

Suicide & Malnutrition Among Weaver in Varanasi



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TABLE OF CONTENTS

Section	Page
Abstract	3
I. Overview: Varanasi and the Weaving Industry	4-7
Introduction: Varanasi and the Banarasi Sari	4
Role of the Varanasi Weavers	5
State of the Varanasi Weaving Industry	5
II. The Lives and Plight of Varanasi Weavers	7-10
Overview	7
Health Issues	8
Exploitation of Women and Children	10
Suicide and Depression	10
III. Actions to Assist the Weaver Community	11-13
Overview	11
Formation of BDAM	12
Public Discussion & Studies	12
Public Health Lobbying	13
IV. Case Studies	14-17
Annexure	18-25
References	26

WEAVERS, weaving at break of day,
 Why do you weave a garment so gay?
 Blue as the wing of a halcyon wild,
 We weave the robes of a new-born child.

Weavers, weaving at fall of night,
 Why do you weave a garment so bright?
 Like the plumes of a peacock, purple and green,
 We weave the marriage-veils of a queen.

Weavers, weaving solemn and still,
 What do you weave in the moonlight chill?
 White as a feather and white as a cloud,
 We weave a dead man's funeral shroud.

Untitled, Sarojini Naidu

ABSTRACT

This paper evaluates the social issues faced by weavers in Varanasi, Uttar Pradesh, with particular regard to depression, physical health issues, malnutrition and suicide.

Over the last 15 years, weavers in Varanasi have suffered along with the general decline of the Varanasi weaving industry. The preeminence of the illustrious Banarasi sari has diminished with the increased popularity of synthetic and imported substitutes. Varanasi weavers, already operating in a feudal employment and product distribution system, have confronted significantly reduced opportunities in this market.

Under these conditions, health problems, malnutrition and poverty have spread throughout the weaver community. In response, many weavers became despondent. Depression has emerged as a frequent affliction as more weavers are unable to provide for their families, and has led to an increase in weaver suicides.

The Varanasi-based People's Vigilance Committee on Human Rights (PVCHR) has begun documenting suicide deaths amongst weavers. Examining individual cases reveals that these deaths are usually a response of weavers to their disempowerment and inability to provide for their families.

PVCHR has also worked to combat the social issues that lead to weaver suicide by partnering with and helping to organize the weaver community. This has helped some weavers empower themselves with a sense of community and increased access to health services, combating the growing threats of social hopelessness and suicide. Other Varanasi weavers have reluctantly accepted their decline, and many have shifted to non-skilled positions in other industries, such as driving cycle rickshaws.

In this report we examine some of the motivating factors behind the weavers' plight. We also consider individual case studies from PVCHR's field work, which offer an insight into the societal challenges weavers cope with on a daily basis.

SUICIDE & MALNUTRITION AMONG WEAVERS IN VARANASI

I. OVERVIEW : VARANASI AND THE WEAVING INDUSTRY

Introduction: Varanasi and the Banarasi Sari

Varanasi is located in the Indian state of Uttar Pradesh, and is a historic center of Indian cultural and religious tradition. Resting on the banks of the sacred Ganges River, Varanasi is regarded as a holy city by Hindus, Buddhist and Jains alike, and more than one million religious pilgrims visit the city every year. Generally believed to be at least 3,000 years old, Varanasi is also one of the world's oldest existing cities. One of Varanasi's longest running traditions is the creation of the world-famous Banarasi sari, a traditional Indian women's dress. The sari weaving tradition is almost 800 years old, and saris have been a popular fashion across India for centuries.

Considered amongst the finest in India, Banarasi saris are made of finely woven silk and decorated with elaborate embroidery and engravings. The quality of these designs, aided by a local climate conducive to silk handloom weaving, has put Varanasi at the helm of India's silk weaving industry. The Varanasi weaving industry also stands as a symbol of synergetic and composite culture, merging Hindu and Muslim patterns in its sari designs.

The Banarasi Sari is predominantly woven on hand looms by highly skilled weavers. This ancient practice has experienced little innovation or change over the years. However, in the past few decades, an increased share of weaving has been done on power looms.

The Banarasi Sari is produced in a few specific area of Varanasi - Lohta, Bazardiha, Sarai Mohana, Lallapura, Saraiya, Bagwanala and Badi Bazar. Most of these areas are predominantly Muslim, reflecting the prevalence of weavers from two disadvantaged groups: poor Muslims and dalits.

Role of the Varanasi Weavers

Historically, weavers were considered in high regard as skilled craftsman and artisans. While they have always labored hard, their skills and unique products placed them in relative prosperity within their communities. Typically a weaver's entire family is involved in the occupation. The number of Varanasi workers and families associated with weaving is uncertain, as no extensive survey has been conducted. However, unofficial estimates have placed the total number of workers at around 500,000. A majority of these workers have little or no education.

Weavers are typically dependent on traders for their livelihoods. The traders purchase saris in bulk from weavers and sell them in markets. Weavers typically earn only 300 to 400 rupees (about US \$9 - \$10) per sari, which may take 15 days to complete (Source: PVCHR Survey). Weavers are only paid by traders when the sari is actually sold in the market.

Weavers often work 10 hours a day for 10 to 12 days to complete one sari. During this period, a weaver might be helped by his family in the creation of intricate designs and stitching. Usually female members of the household help with this task, essentially serving as unpaid workers. While this work is critical to sari production, it is assigned little value or status, and is usually not considered in sari pricing or labour wage fixing.

State of the Varanasi Weaving Industry

The Varanasi weaving industry has experienced significant decline since the early 1990s. Demand for the Banarasi sari has stagnated in the face of increased competition from cheaper alternatives, shifting consumer taste, disruptions to the supply and manufacturing process, and trade policies that have exacerbated the price gap between Banarasi saris and imports.

The Banarasi sari now competes with cheaper power loom, import silk and synthetic saris. There are even many consumers who prefer the synthetic or imported saris due to a perception of similar quality and smoother texture. Chronic local power shortages have also occasionally crippled production and distribution, further benefiting the value and perception of stable imported substitutes.

The Banarasi sari, a domestic product best manufactured from imported materials, has suffered from government policies designed to protect domestic commodities while allowing increased import of finished goods. In a move to protect the national domestic silk industry, the government imposed a ban on weaving Chinese silk from 1995 to 1998, mandating weavers use silk produced domestically in Bangalore. While this may have increased the demand for domestic silk, it had the inverse effect on Banarasi saris. Using the higher cost Bangalore silk only heightened the price gap between Banarasi saris and less expensive substitutes. In response, some weavers began smuggling Chinese yarn, and also demanded an Open General License (OGL) to legally import the yarn, but were eventually refuted (Source: "Globalization Pushes Varanasi Weavers ...", Tarun Kanti Bose).

In contrast, policies to promote free trade have also hurt the industry. Cheaper textile imports have gained prominence with the advancement of the Negotiations on Non-Agricultural Market Access (NAMA) by the World Trade Organization (WTO). The negotiations have led to the freezing or declining of import tariffs, including tariffs imposed on textiles such as saris (Source: "Effect of WB-IMF-WTO on weavers and marginalized communities", AHRC). In 2001, India removed its quantitative restrictions on silk imports. This opened unrestricted import of Chinese plain crepe fabrics - a direct substitute for hand-woven silk saris - which had a crippling effect on the Banarasi sari (AHRC). In an unfortunate circumstance, both protectionist and free-trade policies have disrupted the Varanasi weaving industry and its constituents.

Recent broader Indian economic success had started contributing to what some perceived as a revival of the Varanasi weaving market. Over the last three years, local traders have reported a growth in exports as the Banarasi sari remained in demand for weddings and was popularized in mainstream culture, including several Hindi films.

In a very recent development, import of Chinese silk is likely to be in decline; China's primary silk gardens in the Sichuan province were disrupted in the devastating summer 2008 earthquakes. In October, overall Chinese silk exports were down over 20% compared to October 2007

(Source: IEL China). Smaller local silk traders have already reported damage to their businesses, but the effect on the Banarasi sari and weavers has yet to be documented.

The industry is also fresh with new worries about upcoming declines in demand due to the global economic slowdown. As the slowdown begins, some traders have already noted cuts in export orders, and the perception of the Banarasi sari as a luxury wedding dress may hurt its demand when the national economy declines (Source: "Banarasi Silk industry Loses Sheen", Saubhadro Chatterji).

Whatever the condition of the overall market, Varanasi weavers appear to benefit less from successes than they suffer from declines. During the industry's decline, the number of families dependent on the trade has only increased (Source: PVCHR estimates). At the same time, a small number of traders have retained their overall control of the local market. Under this feudal structure, most weavers remain without direct access to the market, while middle-men continue to earn significant profits. Under the fixed rate labour system, when the industry thrives, the middle-men earn more, while when demand decreases, there is less work available for weavers. The delicate Varanasi weaving industry is not structured in a way to benefit its workers.

II. THE LIVES AND PLIGHT OF VARANASI WEAVERS

Overview

Over the past decade, the situation of most weaver's has deteriorated into a pitiful state, as weavers face increased poverty, hunger, health issues and inability to provide for their families. It is estimated that over 50 percent of weavers' children are malnourished (Source: PVCHR / Aid Group Estimate). In addition, many weavers cannot even afford basic medical care for their children, much less themselves. Weavers have started supplementing their meager traditional income with laboring work, such as driving cycle rickshaws. Some weavers have become so despondent as to take their own lives. Since 2002, 175 weavers have committed suicide (Source: PVCHR).

This informal sector has traditionally had little public voice. With no culture of unions, they have rarely fought together for their common interest. The Muslim sections of the community have employed community councils, but these mainly focused on settling their social problems.

Health Issues

Weavers and their families suffer from a range of health problems. Many develop respiratory ailments related to breathing in fibers and dust from the fabrics they work with. There is a high level of tuberculosis, particularly Multi Drug Resistance Tuberculosis (MDTRB), which can be induced from exposure to silk and cotton fibers. PVCHR and the Asian Human Rights Commission (AHRC) recently conducted a 5-month study and consultation on tuberculosis cases in the weaver community in Lohta, and diagnosed 67 individuals suffering from the disease.

**TABLE 1.1 : Survey Results
AHRC / PVCHR Weaver Tuberculosis Study & Consultation (2008)**

Month	# Patients Diagnosed	# With Tuberculosis	Female	Male
March	20	20	7	13
April	20	10	7	3
June	14	14	4	10
July	16	16	7	9
August	16	16	6	10
Total	86	67	31	36

Note: Conducted by Dr. Ajay Kumar Gautam of Sarojini Naidu Hospital using x-ray and montex testing.

The consultation found that weavers and other disadvantaged community members lack personal and institutional resources to prevent and treat the disease. The consultation promoted the treatment regime recommended by the World Health Organization, Directly Observed Treatment, short-course (or DOTs) was generally thought the best for treating local weavers. This treatment package requires frequent consumption of medicine accompanied that would typically cost 300-400 rupees per week (Source:

AHRC / PVCHR Consultation). This amount is unaffordable to most weavers. Of special concern were cases potentially involving MDRTB, which resist the most commonly used tuberculosis treatment drugs. Treating MDRTB effectively requires greater supervision, is more taxing on patients and comes at a significantly greater expense.

Weavers and family members also frequently suffer from a range of health ailments related to malnutrition and exhaustion. Weaver children face significant health issues, particularly malnutrition. A PVCHR survey identified 46 severely malnourished children in weaver areas, with an average age of 2.6 years old and an average weight of 8.2 kilograms. This problem is exacerbated in isolated weaver communities that depend on often delayed government-subsidized food distribution. In the neighborhood of Dhannipur in the outskirts of Varanasi, twelve children have died in 2008 from malnutrition (Source: "The Land of Dying Kids", India Today). The local administration has admitted that 106 children in Dhannipur were suffering from malnutrition.

Few weavers have access to health services to treat their health problems. National Indian law mandates that all citizens - including informal sector workers - are covered by the public health system. Indeed, some health coverage is guaranteed to holders of Antodaya Anna Yojana (AAY) cards, which are increasingly distributed to the weaver community. However, in Varanasi, few weavers or other laborers receive proper benefits, which are often only guaranteed if they have political contacts or are willing to give bribes to gain access to government hospitals.

During the tuberculosis study, PVCHR encountered many of the common problems with public health care available to weavers in Varanasi. In the weaver hub of Bajardeeha, an area with more than 200,000 people, there are no public health facilities available. In weaver districts where health centers are present, they often have severe operational and logistical limitations. This is exemplified by the health system in Lohta, a small district on the outskirts of Varanasi. In Lohta, the Primary Health Center (PHC) is located 4 kilometers away from the population center, and is not connected to the paved main road. Because of this, patients usually have to pay for transportation to the center, and then walk the 1.5 kilometer

stretch between the main road and the hospital. The PHC staff appeared unenthusiastic about serving the local community, and even locked the facilities when PVCHR staff arrived to request information on tuberculosis cases. Lohta also has two smaller sub-centers, which provide very limited care. Both the sub-centers and the PHC typically send patients to the District Hospital in Kabrurchaura for treatment. This hospital is a substantial distance from Lohta and travel to it is both intimidating and expensive for patients.

Exploitation of Women and Children

Women and children are frequently exploited in the Varanasi weaving industry. They are an important part of household production units, but their informal role largely remains invisible and unpaid.

Women play a significant and unrecognized role in all stages of sari preparation. Women often spin and cut thread and perform other important tasks that are labeled as secondary or menial. Performing these tasks is highly repetitive and taxing. It involves sitting and working in uncomfortable positions for as long as six to seven hours at once. They are not allowed to sit and work on the actual looms as the general perception is that women cannot weave saris. Women are generally not paid directly for their work. If they are paid by the traders, they receive only 10 to 15 rupees a day, or about US \$0.25 (Source: PVCHR). This exploitation of women as free or cheap labour subsidizes the entire Banarasi sari industry.

Children also often help family members make saris, having to work for long hours in very tiring conditions while suffering from malnourishment. Children are usually employed for pattern making and other small jobs, helping to speed up the whole production process. Children sometimes will work different jobs to pay for their own meals or to help repay family loans.

Suicide and Depression

Suicide has become a sad trend amongst weavers in recent years. PVCHR staff members were surprised to discover this trend in 2002, as weavers have had a reputation for relative prosperity. Following this discovery, a

fact-finding team visited Varanasi to research the causes of the trend. During this visit, they met with weavers and their families, including with weavers of the Mohalla Bagwanala weavers' colony, which they described as resembling a "ruined forest", where no one could be seen smiling or laughing. At the colony, about 50 percent of handlooms were not operating due to lack of raw materials and the absence of new sari orders. Economic hardship related to the industry's decline was noted as a significant contributor to weavers depression and suicide.

Since that time, PVCHR has documented suicides within the weaver community, and has identified 47 suicide deaths that occurred between 2003 and 2007. About half of these suicides were related to hunger and malnutrition. Approximately another 30% of the suicides were related to poverty and economic hardship. The rest were due to disease, family strife and inability to escape debts. All of these suicides were linked to the shame created by such poor conditions that leave weavers unable to care for their families or themselves.

Many weavers have found a way to avoid the cycle of depression and suicide in hard times. Some weavers have reconciled with the shame and indignity of being unable to apply their skills, and moved to alternative employment opportunities. These are usually non-skilled labor positions like driving cycle rickshaws, cleaning houses or peeling and selling fruit. Still other weavers have joined to fight for their livelihoods, attempting to resurrect the weaving industry and improve their access to basic needs like food and health services.

III. ACTIONS TO ASSIST THE WEAVER COMMUNITY

Overview

Several international organizations, including the Hong-Kong based AHRC and Germany-based FIAN International have called for weaver suffering to end, declaring hunger alerts and appealing for help for the weavers in Varanasi and other at-risk areas. In Varanasi, PVCHR has taken several actions to mobilize the weaver community.

Formation of BDAM

In 2002, PVCHR decided to pursue a strategy to unite and organize the weavers. Nearly 500 weavers contacted PVCHR, and they decided to form a union that would pursue revival of the handloom industry and lobby the government for improved social security for weavers. The organization was officially established as Bunkar Dastkaar Adhikaar Manch (BDAM, meaning Forum of Rights of Weavers and Artisans) in 2003. BDAM elected Mr. Siddique Hasan, a weaver, as their Convener.

BDAM is now a membership-based union that pursues both organizing and advocacy. BDAM focuses on three primary issues: right to health, right to food and revival of the handloom industry. BDAM uses a 'folkway' strategy, which entails giving people a chance to speak about their own experiences. The union is facilitated by PVCHR, which helps with organizing and documenting what members say and how they view their problems.

Public Discussion & Studies

To encourage member dialogue and self-empowerment, BDAM and PVCHR have organized three people's tribunals since 2004. During these tribunals, weavers share their stories and opinions with each other and the public.

PVCHR has also hosted other public hearings to discuss issues related to disenfranchised groups in Varanasi. During a hearing on December 18, 2007, also attended by AHRC, Action Aid International and Bunkar Dastakar Adhikar Manch, members listened to several testimonies on the lack of public health services and food distribution in Lohta. The testimonies also revealed the prevalence of tuberculosis in Lohta, enabled by occupational hazards, poor living conditions and common physical vulnerabilities related to malnutrition.

AHRC and the PVCHR appealed to the state government to take immediate action to assist with to identify and treat people suffering from tuberculosis. Following a slow response from authorities, AHRC partnered with a local medical doctor to conduct a 5-month study of tuberculosis infection in Lohta. The study formally identified the prevalence of

tuberculosis and is being used to secure government help in addressing this problem for the weaver community.

Public Health Lobbying

BDAM and PVCHR have tried to promote public policies that will help the weaver community, with a particular focus on public health. BDAM and PVCHR have consistently lobbied the government for improvement to the public health system and increased access for the weaver community. PVCHR has petitioned India's Planning Commission for help numerous times. In response, Planning Commission Member Ms. Saiyada Hamid has visited the weavers on two occasions.

Following the lobbying effort, the government eventually approved a health insurance plan for weavers starting in the fiscal year of 2005 -2006. Under this scheme, the health expenses of weavers and their families, including the husband, wife and up to two children, are covered in public hospitals as well as designated private hospitals. The insurance scheme is implemented by the ICICI Bank. Under its terms, every weaver contributes 200 rupees in premiums annually, and the government contributes an additional 902 rupees per weaver. The annual policy coverage is capped at 15,000 rupees, or approximately US \$350. Gaining this coverage was a significant achievement for BDAM and PVCHR.

Unfortunately, like other government schemes, the weaver insurance plan has faced the challenges of corruption. BDAM and its constituents have struggled to ensure fair and honest implementation of the scheme, and many weavers have not received benefits. The most common abuse of the plan was weaver insurance cards being issued to other individuals, who would then use the medical insurance benefits. Swindled weavers left without insurance cards were unable to receive the insurance benefits to which they were entitled. Working through BDAM, weavers exposed such cases of corruption and misadministration, and eventually many of the weavers managed to obtain their insurance cards.

The overall Varanasi weaver community continues to struggle, and BDAM and PVCHR are working to address the broader problems of poverty, malnutrition, depression and the declining Banarasi sari market.

IV. CASE STUDIES

Individual stories of hardship within the weaver community expose the social issues weavers must deal with, and why some ultimately choose to take their own lives.

Case Study 1: Child Malnutrition - The Idrish Family

Mr. Mohammad Idrish is a handloom weaver in Dhannipur, a small outer neighborhood of Varanasi. For most of his life, Idrish worked using his own loom. However, he encountered significant economic hardship during the decline of the weaving industry. To avoid poverty and pay for treatment of his malnourished children, he sold his hand loom along with his bicycle and other possessions.

Idrish's eight-year-old son, Mainuddin, had to work as a child labour doing embroidery work on saris. For this work he typically earned 150 rupees (\$3.5 US) in a month. Idrish's youngest son, Sahabuddin, suffered from extreme malnutrition. When PVCHR staff encountered Sahabuddin, he was two years old and weighed only an astonishing six kilos.

Sahabuddin had been exposed to health problems since birth. He consumed little nutritious food and began suffering from malnutrition. Soon after birth, he lost eyesight in his left eye. The family did not have enough money to travel to a nearby primary health center and obtain treatment for him.

The Idrish family was further hurt by a local village council ruling that they were above the poverty line. This limited them from receiving government subsidized food, and they were issued with an Above Poverty Line (APL) ration card. This designation restricted them from obtaining subsidized food or grains from state-run Public Distribution Shops (PDS).

On 12 April 2008, a doctor at the primary health centre examined Sahabuddin and referred him to the larger Shiv Prasad Gupta District hospital. At the district hospital, he was again referred to the Banaras Hindu University Medical College for treatment. However, his family had no more money to travel to the university hospital and pay for treatment.

On 14 May 2008, staff associated with the Integrated Child Development Scheme (ICDS) diagnosed Sahabuddin as suffering from Grade III level

malnutrition, and again referred Sahabuddin to the District Hospital. It was at this time that PVCHR staff encountered the Idrish family and Sahabuddin. They took Sahabuddin to the hospital for medical attention. PVCHR informed the district and state administration of Sahabuddin's condition, but no official action was taken to help either him or his family.

Sahabuddin died later this year. The Asian Human Rights Commission (AHRC) researched the incident, and found that Sahabuddin died suffering from grade III severe malnutrition. AHRC official Bijo Francis explained that this degree of extreme hunger is sometimes found in inaccessible disaster sites like those in Somalia. Francis noted that Uttar Pradesh is not Somalia, rather, "It has a democratically elected government. It has ministers and secretaries who travel around the state in the name of governance in expensive air-conditioned vehicles." The coexistence of such severe malnutrition with a functioning government is a rarity in the modern world.

Now Idrish is working with his neighbor Mohammad Munir. But due to the decline of the handloom industry Idrish finds it difficult to get regular employment.

Sahabuddin's case is typical in poor communities where Varanasi weavers live. In Dhannipur village, thirteen other children suffer from extreme malnutrition. They are: two-and-half-year-old Ahmad Raza (7.1 kilo), three-and-half-year-old Imran (8.2 kilo), four-year-old Gulfam (7 kilo), four-month-old Sahil Raza (4 kilo), one-and-half-year-old Mohammad Imran (3 kilo), one-year-old Noor Mohammad (3.6 kilo), three-year-old Soni (8 kilo), three-year-old Shalmeen (6.5 kilo), five-year-old Sahiba (7 kilo), four-month-old Shabeena Bano (2.5 kilo), two-year-old Saheena Parveen (2.9 kilo), two-year-old Mohammad Israaq (3.2 kilo) and six-month-old Noukhta Hasan (2.9 kilo).

For supporting the victims of malnutrition and hunger the Uttar Pradesh government issued a directive on 24 December, 2004 signed by the Chief Secretary. This directive requires every Village Council in the state to form a committee for hunger and malnutrition. The committee also is issued an emergency fund. When a credible case of starvation is documented, the family or the person suffering from starvation is to be provided immediate

financial help of 1,000 rupees (\$25 US). The parents of the malnourished children in Dhannipur went to meet with District Magistrate of Varanasi on 24 May 2008. There has still been no government action to address the situation of their children.

Case Study 2: Family Malnutrition- Vishambhar

Vishambhar lost his job as a weaver due to the market downturn. He now lives together with his surviving children in a thatched hut. His wife and two children died in 2005. His wife Jigna died on April 16, 2005 from starvation and one week after his 16-year-old daughter Soni also died from hunger-related afflictions. His two-month old son was left without a mother and also died from starvation in May 2005. Vishambhar and his remaining still live facing the imminent threat of starvation.

Vishambhar's case is not an isolated one. Despite being a skilled weaver, he has no job, and no land or any other way to get food. In an egregious government error, he was administered a Above Poverty Line (APL) ration card and was unable to get government subsidized food.

After several media reports on this case, the administration distributed to Vishambhar a ration of 50kg of wheat and 20kg of rice, enough to last for a few months.

Vishambhar submitted an affidavit to the District Magistrate in Varanasi to plead his case, asking for a debt-free way to pursue access to food (including a food for work scheme) and for appropriate action against negligent authorities for the death of his newborn son, and against the panchayat (village) secretary for taking no action to prevent starvation deaths in the village. No official action has been documented in response.

Case Study 3: Stories of Desperation

Blood for Cash: Mohammed Umair

Unable to earn enough money to sustain himself or his family, weaver Mohammed Umair began selling his blood, doing so an astonishing 13 times in six months. Several of Umair's friends from Bajedian village also began selling their blood for cash, only to all fall afoul of the authorities. "Some doctor leaked the news, we were penalized and the police warned us stating it was illegal," said Rafique, one of Umair's accomplices. Now

Umair is suffering from tuberculosis and has no trust of authorities, telling us "*Sarkar ne to mera khon bhi kharab kar diya*", or "The government has even contaminated my blood".

Infant for Sale: Subhan Ali

In Kotwa village, weaver family Ghulam Rasool and Raziya Biwi sold Subhan Ali, their two-month-old son for 2,000 Rupees (about USD \$50). This trend of illegal infant sales is growing not only in Varanasi but other parts of Uttar Pradesh such as Tanda and Mau.

Case Study 4: Weaver Suicide - Neeraj

In Benipur village, Mr. Alinar was the head of a weaver family, and had three sons. The entire family initially continued the artistic and cultural tradition of their predecessors and was engaged in the work. All three sons grew to become highly skilled as weavers and initially followed their father's trade. Mr. Alinar himself began suffering from leprosy and was unable to do anything. As industry conditions deteriorated, the two older sons left for other occupations and started their own families.

The youngest son, Neeraj, was left with the burden of supporting his family by practicing their traditional craft. He worked long hours to produce high-quality saris, but his earnings were not enough to support his family. Neeraj sold all of his land in a desperate attempt to provide for his family, but still could not prove their economic situation. Unable to provide for his family by his trade, Neeraj searched for new work but could find no suitable employment. On June 11th, Neeraj made a last attempt to find work high-paying enough to pay for his family, but did not succeed. Neeraj wandered away from his home.

Neeraj was found later that day, unconscious from a poisonous herb he had ingested. He has admitted to a local hospital, but they were unable to treat him. He was eventually taken to a large hospital at Banaras Hindu University, but it was too late. Neeraj had committed suicide.

Neeraj's family did not have any money to pay for his funeral. Their neighbours eventually contributed some money so his body could be cremated. His father remains unable to support himself, but is technically eligible for the AAY card and an old age pension.

ANNEXURE: 1

The Structure of the Banarasi Saree Industry

The sari industry is a household industry spread over the entire Varanasi district. Since the beginning of the industry, saris were woven on handlooms. In recent times power looms have also been inducted in the industry. The saris produced on handlooms are different from those produced on power looms. The yarn, the designs as also the production processes are different. Both types of saris have their separate market niche. The looms are installed within the houses but separated from the living areas and are being run mostly by family labour and partly by hired labour.

The designs are developed by skilled designers/weavers who are engaged in the trading or employed by the traders. The designs are sent to specialised shops that translate the design into a series of punch cards. These punch cards are given to the handlooms owners where the woman members sew the punch cards into the specified series and then these cards are installed on the Jacquard device placed atop the loom.

There are two types of loom owners. One is an independent producer who buys the raw material and sells finished saris. The other type is one who is attached to a particular trader who provides design and raw material to loom owner. The payment in the case of the former is on the basis of price negotiation while in the case of latter it is a fixed conversion charge (piece rate). Many traders are also owners but they contract out their looms to weavers.

Sari weaving has been followed as an occupation in most of the areas during the last 30-40 years. It was observed in one of the areas (Baghava Nala) that the earlier generation of weavers used to go to the loom installed at the master's or Gaddidar's house. Even now, some weavers go there and their earning is about 80 per cent to that earned by a weaver if the work is done at their own houses. It may be noted that getting the work to homes is in the interest of the weavers, as the entire family can be roped in - the women and the girl children at *nari hharai* and the male children at *dharki phenkna* at the looms.

The raw material suppliers and the finished sari buyers are middlemen/traders/ cooperatives. The industry used Indian silk as also silk imported from China. The powerlooms use imported silk or other fibres while the handlooms require mostly Indian silk, which comes mostly from Karnataka.

The Process of Production:

Production of a sari on a handloom undergoes many processes. The silk yarn called *Katan* is reeled, bleached and dyed. The dyed yarn is prepared for *Tana* (warp) and *Bana* (weft). In case of warp reeling *Tana Tanana* four to five persons are needed. The length of yarn reeled on a five feet long warp cylinder is sufficient for six lengths of a saree (33 meters). Yarn for the weft is reeled on a small (few centimetres long) cylindrical object and the process is called *Nari Bharna*. Many such reels are needed to complete a saree. It is used in shuttle *Dhirri* as also to bring out the designs *Buti* on the sarees. *Nari bharna* is almost a continuous process so far the loom is running. All other processes are one-time set-up jobs. Once set-up, six sarees are produced in a row i.e. till the warp yarn is exhausted. The design set-up on Jacquard lasts till next design is introduced.

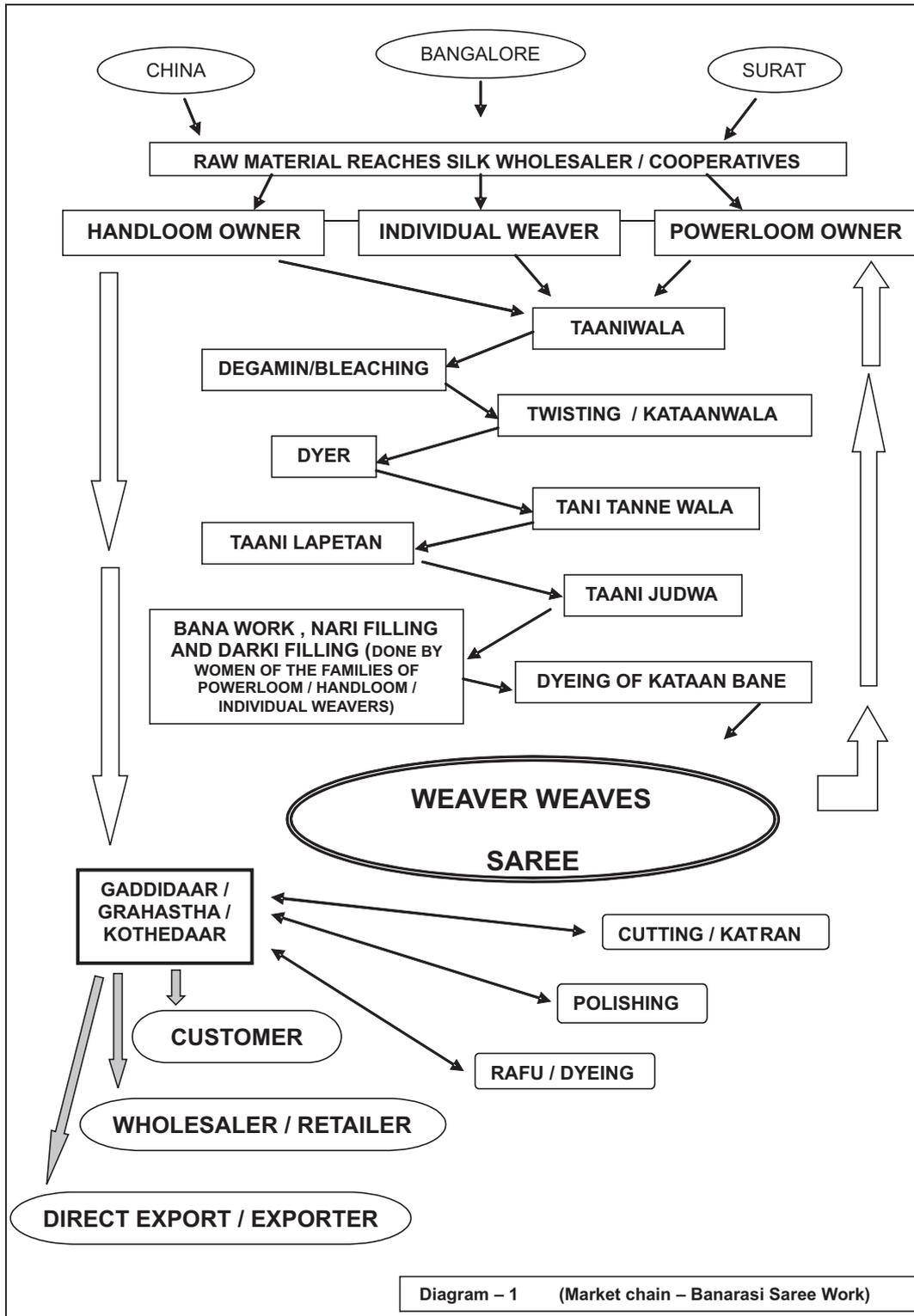
Market chain of Banarasi Saree work

In the market chain of Banarasi Saree work as seen in the diagram - 1, there are multiple and complicated stages that the raw material undergoes, before it comes out as a finished Banarasi Saree. The process is long, and the end product reaches the Gaddidar / Grahastha, who have the overall control on the process. The workers are usually at the mercy of the Gaddidar / Grahastha, as they decide the returns that the weavers and other artisans get at the end of their work, and are firmly under the grip of the Gaddidar / Grahastha.

The arrows in the diagram represent the flow of raw material. After the arrival of the raw material from Surat, China or Bangalore, it reaches the handloom owner, individual weaver or power loom owner through the silk cooperatives / silk wholesaler. Subsequent to that the raw material

undergoes various value addition stages, after which the weaver weaves the saree.

Each value addition stage from the taaniwala to the dyeing process (shown by small arrows) is handled by artisans, who are experts in their trade. Finally the woven saree goes back to the handloom owner / powerloom owner, in case the raw material was taken from them (depicted by thick arrows). The finished saree reaches the market via the Gaddidar / grahastha / kothedar. The finishing of the saree is done at the level of the Gaddidar / grahastha / kothedar (small 2 sided arrows depict this exchange of finished products).



ANNEXURE: 2**List of Suicide-related Weaver Deaths (January 2003 to March 2007)
(PVCHR Study)**

S.No.	Name	Age	Place	Date	Reason
1	Shivsatti		Chhahi Goan VNS	3/1/2003	Hunger
2	Nurudin		Saraiya	23/06/03	Hunger
3	Jai Chand		Chhahi Goan VNS	3/8/2003	Hunger
4	Malati		Chhahi Goan VNS	3/8/2003	Hunger
5	Sabnam		Chhahi Goan VNS	3/8/2003	Hunger
6	Daddan		Goraj Goan	16/08/03	Hunger
7	Dharmaraj		Mirzapur	27.09.03	Hunger
8	Rekha		Mirzapur	27/28/.09.03	Hunger
9	Bachchi		Mirzapur	27/28/.09.03	Hunger
10	Kaushar Jahan		Bajrdiha	27/03/04	Hunger
11	Jamil	20	Jaitpura	31/03/04	Hunger
12	Ramesh Patel	22	Rohaniya	21/06/04	Hunger
13	Tanveer Ahamed		Koniya	1/8/2004	Hunger
14	Shira	12	Sevapuri	Aug. 04	Hunger
15	Raziya	20	Bazardiha	9-Aug	Hunger
16	Raju	13	Phoolpur	26-Sep	Hunger
17	Moni	7	Phoolpur	26-See	Hunger
18	Bakridu Hasmi	55	Harhua	1/10/2004	Hunger
19	Prvati		Tophapur	11/10/2005	Hunger
20	Daughter of Parvati	6	Tophapur	11/10/2005	Hunger
21	Son of Parvati	6	Tophapur	11/10/2005	Hunger
22	Chhendi		Sevapuri	28/03/06	Hunger
23	Fulchand	50	Belwa	18/6/06	Hunger
24	Durgawati		Sevapuri	12/2/2005	Illness

S.No.	Name	Age	Place	Date	Reason
25	Teras Nath	28	Sobarna	12/8/2006	Loan
26	Mohd. Ikbam	45	Bakrabad	Aug. 04	Malnutrition
27	Jiutram Prajapati		Changwar	2/2/2006	Reason of loan
28	Nurddin		Jaitpura	18/10/04	Unapid wages
29	Kaju	16	Changwar	27/10/06	--
30	Ibrahim		Saraiya	13/08/04	Disease related to hunger
31	Mohd. Ilram	45	Lohta	Aug. 04	Disease related to hunger
32	Gulijar	30	Bazardiha	20/5/04	Economical problem
33	Rukhsana	24	Bazardiha	20/5/04	Economical problem
34	Jiwata	28	Adampura	Jul, 04	Economical problem
35	Tara		Sarnath	June, 04	Economical problem
36	Ramesh Maurya	42	Lohta	26/2/05	Economical problem
37	Rambabu Prajapati	30	Chandpur	16/3/05	Economical problem
38	Usha Devi	30	Pindra	21/4/05	Economical problem
39	Roshan Jamal Ansari	40	Jagjiwanpura	24/04/05	Economical problem
40	Rita	26	Jansa Belauri	15/5/05	Economical problem
41	Surekha		Jansa Naraicha	14//5/05	Economical problem
42	Gopal Rajbhar		Sarnath	7/6/2005	Economical problem
43	Urmila Devi	26	Barani	13/5/06	Economical problem
44	Surekha W/o Babalu	22	Naraicha	14/5/06	Economical problem
45	Farid Alias	35	Lallapura	9/6/2006	Economical problem
46	Neeraj			12/6/2007	Economical problem
47	Mohd. Islam	38	Lohta	3/11/2006	Family tension

**List of Child Malnourishment Cases in Varanasi Weaver Communities
(PVCHR Study)**

SNo.	Name	Age	Gender	Weight(kg)	Grade	Father Name	Occupation
1	Ashish	1	M	5½	III	Ashok	Weaver
2	Khushbu	1	F	5	III	Ketal	Bagwanala
3	Lakshman	1	M	5	III	Ketal	Weaver
4	Jaimala	8 month	F	5	II	Masu	Bagwanala
5	Ratan	8 month	M	5	II	Raj Kumar	Weaver
6	Reshma	5 month	F	4½	II	Paru	Bagwanala
7	Punwasi	13 month	M	5	IV	Vinod	Weaver
8	Chirag	13 month	M	7	II	Raju	Bagwanala
9	Dharmaraj	1½	M	9	I	Ghure	Weaver
10	Chandani	2½	F	8	III	Barsati	Bagwanala
11	Ujala	2½	F	11	I	Kanhaiya	Weaver
12	Chotu	1	M	7	I	Ghure	Bagwanala
13	Rakesh	2½	M	10	I	Ghure	Weaver
14	Anand	13 month	M	6	III	Bal Kishan	Bagwanala
15	Moni	2½	F	11	I	Raj Nath	Weaver
16	Mahima	2½	F	10	I	Manoj	Bagwanala
17	Bhonu	2	M	9	I	Subhash	Weaver
18	Ram Tirath	2	M	10	I	Jaggan	Bagwanala
19	Chotu	3	M	10	II	Sauti	Weaver
20	Pachu	15 month	M	5	I	Subhash	Bagwanala
21	Mahajan	4	M	11	II	Birju	Weaver
22	Anjani	4	F	11	II	Baiju	Bagwanala
23	Sajan	4	M	12½	I	Birju	Weaver
24	Sharmila	5	F	15	I	Surjan	Bagwanala
25	Rajmani	4	F	13	I	Khetal	Weaver
26	Sepa	5	F	13	I	Masu	Bagwanala

SNo.	Name	Age	Gender	Weight(kg)	Grade	Father Name	Occupation
27	Savita	5	F	10	III	Vinod	Waver
28	Pinki	4	F	13	I	Ashok	Bagwanala
29	Kallu	4	M	13	I	Kammal	Weaver
30	Mahajan	4	M	11	II	Birju	Bagwanala
31	Anjani	4	F	11	II	Baiju	Weaver
32	Sajan	4	M	11	I	Birju	Bagwanala
33	Sharmila	5	F	15	I	Sarjun	Weaver
34	Rajmani	4	F	13	I	Khetal	Bagwanala
35	Ahmed Raza	2½	M	7.2			Weaver
36	Imran	3½	M	8.2			Dhannipur
37	Sahil Raza	4 month	M	4			Dhannipur
38	Mohd. Imran	1½	M	3			Dhannipur
39	Noor Mohd.	1	M	3.6			Dhannipur
40	Soni	3	F	8			Dhannipur
41	Shalmeen	3	F	6.5			Dhannipur
42	Shahiba	5	F	7			Dhannipur
43	Sabeena Bano	4 month	F	2.5			Dhannipur
44	Shaheena Parveen	2	F	2.9			Dhannipur
45	Noukta Hasan	6	M	2.9			Dhannipur
46	Amin	2 month	M		II	Late Ziauddin	Dhannipur
	Average	2.6		8.2			

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Peoples' Vigilance Committee on Human Rights (PVCHR)

PVCHR was started in 1996 as a membership based human rights movement in Varanasi (Uttar Pradesh), one of the most traditional, conservative and segregated regions in India.

PVCHR works to ensure basic rights for vulnerable groups in Indian society, e.g. children, women, Dalits and tribes, and to create a human rights culture based on democratic values. PVCHR ideology is inspired by the father of the Dalit movement, Dr. B. D. Ambedkar, who struggled against Brahmanism and the caste system in India. PVCHR is working on the grass-root level in 45 villages in Uttar Pradesh. Cooperating with local human rights activists, PVCHR documents cases of severe human rights violations in the villages.

The team consists of full time employees, field staff employed on a yearly or required basis and consultants hired with specific terms of reference. Human rights activists in 45 villages are working as volunteers with PVCHR. Indian society, especially in the rural areas, is still influenced by feudalism and the caste system, which continues to determine the political, social, and economic life of the country. Caste based discrimination occurs in the educational system, in work places, villages and towns and even in courts of justice.

One of the severest human rights violations in India is the widespread use of torture in police custody, which is closely linked to caste-based discrimination. In crime investigation suspects are tortured to force confessions. There is no independent agency to investigate cases, so complaints are often not properly reviewed and perpetrators are not prosecuted and punished. PVCHR investigates and documents human rights violations, and, in cases of custodial torture, also provides legal aid. To raise public awareness PVCHR is cooperating with media as well as national and international human rights networks. It also requests that local authorities initiate action to prevent further human rights abuses. The documentation is used for advocacy, and published in a network of local, national and international organisations. Cooperation with PVCHR's key partner, the Asian Human Rights Commission (AHRC), ensures effective advocacy (Urgent Appeals) for every case. The point of departure for our campaigning and political lobbying is always the meticulous analysis of the individual case. Examples for our campaigns from the last years, which were strongly supported by the grass-root movement, are: 1) Fair Play Campaign against the use of child labour in Indian Sporting Goods, 2) Global March against Child Labour which in effect liberated bonded child labour in many areas and 3) Campaign on the rights of weavers and on the cases of hunger death, malnutrition and starvation among the weavers communities.

To translate policy into practice, PVCHR has applied its model concept of "people friendly – Jan Mitra villages" in five selected villages, four rural and one urban, where there are a high number of poor and marginalized people, quasi-feudal relations and a complete breakdown of rule of law. There are 7000 rural and 1000 urban dwellers in the model Jan Mitra (People Friendly) villages. Beneficiaries of the program participate in all activities and decisions.

PVCHR helps provide education in these villages, reactivating defunct primary schools, encouraging education of girls and promoting non-formal education.

PVCHR also focuses on organizational development of vulnerable groups and the implementation of village committees. In each Jan Mitra village a community centre has been established, forming the base for development activities. People are also actively engaged in community-based counseling, in the form of "Folk Schools", one of the core activities in the model villages. In community meetings of the Folk schools people can testify about their suffering and receive support from the group. Folk Schools also deal with conflicts with the village head or experiences of torture. Special forums for women focus primarily on health, but sometimes include such things as dowry issues. The statements of the villagers are recorded and their demands are forwarded to administration and governments.

PVCHR has been a key partner in the EU and FNSI supported "National Project on Preventing Torture in India" which was implemented by People's Watch Tamil Nadu. The aim of the project, 2006-2008, was to initiate and model a national campaign for the prevention of torture in India, with a deliberate focus on torture practices employed by police. The project was carried out in 9 states. PVCHR wants to expand its casework to focus on women's rights and capacity building in the field of counseling and psychosocial support for victims of different human rights violations through testimonial therapy collaboration with Rehabilitation and Research Center for Torture Victims (RCT).

ActionAid is an international anti-poverty agency working in over 50 countries, taking sides with poor people to end poverty and injustice together.

In India today we are working with more than 300 civil society organisations and over fifteen million poor and excluded people in 24 states and two union territories.

Our focus is on the rights of India's most marginalised communities: **Dalit and indigenous people, rural and urban poor, women, children and minorities**. These groups face an acute lack of access to and control over resources, services, and institutions.

We pay special attention to those in vulnerable situations such as **people living with chronic hunger, HIV/AIDS or disability, migrant and bonded workers, children who are out of school, city-dwellers without a home, and people whose land or livelihood is under threat. Also, women and men, girls and boys who have been trafficked, displaced, or hit by natural and human-made disasters.**

ActionAid believes that to make any dent in persistent inequity and injustice, the root causes of poverty must be addressed, and not just the distress conditions.

We therefore take a rights-based approach to development, helping people to claim their rights which may be constitutional, moral or legal entitlements and addressing immediate needs like food, health care, education and shelter on the way.

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