

National Human Rights Commission

Research Unit –II (PRPP Division)

Minutes of the meeting of the Core Group on Rights of Women held on 05th September 2022 on the agenda 'Women's Health, Survival and Nutritional Status: Challenges and Way Forward.

Mr. Justice Arun Mishra, Hon'ble Chairperson, National Human Rights Commission, chaired the meeting. The list of participants is **annexed**.

Smt. Anita Sinha, Joint Secretary, NHRC, welcomed all the participants and highlighted the relevance of the agenda, i.e., *Women's Health, Survival, and Nutritional Status: Challenges and Way Forward*'. She asserted that a female's health status has a direct bearing on the health and well-being of the whole family and maternal morbidity & mortality affects not just the mother but the entire family. She added that women in India face issues such as malnutrition, high maternal mortality rates, diseases like AIDS, breast cancer, domestic violence and many more. Unwanted and illegal pregnancies terminated by unsafe abortions could have negative consequences for women's sexual and reproductive health. She acknowledged the recent statistics from National Family Health Survey (2019-2021) which highlighted the concerning figures with respect of mortality rates, sex ratio at birth, institutional and non-institutional deliveries, issues of unsafe abortions and many more. She then emphasized that nutrition also played a major role in an individual's overall health, psychological and physical health status. As the month of September (2022) is celebrated as POSHAN Maah (month) to ensure awareness about the initiatives of the governments, it is imperative to ascertain the factors responsible for malnutrition among women.

Shri Devendra Kumar Singh, Secretary General, NHRC, in his introductory remarks stated that India ranked at 135th place among 146 countries in its Global Gender Gap Report (2022), released by the World Economic Forum. He highlighted, inter-alia, various existing issues concerning the women's health and nutritional status; and stressed the following points:

- a) We need to know the different sub-components under Gender Gap study report, as well as any weightage that have been assigned to them.
- b) To identify the gap in the execution of the government plans and programmes.
- c) In the National Family Health Survey, a number of difficulties were identified, which needs to be improved.

Hon'ble Chairperson, Mr. Justice Arun Mishra, NHRC, in his inaugural address, said that there are enabling laws and policy frameworks towards ensuring better health care for women as well as their empowerment. However, these require to be implemented in right earnest. The imbalance in the sex ratio between male and female child remains a point of concern for a long. He said that it is perhaps due to the mindsets, which is causing this disparity between the male and female child despite that the girls legally have an equal share in the inheritance of parental property. Society as a whole needs to ponder over it.

He also mentioned about the news-item appeared in the newspaper on the same day, wherein the Madhya Pradesh Chief Minister had ordered an inquiry into the irregularities found in the implementation of the mid-day meal program. The newspaper reported that the trucks said to be supplying the mid-day meals were actually found registered as scooters. He emphasized that a better strategy is required to fix the corruption. To end discrimination and sexism, the "Beti Bachao, Beti Padhao Andolan" was launched to advance the gender justice. Justice Mishra also said that the Maternal Mortality Rate has comparatively declined in the country but it continues to remain high. He emphasized that it is to be pondered over why some states have low MMR compared to others. The NHRC Chairperson said that the intra-state differences in MMR reflect the existing inequality in access to factors that determined women's health including health care services. The biggest issue is lack of infrastructure, especially when women cannot travel to the hospital and are thus not receiving the benefits. To address the problems, all areas must come together and collaborate across departments to provide solutions to these issues. Additionally, he suggested that we should inform the public about insecticides and pesticides and that law enforcement agencies and courts both need to treat these cases seriously.

TECHNICAL SESSION - I

Identifying Issues/Challenges in Access to Health Services and Health Care Systems

Ms. N. Sarojini, Founder of Sama- Resources Group for Women and Health, identified issues/ challenges in women's access to health services and the health care system. She stated about the under-resourced public health system, which has already been consistently under-resourced with active moves towards privatization. She also mentioned access to health care and discussed the current health budgets as an example. She also discussed about the current situation of the health of adolescent girls and young women with respect to NCDs, TB, Malaria, Sexual and reproductive health, maternal health, abortion, contraception, infertility, STIs, HIV, Anemia, and nutrition which are undermined. She also suggested a few recommendations as mentioned below;

- a) For a gender-sensitive response to the pandemic, this budget should have shown a quantum jump in public health expenditure, including universalizing access to comprehensive healthcare.
- b) To meet basic primary care needs, including reproductive and sexual health care, the expansion of health and wellness centers and other essential services should be guaranteed, along with secure cashless services, including free diagnostics and medicines if necessary.
- c) Maternity benefit budgets need a fourfold increase (with states contributing 60:40) to provide a universal, unconditional maternity allowance of Rs 6000 for all births without disqualification.
- d) Women frontline workers must be formally recognized and provided fair wages with complete social protection and clear career paths.

Dr. Sumita Ghosh, Additional Commissioner, Ministry of Health and Family Welfare, mentioned the four sub-indices of Global Gender Gap Index 2022, viz. political empowerment, economic participation and opportunity, health and survival, and educational attainment. Out of these four, the fundamental gap is because of economic empowerment, and in health and survival. In case of India, 96% of the gender gap has been closed as per the report and still 4% is left to reach gender parity. Among the indicators of health and survival, there is no data available with respect to healthy life expectancy which needs to be addressed. Despite having several programs, the biggest challenge is treatment-seeking because health is still not felt in the community as wellness. So, there is a need for mass awareness for changing the attitude and mindset with reference to health. Also, the under-utilization of the funds by the states needs to be addressed for better functioning of health centres.

Smt. Vinita Srivastava, the Advisor, Ministry of Tribal Affairs, highlighted some key issues that the tribal ministries, as well as tribal communities, are frequently facing. She emphasized that there is a need for convergence of initiatives taken by the Ministry of Health with other ministries for better implementation, as achieving health targets could not be conducted by a single ministry. She then pointed out two crucial issues; *firstly*, there is the absence of specific data concerning tribal communities and, *secondly*, their economic empowerment, such as livelihood challenges faced by the tribal communities. Therefore, FRA came into existence. She highlighted other critical issues about the health of tribal communities, such as the absence of services for tribal healers shortage of PSCs or SCs. She then quoted the initiatives of the Ministry, such as convergence with the Ministry of Ayush (Aushaudhi Kendra) to overcome the crunch of doctors. She added that the Ministry trains tribal healers to ensure that essential health services reach the community in time.

Further, she pointed out that ICs are not sensitized, and most of these are not providing awareness in their regional languages. She advised that there is a need to set up small camps in tribal areas to ascertain their health challenges and overcome them. To overcome nutrition, the Ministry of Tribal Affairs and the Ministry of Ayush are coming up with a plan to set up *Poshan Vatikas* to meet challenges in the food of women and children in tribal communities.

Prof. (Dr.) Meena Gopal, Tata Institute of Social science, Mumbai, stated that there is a need for a systematic approach in the various ministry departments and cooperation in such matters. We must examine the issue of paid and unpaid employment for women because it is little understood. Examples of such workers include *Anganwadi* workers and *Asha* workers. It's also recommended that the NHRC look into the issue of unpaid female workers, such as *Aaganwadis* and sex workers, and that all women should be recognized. As women's health and expenditures are rising, she also suggests that the percentage of the GDP allocated to public health services should also rise. This will allow for increased funding for good health care for women. In terms of financial allocation, she emphasized labor, frontline workers, and women who do unpaid work. She also mentioned the *Nari Shakti Kendra* initiative program aimed at empowering rural women. The Government will conduct several awareness campaigns and programs at the block and district levels as part of the MSK Scheme.

Prof. (Dr.) Sabiha Hussain, Professor Professor and Director, Sarojini Naidu centre for women's studies, Jamia Islamia University, emphasized health and nutritional status, under-representation of the women of marginalized communities, women prisoners, sex workers, widows, and single mother who requires due care and attention. She also highlighted the issues of Middle-aged and older women and their inclusion in all health and nutritional programs. A

sensitization training program for health service providers is needed to improve women's health and nutritional status in various castes and religious communities. It is essential to consider the availability of contraceptive options and follow-up services. The Government should recognize Gram Panchayats' critical role in supporting health and nutritional programs. It is necessary to analyze and evaluate the scheme's beneficiaries regularly and to audit how the budgeted funds have been used.

Ms. Sunita Dhar, Senior Advisor, Jagori, New Delhi, raised the issues of accessibility concerning the One Stop Center. Due to the presence of customs and social norms and also patriarchy, the accessibility of rural women is hindered on a significant scale. Women's mobility, including pregnant women and women with disabilities, must be brought to everyone's attention. A worry is the lack of gender-disaggregated statistics. Governments and other organizations conduct a lot of assessment studies. This data needs to be made public so that results can be tracked more thoroughly and lessons learned can be shared. This would aid rigorous planning to reduce the enormous gender inequalities in the implementation process. Further elaboration of a cohesive two-child norm policy is a need at this hour. We need to bring in cohesive policies that will have the intended outcomes. For example, access to contraceptives should start at the earliest. She thought special efforts are also required to access government schemes and public health services for disabled people, focusing on mental health. During Covid-19, women with disabilities experienced unusually severe domestic violence, so more accessible services are to be implemented. Access to sexual and reproductive health facilities for sex workers, transgender people, and single women must also be prioritized. The indigenous community has also stated the need for increased access to entitlements and services and inclusion in policy formulation. Also, access to telehealth services is a point of concern.

Dr. Shweta Khandelwal, Head, Nutrition Research and Additional Professor, Public Health Foundation of India, Gurugram, began by recalling the '*Beti Bachao*' scheme and that there needs to be a fair amount of focus on '*Beti Khilao*' as well. Multiple forms of malnutrition coexist in India, especially amongst girl children, adolescent girls, and adult women. On the one hand, 18.7% of women have low BMI (as per NHFS 5 data), while 24% are overweight/obese. But on the other hand, about 57% of women aged 15-49 years are anemic. She emphasized the necessity for a coordinated multi-sectoral approach to guarantee that women's health and nutritional requirements are prioritized and cared for. This includes a P-E-R-F-E-C-T solution:

1. **P- Policy** is robust and multi-sectoral and brings together diverse actors from education, finance, health, nutrition, agriculture, environment, etc.
2. **E- Empowerment**, education, and awareness of women for better service delivery, uptake, and sustained quality.
3. **R- Relevant research**, work on filling data gaps and providing disaggregated data to offer targeted and focused interventions.
4. **F- Finances**, adequate and effective use of health finances, accountability, etc.
5. **E- Engagement** and participation by communities for sustainability and innovative local models in leadership and management of issues.
6. **C- Capacity** building at all levels. Skilled, trained, and motivated human resource is crucial to ensuring that all programs reach the last mile and can improve our masses health and nutrition indicators.
7. **T- Technology** used for broader dissemination and troubleshooting.

Technical Session- II

Way Forward to Improve Health, Survival, and Nutritional Status of Women and Girls in India

Dr. Dhrijesh Tiwari, Statistical Advisor, Ministry of Women & Child Development, raised the issue of the methodology used for the index indicators. The Government does not have official data source on the indicator 'Prevalence of Undernourishment (PoU)' of GGGI. Through wider consultations with the M/o Statistics and Programme Implementation and M/o Health and Family Welfare, it has been decided that National Institute of Nutrition (NIN) will conduct 'Diet and Biomarker Study – INDIA' to give inter-alia estimate of PoU. He discussed a few schemes which they have revised after interactions with state governments, as mentioned below:

1. Mission Shakti works to empower women, talking about all life aspects of women. Therefore, their needs and requirements are covered by some or the other schemes of the Government.
2. Pradhan Mantri Matri Vandana Yojana provides partial compensation for the wage loss of women when they get pregnant. Based on our experiences, we have reduced this to only two installments– Rs. 5000/- from WCD and Rs. 1000/- from the Ministry of the Health Scheme. Earlier, the woman needed to provide her husband's name, and recently, we have done away with giving her husband's name. Therefore, this scheme's compliance burden has been reduced as it will help needy women at the ground level.
3. There is a need for proper dissemination of information schemes; one such scheme is Mahila Shakti Kendra which has now been upgraded and now is called Hub for Empowerment of Women, which will be implemented during the 15th Finance Commission period and is going to function at three levels, i.e., national hub, state hubs, district hubs. The purpose will be that every scheme by the Ministry of WCD at the first level, the Ministry of GoI at the second level, and any state scheme by the GoS, information of these schemes will be made available through this hub. Hence, any girl or woman who wants to know about multiple schemes can find out.

Smt. Rekha Yadav, Joint Secretary, Minister of Panchayati Raj, focused on the role of Gram Panchayat, which has been left untouched because there has been no involvement at the ground level despite 33% reservation of women. There are 14L women representatives right now, with the participation of women being at an all-time high, but where we are still lagging. Gram Panchayat Development Plan (GPDP) is important to utilize the money being given to these Gram Panchayats for development. She mentioned that 21 Ministries and 26 Departments have signed a resolution for the SDGs. The proposed theme of the same is creating a 'women-friendly village' with an all-inclusive perspective of health, poverty, education, good governance, poverty-free life, multidimensional poverty, etc. She suggested that the village poverty reduction plan and SDGs should be included in the decision-making process. One such proposal is establishing 'Mahila Sabhas' as a mandatory requirement before Gram Sabhas. Participation in decision-making is essential because the ground realities must be visible for inclusive development.

Ms. Ruth Manorama, Vice President, Women's Voice, Karnataka, drew attention to increasing women's access to appropriate and affordable healthcare while being sensitive and responsive to the needs of the women. She proposed streamlined procurement of medical

procurement and improvement in health schemes. She further discussed the problems relating to surrogacy in light of protection of surrogate women. Cases selling eggs have come to the forefront where poorer women sell their eggs to run the family. She discussed reducing pocket expenses on medicals by registering BPL families. She pointed toward the vaccination inequality present amongst class and caste. With the vaccine cost of Rs. 785/- in the State of Karnataka, women were left behind by over three crore doses. She concluded by emphasizing the tabulation of gender-disaggregated data from all the states for all the health programs for better inclusion.

Dr. Jayna Kothari, Executive Director, Center for Law and Policy Research, Karnataka, expressed her concern about the marginalized women, such as Dalit, Adivasi, or women living in backward communities, being in a worse position. She pitched in a suggestion of legislation to target discrimination against access to healthcare. Her organization, 'The Centre for Law and Policy Research,' drafted a bill named 'Equality and Non - Discrimination Bill,' which would address equality in various areas such as healthcare, the private sector, and housing. She drew examples from countries such as the UK and South Africa, which have equality legislations like 'The equality Act' and 'Equality and Non - Discrimination Act' to cover gender-based discrimination, sex-based discrimination, and intersectional discrimination in healthcare.

Ms. Joy Grace Syiem, Policy Lead Consultant, North East Network, Meghalaya, pointed toward implementing the 'One Stop Centre' scheme. She said that the scheme started with a lot of enthusiasm but ended up defunct in many places in the North East. She recommended that a review of the implementation at the state level will bring about a more responsive health service. She brought to light a program where several traditional healers from the tribal communities work together. She emphasized the need for a system where traditional healers and birth attendants should be integrated into the frontline healthcare system. There is a need to upgrade the healthcare infrastructure and cover the vast gap. For the North East, the availability of doctors is an issue and also the terrain poses challenges to the health care workers for accessibility.

Ms. Chetna Gala Sinha, Co-Chair, World Economic Forum (2018), Maharashtra, stated that we must start at the community level and utilize the community radios. The association of the Community Radios can be used in Gram Panchayats. She shared her experience where, with Community Radio's help, they had addressed topics of hemoglobin issues or tribal healers. She also stated that with the community radios, they could get 25,000 women vaccinated within eight days after the delta variant. She called for an appeal toward creating a community that takes pride in having healthy women.

Shri Ravi Kant, Advocate, President Shakti Vahini, Delhi, raised the issue of child marriage because it affects large number of girls. A generation of women are impacted because of child marriage, and that must be resolved.

In the end, **Hon'ble Chairperson Mr. Justice Arun Mishra, NHRC,** while referring to a point of discussion regarding insufficient budget provision for the health sector, sought the basis of computation of the budget allocation and the particulars of percentage of GDP. He mentioned that the utilization of funds is an important issue because what is the point if the allocated funds are not being utilized? He stressed upon the need for remodeling health centers. He also proposed that the data of DLSA and NALSA should be combined with NHRC data and other centers for a further course of action. He also emphasized the bifurcation of expenditure under

the heads of healthcare, nutrition, and nourishment. He also suggested utilizing funds on improving infrastructure because the conditions of Public Health Centers (PHCs) and Community Health Centers (CHCs) are deplorable. There must be better hospitals and community health centers for which the CSR fund can be better utilized.

Finally, the Core Group after due deliberations advised the following points for consideration of the Commission;

- There is a need for convergence of initiatives taken by the Ministry of Health and Family Welfare with other ministries for better implementation.
- A sensitization training program for healthcare personnel is needed to improve women's health and nutritional status in various castes and religious communities.
- Assessment studies conducted by the Government including gender-disaggregated data from all the states should be put in the public domain, which would aid proper planning to reduce the gender inequalities in the implementation process.
- A coordinated multi-sectoral approach is needed in order to ensure women's health and nutritional requirements.
- Proper implementation of the Prohibition of Child Marriage Act, 2006, may be ensured as it affects health of a large number of girls and their offspring.
- For improvement of the health infrastructure, the availability of CSR funds may also be considered by the government.

The meeting ended with a vote of thanks by Dr. M.D.S. Tyagi, Joint Director (Research), NHRC.

List of Participants

NHRC Officials

1. Mr. Justice Arun Mishra, Hon'ble Chairperson, NHRC
2. Shri Devendra Kumar Singh, Secretary General, NHRC
3. Smt. Anita Sinha, Joint Secretary, NHRC
4. Dr. M.D.S. Tyagi, Joint Director (Research), NHRC
5. Ms. Sakshi Thapar, JRC, NHRC

Representatives of the Ministries, GOI

1. Dr. Sumita Ghosh, Additional Commissioner In Charge (Child Health, RBSK, AH, CAC & AD), Ministry of Health and Family Welfare
2. Shri Dhrijesh Kumar Tiwari, Statistical Advisor, Ministry of Women & Child Development
3. Smt. Vinita Srivastava, Advisor, Ministry of Tribal Affairs
4. Smt. Smriti Sharan, Joint Secretary (RURABN/PPM), Ministry of Rural Development
5. Smt. Rekha Yadav, Joint Secretary, Ministry of Panchayati Raj

Special Invitees

1. Ms. N.Sarojini, Founder, SAMA-Resource Group for Women and Health

Core Group Members

1. Prof. (Dr.) Meena Gopal, Professor, Advanced Centre for Women's Studies, School of Development Studies, Tata Institute of Social Sciences (TISS), Mumbai
2. Dr. Shweta Khandelwal, Head, Nutrition Research and Additional Professor, Public Health Foundation of India, Gurugram
3. Prof. (Dr.) Sabiha Hussain, Professor and Director, Sarojini Naidu Center for Women's Studies, Jamia Islamia University
4. Ms. Ruth Monorama, Vice President, Women's Voice, Karnataka
5. Ms. Suneeta Dhar, Senior Advisor, Jagori, New Delhi
6. Ms. Jayna Kothari, Executive Director, Center for Law and Policy Research, Bengaluru, Karnataka
7. Ms. Joy Grace Syiem, Policy Lead Consultant, North-East Network (NEN), Meghalaya
8. Ms. Chetna Gala Sinha, Co-Chair, World Economic Forum 2018, Founder / Chair, Mann Deshi Bank & Mann Deshi Foundation, Maharashtra
9. Shri Ravi Kant, Advocate, Supreme Court of India and President, Shakti Vahini, Delhi.