

UNICEF's partnership with the Assam Branch of the Indian Tea Association

UNICEF India

The partnership

A partnership between UNICEF and the Assam Branch of the Indian Tea Association (ABITA) has contributed to an improvement in the lives of excluded and marginalized children and women living in 128 of the state's tea gardens by raising awareness of their survival, well-being and development and leveraging government resources to meet the health, nutrition and water and sanitation needs of these communities.

The challenge

More than 51 per cent of India's tea – accounting for one sixth of global tea production – is grown in the tea estates, or gardens, of the country's north-eastern state of Assam. Nearly one million workers and their families are directly dependent on this industry for their livelihood. Most of the workers are descendants of tribal communities brought to Assam from neighbouring States by the British to work on the tea estates in the early 20th century, and they have retained their unique tribal socio-cultural identity. They live within the estates in designated settlements called 'labour lines'.

Picking the tea leaves is backbreaking work, involving long hours, and it is done primarily by women. Children, adolescent girls and women in these communities are at risk of poor overall growth and development, especially due to high levels of anaemia and malnutrition. They suffer a high disease burden and high mortality; their levels of education are low; and children are likely to marry early. Their total dependence on the tea industry makes them vulnerable to exploitation and limits their participation in mainstream development.

Although the Plantations Labour Act of 1951 requires the management of a tea garden to provide basic services for its workers and their families, its provisions apply only to permanent workers. Approximately half of the tea garden labour force is made up of seasonal or 'casual' workers, who thus do not benefit from these services, which can include health and hospital services, crèches, primary education, water and sanitation, housing and rations for workers and their dependents. This makes their condition even more vulnerable.



©UNICEF India/2010/Purushotham



©UNICEF India/2011

Background

In 2005, frequent cholera outbreaks among the tea communities, caused by unhygienic conditions in the labour lines, resulted in high morbidity and mortality and triggered UNICEF's intervention. Building on the goodwill generated by this timely response, UNICEF in 2006 entered into a five-year partnership with ABITA, a federation of 276 tea garden companies in Assam, aiming to persuade their managements to participate in the development of this marginalized population. This partnership was a strategic choice, allowing UNICEF to take advantage of ABITA's capacity to bring tea company workers and management together in order to advocate for children's rights and undertake an integrated approach to maternal and child health and nutrition, as well as adolescent protection and empowerment.

For its part, ABITA's position representing the managements of tea garden companies gave it a platform to motivate its members to look beyond their workers as merely a workforce and invest in children and women as a long-term, cost-effective strategy to enhance productivity and profit. With UNICEF's advocacy demonstrating that children and adolescents must have rights and be healthy to grow into productive adulthood, ABITA's member companies could be made to understand the importance of their well-being to the future of the tea industry.

Activities

In 2006, UNICEF began a formal partnership with ABITA with an Integrated Young Child Survival (IYCS) programme aimed at addressing the health, nutrition, and water and sanitation needs of vulnerable children and their mothers living in the labour lines. The programme focused on improving and strengthening maternal and child health services at tea garden-managed hospitals, including promoting institutional deliveries and facilitating quality outreach; improving the quality of tea-garden managed crèches and government run day-care centres on the estates, including nutrition counselling; and on technology transfer for low-cost home toilets, water quality surveillance and water security. Promotion of desired behaviours relating to maternal health, newborn care, infant and young child nutrition, hand-washing and personal hygiene was integral to this process.

Capacity-building at various levels was a key activity to achieve the above. For example, staff from the tea garden-managed hospitals and crèches were trained, along with frontline government health workers, in routine immunization, the Integrated Management of Neonatal and Childhood Illness (IMNCI), infant and young child nutrition practices, and the prevention and management of acute diarrhoeal disease. Campaigns to raise community awareness of iodine deficiency disorders, hand-washing and sanitation, with the active participation of mothers' groups from the tea gardens and frontline health and nutrition workers, served to complement the training.

In 2008, after a field assessment showed a high incidence of corporal punishment and early marriage among girls from the tea communities, the partnership's activities were expanded to include child protection, with empowerment of adolescent girls as the pivot of the programme.

The strategies chosen to achieve these goals included establishing and strengthening child rights groups and child protection committees in the tea gardens as mechanisms to ensure a protective environment, creating safe spaces for children, and setting up adolescent girls groups to teach girls life skills and motivating them to enrol and stay in school and thus delay marriage.

UNICEF's annual investment of approximately US\$95,000 over the five-year duration of the partnership (2006–2011) was devoted to technical and human resource support for advocacy, capacity-building, social mobilization and behaviour change communication. This investment has, since 2009, led the state of Assam to spend nearly US\$10 million (US\$7 million for health and US\$2.4 million for water and sanitation) on the expansion of the national flagship programmes into the tea gardens, bringing issues related to the betterment of the tea communities to the forefront of the development agenda at both state and national levels.

Results

One of the key successes of the UNICEF-ABITA partnership was the prioritization of children from the tea communities as an important constituency in ABITA's advocacy with its member tea companies. As a result, tea garden managements are now sensitive to the "development versus welfare approach" and are adopting interventions that address children's well-being and development, notably in the areas of health, nutrition, and water and sanitation, as well as protection. However, sustaining these interventions over the long term would require the tea industry to mobilize additional resources, which, at times, could conflict with their commercial or other interests.

The entry of the Indian Government's own development programmes into the tea gardens – until recently seen as private domains – and especially the reaching out to casual workers who, although they live in the tea garden labour lines, are employed seasonally and thus do not enjoy the protection of the Plantations Labour Act, has definitely contributed to accelerating the coverage of benefits to this disadvantaged population.

Overall, the partnership has brought about a visible change in key child survival and development indicators in the 128 project gardens. Routine immunization coverage has increased from 75 per cent to 90 per cent;¹ institutional deliveries have increased from 38 per cent to 75 per cent;² and an estimated 40 per cent of families³ now have access to household latrines and safe water, leading to a decrease in diarrhoea-related mortality. As for protection, more than 7,700 adolescent girls have been brought together in more than 200 adolescent girls' groups to teach them life skills and engage them actively in such key issues as preventing early marriage and child labour.

¹ ABITA Medical Statistics Division data from Tea Estates, 2006–2011.

² Ibid.

³ ABITA Reports.



©UNICEF India/2011/Punjabtham



©UNICEF India/2010-02/20/Punjabtham

Lessons learned and way forward

By addressing the issue of equity and extending coverage of benefits to the disadvantaged population of labourers in 128 of the tea gardens of Assam, the UNICEF-ABITA partnership was able to create an example of good practice and also establish an innovative public-private partnership model for health and sanitation. The initiative was able to bring about a gradual shift in the mindset of ABITA's member companies, from a welfare-oriented approach to their workforce to a developmental approach. UNICEF's larger mandate has also made it possible to negotiate with the Indian Government to prioritize the tea communities as a critical segment of the population requiring attention.

However, the lack of disaggregated data on development indicators concerning the tea communities has made it difficult to measure the direct impact of any intervention on the status of children and women in the tea gardens. To address this gap, efforts are underway by UNICEF with both the state of Assam and ABITA to collect such data.

The sustainability of interventions remains a challenge. The socio-political environment in Assam, coupled with changing priorities, has made it imperative for UNICEF to accelerate its advocacy not only with ABITA, but also with other tea associations and with government at the highest level, to ensure that the gains made so far are built upon and taken to scale. On the other hand, there is also the need to motivate the tea communities to be active partners in their own development and not just passive recipients of services.

