

# Monitoring of Citizens Rights during Covid 19 and Lockdown by NHRC

## **1. Impact of Lockdown on the Rights of Citizens**

National lockdown for more than 2 months (because of COVID 19) has adversely affected the rights of various groups of people-

- a. Daily wagers (job loss, no food or shelter),
- b. Domestic workers,
- c. White and blue collar employees in formal sectors
- d. Small businessmen and shopkeepers
- e. Women ( increase in family violence & work at home),
- f. Students( stress, delay in classes/examinations, all don't have access to computers /connectivity for on line classes)
- g. Old and disabled etc.

*(above list is not exhaustive)*

Recent studies by Group of Ministers and CMIE have revealed that 9.04 Crore jobs were lost in various sectors because of lockdown. There have been salary cuts as well as shedding of staff in formal sector also.

1. **NHRC may** commission a detailed study on above adverse impacts of lockdown on rights of various groups of people, draw lessons & develop action plans and protocols to minimise these adverse impacts in present and future pandemics.
2. Best rights compliant practices and protocols developed nationally / internationally for handling of the pandemic and supporting the poor, daily wagers, migrants and other groups may also be studied and compiled.

*(also emphasised by New Zealand & Korean Human Rights Commissions)*

## **2. Migrants Labour crisis :**

- a. For more than 8 weeks now, migrants labour (who lost their job, have no money to feed themselves or their families, no money to pay house rent) have started for their villages (in UP, Bihar, Jharkhand, West Bengal, Chhattisgarh, Odissa, Rajasthan, MP etc.), 1000 to 1500 km. away (from Gujarat, Maharashtra, Punjab, Haryana, Telangana etc.), on foot with their family and children.

- b. As police is stopping/beating them, many started walking on railway tracks or village interior routes. Many have collapsed and died while others were killed in train and road accidents.
- c. Many paid up to Rs. 4000/- to truck drivers for transporting them back to their villages (by taking loans)
- d. Govt. of India has started shramik trains 3 weeks back and approximately 25 lakhs migrants have been shifted (by paying for train tickets at higher rates and going through cumbersome procedure of registration, medical examination and NOCs).
- e. Still there are many more stranded (in millions), waiting for their turn.
- f. There have been agitations also by labour in Gujarat, Maharashtra and Punjab, followed by lathi charge by police.
- g. But still millions are on road, hungry, sick, with their families and children. Videos on social media and press are very disturbing and indicate gross violation of their basic human rights of food, health and livelihood.

**Hence NHRC** may commission a study/research –as to how migrants crisis could have been averted or handled better and develop a human rights compliant SOP for transporting them safely to their homes with adequate supply of food, water and medicines during the journey and later proper quarantine protocols and job opportunities at native villages to ensure that their basic rights are protected.

### **3. Impact of amendments to Labour laws on rights of workers:**

- a. There has been wide spread criticism that during the pandemic, when migrant labour is suffering, some States (MP, UP, Gujarat, Karnataka) have amended the labour laws (concurrent list) to the disadvantage of labour and for the benefit the industrialists in the name of economic revival.
- b. One such amendment is to extend the daily working hours from 8 to 12(72 hours per week). It is not clear whether they will be paid overtime or not.
- c. In addition, all laws pertaining to occupational safety, health and working conditions of workers, contract workers, migrant labour, settling of disputes will become defunct because of these amendments.

**Hence NHRC** may like to commission a detailed study on impact of amendments of labour laws on the basic rights of the labour including their health and dignity and develop a future road map to protect their rights.

*(also emphasised by ICHR, Palestine)*

4. **Impact of inadequacies in Medical Infrastructure on the rights of patients and Corona warriors:**

- a. Inadequacy of medical infrastructure including trained manpower right up to district and sub-divisional level has adversely affected our fight against COVID 19.
- b. There have been number of instances where patients were not admitted in the hospitals because of lack of beds, ventilators etc. and they died. At times patients died as ambulances did not reach them in time.
- c. Private hospitals have been charging exorbitantly for stay, treatment and tests.
- d. There is paucity of testing kits as well as testing laboratories.
- e. There have been complaints by medical staff regarding paucity of PPEs resulting in infection of medical staff leading to deaths.
- f. Similarly large number of police officials have got infected (3558) and died (34). Recently there was a revolt by police in Kolkata for deploying them without supplying safety kits.
- g. Similarly patients of other chronic diseases (heart, cancer, liver, kidney etc.) have been affected badly as hospitals are busy fighting Corona and restrictions on movements during lockdown.

**Hence NHRC** may like to commission a detailed study and develop an action plan for strengthening public health infrastructure including trained manpower and develop rights based protocols so that both Covid & non Covid patients don't suffer.

*(shortage of PPE for community health workers emphasised by New Zealand Human Rights Commission)*

5. **Infrastructure & Protocols for Quarantine Centres**

- a. There have been number of reports that quarantine centres in various States are in shambles, not maintained clean, with dirty toilets and poor sanitation.
- b. There are complaints of poor quality of food, delay in supply of food, and food packets are thrown from distance, compromising the dignity of inmates.
- c. The medical staff do not visit the centre regularly as there is shortage of staff and some are scared of getting infection.

- d. Those staying in these centres are made to feel as if they had committed a crime. They complain of inhuman treatment by medical staff and others.
- e. There have been instances of people running away from these centres and even getting injured in the process.
- f. People are scared of this 14 / 28 days quarantine (variation of duration from State to State).
- g. In some cases, one has to pay for stay and food in quarantine facility.

**Hence NHRC** may develop protocols and minimum standards of infrastructure, facilities and SOPs for health and sanitation workers for all Quarantine centres.

*(being monitored by ICHR, Palestine)*

6. **Formulation of Human Rights compliant SOP for police/other law enforcement agencies & courts**

- a. Police/other law enforcement officials have been accused of being very harsh to public including health workers, migrant labour, poor waiting in queues for food, delivery boys, vegetable and fruit vendors etc. for enforcing lockdown. There have been umpteen numbers of instances of police beating them, even leading to deaths. Ironically police officials are treating this as only a law and order problem.
- b. There are also allegations of misuse of powers by police in booking cases and arresting whistle blowers, lock down violators, medical staff including doctors (Dr. Sudhakar, Visakhapatnam), Samaritans helping migrants and Government critiques.
- c. Regular bails are being denied as courts are not fully functional and hearing dates are not being fixed.

**Hence NHRC** may formulate a human rights compliant SOP for the functioning of police/other law enforcement agencies including do and don'ts. Police personnel must be extensively trained and briefed on the SOP. Similarly protocols may also be devised for courts so that people don't suffer for want of hearings.

7. **Stigmatisation of Muslim community, patients and medical staff:**

**NHRC may** commission a study on the stigmatisation of

- a. Muslim community (Markaz Nizamuddin congregation in Delhi, rise in hate campaign in media),
- b. medical staff (doctors and nurses being ostracised from housing societies),
- c. patients (disclosing names, stampings on hands/foreheads, pasting notices on houses) .

NHRC should develop an action plan/guidelines for preventing the stigmatisation and protecting the rights of minorities, patients and medical staff.

*(emphasised by New Zealand & Korean Human Rights Commissions)*

### **8. Monitoring of jails, observation homes and other detention centres**

- a. Jail inmates are more prone to this dreaded disease as they cannot take care of themselves or observe basic precautions like social distancing ( many jails are overcrowded), frequent washing of hands repeatedly with soap for at least 20 seconds (availability of adequate water and soap).
- b. Already there are cases of COVID infection among inmates as well as staff in many jails (Arthur jail Mumbai; Mandoli jail Delhi etc.)
- c. Many jails are overcrowded and not properly ventilated. There are restrictions on movements of inmates.
- d. Diets are not nutritious to increase immunity.
- e. Many of the inmates also suffer from mental problems.
- f. Unfortunately most of the jails do not have proper medical facilities (both doctors and infrastructure).
- g. Most of the women and observation homes don't have even regular doctors (only a nurse at times).
- h. There are no psychologists for counselling.

**Hence NHRC** may take up with concerned authorities for improving the medical facilities at jails (both for dealing with COVID and in general), release prisoners involved in minor offences (to prevent overcrowding) and make provisions for improved diets for enhanced immunity and personal hygiene.

*(emphasised by New Zealand & Palestine Human Rights Commissions)*

9. **SOP for monitoring of Complaints and Rights situation of various groups during the pandemic:**

**NHRC should** also develop SOP for involving SHRCs, Commissions for Women, Children, SC/ST and Minorities( both in Centre and States) and all other government and non government watchdog agencies in monitoring the rights of various groups during the pandemic especially in jails, homes, shelter homes, quarantine centres, hospitals etc. and responding to complaints and taking appropriate actions.

Because of lockdown and restrictions on movements, NHRC should develop digital (audio/visual) monitoring tools for listening to the complaints from inmates in jails/homes/other detention centres.

*(being done by New Zealand & Palestine Human Rights Commissions)*

10. **Dissemination of accurate and timely Information :**

Lack of adequate, accurate and timely information leads to confusion as well as fear and creates panic among the public. (It affects their right to information). It may have lot of unintended adverse consequences in dealing with COVID 19 pandemic. Independence of media/press is of utmost importance in dissemination of accurate and timely information and ground situation to the public (apart from official narrative)

**NHRC may** like to develop protocols for accurate and timely dissemination of information to public regarding spread of infection, various facilities and protocols, testing centres and procedures, isolation centres , quarantine facilities and protocols after landing in States , availability of beds, ventilators, ICUs in designated hospitals, movement restrictions, shelter homes & food distribution points, do and don'ts etc.

Same can be achieved through opening of help lines, press, electronic media, social media, regular press conferences / press releases, radio & TV broadcasts, public announcements & pamphlets etc.

*(emphasised by Korean & Palestine Human Rights Commissions)*

**11. Impact of shortcomings in Government policies and lack of coordination with States on the rights of public.**

**NHRC may** also study as to how the rights of people have been affected adversely because of shortcomings in government response and strategy, inadequacies of medical infrastructure, lockdown, ever changing guidelines and lack of coordination with States in dealing with COVID 19.

*( emphasised by New Zealand Human Rights Commission)*

**12. Training and Capacity building**

NHRC should develop on line training programs, videos and conduct webinars on human rights based SOPs developed for various functionaries and stake holders involved in handling of the pandemic so that they act compassionately and protect the rights of all citizens.

*(emphasised by ICHR, Palestine)*

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