displaced migrant families have reportedly less income and more expenditure, which is clear from a cursory glance at table 9. Only in the income and expenditure ranges of less than Rs. 2500 and more than Rs. 7500, the difference between these two important economic variables were positive and in rest of the income-expenditure groups, the differences were negative, which indicates the poor level of living of the displaced migrant families living the Purkhoo camp. One very important question is that how the families with lower income have higher level of expenditure. A possible answer could be they were meeting income-expenditure gap from borrowing or from earlier savings. Now it is absurd to argue that a family borrow all the times to meet

the day to day expenditure and then the question of how will the same be repaid. Similarly, the accumulated savings were also not so high in case of families facing forced migration and living in displaced migrant camp for over the last more than 17 years, especially in case of families whose main occupation was agriculture and allied activities in rural areas of Kashmir valley prior to their displacement. One thing which is quite significant is the fact that in case of the families who were having comparatively higher levels of income (more than Rs. 7500 per month), none have incurred expenditure more than their earnings, which implies that some of the families were also saving for rainy days.

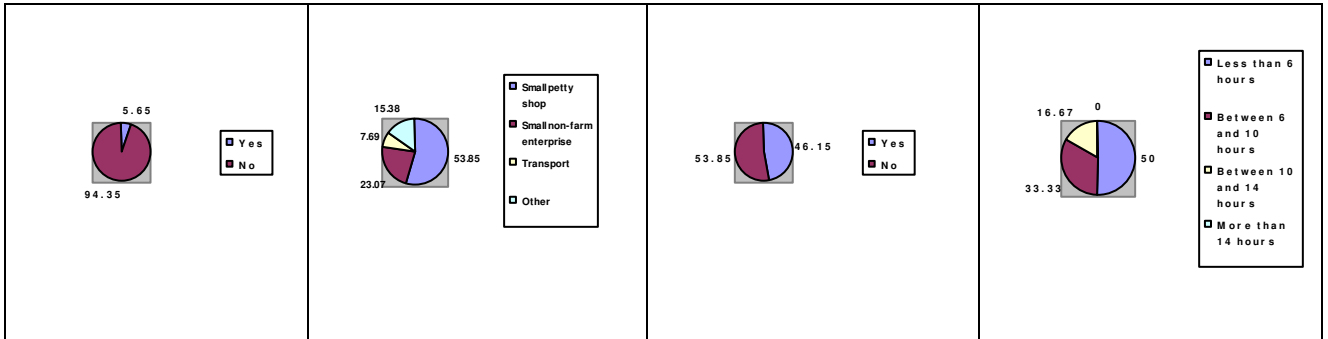


Figure 42: Family in small business

Figure 43: Type of family business

Figure 44: Children participation in family business

Figure 45: Time spent on business

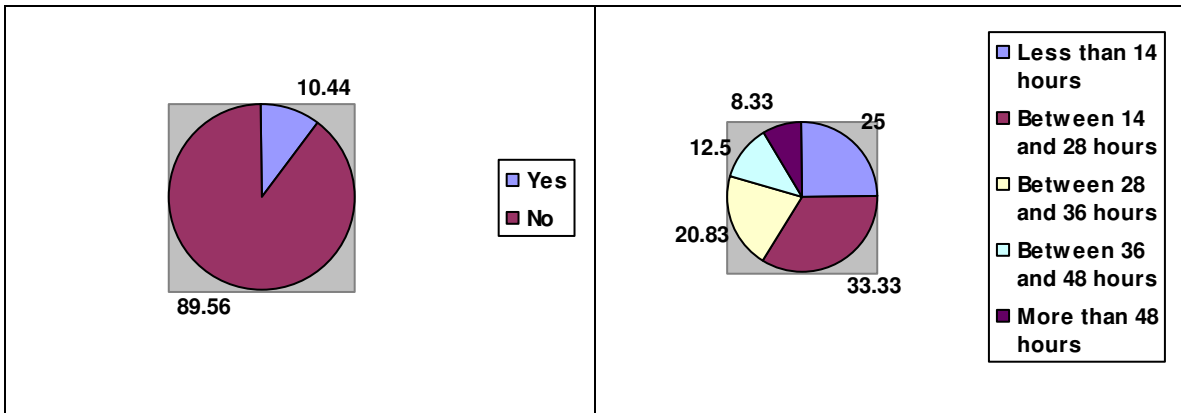


Figure 46: Labouring for survival and family assistance

Figure 47: Time spent in labouring for survival

Table 9: Monthly income and expenditure (Rs.)

Monthly Range (Rs.)	Income	Expenditure	Difference
< 2500	66.96	34.35	+
2500-3500	15.65	27.39	-
3500-5000	11.30	25.65	-
5000-7500	3.91	12.61	-
> 7500	2.17	0.00	+
Total	100.00	100.00	0.00

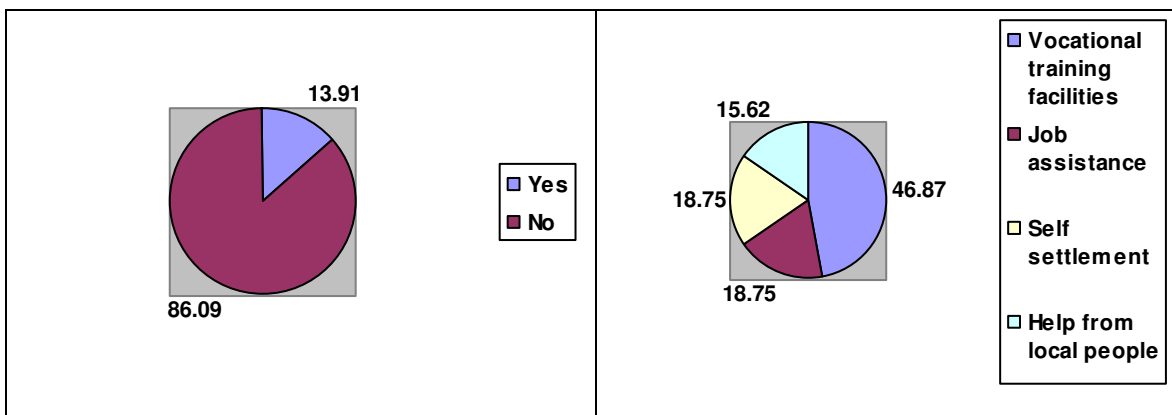


Figure 48: Existence of alternative approaches to survival

Figure 49: Types of alternative approaches available

A very small proportion of the children (13.91%) living in displaced migrant camp perceived that there exist alternative approaches to survival for them (see figure 48) and of them 46.87% and 15.62% respectively perceived vocational training facilities and help from local people in career advancement as an alternative livelihood options for them, whereas 18.75% each give more importance to job assistance and self settlement (see figure 49) as better alternatives to survival in conditions of displacement and camp living.

5.1.8. Camp life

The children were asked to answer a very vital question related to their current livelihood situation and life, that is, who is responsible for camp life and a high proportion (47.82%) of them were blaming the government for their camp life and sufferings (see figure 50). More than one-fourth of them were cursing the militants for their vulnerability and deprivation and 13.48% were pointing their fingers towards the parents. A small proportion of them were also citing security threats and persistence poverty as the main reasons for their displacement and camp life. All of them were of the opinion that migrant camps are not good for children and no one can pursue a normal life in a camp, because camps are artificial environments where everyone is restricted in their freedom of movement and living in overcrowded dwellings, and suffering from epidemics such as measles, dysentery, meningitis and cholera. Thus, in their opinion the migrant camps are not safe places for children. None of the children wants to live in camp due to persistent fear of insecurity and unhealthy atmosphere and poor quality of living environment. Many of them have already suffered from illness and diseases and their parents economic conditions becomes poorer and poorer and they were traumatized by being resettled against their will. At the same time, most of them were of the opinion that 'care and maintenance' assistance and aid received by them while living in camp was completely undependable, erratic and inadequate and given the opportunity they would like to move out from the camp as quickly as possible.

When enquired about life of displaced migrants outside the camp, majority of the children were of the opinion that the most of the migrants living outside the camps have also registered their names in one of the camps and were getting regular financial aid and food relief like those of the displaced migrants who were living in the camps.

Besides, the humanitarian organizations were also supporting them and they have enough resources to sustain outside without relief and by living among their hosts outside of a camp, there were opportunity of integrated into the host society. On the whole, they were better off than those living in camp and not just using the resources of host institutions but also contributing to their host's economy. What about the right to a family life in camp? They were of the opinion that most of the families living in camp were broken families and children were cared for, by only one parent. Sometimes, the children have to act as head of family and to care for its younger siblings. In camp situations, they were also deprived of role models to guide their future career development and growing up in camp conditions do not permit their socialization.

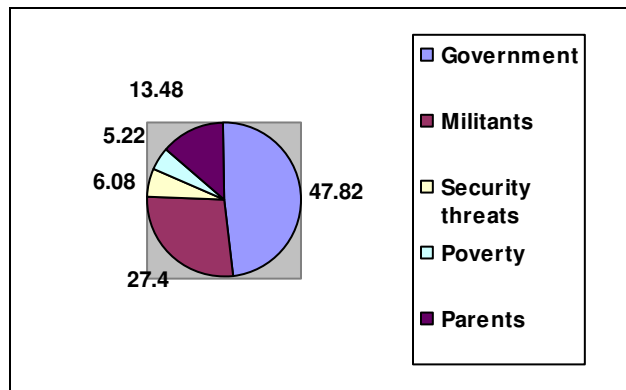


Figure 50: Who is responsible for camp life?

What about growing under abnormal conditions in camp? Majority of the children were of the opinion that camp life creates dependency on relief and assistance and the parents were deprived of their authority as their roles as care takers and breadwinners were severely undermined and the parents become degraded in the eyes of their children as they have to suffer further humiliation of standing in queues to get food and relief. Some of the parents were also forced to manipulate system to get extra ration cards in order to have enough food and they were reportedly suffering from enforced idleness which contributes to loss of self-esteem. The living in camp was also responsible for increase in domestic violence and family breakdown as the parents were suffering anxiety and depression due to displacement and using alcohol as a means of forgetting their pains of forced migration and camp life. The life in camp was creating psychological problems for the children and impairing their future mental health and personalities. They were reportedly becoming more and more passive, dependent, mendacious and unquestioning, whereas their counterparts in local community, who were living a normal life in the homes were reportedly more active, independent, truthful and inquisitive. There was growing problems of indolence and delinquency among grown up children. Some of them were forming roving bands and idle groups, which pose a threat to normal social life in camp. They were also blamed as perpetrators of sexual violence and drug abusers. Some of them reported the problem of discrimination and harassment from locals. On the whole, most of them were very hopeless of their future career and life.

5.2. Three case studies

5.2.1. Case study of Sandeep Dhar

Sandeep Dhar is 17 years old slim and tall boy studying in 10th standard at High School, Purkhoo Camp. He is a Kashmiri pandit belonging to upper Hindu caste. He was born in a camp in Udhampur and his family moved to Purkhoo camp in 1996. His family consists of seven members, including two small brothers and sisters. Both of his parents are educated up to high school level. Due to lack of regular employment, the family is depending on government assistance and aid to the tune of cash relief of Rs. 600, rice (9 kg), wheat flour (2 kg) and sugar (1 kg) per person/per month. He opined that the aid and assistance is not sufficient to cater to daily family needs, so besides schooling, he also assists his parents in household tasks and work in a small shop on part-time basis for family survival. The shop is located in camp and owned by another displaced migrant. Due to poor economic condition of the family, he does self study and takes care of old and ailing parents. Sometimes, he missed his classes and work due to illness of parents, even though he described his own health as quite poor. Because of precarious camp life, he often feels depressed and suffer from mental trauma of migration and consequent deprivation along with other family members. His father is a chain cigarette smoker, who most often confined to single room dwelling, due to which he is reportedly suffering from cough and breath shortness. Due to lack of financial security, he is unable to provide better medical treatment to his parents.

He opined that the government promoted the displaced migrants as a part of counter-insurgency tactics and they were allowed to settle where they wanted and those who were unable to do so at their own were settled in camps. The schooling facilities are available for children within the camp as well as nearby the camp and education constitutes a priority for parents as well as children, however, there are many households in the camp where the labour of the children is critical to family survival. Parents, usually a woman who heads a household on her own, often need children to share the burdens of cooking, fetching water and firewood, or watching the younger children while the parent works elsewhere. The school attendance of girls, but also of boys, is affected by camp life. The single most common cause of school absenteeism is the poor health due to malnutrition and help to old and ill parents in household chores. At the same time, there are cases where the students studied so hard that they performed far better than children of local population. Whereas at home, the family may have been able to afford the tuition to improve their performance, no such opportunity and resources are generally available in camp situation.

According to him, there are adverse social, psychological and economic consequences for displaced migrant children living in camps. They suffered higher rates of mortality and morbidity and that their parents got poorer and poorer. He perceived that the vast majority of the camp population had become increasingly destitute. Even those of the families with regular jobs and self-sufficient means, many of them are getting food aid by means of illegal means to prevent food insecurity. At the same time, they suffered discrimination and harassment, especially the girl children. Many are traumatized by being resettled against their will. The experiences were especially difficult for the elderly and they are clinging to the past. Rather than reaching out to grasp new ideas and technologies to make a living, these forcibly uprooted people become more conservative, more afraid to take risks or try out new ideas.

He says that most children are inculcated with the precept that cleanliness is next to godliness, however, for children in displaced migrant camp, cleanliness is next to impossible. Due to less resources, the use of soap is infrequent for bathing and there is inadequate general cleaning and personal hygiene. Availability of sufficient supplies of water is another problem which restricts the proper flushing of toilet, which is available at common places. The available water might be enough to satisfy cooking needs and some of an individual's requirement for fluid intake, but certainly it is not enough to take a bath or to wash the children's clothes. The number of clothing for children are not sufficient and the parents are forced to cut other necessary expenditures to meet clothing requirements for them. In most cases, not being able to keep their clothes clean quickly increases the incidence of body lice and scabies. Scabies are common and they are suffering from skin infections.

He associated the term 'displaced migrants' with violence and insecurity. He perceived that no one can pursue a normal life in the camp and the displaced migrant camps are not safe places for children. They are living in artificial environments where everyone is restricted in their freedom of movement. Camps are overcrowded and epidemics have been found to be major killers. The bigger the camps, the more pronounced these effects. A major consequence of life in a camp is the almost inevitable exposure to a sub-nutritional diet. Epidemics of nutrition-related diseases are common in camps, which are caused by the lack of nutrients in the food supplied by government relief and a child's ability to learn is permanently affected by prolonged state of malnutrition.

He reported that fear of insecurity from the local goons percolates through their camp and the camp people appear to have neither the interest nor ability to make changes that would improve their lot. Many families are broken and children are cared for by only one parent, or without either parent. To feed their children, parents are dependent on aid and assistance from government and non-government agencies and they are deprived of their authority. The domestic violence and use of alcohol is common and the children have no opportunity to learn traditional art and culture from their fathers as they do at native places.

He says the no child can lead a normal life in camp and they have very uncertain future. The structure of life in displaced migrant camp promotes indolence among adolescents. Very insignificant attempts have been made to avoid the serious problems of delinquency in camp. The idle groups pose a threat to social life in the camp and they are most likely to be the perpetrators of sexual violence and drug abusers. He says no-one freely chooses to move into a camp to stay. Everyone wants to get out of camp life as quickly as possible. This is why there are more displaced migrants living among local community outside the camp. One way or another, and wherever possible, these displaced migrants have become 'integrated' into the host society.

5.2.2. Case study of Priyanka Sehgal

Priyanka Sehgal is a 16 years old, tall and beautiful girl, born and brought up in Purkhoo camp. She is studying in 11th standard at government run higher secondary school specially catering to the educational needs of camp children above high school level. Her father is sole income earner in the family and run a small petty shop in the camp. The family is also getting cash and food relief from the government. Her mother is housewife. The father is educated up to 12th standard and mother has basic education. She has two brothers and one sister, who are studying in high school. They speak 'Kashmiri' language in their home and with community members. The small one room residential dwelling is reportedly damaged due to lack of proper maintenance. The necessary household goods are available in the family. She assists her old and ailing mother in domestic tasks. The family has enough to eat and survive. The parents gave high value to education for better future of their children and they are getting tuition during evening to improve their learning and education for which the family is incurring up to Rs. 1000 a month. Due to robust health, she is regular in her school. If there is an ailment, she is taken to doctor for consultation and treatment. The free health facility is available in the camp.

She argued that the displaced migrant children are forced to find ways to cope and protect themselves. Dramatic role reversals took place, as parental and community support had either disintegrated completely or were in rapid flux. Opportunities for young people and adults to negotiate the changes in their social circumstances were limited, and the generation gap between them widened as young children struggled to find new ways to survive, connect and find a place in society. As young children took on new roles, community views of them often hardened. The parents grew concerned about "immorality" when social controls loosened and girls and boys began relationships or socialized with one another without parental approval. As education systems failed and children lost opportunities to learn, they were viewed as ignorant, inarticulate and lacking credibility.

She opined that the traditional markers of the transition from childhood to adulthood were also transformed by armed conflict and displacement. For males, she said getting a job and getting married used to signify the passage to adulthood. The armed conflict and displacement, however, had made this passage impossible for many. For girls, the traditional transition to adulthood was said to come with physical development and marriage, however, many girls did not ultimately want to marry at all, greatly upsetting adults, who saw their authority challenged. Although the experience of having lived in displaced situations and in camp made some young children feel that they had already left childhood behind, they said adults did not understand them and continued to treat them like small kids. Many elders coped with displacement by trying to reinforce their authority according to old social norms, even if those norms had been suspended for years. They often demanded respect and unquestioning compliance from young children because of their own loss of status and control. Some elders became worse abusers, and threats to young children came not only from outside the family, but from within, where protection should be fundamental. Some parents sanctioned early marriage of their daughters. Others felt helpless, abused alcohol and beat and psychologically abused their children.

She revealed that the psychosocial impact of displacement manifested itself in many different ways among young children, who said they often felt unloved, abused and even betrayed by elders and community. Many lived in constant fear of violence and deprivation, and some developed psychological problems that required counseling or other traditional healing rituals to address. Some further broke traditional boundaries by increasingly challenging elder's authority, and demanding more support for their capacities and community roles. Others, however, lacked self-confidence and a sense of self-worth despite the creative skills they had developed to survive over the period. Peer relationships became enormously important to them and young children turned to one another for comfort, companionship and support. Young children coped with their circumstances together in a wide variety of ways. These included romance, monitoring one another's protection, income-generation, education and much more. They found some spaces to talk and relax near the canal outside the camp. In addition to helping them survive and find psychosocial support, all of these activities helped young children feel more "connected" to their communities in ways that would open doors to further and deeper participation in discussion, decision-making and action with supportive elders.

She identified the following key issues affecting their lives in camp situation, which needs to be attended on priority: (a) gender discrimination, where girls do not enjoy the same rights as boys and have less control over their lives and fewer options for achieving self-reliance or making decisions for themselves; (b) lack of access to education or sufficient funds to stay in school, especially for girls; (c) lack of humanitarian assistance and livelihood opportunities, especially for girls; and (d) lack of parental care and few safe spaces or opportunities to raise any of these concerns constructively to make change. She emphasized that displacement exacerbated all these conditions, and lack of humanitarian assistance and livelihood opportunities have contributed to gender based violence. The displaced children without educational or job opportunities and lives in camps, felt acutely socially, economically and politically marginalized, and if they are not supported for decent livelihood and living, they will be compelled to opt for violent means and sufferings would likely to continue and they found few spaces where they could address their concerns to work out constructive solutions.

5.2.3. Case study of Vimal Ji Pandit

Vimal Ji Pandit is a young boy of sixteen and a half years old. He is born and brought up in Purkhoo camp. He is studying in 12th standard at Higher Secondary School meant for displaced Kashmiri children. His father is a post-graduate and working for a private company and mother is educated up to 12th standard and doing the household duties. Her sister is studying in high school. They are putting in one room small dwelling in phase-III of the camp. In the house, all the modern electronic gadgets like refrigerator, television, tape recorder, sewing machine and mobile are available. The economic condition of the family is good compared to other displaced families living in the camp. He attends to his own domestic work like washing of clothes and ironing. The parents put a very high value to education and he is provided with tuition to improve his performance in school. His health is reportedly satisfactory and he is regular in studies. In his views, the camps are not good for children and their future is at stake. The sanitary conditions and general environment of the camp is very poor. They lack civil amenities and water and power supply is very irregular. The drainage system is broken at various places.

He perceived that education brings power and without it he expressed feelings of hopelessness, uncertainty and abandonment by the society. He believed that education is essential to survival, protection and full recovery from experience of armed conflict and displacement. He saw it as answering the need for self-respect, economic opportunity and having productive roles and voices in society. It is an essential prerequisite to peace and security. He stated that the principal barriers to education were the high costs of books, transport and competing responsibilities, especially for girls. The girls had particular difficulties obtaining education because, in addition to caring for themselves, they had the added responsibilities of caring for younger siblings. Young children were often forced to choose between learning and survival and care-giving priorities and they needed flexible school hours to accommodate work and family responsibilities and/or vocational and skills training linked to jobs.

He opined that due to the breakdown of both traditional family networks and the social infrastructure, non-formal opportunities for learning job and life skills, such as those acquired through apprenticeships, family trades and recreational activities, were virtually non-existent in camp situations. Many of those who did manage to receive middle and high school dropped out later. The access to higher secondary school was nearly impossible for most girls. Many girls dropped out because they were compelled into early marriages. Due to overcrowded class rooms, it was difficult to learn. The disruption of traditional learning and skill acquisition from families caused a change in their skills and employment aspirations, affecting their ability to survive. With the spread of computer education and internet facilities, their contact with outside world has changed their interest in a range of educational opportunities, from studying English to acquiring computer skills. All of these changes revealed education to be a dynamic force in their lives. In order to prepare a solid foundation for their future, it is imperative that they have adequate opportunities and flexible access to both formal and non-formal education, as well as vocational training opportunities that can ensure their livelihoods.

He informed that very little has been done to comprehensively assess and match youth employment and skills needs with immediate and long-term reconstruction and economic development planning. There has been no official skills survey done for displaced Kashmiri migrant youth living in camps, and there has been only limited discussion about linking economic development with useful vocational education. Facing large-scale unemployment, many young displaced Kashmiri migrants left the state in search of jobs. Despite limited support, many young people undertook livelihood initiatives on their own. No matter how hard they worked, they barely made enough to make both ends meet. Those lucky enough to participate in training courses, the skills they learned were rarely profitable. As a solution to these problems, he suggested that in addition to formal high school and higher secondary schooling, vocational training programmes be linked to viable employment opportunities. He expressed his interest in learning a range of skills - computer skills as well as language, business and life skills. He also said that beyond training, they need mentoring support to apply the skills they learned, as well as credit and start-up capital.

5.3. Results of FGDs and in-depth interviews

5.3.1. Pre-camp life and camp life

Many young people believed that the armed conflict had fundamentally been about the marginalization of Kashmiri Hindu community. Before the onset of armed conflict, the relationship between Kashmiri Hindus and Muslims was very cordial. The economic and ecological conditions were favourable and the use of local resources, i.e. access to water, forests, etc., were sustainable without external support. In some cases, the indigenous management has been a stimulus to the development of natural resources. In hills, they contributed to local agricultural activity despite the accusation of deforestation. Muslims also formed a supply of very cheap manpower responsible for an increase in farming output. They also contributed in an increase in fruit and vegetable production and animal husbandry. Some of the Kashmiri Hindu were settled in valuable areas, especially in the highlands with good fruit plantations and orchards, however, the potential for progress in

those areas was negligible unless huge investments were poured into a peripheral region, which has never been a priority for the government. Under the pretext of deforestation and drought, agricultural activities have, in fact, been totally forbidden in highlands. The green belts around the small towns were simply fruit and vegetable gardens and maintained as vegetal cover to help in stopping dusty winds, and were used for feeding poultry and sometimes goats and sheep but not for grazing cattle. These activities were very limited and involved mainly farmers.

The pre-camp socio-occupational profile of displaced migrants reveals that very few of them were involved in agriculture. Trade, capital generation and employment were much more crucial issues for survival and livelihood. The population density was low. Compared with the rest of the state, Valley of Kashmir have poor health and education facilities. There was a small dispensary and one high school at a comfortable distance in most of the villages, however, the situation was less satisfactory in villages than in small towns. The health care facilities were less impressive. The lady health workers visits were very infrequent. The prescribed medicines were procured from the market at high prices as these were mostly not available in the dispensary. The rural urban migration was started much earlier. The real estates was booming in towns and cities due to very high prices of land. There were occurrences of periodic epidemics notably in the rainy season due to poor quality of water, inadequate sanitary and drainage system. The villages were connected to the electricity supply network and tapped water system. However, the power supply was erratic in winter and water comes only for less than one hour a day, which was insufficient to meet their daily needs and a major cause of worries for the women as it affects their work and health adversely.

Pre-camp life of displaced migrants undoubtedly presents some aspects of modernity. Like urban culture, they were living in mixed populations and genders. Looked at in these terms, Kashmiri culture in valley was cosmopolitan and members of all the communities live together. An urban culture also involves changing gender relationships. The education was provided in the co-educational schools in sharp contrast to traditional practice. However, the urbanization process at work was only a question of cultural change; it also involves integration to a broader socio-cultural network. Many Kashmiri Hindu in valley preferred to live in towns with local communities on rental basis or in their own houses if their financial position permits them to do so. A symbiotic relationship was developed between them and members of other community. Those who were living in villages manage to travel frequently to other towns for various reasons. The institutions of family and marriage were stable with less cases of family conflict and breakdown. The inter-caste and inter-religion marriages were virtually absent. The cultural and religious ceremonies were performed with 'pomp and show' and last for few days involving huge expenditure. The children and youth were leading a life of comforts and ease in beautiful surroundings and natural environment. The respect for elderly was immense and they were occupying a commanding position in family decision-making. The agricultural economy was self-sufficient, if not surplus. The life was simple and cohesive with less worries for future.

The pre-camp economic life was one of market oriented and they have to buy a portion of their requirements such as shoes, clothes, meat, milk, kerosene, LPG, etc.,

which benefited the people engaged in trade and business. Each community has its own patterns of trade. Before reaching Jammu, some of the Kashmiri Hindu had developed trading networks with Jammu and were doing business with them. The market in their native places was not particularly dynamic, however, there were dozens of small businessmen and small shops selling tobacco, vegetables and basic household goods. The purchases were done mostly in cash. Cultural habits and a marginal participation in the market economy must be implicated in this situation. They were used to share their food and did not develop any substantial market in their homeland. By comparison, Muslim community was more dynamic, reflecting the business spirit of urban origin with outlets of modern furniture and electronic gadgets. The Muslim dominated markets counts more than hundreds of small shops, telephone booths, hardware stores, and small restaurants and tea shops. The ethnic affinities between Muslim population and Kashmiri Hindu was reflected in good commercial relations, however, sometimes, quarrels arose among them over business issues and the competition was intense. In Muslim dominated areas, the Kashmiri Hindu have adapted to a market of less well-off customers by selling goods in smaller quantities such as individual packets of detergent and single tea bag and cigarettes. These practices discouraged Muslim wholesalers who were not prepared to sell their goods on a retail basis. However, most Kashmiri Hindu businessmen do not sell on credit to Muslim population. Pre-camp life was quite different from life in migrant camps in that the Kashmiri Hindu have a much higher standard of living than the Muslim people.

The presence of Kashmiri Hindu in valley had both positive and negative effects for Muslim communities. Positive because it stimulated trade and development and created new jobs and attracted more investments before the insurgency, and negative because more population had put pressure on water, put wear and tear on roads, and undermined Muslim's self-reliance due to increased dependency on Kashmiri Hindu. All in all, the economic impact of displacement is a matter of controversy and before the displacement, in most of the villages of Valley, the business activities were very marginal. With the onset of insurgency, they say that most of them have been ruined by the imposition of forced boycott on Kashmiri Hindu in Muslim dominated areas and some of them have had to close their shops. Muslim people have refused to deal with Kashmiri Hindu businessmen, which had affected business activities adversely. The main sources of business capital were family sources of funding, credit from traders, and loans by banks. The family unit was the major source of capital for Kashmiri Hindu traders. Some family members were employed with government and getting regular salaries. Beside family resources, they had also received credit from local traders and those businessmen who have established trading relations were able to obtain their supplies on credit from Muslim wholesalers and pay once the goods have been sold. This has greatly boosted their business and helped them to overcome the obstacle of under-capitalization.

The displaced migrants reveals that armed conflict have caused massive destruction of the social and economic infrastructure in their native villages and towns. It has caused massive violence and unprecedented suffering and deprivation. The communities have suffered frequent crack downs, searches, massacres, burning and destruction of their homes and land, threats, repression, and many deaths. The families

who had money and resources fled to Jammu and other parts of the country, but the others were forced to stay behind and live a life of compromise at the will and mercy of other community and militia groups. Those who stayed suffered more, as they were unable to cultivate their land due to insecurity and vagaries of nature. There are numerous reports of repression and violence by non-state armed groups. They looted and burned many homes. Men were frequently tortured for a variety of reasons.

The elders reported that both children and adults suffered psychological scars from the armed conflict, as well as physical disabilities. Adults report various post-traumatic stress symptoms including nightmares, flashbacks, depression and anxiety. Few adults were seriously affected by post-traumatic sequelae of the conflict and are described as having “lost their minds.” The children in the camp have also suffered psychological problems and disabilities from the conflict, but the adults have suffered more. Psychological impacts for children include depression, difficulty concentrating, aggressive behaviour, muteness and even sleepwalking. The participation of children in educational activities have reportedly lessened their depression and increased their interest in normal child activities. Continuing deprivation of basic needs is a serious issue and impacts the well-being of the children in a multitude of ways.

Kashmiri Hindu family as a unit is facing tremendous struggle and threat for survival. Their living conditions have altered dramatically and economic powers reduced drastically. At the socio-cultural and emotional level, there is increase in family disruption, accompanied by high level of stress and psychological trauma among the family members. The families are undergoing the process of transformation and family as an institution is battling for survival. Since family consists of close network of individuals, the effect of stress in the family percolates to various members. The effect is more serious on the younger individuals. Kashmiri displaced children are facing severe emotional and behavioural problems in the form of depression, anxiety, aggression, and sleeplessness. A large number of children were rendered orphans and faced the trauma over the killing of their parents. These victims passed through moments of anxiety and mental torture, stress and strain. They suffered from guilt feelings because they survived while their loved ones perished. Many of them had become withdrawn and even violent. These children felt that their lives were meaningless. Displaced migrant children have wasted their beautiful childhood years in their struggle to settle down in new environment and in search for their identity.

Many of the families had experienced a complete breakdown of social and economic infrastructure, impeding their abilities to recover and establish healthy conditions for their children. Significant numbers of their residential buildings in native places had been destroyed, and returning displaced migrant populations faced enormous challenges in rebuilding. The risks to children’s safety are innumerable, and immediate intervention is necessary to secure their protection and well-being. The children have been particularly affected by the consequences of armed conflict. The consequences to their health and well-being are evident in the alarming rates of malnutrition, and infant and child mortality. They witnessed countless acts of violence and suffered bodily injury, displacement, loss of loved ones, separation from parents, forced migration etc. In

displaced migrants' camp access to education is severely limited for girls and also for boys. The impacts of disrupted care-giving structures for children, including school and health systems are profound.

There has been an increased disruption in family life in camp situations. More and more conflicting situations are arising day by day among displaced families. This is visible in the form of increase in divorce cases among Kashmiri Hindu living in camps. Maximum number of couples that approached the court for divorce are in the age group of 24-40 years. It is the children in the family who have to suffer as they become the scapegoat due to the dispute between parents. They are dragged to court for no fault of theirs. Their future has been put at stake. Another important area affected by camp situations is the cultural life of displaced migrants. Migration has distorted their cultural identification. They describe their identity by language, clothing, food habits and marriage patterns. But now they feel that there are some forces, which compel them to leave characteristics of their culture. For them, the word 'citizen' has been replaced by 'displaced migrants'. The young generation is now most susceptible to the dangerous aspects of homogenisation with their peers. Their food pattern has also changed. There are changes in the pattern of solemnization of marriage. The number of choice and inter-caste marriages is increasing. There are changes in social relationships and family values. The community has lost hopes of organization of cohesive social and political entity, which is vital for its survival.

Despite a growing interest in the camp situation, many of the humanitarian issues associated with their plight remain to be resolved. Few escape trauma and they are likely to display a group reaction of protective aggressiveness, delinquent behaviour, mistrustfulness, hostility and destructiveness. Children are frequently exploited and abused by their own community and relatives. They have little in the way of basic household necessities. Most of them are frequently denied inheritance rights, which can deprive them of property that their parents left behind, including land and houses. The children as well as youth also lacks the skills that will help them to earn decent livelihoods. They are devastated by a sense of powerlessness and feelings of being forgotten by the rest of the world. These children and adolescents were found to be traumatized, alone, lacking trust in the society that has failed to support and protect them and were experiencing profound hopelessness.

5.3.2. Camp vs. non-camp life

There is contrast in living conditions of Kashmiri displaced migrants residing in the camps and those living outside them. The displaced migrants in camps are housed in small 9 x 14 feet one room dwellings without separate kitchen and bathing facilities within the premises of the dwelling. Before 1995, there were living in make-shift housing such as tents at different places in Reasi, Udampur, Ranbir Singh Pura, etc. Camp residents live in unsafe housing with poor infrastructure than the non-camp displaced migrants. Some of the non-camp displaced migrants are registered in camp for aid and relief, but living outside the camp with local community in rented accommodation or constructed their own houses. However, those non-camp displaced migrants living in

rented accommodation have to pay a large part of financial relief as rentals to the owner of the house. Crowding and poor indoor environment effects many displaced migrants households in camps. Most link roads and lanes and by-lanes and streets are narrow and residential areas are densely constructed and there is widespread crowding within the dwellings themselves. A large proportion of the camp households live in housing with 4 or more persons per room, a typical measure of a “crowded” dwelling.

In the camps, there is not a large difference among types of households (according to income and other characteristics) and the incidence of crowded dwellings. Poor indoor environment reported to be much more of a problem for camp households than for non-camp households. Given the compact nature of construction in the displaced migrant camps, it is not surprising that environmental conditions, both within and outside of the dwelling are problematic. Camp households report multiple indoor environmental problems in their dwelling such as difficulty in regulating temperature, poor ventilation and dampness. Looking at the three types of indoor environment problems individually, camp households more often reported that they have each of the problems than others (non-camp displaced migrants and/or local). Humidity, cold rooms in winter and hot rooms in summer are common complaints of camp dwellers. Ventilation is less of a problem than humidity and temperature in camps. Many displaced migrants in camp complain of hot rooms in summer and ventilation is also much more of a problem with camp households.

There is very poor stability in the supply of drinking water in displaced migrants camps. Although nearly all displaced migrants in camp have drinking water piped into the residence. However, they experience non-scheduled cut-offs during week days. This lack of stability is rather uniform. Inadequate and erratic electricity supply is one of the biggest problems reported by camp households. All households reported to be connected to electricity, but some of displaced migrants in camp have poor electricity stability compared to non-camp displaced migrants. In the camp, there has been regular cut of electricity ranging between 9-12 hours a day, which creates more problem in summer and rainy season. Among displaced migrants in camp, lack of stable electricity is more common among poor households as better off households have installed batteries to supplement electricity during power failure. Almost half of camp households do not have a bath or shower in their dwelling. Some of camp residents are not connected to a sewerage system and existing septic tanks are reported to be inadequate. More camp households lack access to an adequate sewer system than others, and discussions with camp residents point to problems with existing sewer systems. They are using group latrines constructed and maintained by Sulabh International. Purkhoo camp has 10 such points, which are improperly constructed causing leakages which flow into open rainwater drainage systems.

Many camp households are dissatisfied with their housing, but stay therein due to lower cost of living and no alternatives to depend upon. Most of them are dissatisfied with space, noise, indoor environment, outdoor pollution, safety for children, and general housing conditions. They are dissatisfied with privacy and traffic. The family life cycle also plays a role with established families with younger children being most dissatisfied

with space and privacy. Despite dissatisfaction, virtually no housing cost keeps camp residents where they are – especially low-income households. Some camp households reported that they plan to move outside the camp. Planning to move is more common in household with government job or better earnings and savings. Housing cost (high land prices and cost of construction) is reported to be a decisive reason that camp households decide to stay, where they are, despite dissatisfaction. The main reason camp residents plan to move is dissatisfaction with general housing conditions.

Poor sanitation systems raise obvious environmental concerns. Camp residents report ill health effects among children including skin diseases. Outdoor environmental problems in displaced migrants camp are numerous and include noise pollution and other types of pollution. Noise pollution is a major problem in the displaced migrants camp. Given the high living density in the camps, it is not surprising that many camp residents along the streets and by-lanes are bothered by noise pollution. They found that the outdoor noise pollution is so disruptive that it frequently made it difficult to have normal conversations within the dwellings and they are dissatisfied with the level of pollution in the camp. From a community service perspective, the camp residents are generally satisfied with health, education, transportation and commercial services in their camps, but other types of services are lacking. Many households are unhappy with the cultural activities available. There are no sport facilities available due to lack of playground. The children usually go to nearby playground at Paloura or Domana for playing cricket but more often they are not able to play because the ground is pre-occupied by local children. Sometimes, this has resulted in heated arguments between them over the issue of rights. The largest complaint among camp residents is the lack of work and business opportunities in the camps. Camp households say that they are not satisfied with the employment and business opportunities in their community.

5.3.3. Marriage pattern and practices

PRAs with camp residents revealed that at the time of displacement, they were welcomed by the local Dogra community in Jammu. The difficult socioeconomic and security situation made young children easy prey for individuals seeking to take advantage of their vulnerability. The armed conflict left young children highly traumatized, and in the case of young girls, who were subject of sexually abuse, were married in haphazard way at early ages, mostly with youth of Dogra community. This has adversely affected the educational prospects of the girl children. Before displacement, the average age at marriage for girls and boys was 25 years and 28 years respectively. The parents as well as young children prefer to go for higher education including professional and technical education, which defer the marriage by few years. Inter-caste and inter-community marriages were virtually absent. The ceremonies and rituals were given more importance, which last for 8 days. The marriages were performed with extravagance and costly, specifically of girls. The system of dowry was also prevalent. The couples practiced small family norm. The breaking of family and divorce was very uncommon. On the whole, the institution of marriage was stable. They were living a life of peace and prosperity.

They reported that during the time of displacement numerous distressed marriages took place and the average age at marriage declined very sharply to the low level of 18

years and 21 years respectively for girls and boys, which is also the legal age at marriage in the country for both the sexes. This was done to save the girls from sexual abuse and exploitation from the members of their own community as well as host community. In case of girls, most of the marriages were solemnized inter-caste and inter-community and ceremonies and rituals were very brief and last for a day or so. This has resulted in steep fall in marriage expenses. However, the dowry were given, but not as heavily as they do before displacement. Due to early marriages, a large number of girls left their studies mid-way and compelled to live in a culture, specifically in case of inter-caste and inter-community marriages, which was foreign to them. It is reported that most of the marriages, which took place during the time of displacement and even with members of other community, are successful.

Now-a-days, there is trend of late marriages of both boys and girls and average age at marriage reportedly stood at 28 years for girls and 32 years for boys, which is almost the same as practiced by local Dogra community. Over the period, some of the displaced families have coped with the agonies of displacement and with their sheer hard work and motivation, their children have gone outside the state for higher professional education and performed very well and now they (both the girls and boys) are working in multinational companies in metropolitan cities like Delhi, Mumbai, Bangalore, Hyderabad, etc. and exposed to cosmopolitan culture. This has influenced the marriage pattern in its own way. The inter-caste and inter-community marriages are still very common as less suitable grooms are available in case of highly educated professional girls. However, most of these inter-caste and inter-community marriages are romantic, taking place with non-Dogra community from other parts of the country. The marriage ceremonies and rituals are very brief but performed with more pomp and show and marriage expenses are quite high, a trend which is highly condemned by the poor people living in the camp.

5.3.4. Young children's top concerns

The children in camp consistently cited threats of violence and physical insecurity, psychosocial hardships and a range of socio-economic development problems - especially lack of education - as their top concerns. They also overwhelmingly viewed education as key to ensuring their physical protection, psychosocial well-being, and economic and social stability by providing an alternative to violence in the immediate and long terms. Youth in the age group of 25-30 years living in camp reveals that in pre-camp situation when the threat of physical violence from non-state armed forces was imminent in the valley, the concerns about physical security were paramount to them. However, in camp situation, they have negligible threat of armed conflict and socio-economic problems were their chief concern and were directly linked to other forms of violence, including sexual violence against girls by local goons. Young people consistently reported that they continued to have serious psychological and social difficulties as a result of the violence and deprivation they had experienced during and after conflict, such as feelings of hopelessness and profound social alienation. The children stated that gaps in family and community support, as well as lack of education, food, clothing, shelter, health care and jobs, dramatically increased their vulnerability to a range of threats. Young people

viewed lack of education and politics of divide and rule as the root causes of armed conflict, community and family violence, and poor health. All were despondent about the loss of family and friends, and especially felt hopeless about their future. Poor economic conditions and the rising prevalence of drugs were also key concerns. Finally, lawlessness, justice for crimes committed during the violent conflict, information about missing persons and the political future of Kashmir were constant preoccupations for young people.

Young children were also principally concerned with the daily threat of physical violence and their top priorities were peace, getting an education and returning home from the camp. Given the situation of loss of family members and inability of elders to provide protection, food, shelter, education and other support for their children, young children were also highly concerned about a lack of parental and family care, poverty, unemployment and child abuse at home. Cramped, unsanitary conditions in camp contributed to social distress. In post-conflict situation, young children's top concerns were lack of educational opportunities; poverty; unemployment; and lack of health care, shelter, food, water and clothing. These concerns were more important to them than other threats of physical harm, including sexual violence and exploitation and low age at marriage. Believing that the conflict stemmed from social inequality, the mismanagement of natural resources and the political marginalization of young people, young people saw material well-being and access to social and political institutions as essential to both their own recovery and as the means to a permanent end to armed conflict and social degradation. Ongoing displacement, the absence of parental and family care, neglect by elders and government, and the lack of opportunities for meaningful participation in decision-making were also major concerns.

6. Conclusions

With some important and encouraging exceptions, children received at best uneven opportunities for education, targeted healthcare, psychosocial support and other forms of protection. Lack of emergency preparedness and poor coordination of assistance activities contributed to the problem. Today, young children concerns about security are closely linked to their psychological and social concerns, as displacement has caused a sense of loss, fear and hopelessness. They complain of general frustration and deprivation. Moreover, some of the young children living in camps are exposed to drugs and other criminal activity. While children of all ages may not have received rapid education interventions, young children particularly suffered. Reasons for children not attending school or other educational activities ranged from lack of availability or variety (e.g., formal vs. non-formal); lack of parental approval, especially in the case of girls; lack of tradition; uncertainty about the future including finding jobs to generate a livelihood and care and lack of interest. Most of the girls who had finished their primary studies stayed behind. Their families didn't want them to continue their studies, and instead they concentrated on some kind of domestic work.

Like education, interventions for children to assist in their recovery from the more unseen wounds of armed conflict and displacement were uneven, although in some ways more available than education. In addition to being welcomed by the local community, displaced migrants were assisted by many local people and organizations in creating or becoming involved in activities to boost their spirits and help take their minds off the conflict. Some organizations worked creatively to address typical manifestations of violent conflict trauma among children. Young people and elderly described horrifying stories of surviving or witnessing a wide range of human rights violations, the memories of which lived with them daily. Many of them were experiencing trouble sleeping, helplessness, and hopelessness. The girl children have faced sexual abuse and harassment. The institution of family and marriage was under tremendous change. The children are facing the trauma of family conflict. The camps are lacking all the necessary civic amenities and the aid and relief given by the government is inadequate. Given widespread deprivation, overcrowded living atmosphere, lack of safe drinking water, poor sanitary conditions and pollution, many children suffer from malnutrition and infectious diseases. Lack of access to health care, safe drinking water and means of prevention compounds problems of morbidity and mortality.

Amid much testimony about access to education, healthcare and other support, or lack thereof, the number one response of displaced migrant children about what they needed to rebuild their lives was quality education and work opportunities to earn a decent living. Young people would need to work and provide for themselves and their families and that they were concerned about having opportunities to do so. They also desire to continue with their education. They were experiencing tremendous pain, sadness and anger toward the Muslim community. Displaced children perceived that camp is not good place to live and their future is at stake, if something concrete has not been done to ameliorate their living conditions. Some of them have shown strong desire to return home by any means necessary and as soon as possible. Displaced migrant children say their well-being is dependent upon many things, which includes (i) peace and return to homeland, (ii) freedom from violence and sufferings, (iii) opportunities to learn and access appropriate education, (iv) freedom of movement, (v) safe spaces for discussion and interaction with others, (vi) gender equality within the home and society, (vii) supportive parental care or adult assistance, acceptance and love, (viii) adequate, clean, nutritious and easily accessible food and water, (ix) clean, safe and adequate housing, (x) a safe and healthy working environment, (xi) access to health care, including reproductive health care, (xii) freedom from sexual violence and exploitation, (xiii) life skills - communication, social, negotiation, and decision-making, (xiv) opportunities to develop leadership skills and ability to make choices, (xv) opportunities for recreation and creative expression, (xvi) freedom to choose one's relationships with others and friends and peer support, and (xvii) self-reliance and opportunities to participate in decision-making.

7. Recommendations

Living free of violence is a fundamental human right. All human beings are born free and equal in dignity and rights. The right to basic services, sustainable livelihood, to safety, to education, to vote, freedom from hunger, freedom of expression, or the right to equal participation in the political system is vital to ensure human dignity. Most of the displaced migrant children often experience abuse and discrimination on a daily basis and subjected to physical violence, sexual assault, threats and other forms of coercion. Young children have indicated a need and desire for income generating activities and trade and skill building programmes in addition to literacy. They felt that peace and security is essential for recovery. Community elders generally felt that psychosocial support and counselling for affected persons would be useful. They would also like training in how to help their children with psychological effects of the conflict and displacement. The programmes to address educational and employment opportunities were much desired by young children and communities. Access to education gives encouragement to both adults and children, with the hope that they could become scholars, leaders and educated persons with the ability to improve their lives. The education in peace building, conflict resolution and tolerance would also enhance psychosocial recovery of communities. Keeping the above in views, the following recommendations have been made for policy measures, which will go a long way in mitigating the problems and sufferings of displaced migrant children living in camps due to armed conflict:

7.1. Children care and protection

The protection of displaced migrant children is an increasingly prominent priority in camp situations. Children have special vulnerabilities and require additional care and protection from disease, hunger, malnutrition, and displacement. To enable peace and development, it is necessary to protect children and to help them resume a life of peace and prosperity. In displaced migrant camps, there is need to reduce risks to children's well-being and make children's rights a reality by creating an enabling environment that supports the healthy development of the child. The children care and protection programmes include psychosocial supports, and address physical, emotional, and social aspects of care and protection in a holistic manner. There is urgent need to meet physical needs such as those for water and sanitation, health care, and shelter with an integrated strategy that also includes community-based psychosocial assistance. Integrated programmes of this nature support emotional and social protection by promoting emotional healing, reducing stigmatization, and enabling displaced children to create positive social roles.

7.2. Initiate child-focused activities

There is need to provide structured, informal educational activities as a vehicle for ensuring child protection and psychosocial support and operationalising a holistic concept of children's well-being, and the importance of supporting families and communities in fostering healthy development of their children. Of utmost importance in camp settings is

normalizing the lives of children as much as possible, in order to promote positive coping mechanisms, minimize the consequences of deprivation and traumatic experiences, and lay the foundation of skills and values for a peaceful, fulfilling future. There is need to initiate child-focused activities and assisting communities to mobilize and organize around the needs of their children. The aim should be to empower communities to address their own needs in a way that minimizes dependency, promotes dignity, and is culturally and socially relevant.

7.3. Community mobilization around children needs

Most of these children had known only camp life all their lives, and communities feared an enculturation of children into deprivation and violence. Thus, there is need to promote activities that should help to transmit cultural and social values, and impart children rules of behaviour appropriate for community life. Community mobilization around the needs of children is required to be promoted as community members are in a far stronger position to assess community problems and propose sustainable solutions than are outside entities. This will help to re-empower communities to take charge of their recovery and rebuilding efforts, and to provide for the healthy development of their children.

7.4. Addressing educational and health needs

Education, including literacy training, primary, secondary, tertiary, vocational, life skills, informal and other age-specific educational opportunities are needed for young children. These initiatives should be based on the realities of children's lives and interests, with an eye to employability. Education is a primary means to psychological and social healing, skills-building, training for livelihood, peacemaking, community-building, social reintegration, good health practices and protection. Little is known about the full variety of health problems young children face, in part because they are the population least likely to access health services due to lack of information and outreach to them, cultural barriers and other concerns. At the same time, an emphasis has been placed on addressing their reproductive health needs. Still, few reproductive health programmes targeting young children are operational.

7.5. Promote vocational and life skills training opportunities

There are a variety of strategy ideas for addressing young children's livelihood, such as income-generation projects, micro-credit projects and vocational and skills training programmes, including apprenticeships. These measures are normally implemented during long-term displaced camp situations. The skills training should include both learning a skill and also practicing it. Consequently, training programmes must include both a practice and training phase. Despite barriers, there is a clear need for appropriate vocational training for young children, in addition to basic education and improved access to income-generation and micro-credit programmes. Among other things, "appropriate" vocational training activities are those that lead to employability; there must be a viable market for trained people or else the process of training can lead to more frustration and disillusionment. Trainings may also be designed specifically to meet other

needs, such as psychological and social needs, or the community's need for particular trained workers, such as health care providers. This is particularly true of traditional apprenticeships, through which young children learn trades that are necessary and important to their communities. Although young children are not normally eligible for micro-credit schemes, however, they can be integrated with other adults in the community.

8. References

Ali, F., Sudan, A. and Vivek, P. (2001), Survey Report of SES: Some Reflections, University of Jammu, India.

Arunatilake, A. et. al. (1999), The Economic Cost of the War in Sri Lanka, Institute of Policy Studies, Colombo.

Blanchet, T. (1996), Lost Innocence, Stolen Childhoods, The University Press: Dhaka.

Boyden, J. and D. Levison (2000), Children as Social and Economic Actors in the Development Process, Expert Group on Development Issues (EGDI) Working Paper.

Boyden, J., J. De Berry, J. Hart and T. Feeny (2001), Children Affected by Armed Conflict in South Asia: A Review of Trends and Issues Identified through Secondary Research, Discussion Document Prepared for UNICEF Regional Office South Asia.

Boyden, J., J. De Berry, T. Feeny, and J. Hart (2002), Children Affected by Armed Conflict in South Asia: A Review of Trends and Issues Identified Through Secondary Research, RSC Working Paper No. 7, Queen Elizabeth House, International Development Centre, Refugee Studies Centre, University of Oxford, Oxford.

BRIDGE (1995), Conflict and Development, In Brief No. 3, Institute for Development Studies, Sussex 1995.

Cockburn, C. (1999) , Gender, Armed Conflict and Political Violence, Background Paper Presented at the World Bank Conference on Gender, Armed Conflict and Political Violence, June 10-11, World Bank, Washington, D.C.

Cohen, R. (1995), Refugee and Displaced Women, Refugee Policy Group, Washington, D.C.

Forbes-Martin, S. (1992), *Refugee Women*, Zed Books: London.

Goodhand, J. and D. Hulme (1999), From Wars to Complex Political Emergencies: Understanding Conflict and Peace-building in the New World Disorder, *Third World Quarterly*, 20(1): 13-26.

Keen, D. (2000), Incentives and Disincentives for Violence, In M. Berdal and D. Malone (eds.), *Greed and Grievance - Economic Agendas in Civil wars*, Lynne Reinner: London.

Machel, G. (1996), Impact of Armed Conflict on Children: Report of the Expert to the Secretary-General, United Nations, May.

Minturn, L. and Lambert, W.W. (1964), *Mothers of Six Cultures*, Wiley: New York.

Raina, D. N. (1994), *Kashmir Distortion and Reality*, Reliance Publishing House: New Delhi.

Sriram, R. (1993), Family Studies in India: Appraisal and New Directions, In T. S. Saraswathi and B. Kaur (Eds), *Human Development and Family Studies in India*, Sage Publications: New Delhi.

Tornqvist, A. (1998), Gender and Violence in Conflict and Conflict Transition Societies in Latin America and the Caribbean, Background Paper Presented at the World Bank Conference on Gender, Armed Conflict and Political Violence, June 10-11, World Bank, Washington, D.C.

UNHCR (1997), Internal Conflict and Displacement, in *The State of The World's Refugees, 1997-98 - A Humanitarian Agenda*, December, Geneva.

UNICEF (2000), *State of the World's Children*, UNICEF, New York.

Zutshi, B. (2003), Status of Widow of Kashmir: The Displaced Population, In V.M. Giri. (Eds.), *Living Death: Trauma of Widow hood in India*, Gyan Publications: New Delhi.

Questionnaire

(Confidential)

Social and Economic Implications of Armed Conflicts on Displaced Migrant Children: A Case Study of Purkhoo Camp in Jammu City

I. Personal information

1. Name: _____ 2. Sex (✓ the appropriate): Male Female
3. Age (Years): < 5 5-10 10-15 15-18
4. Religion: Hindu Muslim Christian Buddhist Sikh Others
5. Caste: Upper caste Scheduled caste Scheduled tribe Other backward caste
6. Education: No formal education Primary Middle High School Higher Secondary

II. Household information

1. Family Size: <4 4-6 6-8 >8
2. Highest educational level of father: No formal education Primary Middle High School Higher Secondary
Bachelor's degree Master's degree Technical
3. Highest educational level of mother: No formal education Primary Middle High School Higher Secondary
Bachelor's degree Master's degree Technical
4. Asset structure of family:
- a. Transportation asset: Bicycle Motorcycle/scooter/moped Car/jeep/van
- b. Household appliances: Fan Iron press Radio/tape-recorder TV VCR/VCP
- c. Kitchen appliances: Kerosene stove Electric cooking stove Gas stove Mixer/grinder Refrigerator
- d. Others: Wrist watch Wall clock Sewing machine Sofa set Telephone

III. Living conditions

1. In what district of the state were you born? _____
2. Where were you born? City Town Village Camp
3. If not born in camp, why you left the place where you lived before moving here? Family move Studies
No longer safe to stay there Moving to relatives Other reasons
4. What language do you mainly use at home? Kashmiri Urdu Hindi English Combination
5. What language do your parents mainly use at home? Kashmiri Urdu Hindi English Combination
6. Does your family own a dwelling in camp? Yes No
7. If yes, what is the quality of dwelling in which your family lives in camp? Very good Good Damaged Destroyed
8. Has there been shelter assistance in your camp in the past? Yes No
9. If yes, which organization administered it? Government Non-Government Other
10. How many families received assistance? <25% 25-50% 50-75% 100%
11. If your family does not own a house in camp, who do you live with? Paternal relations Maternal relations Other
12. What is the total number of people who now live in your house? <5 5-8 >8
13. Has your family taken in orphans to live with you in your home? Yes No
14. If yes, how many orphans? <2 2-3 >3
15. Are there two parents or one parent in this home? One Two

16. If only one parent - mother or father? Mother Father
17. What happened to the other one? Gone outside for livelihood earning Died Other reasons
18. What kinds of water sources does your camp have? Canal Open Well Spring Hand Pump Tap
19. How many common latrines are in the camp? <5 5-10 >10
20. What do you usually do during the day? Washing clothes Cleaning utensils Water collection Food preparation
House maintenance Care of siblings Earning income Reading Watching TV Other leisure Miscellaneous
21. Extent of cooking involvement of female children: Always assist Sometimes assist Not involved
22. Time spent on household activities by female child (hr /per day): None <1 2 3 4 5 >5
23. Have you doing things that make you unhappy? Yes No
24. If yes, can you please identify them? Washing clothes Cleaning utensils Water collection Food preparation
House maintenance Care of siblings Earning income Reading Watching TV Other leisure Miscellaneous
25. Do you get enough to eat each day? Yes No
26. What did you eat during last 7 days? Rice Wheat Maize Pulses Vegetables Fish Meat Cheese Fruits
27. Do your family experience shortage of food during last 30 days? Yes No
28. If yes, do you experience any of the following? Prevalence of acute malnutrition Exposure to a sub-nutritional diet
Epidemics of nutrition-related diseases
29. If you experience epidemics of nutrition-related diseases, please mention the appropriate:
Night blindness Beri-beri Pellagra Scurvy
30. What are the effects of prolonged state of malnutrition you experienced? Poor physical growth Inability to learn
Poor work performance in family

IV. Education and child care

1. Do you currently go to school? Yes No
2. If yes, indicate the level of schooling: Primary Middle High school High secondary
3. To whom belongs the children's school which you attend? Government Non-Govt./charity Private Don't Know
4. How far is a government-run school from the centre of your camp? <1 km 1-2 km 2-3 km >3 km
5. How you value the education for better future? High Medium Low Can't say
6. What extra attention your parents paid for your education? Tuition for higher studies Parent care Other elder care
7. Did your family have to pay any money for school in the current quarter? Yes No
8. If yes, how many rupees did your family pay for your education in the current quarter? <Rs. 500 Rs. 500-1000 >Rs. 1000
9. Did your family pay any money for the textbooks you are currently using? Yes No
10. If yes, how much did your family pay for your textbooks? <Rs. 500 Rs. 500-1000 >Rs. 1000
11. If not currently go to school, what are reasons? Go to school at 7 years old Cannot go to school because of poor health
Expelled from school Family would like to give me home education No school close to house Other reasons
12. Had you missed classes last year because of family work? Yes No
13. If yes, how many school days altogether did you miss during previous academic year because of family work?
<30 30-60 60-90 >90
14. Had you been cared for by persons who are not members of your household in last 7 days? Yes No
15. If yes, mention the number of days: 1 2 3 4 5 6 7
16. On those last 7 days, when persons who are not members of your household helped you look after you, how many hours per day on the average did they do so? <3 3-5 5-7 >7

17. Had you been cared for by relatives who do not live with you in last 7 days? Yes No
18. If yes, mention the number of days: 1 2 3 4 5 6 7
19. On those last 7 days, when your relatives who do not live with you helped you look after you, how many hours per day on the average did they do so? <3 3-5 5-7 >7
20. Did you go in the last 7 days to child care centre or extended school day group or the like? Yes No
21. If yes, mention the number of days: 1 2 3 4 5 6 7
22. On those last 7 days, when you went to child care centre or extended school day groups or the like, how many hours per day on the average did you stayed there? <3 3-5 5-7 >7
23. For this care in last 7 days, did your parents have to, or will they have to, pay for the care for you? Yes No
24. If yes, how much in all did they have to pay, or will have to pay, for the care during the last 7 days of you by someone who is not a member of your household, or for stay in a children's institution? <Rs. 50 Rs.50-100 >Rs. 100
25. If they paid, or will pay, for this service not in money but in products, gifts, and the like, estimate how much this would be in rupees? <Rs. 50 Rs.50-100 >Rs. 100

V. Health

1. How would you describe your health? Very good Good Fair Poor Quite poor Don't know
2. What can you say about your mood over the last 30 days? Good Normal Bad
3. If bad, did you feel depressed? Yes No Don't know
4. What is level of cleanliness and personal hygiene in your house? Inadequate Adequate Can't say
5. If adequate, tick the following: Sufficient supplies of water available Use western toilet Use Indian toilet
Take regular bath Frequency of bashing of children cloths Number of regular cloth wears
6. Do you have any incidence of body lice and scabies during last 30 days? Yes No
7. If yes, whether suffered from any of the following disease in last one year? Skin infections Relapsing fever
8. Has a doctor ever told you that you had diabetes or had sugar in the blood? Yes No Don't know
9. What do you use for the treatment of your diabetes? Special diet Weight control Pills
Insulin injections Herbs Homeopathic medicine
10. Did you have a cough in last 7 days? Yes No
11. Did you have a head cold, maybe a runny nose, or a clogged nose in last 7 days? Yes No
12. Did you have a pain in ears during last 7 days? Yes No
13. Did you have a sore throat during last 7 days? Yes No
14. Were you cutting teeth during last 7 days? Yes No
15. Did you have diarrhea during last 7 days? Yes No
16. If yes, how many days of last 7 days you had diarrhea? <3 3-5 5-7 >7
17. How many times over last 24 hours did you defecate? <3 3-5 5-7 >7
18. In last 7 days have you noticed in your stool any mucous (whitish or of some other colour)? Yes No
19. If yes, have you noticed any blood in your stool during last 7 days? Yes No
20. Since the diarrhea started have you noticed any other symptoms of illness? Yes No
21. Did you have high fever? Yes No
22. Since the diarrhea started, have you vomited? Yes No

23. Since diarrhea started did you have pains in the abdomen, the large and small intestine, the stomach? Yes No
24. Have you ever had leukemia? Yes No
25. One or more people regularly smoke at home: Yes No
26. If yes, one or more people smoke >20 cigarettes per day at home: Yes No
27. Number of windows in the room used for burning: 1 2 3 4
28. Number of doors (leading to the outside) in the room used for burning: 1 2 3
29. Type of polluting fuel used: Solid Kerosene Both
30. Type of stove(s) used: Wood stove only Kerosene stove only LPG stove only In combination
31. Do you suffering from indoor air pollution during last 30 days? Yes No
32. If yes, what are the health problems you faced? Cough Cough and breath shortness Cough, breath shortness and fever
33. Study child shares a bed with another individual: Yes No
34. Dampness/mould is reported to be a problem in home: Yes No
35. Dust is reported to be a problem in home: Yes No

VI. Medical care

1. How far is the nearest clinic to your camp (by foot)? <1 km 1-2 km >2km
2. What health facilities are available in your camp? Fixed Clinic Mobile Clinic Trained Health Worker
Trained Midwife Medical doctor Lady doctor Other
3. Had you visited any health centre/doctor for treatment of health problems in last 30 days? Yes No
4. If yes, did you go to see a doctor or did a doctor visit you at home? Went to see a doctor It was a home visit
5. How much time (hours) did you spend travelling to this health care facility and back last time? <3 3-5 5-7 >7
6. How much money did your family spend to travel to health care facility last time? Nil <Rs. 50 Rs.50-100 >Rs. 100
7. How much time (hours) did you spend waiting in line to see a doctor last time? <1 1-2 >2
8. Did your family paid to the doctor for this visit? Yes No
9. If yes, how much did your family paid to the doctor for this visit? <Rs. 50 Rs.50-100 >Rs. 100
10. Besides being seen by a doctor did you receive any additional checkups or treatments on this visit? Yes No
11. Did your family paid any extra money for these checkups or treatments? Yes No
12. If yes, how much extra did your family paid? <Rs. 50 Rs.50-100 >Rs. 100
13. Had you been hospitalized at any time during the past 30 days? Yes No
14. If yes, how many days in all did you spend in the hospital? <3 3-5 5-7 >7
15. Did your family pay money for medical treatment, or medicines for you while you were in the hospital? Yes No
16. How much money did they have paid in the last 30 days for care and treatment in the hospital? (Include all charges for treatment, medicine, and care): Nil <Rs. 500 Rs.500-1000 >Rs. 1000
17. When you were ill, were you prescribed any medicine which your family did not buy? Yes No
18. What was the reason that your family did not buy the medicine prescribed for you? Could not find it in drug store
Did not have enough money Did not want to buy it Other reasons
19. During the last 30 days have your family had to seek help from a medical institution or simply from a specialist for you not because you were sick, but for preventative care? Yes No
20. If yes, who performed this checkup? Doctor Physician's Assistant Nurse Other

21. Did your family paid for checkup performed at the time of this visit? Yes No
22. If yes, how much your family did pay for this checkup? <Rs. 50 Rs.50-100 >Rs. 100
23. Had you missed any days in school over the past 30 days due to illness? Yes No
24. How many school days have you missed due to illness? <3 3-5 5-7 >7
25. Have you ever had any kind of vaccinations? Yes No
26. If yes, had you ever been vaccinated against: Tuberculosis Measles Diphtheria, whooping cough, tetanus
Polio Hepatitis Mumps Other Diseases
27. Have you had vaccinations in the last three months? Yes No
28. If yes, have you had in the last three months vaccinations against: Tuberculosis Measles
Diphtheria, whooping cough, tetanus Polio Hepatitis Mumps Other Diseases
29. Where did you get these vaccinations? Hospital Children's clinic Maternity hospital
Private doctor's clinic School Elsewhere
30. Did your family paid for vaccinations? Yes No
31. If yes, how much did your family paid? <Rs. 50 Rs.50-100 >Rs. 100
32. Did you want to get a vaccination that it was not possible to get? Yes No
33. If yes, why could you not get this vaccination? Too expensive No transportation to the place where vaccinations are given
Fear of infection No vaccine (medicine) for the vaccination No time for vaccinating Other
34. Have any child in your family died in the last six months? Yes No
35. If yes, what was the cause of death? Accidents Diseases linked to water and sanitation problems Other

VII. Time budgeting

1. During last 7 days did you do any work on your house garden? Yes No
2. If yes, how much time (hours) did you spend over past 7 days working on house garden? <3 3-5 5-7 >7
3. During last 7 days did you work in a family business? Yes No
4. If yes, how much time (hours) did you spend over past 7 days on this work? <3 3-5 5-7 >7
5. During last 7 days did you work for payment elsewhere, excluding work on house garden or in family business? Yes No
6. If yes, how much time (hours) did you spend over past 7 days on this work? <3 3-5 5-7 >7
7. Did you go to school during last 7 days? Yes No
8. If yes, how many days did you go to school during last 7 days? 1 2 3 4 5 6
9. How much time (hours) in last 7 days have you spent commuting to the place where you study? <6 6-10 10-14 >14
10. How much time (hours) in last 7 days have you spent on studies outside school? <12 12-18 18-24 >24
11. In last 7 days, have you spent time looking for and purchasing food items? Yes No
12. If yes, how much time did you spend looking for and purchasing food items in the last 7 days? <6 6-10 10-14 >14
13. Did you spend time preparing food or washing dishes over past 7 days? Yes No
14. If yes, how much (hours) time did you spend on these activities over past 7 days? <6 6-10 10-14 >14
15. Did you spend any time during past 7 days at home cleaning or repairing things such as furniture? Yes No
16. If yes, how much time (hours) did you spend on these activities during the past 7 days? <6 6-10 10-14 >14
17. Did you spend any time during last 7 days doing laundry, ironing, or sewing clothes for family members? Yes No

18. If yes, how much time (hours) did you spend on these activities during the last 7 days? <6 6-10 10-14 >14
19. Did you participate in feeding, bathing, strolling, babysitting, etc. for young children in past 7 days? Yes No
20. If yes, how much time (hours) did you spend on above activities in last 7 days? <6 6-10 10-14 >14
21. During past 7 days, have you participated in warming up food, etc. for children living with you? Yes No
22. If yes, how much time (hours) did you spend on above tasks over past 7 days? <6 6-10 10-14 >14
23. During past 7 days, have you taken care of any other children who do not live with you? Yes No
24. If yes, how much time (hours) did you spend over past 7 days looking after such children? <6 6-10 10-14 >14
25. Please tell, if your father is more than 50 years old? Yes No He is deceased
26. If yes, does he need any help, for example, in dressing or eating? Yes No
27. During last 7 days have you spent any time looking after father or doing things for him that he cannot do himself, for example, tidying up, or doing laundry? Yes No Father died or is absent
28. If yes, how much time (hours) altogether have you spent helping him in last 7 days? <6 6-10 10-14 >14
29. Please tell me if your mother is more than 50 years old? Yes No Mother died or is absent
30. If yes, does she need any help, for example, in dressing or eating? Yes No
31. During last 7 days have you spent any time looking after the mother or doing things for her that she cannot do herself, for example, tidying up, or doing laundry? Yes No Mother is living in another city/village
32. If yes, how much time (hours) altogether have you spent helping her in last 7 days? <6 6-10 10-14 >14
33. Do you have other relatives more than 50 years old? Yes No
34. Does any one of them need any help, for example, in dressing or eating? Yes No
35. During last 7 days have you spent any time looking after any one of them or doing things for them that they cannot do themselves, for example, tidying up, or doing laundry? Yes No
36. If yes, how much time (hours) in all have you spent helping one of these people over past 7 days? <6 6-10 10-14 >14

VIII. Economic activity

1. Who is currently providing financial income for family? Father Mother Elder brother Other family member Yourself
2. Does anyone in your family have any experience in small business? Yes No
3. If yes, what kind of business? Small petty shop Small non-farm enterprise Transport Other
4. Do you participate in above business activity? Yes No
5. If yes, how much time (hours) in all have you spent helping in business over past 7 days? <6 6-10 10-14 >14
6. Do you labouring for survival and family assistance? Yes No
7. If yes, how much time (hours) in all have you spent helping in labouring for survival and family assistance over past 7 days? <14 14-28 28-36 36-48 >48
8. Monthly income of family: < Rs. 2500 Rs. 2500-3500 Rs. 3500-5000 Rs. 5000-7500 > Rs. 7500
9. Annual household income: < Rs. 30,000 > Rs. 30,000
10. Monthly expenditure: < Rs. 2500 Rs. 2500-3500 Rs. 3500-5000 Rs. 5000-7500 > Rs. 7500
11. Annual household expenditure: < Rs. 30,000 > Rs. 30,000
12. Are there existed alternative approaches to survival? Yes No

13. If yes, please mention: Vocational training facilities Job assistance Self-settlement Help from local people
Help from religious groups Help from local NGOs

IX. Camp life

1. Who is responsible for your camp life? Government Militants Security threats Poverty Parents

2. Are migrant camps good for children? Yes No

3. Can anyone pursue a normal life in a camp? Yes No

4. If no, tick the appropriate: Artificial environments where everyone restricted in their freedom of movement
Living in overcrowded dwelling Suffering from epidemics such as measles, dysentery, meningitis and cholera

5. Are migrant camps safe places for children? Yes No

6. If no, tick the appropriate: No-one wants to live in camps Persistent fear of insecurity Rumour of black magic
Fear of child-lifters Life in camps unhealthy Suffered from illness and diseases Got poorer and poorer
Traumatized by being resettled against their will

7. What about 'care and maintenance' assistance and aid received while living in camp?
Completely un dependable Erratic Inadequate

8. Would you like to move out as quickly as possible from the camp? Yes No

9. What about life of migrants outside camp? Interested in assistance and aid Humanitarian organizations supporting them
Enough resources to sustain outside without relief Adequate resources to sustain outside with relief
Living among their hosts outside of camp 'Integrated' into the host society
Better off than those living in camp Not just using the resources of host institutions
Also contributing to their host's economy

10. What about the right to a family life in camp?
Broken family and children being cared for by only one parent Act as head of family and to care for its younger siblings
Lose role models to guide their development Growing up in conditions which do not permit their socialisation

11. What about growing under abnormal conditions in camp?
Dependent on relief and assistance Parents deprived of their authority; their roles as carers and breadwinners
Parents become degraded in eyes of children Parents suffer further humiliation of standing in queues to get food and relief
Parents forced to manipulate system to get extra ration cards in order to have enough food
Parents suffer from enforced idleness which contributes to loss of self-esteem Increase in domestic violence
Problem of family breakdown Suffering anxiety and depression
Substance abuse Use of alcohol as a means of forgetting

12. What about long term psychological impact of life in camp on future mental health and personalities of children? (Tick the appropriate):

a. Passive	b. Active
a. Dependent	b. Independent
a. Mendacious	b. Truthful
a. Unquestioning	b. Enquiring

13. What are the problems faced by children living in camp? Indolence among adolescents Delinquency
Roving bands and idle groups pose a threat to social life Perpetrators of sexual violence Drug abusers
Suffering discrimination Harassment from locals

14. When you think about the future, what do you feel? Hopeless A little hopeful Very hopeful

X. Suggestions

1. What are the prospective vocational courses you expect to enroll, if available?
2. What are the indicators of children wellbeing and welfare in camp setting?
3. What are your specific suggestions for improvement of life of children in camp?

Date:

Name and Signature of Investigator