



The Curtain of Blood: Understanding Humanitarian and Healthcare Crisis in Manipur

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Abstract

Manipur, located in northeastern India, has faced intermittent episodes of violence over the years. However, the latest surge in conflict has uniquely strained its healthcare system. Hospitals and clinics have been damaged, leading to the interruption of routine medical services and the depletion of essential supplies. Health workers, facing threats to their safety, have often been unable to perform their duties, resulting in a shortage of medical professionals in critical areas. The violence has led to population displacement, creating new healthcare challenges. Internally displaced persons (IDPs) have congregated in camps with limited access to clean water, sanitation, and medical care, increasing the risk of disease outbreaks. This situation has placed additional pressure on an already fragile healthcare system, struggling to meet the needs of both the displaced population and the broader community.

Keywords: Humanitarian-crisis, Manipur-conflict, ethnic-conflict, Kuki-Meitei conflict, Healthcare crisis

Introduction

The Manipur conflict refers to the ongoing ethnic, political, and socio-economic tensions in the northeastern Indian state of Manipur. The conflict has historical roots dating back to the colonial era and has been exacerbated by issues such as the demand for greater autonomy, disputes over territory, and grievances related to economic development and political representation¹. The Meitei and Kuki groups in Manipur have been involved in a complex socio-political conflict characterised by historical grievances, competition over land, and differing aspirations for political autonomy. There have been numerous reports of sexual violence, with documented cases of rape and assault. Amnesty International and other human rights organisations have highlighted the severity of

these incidents, although exact numbers are not always specified due to the sensitivity and underreporting of such crimes. Thousands have been injured in assaults related to the ethnic violence². The violence has been both widespread and intense, leading to significant bodily harm and psychological trauma among the affected populations.

Contributing Factors

Ethnic Tensions: The primary trigger was the Manipur High Court's recommendation to consider granting Scheduled Tribe (ST) status to the Meitei community. This sparked fears among the hill tribes (mainly Kukis and Nagas) that the Meiteis would encroach on their land and resources, exacerbating longstanding ethnic divides³

Historical Grievances: The division between the valley-dwelling Meiteis (predominantly Hindu) and the hill-dwelling tribes (predominantly Christian) has deep historical roots, intensified by colonial policies and post-independence administrative decisions.

Political and Administrative Issues: The perceived bias of the state government, led by the BJP, towards the Meitei community and inadequate representation and resources for hill tribes contributed to the unrest. The demolition of churches and eviction drives in tribal areas further fuelled discontent.

Militant Groups and Arms Proliferation: The presence of numerous armed groups within Manipur, including Kuki insurgent factions and valley-based militias, has created a volatile environment where conflicts easily escalate into violence. The looting of arms from police armouries has exacerbated the situation⁴

Geopolitical Factors: The influx of refugees from Myanmar following the 2021 military coup has added to the complexity, as these refugees have ethnic ties to the Kuki community, heightening security concerns among the Meiteis

Impact on Healthcare

Many health facilities have been damaged or destroyed during the violence. Hospitals, PHCs, and CHCs in conflict zones have been particularly affected, making it difficult for people in these areas to access medical care. Health professionals have been displaced, leading to severe staffing shortages⁵.

Many doctors and nurses have fled to safer areas, further straining the healthcare system. Moreover, Essential health services, including routine immunizations, maternal health services, and treatment for chronic diseases, have been disrupted. The focus has shifted to emergency care and treating injuries related to the violence. The violence has also had a significant psychosocial impact, increasing the need for mental health services. The stress and

trauma experienced by the population have led to a rise in mental health issues⁶. With transportation routes and communication networks disrupted, access to healthcare has become challenging. People in remote and conflict-affected areas face significant barriers in reaching medical facilities.

The Most Vulnerable

Women have been particularly vulnerable during the conflict, with many experiencing severe gender-based violence, including sexual assault. These traumatic experiences have led to long-term psychological issues such as PTSD, anxiety, and depression. The social and economic instability caused by displacement has also left many women struggling to provide for their families, adding to their mental burden. Children in Manipur have been deeply affected by the violence. Many have witnessed traumatic events, leading to high levels of PTSD and other mental health disorders⁷. Reports from relief camps show that children are experiencing severe depression, anxiety, and a sense of hopelessness. The constant exposure to violence has impaired their cognitive and emotional development, and the disruption to their education has long-term implications for their future. Efforts are being made to provide counselling and support through various programs, but the scale of the problem is immense

The Way Forward

Immediate Actions :

1. **Emergency Medical Response:** Deploy emergency medical teams to provide immediate care to those affected. Set up temporary clinics and mobile health units in conflict-affected areas to ensure access to healthcare services.
2. **Rehabilitation of Health Facilities:** Prioritize the repair and reconstruction of damaged health facilities. Ensure that primary, secondary, and tertiary care centres are

functional and equipped to handle increased patient loads.

3. **Supply Chain Restoration:** Re-establish supply chains for medical supplies and essential medicines. Coordinate with national and international organizations to ensure a steady flow of resources.

4. **Mental Health Support:** Provide mental health services to address the trauma experienced by the population. Establish counselling centres and train local health workers in psychological first aid.

Mid-term Strategies :

1. **Strengthening Healthcare Workforce:** Recruit and train additional healthcare professionals, including doctors, nurses, and community health workers. Offer incentives to encourage them to work in conflict-affected areas.

2. **Public Health Campaigns:** Launch public health campaigns to address common post-conflict health issues, such as communicable diseases, malnutrition, and maternal and child health. Utilise community outreach and education programs.

3. **Infrastructure Development:** Invest in the development of robust health infrastructure. This includes building new health facilities, upgrading existing ones, and ensuring they are equipped with modern medical equipment.

4. **Improving Access:** Enhance transportation and communication networks to improve access to healthcare services. Ensure that remote and conflict-affected areas are connected to major health centres.

Long-term Solutions :

1. **Health System Resilience:** Develop a resilient health system capable of withstanding future crises. This includes creating emergency preparedness plans, training healthcare workers in disaster response, and ensuring a stockpile of essential supplies.

2. **Community Engagement:** Involve local communities in health planning and decision-making. Empower community health committees to oversee health initiatives and ensure that they are culturally appropriate and locally accepted.

3. **International Collaboration:** Collaborate with international organizations, NGOs, and donor agencies to leverage resources and expertise. Participate in global health initiatives to improve healthcare standards and practices.

Addressing the Humanitarian Crisis :

1. **Shelter and Basic Needs:** Provide temporary shelters for displaced populations. Ensure access to clean water, sanitation, and food supplies to prevent disease outbreaks.

2. **Protection and Security:** Ensure the safety and security of healthcare workers and facilities. Work with law enforcement and international peacekeeping bodies to maintain peace and order.

3. **Education and Livelihood:** Support educational initiatives for children affected by the violence. Implement livelihood programs to help families regain economic stability.

4. **Reconciliation and Peace-building:** Promote dialogue and reconciliation efforts to address the root causes of the violence. Support community-led peace-building initiatives to foster long-term stability.

Conclusion:

The recent violence in Manipur has significantly impacted the healthcare sector by damaging infrastructure, reducing the availability of healthcare professionals, and creating new public health challenges through population displacement. Addressing these issues requires a coordinated effort to restore services, protect healthcare workers, and provide care to those most affected by the conflict. By addressing both immediate needs and long-term challenges, the government and

other stakeholders can help improve healthcare and tackle the humanitarian crisis in Manipur, ultimately leading to a more resilient and equitable health system.

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