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Minority rights remain critically challenged in Sri Lanka as the country's human rights situation deteriorated further in 2012 in a climate of impunity. Serious human rights violations, such as abductions, arbitrary arrest and detention, torture and sexual violence continue to be reported from the country's former conflict areas, which are considered the homeland of the ethnic Tamil minority.

These areas remain heavily militarized; in addition to checkpoints blotting the region, the military also runs businesses, farming and development projects, and controls civil society activity in these areas. There is very limited freedom of expression or assembly in the country's north and east and, while people are allowed to move in and out of the area, they are heavily monitored. Tamil women in the country's north are especially vulnerable in these situations.

In March 2012, the Regional Director of the Jaffna Hospital, Sinnaiah Savaroppan, reported to the BBC that in the previous two months there were 56 cases of rape and severe violence against women and girl children reported to his hospital. MRG's partner organizations working in northern Sri Lanka say they receive a number of complaints of sexual attacks, violence and abuse, in some cases by the military, but frequently women are afraid to make formal complaints. They also say women are coerced into sex work and/or sexual relationships with military personnel to gain access to resources or services. There are also major development projects taking place in the north and east without consultation with local communities, and there are serious concerns regarding land acquisition and land-grabbing by state agents for development projects. Large sections of minority lands remain under military control with no access for civilians.

In 2012 there were also notable targeted attacks against minority rights activists, human rights defenders and media personnel. Paramalingham Tharsananth, secretary of the students' union of the University of Jaffna, was brutally assaulted by masked men close to a military checkpoint in Jaffna.

The year 2012 also saw a new wave of widespread targeted attacks against minority Muslim places of religious worship and business establishments by extremist Buddhist groups and monks. In April 2012 a mosque was attacked in the north central town of Dambulla, and subsequently the government issued demolition orders for the building. There has been a national campaign against Muslim religious practices, including on 'halal' certification for food. There is evidence of state

involvement or at least complicity in the attacks and police inaction during the attacks. Attacks against Christian religious places of worship, particularly Evangelical churches, continued to be reported throughout the year, especially in the south of Sri Lanka.

At the end of 2012 the Sri Lankan parliament began impeachment proceedings against the country's Chief Justice, Shirani Bandaranayake, on corruption allegations that she denies. Sri Lanka's highest court ruled that the proceedings were illegal, and lawyers and civil society activists took to the streets for days, protesting against the move and warning against interference with the judiciary and breakdown of rule of law. Despite national and international condemnation, the Sri Lankan parliament voted Bandaranayake out and she was sacked from her position by the President in January 2013.

Hardly any effort has been made by the Sri Lankan government on issues of accountability, justice and reconciliation. Over three years since the end of the armed conflict thousands of victims, including families of the disappeared, are awaiting justice in Sri Lanka. Attempts by family members, women especially, to seek justice or simply mourn for their dead have been brutally obstructed by the government. In March 2012 the United Nations Human Rights Council passed a resolution on Sri Lanka, calling on the government to do more to protect human rights and to implement its own Lessons Learnt and Reconciliation Commission (LLRC) report recommendations.

Sri Lanka's national-level performance on health is generally quite good compared to other South Asian states, but minority areas have poorer health outcomes. Available national statistics on Sri Lanka are from 2006, released in 2008 in the Demographic and Health Survey (DHS 2006); they indicated higher levels of child malnutrition in the former conflict areas in the east of the country. The survey was not conducted in the north at the time as the armed conflict was taking place. In the former conflict-affected districts, such as Trincomalee, 28.1 per cent acute and 30.5 per cent chronic malnutrition was recorded among children, which is higher than the national average. These figures are expected to be much higher in the country's north, where access to medical care was limited for nearly three decades.

According to the UNDP 2012 Human Development Report, the four districts with the highest rates of maternal mortality were areas with high levels of minorities. The maternal mortality rate in the northern town of Killinochchi was 102 per 100,000 births as against the national average of 39.3.

Several thousand, including children, also faced permanent physical injuries received during the last stages of the war and have faced varying degrees of trauma and mental illness. Due to the government's position that there were minimal civilian casualties in the conflict, many of these people are not receiving the required medical attention and psychosocial support. NGOs and other organizations providing counselling are strictly monitored by the military, and sometimes attacked on the grounds that they are collecting evidence to support international allegations of war crimes. Following the conflict, many female-headed households are facing high levels of poverty, which is also likely to affect the health conditions of women and children in these areas.

Plantation areas where most Tamils of Indian origin live have some of the worst health statistics. The health care facilities available to plantation workers are inferior to those available in other sectors. One health facility must serve the inhabitants of multiple plantations, which means the facilities are overextended and lacking in resources. The plantation workers face a variety of risks (mechanical, medical, etc.) as a part of their daily lives. The health care facilities in place do little to help those who have been severely disabled by their working conditions (e.g. back, leg, heart injuries). The increase in the use of pesticides on the plantations has had adverse effects on the workers, including the spread of disease. Despite these dangers, the workers are not offered any additional health care outreach.

Within family planning programmes, maternal and child mortality rates are particularly high. Expecting and new mothers are of low body weight and give birth to underweight and undernourished infants. Mothers lack adequate pre- and post-natal nutrition education.

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