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राष्ट्रीय मानव अधिकार आयोग

NATIONAL HUMAN RIGHTS COMMISSION

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7th October, 2020

Subject: Human Rights Advisory on Rights of Women in the Context of COVID-19

National Human Rights Commission (NHRC) is mandated by the Protection of Human Rights Act, 1993 to promote and protect the human rights of all in the country. Towards fulfilment of its mandate, the Commission has been deeply concerned about the rights of the vulnerable and marginalised sections of the society which have been disproportionately impacted by the COVID-19 pandemic and the resultant lockdown.

2. In order to assess the impact of the pandemic on realization of the rights of the people, especially the marginalised/vulnerable sections of the population, the NHRC constituted a 'Committee of Experts on Impact of Covid-19 Pandemic on Human Rights and Future Response' including the representatives from the civil society organizations, independent domain experts and the representatives from the concerned ministries/departments.

3. On the basis of impact assessment done by the Committee of Experts and recommendations made by it, the Commission hereby issues Human Rights Advisory on Rights of Women in the Context of COVID-19, as enclosed.

4. All the concerned authorities are requested to implement the recommendations made in the advisory and to submit the action taken report for information of the Commission.

(Anita Sinha)
Joint Secretary

Encl: As above

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National Human Rights Commission

Advisory on Rights of Women in the context of COVID-19

BACKGROUND

The COVID-19 crisis and the “lockdown” has had a gendered impact in terms of workload and reduced economic opportunities, increase in incidences of gender-based violence, communalisation and racialisation along with the fear and stigma associated with COVID-19 lack of access to health facilities, food and nutrition, and to financial and productive resources.

Factors contributing to domestic violence have multiplied while reducing the outlets from this abuse. Restrictions on mobility has increased women’s social isolation and dismantled the traditional support mechanisms. According to data shared by the National Commission for Women, there has been a 2.5 times increase in cases of Domestic Violence registered between February 27, 2020 and May 31, 2020.

In the wake of the pandemic in India and associated lockdown norms, restraining of routine healthcare services, suspension of transport and control of movement created additional barriers for access to sexual health and reproductive health services. Pre-existing gaps and concerns in the context of maternal health were aggravated. Non-availability of qualified health care providers at health facilities, the lack of referrals, denial or postponement of services also caused severe trauma and distress.

Contraception plays an important role in the health and well-being of women/girls by allowing the possibility of preventing unintended pregnancies and offering protection from HIV and other sexually transmitted infections. The lockdown has had an unprecedented impact on women’s ability to access safe abortion services. Such a situation has left pregnant women with very few choices such as, continuation of pregnancy even though it may be unplanned or unintended; attempting an unsafe abortion; or waiting until the relaxation of the lockdown restrictions to probably undergo a second-trimester abortion in a health facility.

Lockdown with its various restrictions on movement led also to a sudden loss of employment particularly in the informal sector with no alternate sources of money, food, or shelter. This has disproportionately affected women who comprise a substantial proportion of such workers. The economic vulnerability of those involved in work that is already stigmatized,

such as sex work, has increased exponentially as the nature of sex work demands physical contact, which is being avoided in COVID-19 times. HIV positive sex workers are unable to access antiretroviral therapy, which are essential for their survival and many sex workers are outside the purview of government schemes as they lack identity documents. The Accredited Social Health Activists (ASHAs), Anganwadi and Sanitation workers during COVID-19 have played a crucial role, putting in extra work hours, at tremendous risk to their health and lives but are not paid adequate remuneration.

While access to healthcare is often challenging, barriers gets exacerbated when one belongs to the marginalized communities. There are multiple socio-economic disadvantages that members of minority and backward communities face limiting their access to health and healthcare. Tribal settlements are remotely located making it particularly difficult for information to reach these areas. The lockdown has also exacerbated the deep-seated stigma and discrimination against Dalit communities and religious minorities in accessing healthcare facilities due to social stigma increasing risk of being left behind or be treated last.

Adolescent girls across rural and urban areas, have also faced specific problems due to the COVID-19 pandemic and the lockdown like unavailability of access to online education leading to higher drop-out rates amongst girls and them being forced into early marriages.

The COVID-19 pandemic has also amplified the crisis of the prison system and poses specific challenges to women in prisons. Women do not have equal access to gender sensitive health systems, nor do they have access to adequate nutrition and protection from abuse within the prison leading to heightened possibilities of sexual violence.

National Human Rights Commission (NHRC) had constituted a Committee of Experts to assess the impact of the COVID-19 pandemic on human rights of people, especially the marginalized/vulnerable sections of the society. Based on the consultations with the Expert Committee, the Commission recommends to various Ministries and Departments in the form of an advisory specific to women and young girls, under different themes, for immediate follow up, to facilitate deeper dialogue, respect and recognition for human rights, expand opportunities, and strengthen implementation of key essential services for women and girls in our country.

Monitoring of implementation of all guidelines and advisories of the government, including the present one, may be conducted regularly to ensure that their purpose is being served.

I. GENDER-BASED VIOLENCE (GBV)

- i. A coordinated and inter-ministerial health system response to GBV is required to provide medico-legal care and psychosocial support for survivors of GBV.
- ii. Violence prevention and survivor support services should be classified as “Essential Services”.
- iii. Ensure implementation of protocols in all states for health centres, hospitals, COVID wards, shelter homes, quarantine centres, child welfare committees and one stop centres (OSCs) for safety of women.
- iv. Maintain confidentiality and privacy of all the patients of COVID-19 who test positive, particularly of women/girls who may be survivors of violence. Appropriate processes of consent and disclosure should be followed while communicating such information to any close family member/partner, etc.
- v. Set up a task force on GBV to ensure coordination and monitor support services, preventive initiatives as well as implementation of related laws and policies.
- vi. Regular collection of disaggregated data on varied dimensions of GBV is required. Institute a centralised system to collect and track data on GBV support services to ensure availability of data in the public domain.
- vii. Ensure public messaging, Information, Education and Communication (IEC) materials reiterating zero tolerance to GBV are displayed in government departments, health, and other institutions.

(Ministry of Women and Child Development; Ministry of Health and Family Welfare; Ministry of Home Affairs; Ministry of Social Justice and Empowerment; All States/UTs)



II. SEXUAL AND REPRODUCTIVE HEALTH RIGHTS OF WOMEN

A. Maternal Health

- i. Ensure that the health facilities follow the 'Guidance for Management of Pregnant Women in COVID-19 Pandemic' by Indian Council for Medical Research (ICMR).
- ii. Ensure that maternal health services are not denied on the basis of religion, caste and location such as containment zones.
- iii. Ensure access and availability of comprehensive reproductive health services for migrant women workers who are pregnant.
- iv. Nutritional support through Integrated Child Development Services (ICDS) like cooked meals programmes/take home ration supplies may be provided to all pregnant and lactating women.
- v. Ensure availability of free blood for safe delivery at the health facilities without any replacement conditionality, a continuous supply chain of medicines and equipment for management of obstetric complications/care at all levels of the public health system. Free and safe ambulance services may be provided for pregnant women and new-borns.
- vi. All pending payments under the Pradhan Mantri Matru Vandana Yojana (PMMVY) must be immediately cleared for all eligible women under the scheme.

(Ministry of Women and Child Development; Ministry of Health and Family Welfare; All States/UTs)

B. Abortion and Contraception

- i. Make provisions for free contraceptives and other essential materials for safe delivery and safe abortion at public health facilities. Medical abortion drugs and contraceptives should be made available at chemists across the country at all times.
- ii. Ensure that the private sector health facilities do not deny abortion services on any discriminatory grounds and the patients are not exploited due to arbitrary hike in charges.
- iii. Financial assistance under the PM Jan Dhan Yojana/Pregnancy Aid Scheme may be extended and cover women seeking abortion/post-abortion.

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- iv. Sensitise women's helplines and One Stop Centres catering to survivors of sexual about possible pregnancies, offer guidance regarding emergency contraception pills and to provide support for safe abortions.
- v. Map major public and private health facilities related to maternal health, abortion and contraception and distribution points. This mapped data/directory may be made available through online platforms, helplines, radio and other forums that people in the community can access.
- vi. Make efforts to provide comprehensive contraceptive information and services to displaced migrant women and women in remote/rural/marginalized settings.

(Ministry of Women and Child Development; Ministry of Health and Family Welfare; Ministry of Finance, Department of Financial Services; All States/UTs)

III. WOMEN AT WORK

A. Migrant and Unorganised Workers

- i. Universalise the PDS to ensure that subsidized food grains can be accessed by all, without burden of documentary proof so as to ensure food security. Diversify product basket to include food items like pulses, sugar, oil, etc.
- ii. Increase the guarantee of MGNREGA days from 100 days to 200 days and ensure that all MGNREGA works start with immediate effect while following all COVID-19 protocols.
- iii. Extend moratorium on all loan repayment, including Self-Help Groups (SHGs) and the MUDRA loans.
- iv. Maintain a database of all returning migrants, do skill mapping, skill upgradation and create employment programs with the coordination from panchayat level upwards to the district and state level.
- v. Ensure that the inactive Jan Dhan accounts are made operational with immediate effect for seamless cash transfers. All the eligible persons currently excluded should be covered.
- vi. Improve bank access through Bank Mitras or correspondents so that cash is received at the doorstep.

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- vii. Moratorium may be given on all loans taken by women workers, including sex workers, from banks and other financial institutions. In case of harassment by lenders, due cognizance and appropriate action by concerned authorities may be taken.
- viii. Women from farmer suicide households and other poor widows excluded from the pension schemes may be included without delay to avail the various cash transfer schemes for them.

(Ministry of Labour and Employment; Ministry of Consumer Affairs, Food and Public Distribution; Ministry of Rural Development; Ministry of Finance, Department of Financial Services; Ministry of Women and Child Development; Ministry of Health and Family Welfare; All States/UTs)

B. Sex Workers

- i. State Governments may provide assistance and relief to sex workers, especially lactating mothers, as has been done by the Government of Maharashtra vide its government resolution dated 23rd July 2020.
- ii. Sex workers may be recognized as informal workers and be registered so that they are able to get worker benefits.
- iii. Temporary documents may be issued that enable sex workers to access welfare measures such as PDS as many do not possess ration cards or other citizenry documents.
- iv. Migrant sex workers may be included in schemes and benefits for migrant workers.
- v. Recognize that sex workers in non-traditional living arrangements are prone to domestic violence from partners and family members. Encourage Protection Officers to act on reports of violence against women.
- vi. Ensure access to free testing and treatment for COVID-19 and also provide soaps, sanitizers and appropriate masks to all sex workers at different localities.
- vii. Ensure access to healthcare services, especially for prevention of HIV and other sexually transmitted infections and their treatment.

(Ministry of Women and Child Development; Ministry of Health and Family Welfare; Ministry of Consumer Affairs, Food and Public Distribution; Ministry of Labour and Employment; Ministry of Social Justice and Empowerment; All States/UTs)

C. Accredited Social Health Activists (ASHA), Anganwadi and Sanitation Workers

- i. The remuneration of ASHA, Anganwadi and Sanitation workers should comply with minimum wages standards set by the Government of India and the State governments. Extra hours should be regulated and remunerated and all arrears and overtime work compensated.
- ii. Undertake urgent measures to ensure a safe work environment and to protect ASHA, Anganwadi and sanitation workers against stigma, violence, discrimination and sexual harassment.
- iii. Ensure free access to health care, leaves, employment, and other social security measures.
- iv. All ASHAs, Anganwadi and sanitation workers should be provided good quality personal protection equipment and safety gear, masks, facilities to wash hands with soap, water and sanitisers.
- v. ASHAs may be involved in feedback processes to inform health policy, effective implementation of programmes, assess gaps and issues as well as to flag specific grievances and recommendations as frontline workers in the public health system.
- vi. Disseminate the information about the helpline number 08046110007 to address psychosocial problems widely as stated in various guidelines of Ministry of Health and Family Welfare (available on their website). Ensure that the helpline functions effectively in addressing grievances of ASHA, Anganwadi and Sanitation workers in the context of COVID-19.

(Ministry of Women and Child Development; Ministry of Health and Family Welfare; Ministry of Labour and Employment; All States/UTs)

IV. WOMEN BELONGING TO SCHEDULED CASTES (SC), SCHEDULED TRIBES (ST) AND MINORITY COMMUNITIES

- i. Prepare information materials in pictorial form and in local languages that clearly explain the nature of the disease, quarantine and containment measures, testing, myths etc. for reaching out to the women from SC, ST and minority to create awareness about COVID-19 and the protection measures to be adopted.
- ii. Ensure that women from Dalit, Adivasi and minority communities receive uninterrupted access to essential health services for COVID-19 like free testing, quarantine and treatment

facilities without discrimination. Access to essential health services should also not be denied for non-COVID health problems.

- iii. Ensure prevention of the spread of COVID-19 taking particular cognizance of the living spaces of SC, ST and minority communities, which are densely packed with poor infrastructure, sanitation facilities, etc.
- iv. Strengthen implementation of Scheduled Caste and Scheduled Tribe (Prevention of Atrocities) Act, 1989 by including atrocities against them in the context of COVID-19. Also ensure that there is no stigmatization of any religious community for the spread of COVID-19.
- v. Coordination between health department workers and traditional healers to ensure traditional knowledge systems are part of these response mechanisms to the pandemic.
- vi. Mobile Health Units may be deployed involving community healers, Panchayati Raj Institutions, women's self-help groups and local civil society organisations considering the remoteness of the tribal settlements.

(Ministry of Women and Child Development; Ministry of Health and Family Welfare; Ministry of Tribal Affairs; Ministry of Social Justice and Empowerment; Ministry of Minority Affairs; Ministry of Labour and Employment; Ministry of Panchayati Raj; Ministry of Information and Broadcasting; All States/UTs)

V. ADOLESCENT GIRLS

- i. Notify sanitary napkins and iron folic acid (IFA) supplements as essential items and ensure their continuous supply under the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) or Sabla, and Rashtriya Kishor Swasthya Karyakram (RKSK).
- ii. Ensure leveraging and strengthening of adolescent networks such as RKSK Peer Educators and informal learning spaces as many young girls and women may not have access to smart phones and there is a danger of them dropping out due to the digital divide.
- iii. Urgently strengthen mental health services via phone-counselling and electronic mental health platforms through counsellors, adolescent help line numbers and tele-counselling in local languages.

- iv. Ensure support and care through a dedicated campaign by local authorities such as the District Child Protection Units (DCPU) to identify and support adolescents due to risk of early marriage during the pandemic.

(Ministry of Education; Ministry of Women and Child Development; Ministry of Social Justice and Empowerment; Ministry of Health and Family Welfare; All States/UTs)

VI. WOMEN IN PRISONS

- i. Ensure release of all pregnant women and women with children from prison in keeping with the Supreme Court order dated 23rd May, 2020 and the guidelines of states' High Powered Committee to decongest prisons.
- ii. Equal access to gender sensitive health services may be provided, including the availability of a gynaecologist and regular check-ups. The conditions of prison facilities such as washroom should also be improved.
- iii. Ensure access to adequate nutrition and protection of women from abuse within the prison
- iv. Women prisoners with existing health conditions including mental illness and disabilities may be given priority in releasing on bail.
- v. Ensure legal services, court camps in every prison for early release. No woman should be unable to secure release due to their inability to pay surety/arrange personal bonds.

(Ministry of Home Affairs; Ministry of Women and Child Development; Ministry of Health and Family Welfare; Ministry of Social Justice and Empowerment; All States/UTs)
