

राष्ट्रीय मानव अधिकार आयोग National Human Rights Commission

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File No. R-22/3/2021-PRPP (RU-4)

June 03, 2021

Subject: Advisory on protection of Human Rights of the Particularly Vulnerable Tribal Groups (PVTGs) amid Covid-19

The National Human Rights Commission (NHRC) is mandated by the Protection of Human Rights Act, 1993, to protect and promote the human rights of all the citizens in the country.

- 2. Towards fulfillment of this obligation and considering the prevailing situation in the country caused due to the first and second waves of Covid-19 pandemic and the media reports on spread of infection across several people belonging to the PVTGs community across states and UTs, the NHRC considers it imperative to issue an advisory for protection of the holistic human rights of the PVTGs. The advisory is enclosed for perusal and implementation.
- 3. All the concerned authorities of the Union/State Government/UTs are advised to implement the recommendations made in the said Advisory and to submit the Action Taken Report (ATR) within four weeks for information of the Commission.

ア316(こ) (Bimbadhar Pradhan) Secretary General

Encl: Advisory

- The Secretary to the Government of India Ministry of Tribal Affairs
 D-Wing, Shastri Bhawan, New Delhi -110 001
- The Secretary to the Government of India M/o Health and Family Welfare Nirman Bhawan, C-Wing, New Delhi - 110 001
- 3. Chief Secretaries of States with PVTGs population (18 States) and UTof Andaman & Nicobar Island



Advisory on protection of Human Rights of the Particularly Vulnerable Tribal Groups (PVTGs) amid Covid-19 pandemic

A. Background

India has about 104 million Scheduled Tribes (ST) population¹ equivalents to 8.6 per cent of the total population, which is spread across 705 tribes in 177 tribal districts². Among the ST populations, there are 75 such groups who are further marginalised and identified as Particularly Vulnerable Tribal Groups³ (PVTGs) by the Government of India, *inter alia*, based on existence of pre-agriculture level of technology, relative physical isolation, stagnant population, extremely low literacy, and a subsistence level of economy.⁴ The PVTGs (earlier known as Primitive Tribal Groups/PTGs) was firstly introduced during the 4th Five Year Plan (1969-74) based upon recommendations of the Dhebar Commission ⁵(1960-61). The total population of the PVTGs as per the 2011 Census is 17, 02,545 and they are spread across 18 States and Union Territory (UT) of Andaman and Nicobar.

As far as the national and international framework relating to human rights of indigenous tribes are concerned, India had voted in favour of the adoption of the UN Declaration on the Rights of Indigenous Peoples⁶. India had also ratified the ILO Convention No. 107 titled "Indigenous and Tribal Populations Convention, 1957".

India further enacted various legislations to address specific issues like the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act of 1989, the Provisions of the *Panchayats* (Extension to Scheduled Areas) Act, 1996 and the Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006. The aboriginal tribes of A&N islands are protected under the Andaman & Nicobar (Protection of Aboriginal Tribes) Regulation, 1956 (amended in 2010). The Constitution of India contains specific provisions relating to the protection of rights of the Scheduled Tribes.

The first⁷ and second waves⁸ of Covid-19 have affected various PVTGs across Indian States/Union Territories as per the several media reports. Thus, the pandemic and resultant subsequent lockdowns have added to the threat of already existing hardships for the PVTGs.

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^{1.} https://tribal.nic.in/writereaddata/AnnualReport/AnnualReport2016-17.pdf

². Ministry of Tribal Affairs, Steps taken by Government to support tribal communities during Covid-19 pandemic, Posted On: 17 SEP 2020 by PIB Delhi, https://pib.gov.in/PressReleasePage.aspx?PRID=1655632

^{3.} https://pib.gov.in/Pressreleaseshare.aspx?PRID=1577166

⁴. Ministry of Tribal Affairs, Government of India, "Scheme of development of Particularly Vulnerable Tribal Groups (Effective from 2019-20)", 17.09.2019, https://tribal.nic.in/DivisionsFiles/GuidelinesofPVTGs17092019.pdf

^{5.}https://ncst.nic.in/sites/default/files/documents/ncst_reports/first_annual_report_of_ncst/PART%201%20-%20Ist%20Report%20NCST %202004-20059484175791.pdf

⁶ India's support for UN Declaration on the Rights of Indigenous Peoples, https://indiantribalhcritage.org/?page_id=259#:~:text=By%20a%20vote_920of%20143, native%20peoples%2C%20calls%20for%20the

^{7.} https://www.newindianexpress.com/nation/2020/sep/08/six-vulnerable-tribal-group-mcmbers-of-andaman-islands-tests-covid-19-positive-2194200.html

https://www.thehindu.com/news/national/other-states/coronavirus-21-members-of-vulnerable-tribes-infected-in-odisha/article34559701.ece



Many of the PVTGs have already been struggling against extinction and if COVID-19 infects some of the PVTGs, they will not be able to survive and it will be a great loss for the humanity and diversity of the human race. It is in this prevailing context of pandemic that the National Human Rights Commission (NHRC) considers it's imperative to issue an advisory for the protection of holistic human rights of the PVTGs and also keeping their deep-rooted health and socio-economic inequities and their naturally isolated habitation spread across inaccessible, far flung, hilly and forested areas in view.

B. Actionable recommendations on Containment and Preventive measures

- i. Ensuring Covid-19 testing and timely report: Frequent RT-PCR testing drive be conducted at doorstep while ensuring prompt delivery of reports with priority to be given to the *Population (PVTGs) <1 lakh (as per the Census 2011)* and address concern of persistent digital divide.
- ii. Ensuring vaccination: Ensure vaccination of all the PVTGs having population less than 50 thousands (as per the 2011 Census) within 60 days by sending mobile medical teams who shall also complete necessary formalities required for vaccination. Community Resource Persons (CRPs)/ASHA workers should also be involved while carrying out special vaccination drive for PVTGs and they can assist in registration of the PVTGs on COWIN application.
- iii. Ensuring supply of COVID-19 Medical Kit: Supply of Covid-19 medical kit be ensured to the PVTGs, which can contain necessary items such as N95 Mask, Hand Sanitizer, Fingertip Pulse Oximeter, Digital Thermometer, Steam Vaporiser, Spirometer, Paracetamol, Betadine for mouth wash and gargle, Multivitamin Tablets, gloves, soaps, detergent powder etc. This should be followed by consistent awareness generation campaigns across residential vicinities of PVTGs in the local dialect (through loud speakers and traditional means of advertisement) in order to disseminate information regarding use of these essentials during pandemic especially importance of wearing face mask and frequent use of hand sanitizer. Additionally, to avoid human contact the use of drones⁹ to render essential medical kit can also be promoted wherever drones are available with the concerned State governments or UTs. Regular check on maintenance of proper hygiene and sanitation in the residential vicinity of PVTGs by the staff deputed shall be ensured.
- iv. Introducing strict mechanism to monitor entry and exit: Strict guidelines for entry and exit of outsiders where feasible in the core areas as well as in adjacent areas inhabited by the PVTGs shall be introduced to ensure zero contact with the PVTGs. The provision of e-passes can be generated for limited entry of outsiders on needs basis. ¹⁰

https://www.weforum.org/agenda/2021/05/india-is-now-testing-drones-to-deliver-covid-19-vaccines?uttm_source=facebook&utm_medium=social_scheduler&utm_term=India&utm_content=27/05/2021+02:00

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See "Steps taken for protection of PVTGs of A&N Islands from COVID-19", Andaman and Nicobar Administration Directorate Of Tribal Welfare, https://static.pib.gov.in/WriteReadData/userfiles/PIB%20Delhi/Steps%20taken%20for%20protection%20of%20PVTGs%20of%20PVTGs%20of%20A&N



C. Actionable recommendations on Clinical Management

- i. Suggestion for curative interventions: Deployment of dedicated team of doctors/nurses/paramedic staffs be ensured in nearby PVTGs vicinities to render timely treatment of Covid-19 infected PVTGs patients followed by ensuring availability and outreach to hospitals fully equipped with equipment like ICU beds, oxygen cylinders/concentrators, life saving drugs and injections, dedicated ambulance service, and proper isolation and quarantine centers. Converting nearby schools/community centre/ Eklavya Model Residential Hostels (EMRS)/Tribal Hostels into isolation centre can be preferred.
- ii. Expense Management: Ensure that all expenses for treatment of Covid-19 patients belonging to the PVTGs are borne by the concerned State Government/UTs and the monetary assistance allocated for infected Covid-19 positive patients (including PVTGs) and those who are put in quarantine/self isolation are provided with cash in hand in case of inaccessibility to banking facilities.

D. Actionable recommendations on Community Engagement and Social Awareness

- i. Ensuring sensitisation, pandemic awareness and consistent follow up: Sensitisation awareness programme be oraganised keeping in view the factors like residences of the PVTGs falling in natural containment zones, isolation from natural habitation, digital divide, linguistic/dialect cohesiveness etc. Use of community radio/loudspeakers on van/auto disseminating information about symptoms of Covid-19 (also symptoms of Black and White Fungus) in local PVTG dialect with pictures/audio/video should be ensured.
- ii. Involving tribal heads/ educated PVTG youths/ old PVTGs women/ ASHA/frontline workers/NGOs working in PVTGs vicinities /volunteers be encouraged to raise awareness about testing, vaccination, medicines, hygiene, sanitation and social distancing etc. Wherever possible active use of social media be promoted for spreading awareness.

E. Actionable recommendations to protect other Human Rights (socio-economic-cultural)

i. Suggestive interventions to ensure the right to food: These include following measures: (a) to ensure doorstep delivery of free dry rations/food basket (rice, wheat/flour, pulses, salt, oil etc.) among the PVTGs households keeping in mind the concerns of the safety protocols, isolated natural containment zones and grass root level exploitation being faced by PVTGs; (b) an equivalent amount of monetary transfer (cash in hand) can also be considered in case of non-fulfilment of option (a); (c) special focus be given to the malnourished children, lactating and pregnant women belonging to the PVTGs; (d) ensuring implementation of all such food/ration based schemes (Central Sector Schemes/Centrally Sponsored Schemes/ State Government Schemes) while keeping biometric authentication in halt/suspended mode

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till 31st March 2022; (e) community kitchen be reactivated; (f) services of the local *Anganwadi* workers and PDS holders/distributors may also be taken for distribution of ration, medicines for prompt and better reach/penetration to PVTGs' inhabited areas etc.

- ii. Suggestive interventions to ensure right to livelihood: These include following measures: (a) to ensure monthly cash entitlement and pension distribution through Direct Benefit Transfer (DBT) equivalent to payments made under the MNREGA as an income guarantee assistance for loss of income during the pandemic and impact over collection, use and sale of minor forest produces (MFP) or Non Timber Forest Produce (NTFP) and that such benefits should be paid to the female head of the PVTGs households; (b) ensuring compliance with the directions issued by the Ministry of Tribal Affairs¹¹ on 17 September 2020.
- Suggestive interventions to ensure right to education/ skill upliftment iii. /miscellaneous interventions: These may comprise of following: (a) uninterrupted transfer of scholarships(pre and post Matriculation) to youth of the PVTGs amid Covid-19 be ensured; (b) access to essential stationeries and involving the youths belonging to the PVTGs to impart awareness and education among their community on some monthly remuneration basis; (c) skill development through focus on tribal handicraft/skill to increase employability; (d) decision to discontinue/continue of weekly haats may be taken at the discretion of the concerned district administration /State government depending upon variables like ground level situations, Covid-19 cases, and economic implications for the PVTGs etc; (e) an alternative arrangement to purchase Minor Forest Produce of PVTGs by the District Administration (doorstep purchase) be ensured; (f) coercive measures for attendance of the members of the PVTGs before the police, forest department officials be avoided unless warranted by law (preferring E-courts hearing/Video Conferencing); (g) the fund for the welfare schemes be released by the governments immediately or some Covid-19 contingency fund may be kept for immediate relief; (h) a special 24 X 7 helpline in district control room be created by the concerned state government/district administration/Panchayat dedicated exclusively for addressing covid-19 related concerns of the PVTGs.

F. Monitoring of the implementation of the Advisory

i. The Secretary, Ministry of Health and Family Welfare, Government of India shall take measures in coordination with the State Governments to frequently conduct RT-PCR tests with priority to be given to the PVTGs whose populations is less than 100,000 (one lakh) and vaccinate all the PVTGs, whose population is less than 50,000 within 60 (sixty days) and submit a report to the NHRC. The ministry may subsequently cover vaccination of all the PVTGs of population beyond 50 thousands in due course of time.

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Please see "Steps taken by Government to support tribal communities during Covid pandemic", https://pib.gov.in/PressReleasePage.aspx?
PRID=1655632



ii. The Secretary, Ministry of Tribal Affairs, Government of India and the Chief Secretaries/ Administrators of the States and UTs shall submit monthly reports to the NHRC till the end of the COVID-19 with respect to the measures taken for implementation of this advisory. In this regard, the District Magistrate (DM) shall be designated as the Nodal Officer in each district for implementation of this advisory. The DMs shall get the above advisory translated into the local language/dialect of the PVTGs and ensure dissemination of above information to them.

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