

MINUTES OF THE WEBINAR dated 11.05.2021

A Webinar was held on the agenda of "Cooperation between NHRC and the CSOs/NGOS& Human Rights Defenders (HRDs) for assessing the ground situation due to the 2nd wave of the Pandemic COVID-19", on 11.05.2021, under the chairmanship of the SG, NHRC.

Keeping in view the broader ambit of the 'Right to Life', which has been battered by the virus in an unprecedented way, the said virtual interactive meeting was organized by the NHRC for suggesting a collective response/strategy to mitigate the misery of the citizens during such an once-in- century public health emergency.

Key Highlights of the deliberations made in the Meeting:

1. A coalition of NGOs and Civil Society Organizations working on the ground level and relevant inter-agency groups working at the State level can be established where stakeholders can supplement each other and share best practices; use the available funds by exploring necessary convergence among different schemes and programs being implemented at the field level. (UNICEF, Official)
2. Nandurbar District Experience was explained by the Collector Shri Rajendra Bharud & one may attempt to replicate in the other remote districts of the country (wherever feasible).
3. Front-line workers of CSOs should be provided with priority health care (insurance, vaccination, PPE Kits etc.); Central Help-line Number for mental health care need to be put in place at the earliest; Training at Community level,

and simplification of the vaccination process need to be ensured, and the government should consider to invest more on the frontline workers so that we are adequately prepared for any future public health emergency.

4. Burial/cremation of the dead bodies should be done properly and Hygiene Kits including oximeters, thermometer, sanitizers, etc., should be provided in far flung remote districts, which are not easily accessible.

Action to be taken on point No.3 & 4 above: (Research Division)- Burial ground workers, front line workers to be provided adequate coverage with respect to health care; Commission will make necessary efforts to take the matter with the different State Governments.

5. Issues affecting fishermen, who are unable to maintain their livelihoods due to rain and pandemic, to be taken up with concerned State Govts. (Chief Secretary, Government of MP).
6. Some of the States are allegedly not allowing CSOs to work in a supportive environment, and NHRC may sensitize those States so that Civil Society can contribute meaningfully during such challenging times. Further, NGOs- NHRC Partnership can be more robust & need to supplement each other to have impactful outcomes for the vulnerable sections of the Society.
7. Rumors and fake news have resulted in COVID patients being treated as untouchable. PPE kits and other equipment should be provided to the citizens so that they do not hesitate in helping covid -infected patients.
8. Zero-tolerance policy should be adopted for Black-marketing of medicines and Oxygen. (***Action to be taken: (Research Division)***) Also recommended creation of coordinated group involving participation of individuals, Civil Society Groups (CSG), NGOs, and NHRC to work together. Role of central helpline services

during this time - recommended increasing the number of helpline centers. It was suggested that these centers act as nodal points for providing assistance and addressing grievances of the citizens during such challenging times.

9. Foreign Contribution (Regulation) Amendment Act of 2020 be kept on hold or withdrawn as it prevents several NGOs from seeking funds from foreign entities, thus creating a financial constraint in their operation. **Action to be taken: (Coordination Section)** NHRC to take up the issue at the appropriate level for suitable decision regarding the FCRA Amendment Act, 2020.
10. SHRCs should be made more pro-active to take timely interventions on the issues pertaining to human rights violations in the States (**Action to be taken: (Research Division)**) (For Strengthening of SHRCs-NHRC may consider to write to concerned Chief Minister)
11. CT scan and medicines like Remdesivir be administered only on advice of the authorized Medical Practitioner.
12. The free food-grains/ration distribution scheme need be implemented so that people are not left hungry. The Gujarat Government is allegedly cancelling ration cards, arbitrarily during the pandemic depriving some people of food of the Minority community; NHRC may take up this with the State Govt for mitigating the genuine grievances of this community. **Action to be taken: (Research Division)-** Take up with appropriate state authorities to ensure right to food is safeguarded; Carry the message to rural areas for getting vaccinated and take up with concerned State authorities wherever needed.

13. Nomadic Gujjar Community in Himachal Pradesh who migrate between Punjab and Himachal with their live-stocks face hindrances at the borders when they are requested to show border pass, COVID negative report, etc. They are not covered under any of the welfare schemes of the Government such as ration cards, PDS scheme, etc. And the younger generation of this community is also being deprived of the right to education since the classes have now moved to on-line mode. Therefore, recommended that at least mobile dispensaries be made operational to provide medical assistance to them and vaccinate the community who reside at the remote places in forests and make arrangements for sale of their milk for sustainable livelihoods. - **Action to be taken: (Research Division)-** Take up with appropriate state authorities and State Governments to ensure that rights of the community are taken care; SG has assured to take up the issues of the community rights across (Rajasthan, Gujarat, HP etc.) & also pertaining to Raika community.
14. State Govt. run ESIC Hospitals which are currently ill-equipped with COVID healthcare facilities, which needs adequate strengthening. State Government is not providing COVID infrastructure etc. **Action to be taken: (Research Division)-** Janvikas Charitable Trust, Gujarat to provide details of the Districts. NHRC will reach out to the Senior Officers concerned to provide necessary co-ordination.
15. North-Eastern areas, particularly for the fishing communities, informal money lenders are charging exorbitant interest rates and no deferment of interest during the pandemic of the interest rates resulting in exploitation

of vulnerable communities. (Action to be taken: Research Unit. and the Law Division- is to take up the issue with the concerned State Chief Secretary and District collector, if a formal complaint is received.

16. Directive to provide Health Insurance and Income Support for people who have lost lives; Youth who have lost life due to fungal infection, because they could not afford treatment. Burial workers need to be taken care of. Therefore, Compensation is to be provided for the treatment. (State government may consider to provide compensation).

17. Nomadic communities do not have ADHAR Card. They are unable to get vaccinated. Vaccination process for them need to be suitably simplified- Action to be taken on all above points: (Research Division)- Based on Voter Card or any other document, vaccination can be provided; Commission will make necessary efforts with different State Governments.

18. Construction workers are not being provided any care during pandemic; further, the Government of Punjab has not revised minimum wage. As a result, the workers are not able to meet the rising cost of the essentials during pandemic. MNREGA workers also not being provided with Mask, Sanitizer. Action to be taken: (Research Division)- NHRC to take up the matter with the Chief Secretary Government of Punjab and the Secretary, Union Rural Development to provide the valuables as necessary.

19. NHRC should attempt to issue an Advisory on the Primitive Vulnerable Tribal Groups (PVTGs) and how they can be protected during pandemic times. Action to be taken: (Research Division) -Try to create a Management Information System for dissemination and monitoring of the implementation

of the Advisory. Sh. Suhas Chakma to assist in drafting an Advisory on the Primitive Vulnerable Tribal Groups

20. Dalit labourers and bonded labourers have no access to healthcare facilities during the COVID-19 pandemic; un-equal distribution of ration and also there was increase in violence against women including rape. **Action to be taken: (Law Division - on receiving complaint if any)**-Speaker to provide necessary details of the District where there is unequal distribution of ration. NHRC to take up the issue with the concerned State Chief Secretary and District Collector.
21. Problems of shelter and food due to non-availability of documents being faced by Myanmar Refugees who have been classified as Illegal immigrants in the North-Eastern states and Struggling for RT-PCR Tests. **Action to be taken: (Research Division)**- India is committed to the principle of Non-Refoulment and it should be in consultation with the Center and concerned State government. NHRC will take up this issue with MHA and act as a bridge between the authorities while respecting the decision of the Manipur High Court. Internal Security of India must be kept in mind while redressing such issues
22. Manual Scavengers in Tamil Nadu who are facing serious shortages in healthcare facilities, due to low monthly wages, they are unable to avail proper healthcare: hence, healthcare during the COVID-19 pandemic has to be made cheaper. **Action to be taken: (Research Division)**-NHRC will take up the matter with the State Government. Speaker to provide the complaint in writing.

23. The *SafaiKaramcharis* are not getting the Ration Cards for want of Aadhar cards and the urban PHCs are also not functional in Bihar 24/7. **(Action to be taken: (Research Division)-Shri Rupesh** to provide requisite details of the issue at hand; NHRC will take up the issue with Chief Secretary and Health Secretary, Government of Bihar.
24. Since mining has been categorised as an 'essential service', the workers are working in unsafe conditions, therefore provision should be made for utilization of the District Mineral Fund (DMF) for the purpose of providing the necessary financial support to the mining workers for covid care. **Action to be taken: (Research Division)-**The Secretary General, NHRC assured that the suggestion will be taken up in detail and the Competent Authorities would be approached in this matter. Ms. Vaishnavi Vardarajan, of Accountability project to provide a detailed write up on this issue to be taken up by the Commission.
25. Special attention is given to prisoners in various jails across India who are also affected due to COVID. **(Action by Research Division to decongest prisons and Law Division (If complaints received, on priority). Action to be taken by - Research Division.**
26. Suggestions regarding the supply of PPE KITs to the frontline workers and the vaccines which should be provided free of cost; Vaccination to be provided free of cost to all regardless of the document
27. MNREGA Scheme to doll out some cash for staying at home for certain period of time to avoid movement & maintain necessary Home Isolation (in State of Assam) -to advise COVID-19 Patient to stay at home.

28. Trafficking of children has increased, due to the pandemic, in Jharkhand hence NHRC to take up issues to the Supreme Court and take cognizance of the matter. Action to be taken: (Research Division)- Speaker to flag issues with respect to State of Jharkhand. NHRC will take up the matter with the Chief Secretary, Government of Jharkhand, and develop MIS so that advisory can be implemented by the State governments respectively.
29. Adequate allocation of budget on Health care system-need of the hour to prepare for the anticipated Third wave of the Pandemic, NHRC should take cognizance of the flagged issues.
30. Need for a coordinated approach by the NGOs and CSOs in collaboration with the NHRC for doable interventions on the marginalized sections of the society and help people with COVID related grievances, and working at the ground level to reach out to the vulnerable and marginal sections of the society.
31. NGOs and CSOs may approach the Commission through the on-line mechanism for speedy & timely redressal of the complaints.
32. All the suggestions given during the meeting would be taken to the next level; Such meetings shall be held regularly every 3 months henceforth.
- The meeting ended with vote of thanks to all the participants for sparing their valuable time during such difficult times.
