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# Victims of the Health Crisis

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## ABSTRACT

*When a health crisis strikes, it is impractical to identify a single victim or a category of victims. All persons of the society become sufferers of the health crisis, regardless of the financial, societal or health status, all persons would be forced to undergo the consequences of the crisis in their own way. In the light of the covid 19 induced health crisis, we shall take a look at how the victims of covid 19 were dealt under the existing legal framework for which the reliance is being made on various judicial decisions and various government orders issued during the pandemic time. Thus a few categorizations of victims are being made in this part and the part also focusses on legal framework in existence to address the grievances of the victims.*

**Keywords:** Disaster Management Act, constitutional law, Epidemic diseases Act.

## I. INTRODUCTION

The constitutional concern for social justice is to ensure that all members of society are treated fairly by providing opportunities and facilities to alleviate the handicaps and impairments that the poor endure and to preserve the dignity of the individual. According to the Indian constitution, India is a welfare state dedicated to improving the well-being of its citizens as a whole. Following the Maneka Gandhi case, courts have clarified Art 21's definitions of "life" and "personal liberty." Supreme Court interpreted the words "process established by law" to include both the procedural and substantive legal standards of fairness, justice and rationality. Rights to life and liberty, such as those guaranteed by Art21, are among the most important human rights. Under Article 21, the right to rescue, relief and rehabilitation is enshrined as a fundamental principle of human rights. Recently Gujarat High Court has taken such a view in *B.J Diwan v. State of Punjab*.<sup>3</sup>

### (A) Obligation of the State under the Doctrine *Parens Patriae*

*Parens Patriae* is defined as "the right of the sovereign to protect persons with disabilities who have no lawful guardian and puts a duty on the sovereign to do so in the public interest." Non-jurists, such as minors, the mad, and the incompetent, are protected by the concept since the

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<sup>3</sup> AIR 2002 Guj 99

government has inherent power and authority to do so. Although originally applied to the king, today the term is used to describe the state's sovereign authority of guardianship over individuals with disabilities. This doctrine has been used by Indian courts numerous times. Therefore state is obliged to render adequate relief and rehabilitation to victims of disasters.

### **(B) Courts and rights of disaster victims**

To enforce relief and rehabilitation, the government argued that this court did not have jurisdiction in Gujarat High Court case B.J. Diwans. This position was rejected by Gujarat High Court. The court ruled that Article 21 of the constitution guarantees the right to relief and rehabilitation, and that the state is obligated to ensure the same.

### **The categories of victims of health crisis identified are**

- The direct victims; persons who were infected
- People whose livelihoods were affected
- Dependents of the persons who succumbed to the infection
- Healthcare Workers
- Victims of pandemic induced mental disorder
- Victims of domestic violence
- Victims of non- covid diseases

#### **1. Victims who were Infected**

Persons who were infected had their life turned on its head due to the infection by the deadly virus. The survivors of the virus while delivering their account put emphasis on the toll taken by the virus on their health. But when we take a look at how the pandemic was handled by the State the healthcare system in the Country seemed to require a major revamp. During the first wave of the pandemic, the unique character of the virus and such a situation being encountered by the State for the first time after independence, and after a century of the Spanish flu.<sup>4</sup> Therefore, the lack of preparedness and enthusiasm resulted in the country witnessing a steep rise in the infections continuously for seven months, until the cases reached a high of 93,617 and deaths saw about 1169 in numbers.<sup>5</sup> The sudden and unprecedented surge in covid cases resulted in unmasking the deficiencies in the Indian healthcare system. The shortage of hospital

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<sup>4</sup> Influenza A H1N1 that caused a global pandemic during the 1918s

<sup>5</sup> India's first Covid-19 wave finally recedes, Hindustan Times, Oct 8<sup>th</sup> 2020, Available at <https://www.hindustantimes.com/india-news/india-s-first-covid-19-wave-finally-recedes/story-clQaMmmD2TiYD3i1CSmw3J.html>, (accessed on 17/01/2022)

beds to treat covid patients intensified the existing shortage of the healthcare system particularly when all the suspected cases of covid 19 were referred to the hospitals. The inability of the existing healthcare system to cater to the needs of the infected persons were brought to the forefront.

The second wave of the coronavirus gave another heavy blow to nation that is already bruised by the pains of the first wave. The second wave was more severe as the number of infections sprang upto more than four lakhs on a day during its peak during May 2021 and deaths crossed four thousand at the peak.<sup>6</sup> The government did not learn from its mistakes from the first wave as the shortage of hospital beds, ICU, oxygen cylinders etc. contributed to the sufferings of the infected persons. The second wave brought a large-scale devastation to lives of the people.

The call for compensation to be awarded to the victims of covid 19 by providing them with compensation got higher through a set of Public Interest Litigation in *Reepak Kansal v. Union of India and Ors*<sup>7</sup> and *Gaurav Kumar Bansal v. Union of India and Ors*<sup>8</sup>, where the Supreme Court has directed the National Authorities to take appropriate action and left the awarding of ex-gratia at the wisdom of the Government and thereby disposed of the petitions.

The Central Government gave directions to provide ex-gratia of Rs. 50,000 as compensation to the victims who succumbed to the infection.<sup>9</sup> The move of the Government was based on the direction issued by the Supreme Court in *Reepak Kansal and Gaurav Kumar*<sup>10</sup>. The funds for ex-gratia was ordered to be released from the State Disaster Relief Fund.<sup>11</sup>

However, the State was oblivious to the Constitutional guarantee of Article 21 under its sweep includes the right to health and medical assistance. As it was observed by the Supreme Court that medical aid to the citizens was the responsibility of the State and right to health and maintenance of ones' personal body is an indispensable part in the right to live with human dignity.<sup>12</sup> The form of State that India presently follows is that of a welfare State and the government is bound to ensure that the obligation of the State in the creation and maintenance of conditions congenial to good health is observed keenly as a healthy body is the basic

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<sup>6</sup>Samrat Sharma, In numbers: Second Covid wave recedes in India, new cases now less than a fourth of May 6 peak, India Today, 08 June 2021, Available at <https://www.indiatoday.in/diu/story/second-covid-wave-india-new-cases-may-6-peak-1812510-2021-06-08>, (accessed on 18/01/2022)

<sup>7</sup> WRIT PETITION (CIVIL) NO. 554 OF 2021

<sup>8</sup> WRIT PETITION (CIVIL) NO. 539 OF 2021

<sup>9</sup> Available at <https://www.thehindu.com/news/national/mha-orders-ex-gratia-relief-of-50000-to-covid-19-victims-kin/article36698222.ece>, Accessed on 18/02/2022

<sup>10</sup> Supra. n. 4&5

<sup>11</sup> <https://www.livelaw.in/top-stories/covid-exgratia-compensation-of-half-lakh-from-sdrf-supreme-court-tells-centre-182228>

<sup>12</sup> *Vincent Panikulangara v. Union of India* 1987 2 SCC 165

foundation of all human activities.

The lack of hospital beds and ICU forced the infected persons to suffer on the streets and also many people died on the streets due to the lack of medical assistance.<sup>13</sup> This situation was in sharp contrast to the law laid down in the Supreme Court decision in *Pashchim Bang Khet Masdoor Samiti v. State of West Bengal*<sup>14</sup>, made the observation that denial of medical aid by hospitals to patients on the ground of non-availability of hospital beds amounted to the violation of right to life under Article 21. The Supreme Court also held in this case that the State is under obligation to provide medical assistance to ill people as observed that physical health is of paramount importance.

Therefore, the lack of preparedness of the State in arranging sufficient number of facilities could attributed to the lackadaisical approach of the State towards the health of the citizens. Tough there were limitations in the State's capabilities, the State could have shown more responsibility by learning from the deficiencies of the first wave.

## **2. People whose livelihoods were Affected**

India Government was forced to adopt a lockdown in order to control the spread of the Covid 19. The State decided to take measures to conserve the lives of the people but livelihoods of the a number of people were sacrificed. The informal sector was the worst affected. The crisis of the migrant laborers and the loss of work was so huge that many citizens approached the Higher Courts for a solution as their fundamental right to livelihood guaranteed under Article 21 of the Constitution of India was violated.

The lockdown ordered by the National Disaster Management Authority was supplemented by the effort by the Government to curb the spread of the virus, by extensive containment measures and insufficient social protection resulted in heavy unemployment. The informal economy of the Nation that consists mostly of migrant laborers would approximately add up to more than 41 million<sup>15</sup>, the unprecedented announcement of a 21-day nationwide lockdown led to the loss of livelihood for many and so workers. The Government in order to minimise the impact of covid on the economy and the livelihood of the people the government announced fiscal packages.<sup>16</sup> In a country like India boasting of the second largest share of population in the

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<sup>13</sup> Meenakshi Ganguly, Abandoned Corpses in Rural India Indicate Surge in Covid Deaths, Human Rights Watch, May 20 2021, Available at <https://www.hrw.org/news/2021/05/20/abandoned-corpses-rural-india-indicate-surge-covid-19-deaths>, (accessed on 19/01/2022)

<sup>14</sup> 1996 4 SCC 37

<sup>15</sup> Census 2011

<sup>16</sup> Finance Minister announce measures for relief and credit support related to businesses, especially MSMEs to support Indian Economy's fight against COVID-19, 13 MAY 2020, Available at <https://pib.gov.in/PressReleaseDetailm.aspx?PRID=1623601>, (accessed on 20/01/2021)

world, a relief package alone was not enough. The States cautious approach by shutting down the entire nation for days altogether cost the nation dear. The livelihoods of the informal sector workers were affected in a large scale.

The Government on March 20, 2020 ordered that any workers in the casual, contractual or any other organization of government of India to be paid with their complete wages for the lockdown period.<sup>17</sup>

In *Alakh Alok Srivastava vs Union of India*<sup>18</sup>, the Supreme Court held that the relief package was sufficient enough to address the grievances and hardships of the migrant workers and expressed their satisfaction with the government's measures.

*RE: Problems And Miseries Of Migrant Labourers*<sup>19</sup>, was a case where the Supreme Court laid down certain guidelines to be followed by the state governments in the matter of the migrant labourers by providing them with food, water, shelter etc.

### **3. Dependents of the persons who succumbed to the infection**

The dependents of the people who died due to the infection could also be brought under the umbrella of the victims of the pandemic. The announcement of ex-gratia amount of Rs 50,000<sup>20</sup> to the kin of the deceased could be seen as a drop of respite for them compared to the loss suffered. However, the Centre did not approve the reasonable demands made by the petitioners in *Reepak Kansal & Gaurav Kumar*<sup>21</sup>, wherein the petitioners demanded an ex-gratia amount of Four Lakh Rupees. If the only earning member of the family dies due to a sickness which the government could have avoided a mere compensation of Fifty Thousand Rupees would fail to meet the demand of livelihood of the kin.

The mental shock of the sudden departure of a family member causes severe consequences to the kin of the deceased.<sup>22</sup> Instability in the family, difficult financial conditions, Fear of the future due to job security and declining economy and stigmatization add on to the miseries of the family members.

### **4. Healthcare Workers**

The healthcare workers were the first responders of the pandemic and were subjects of severe

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<sup>17</sup>Payment of Wages, Office Memorandum F No.23(4)/E Coord/2020/1, Government of India ministry of Finance, Department of Expenditure,

<sup>18</sup> Writ Petition 468/2020

<sup>19</sup> WRIT PETITION No. 6/2020

<sup>20</sup> Supra. n. 7

<sup>21</sup> Supra. n. 5,6

<sup>22</sup> Fateme Mohammadi *et.al*, "The Mental Health Crises of the Families of COVID19 Victims: A Qualitative Study", Research Square, June 2020, pp. 4-7

discrimination and were also highly vulnerable to be infected. The healthcare workers had to face severe stigmatization from the fellow members of the society and they were at time treated as outcasts and were also shunned by attacking them in the public.

The Epidemic Diseases Ordinance was promulgated in April 2020 that seeks to protect the healthcare workers.<sup>23</sup> The Ordinance provided for penalizing any act of violence caused to any healthcare worker that affects their living or working conditions. The Ordinance also contains provisions which requires the offenders to pay compensation to the victims of the act of violence carried out by the offender and the compensation amount would be determined by a competent court.

On September 2020, the Parliament passed the Epidemic Diseases (Amendment) Act<sup>24</sup> replacing the Epidemic Diseases Ordinance. The Act further amended the Epidemic Diseases Act 1897. The Act provides for comprehensive penal provisions that would penalize the offenders for upto seven years imprisonment for attacking any healthcare worker during the pandemic or of any situation of the similar kind.

Notably, the root cause behind the violence and attacks on the healthcare workers lies the fact of the neglect of the State towards public health.<sup>25</sup> This situation is mainly caused by the chronic shortage of healthcare staff, nurse, doctors, medicines etc.

The Supreme Court in *Re: Distribution Of Essential Supplies And Services During Pandemic*<sup>26</sup>, lauded the spirit of the healthcare workforce and their commitment towards the cause of public health also the Court expressed gratitude on behalf of the Country for their contributions to the cause.

## 5. Pandemic Induced Mental Disorder

Many people are distressed due to the health impacts of coronavirus and the consequences of isolation. Many people are afraid of infection, dying, and losing their family members. Individuals staying physically away from family and friends. Millions of people face economic turmoil of having lost or being at risk of losing their income and a source of livelihoods. Frequent misinformation and rumours about the virus and deep uncertainty about the future are the most common sources of distress. A long-term upsurge in the number and severity of mental

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<sup>23</sup> THE EPIDEMIC DISEASES (AMENDMENT) ORDINANCE, 2020 NO. 5 OF 2020

<sup>24</sup> NO. 34 OF 2020

<sup>25</sup> Nikhil Pandhi, "Behind the Violence Against Healthcare Workers in India Lies a Failed System", The Wire, 9 June 2021, Available at <https://thewire.in/health/behind-the-violence-against-healthcare-workers-in-india-lies-a-failed-system>, (accessed on 19/2/2022)

<sup>26</sup> Suo Motu Writ Petition (Civil) No.3 of 2021

health problems is very likely.

Specific populations groups are showing high degrees of COVID-19-related psychological distress. Frontline healthcare workers and first responders have been exposed to numerous stressors and ensuring the mental health of healthcare workers is a critical factor in sustaining COVID-19 preparedness, response and recovery. In every community, there are numerous older adults and people with pre-existing health conditions who are terrified and lonely.

Emotional difficulties among children and adolescents are exacerbated by family stress, social isolation, with some facing increased abuse, disrupted education and uncertainty about their futures, occurring at critical points in their emotional development. Women are bearing a large brunt of the stress in the home as well as disproportionate impacts more generally. And people caught in fragile humanitarian and conflict settings risk having their mental health needs overlooked entirely.<sup>27</sup>

## **6. Victims of Domestic Violence**

Domestic Violence is an existing phenomenon in India, but the numbers sprang up in during the lockdown imposed by the government to contain the spread of the virus. The fact that domestic violence is a deep-rooted evil that still exists in India.

Although there exist a legal framework that aims to address the grievances of the victims of domestic violence in the form of the Domestic Violence Act 2005. But the lockdown that was imposed to contain the spread of covid 19. During the pandemic, already high numbers of domestic violence cases in India increased “at an alarming rate.”<sup>28</sup>

The covid induced lockdown paved a way for abusers to take advantage of the situation and the vulnerability of the victims. The lockdown exacerbated the factors contributing to domestic violence, severely limited survivors’ ability to seek help and redress, and placed severe burdens on providers seeking to intervene and respond to survivors.<sup>29</sup>

National Commission for Women’s (NCW) data showed that domestic violence complaints doubled after the nationwide lockdown was imposed in India.<sup>30</sup> The abrupt announcement of the lockdown did not give an opportunity for women experiencing domestic violence to seek

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<sup>27</sup> “COVID-19 and the Need for Action on Mental Health”, United Nations Policy Brief, May 2020, Available at <https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf>, (accessed on 19/01/2022)

<sup>28</sup> Paolo Emilio Giannandrea, “Domestic Violence In India During Covid-19 Impacts Women”, The Borgen Project, 2 Sept 2021, Available at <https://borgenproject.org/domestic-violence-in-india/>, (accessed on 20/01/2022)

<sup>29</sup> Anuradha Kapoor, “Domestic Violence during COVID-19 An Ongoing Pandemic”, *Economic and Political Weekly*, Vol. 56, Issue No. 17, 24 Apr, 2021, p.4

<sup>30</sup> Akshaya Krishnakumar and Shankey Verma, “Understanding Domestic Violence in India During COVID-19: a Routine Activity Approach”, *Asian J Criminol.* 2021 Mar 10 : p.3



refuge at a safer place.

Many factors contribute to the increased incidence of domestic violence. A few factors are of alcohol withdrawal symptoms because of the non-availability of alcohol as the nation was under lockdown. Other factors include unemployment and the financial crisis that followed also influenced the perpetrating of domestic violence as husband even tend to beat up their wives and snatch away their savings and ornaments.<sup>31</sup> A study found out that if a husband is alcoholic and is having a job, things were balanced, but when he loses his job, he gets frustrated snatches his wife's savings and drinks alcohol all day and starts abusing his wife.<sup>32</sup>

With the travel restrictions and the inability of victim's family to intervene, people who could act as guardians are the neighbors. When victims are locked in with their abusers, neighbors could be the one to act first, intervene and prevent domestic abuse owing to the physical proximity to the victim.<sup>33</sup>

In *We the Women of India v. Union of India*<sup>34</sup>, the petitioners an NGO group batting for women's rights prayed for infrastructure for providing effective opportunities for the victims of domestic violence in providing legal aid to them and shelter homes for them after lodging complaint against the abusers of their respective matrimonial homes. The Supreme Court in response to this PIL issued notice to the Central Government for a status check on the Domestic Violence law. However, the Government is yet to respond to the notice of the Supreme Court.

## 7. Victims of Non- Covid Diseases

The Covid 19 pandemic represents a dramatic burden for healthcare services. The healthcare system was overburdened with Covid cases that the patients of non-covid diseases had to be overlooked. This resulted many patients of several life-threatening diseases being denied the treatment they required. The pandemic also saw a sudden and significant reduction of non-Covid-19 patients seeking for treatment due to urgent medical conditions.<sup>35</sup>

When the government of India imposed a lockdown to curb the spread of the virus, almost all the hospitals across the country diverted all their resources into combatting covid 19. This pause in providing treatment to the non-covid patients would prove itself to be detrimental as the

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<sup>31</sup> *Ibid.*,

<sup>32</sup> Harsha Raj Gatty, "How lockdown + unemployment + hunger + liquor increased domestic conflicts in low income households", Citizen Matters, June 18 2020, Available at <https://bengaluru.citizenmatters.in/covid-19-lockdown-psychological-effects-mental-health-46426>, (accessed on 20/01/2022)

<sup>33</sup> *Supra*, n. 23

<sup>34</sup> PIL 2021

<sup>35</sup> Santi L, et al. "Non-COVID-19 patients in times of pandemic: Emergency department visits, hospitalizations and cause-specific mortality in Northern Italy." Plos One (March 22 2021), Available at <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0248995>, (accessed on 20/01/2022)

reduced access to the outpatient and hospitalizations of non-covid patients proved to be fatal.<sup>36</sup>

Advocate G. S Mani filed a PIL in the Supreme Court highlighting the hapless condition of the non- covid patients. But the plea was not heard by bench comprising Justice. D Y Chandrachud. The Justice stated that the plea was declined to be heard because of the change in circumstances and labelled the plea as infructuous.

## **II. INTERNATIONAL AGENCIES WORKING FOR RIGHTS AND COMPENSATION OF VICTIMS OF HEALTH CRISIS**

### **(A) ICCPR**

Article 4 of the International Covenant on Civil and Political Rights (ICCPR) allows states to derogate from their obligations to protect certain rights during a time of public emergency, such as the ongoing COVID-19 health crisis, which threatens the life of the nation. States can do so only to the extent that it is strictly required by the emergency situation and provided that such measures are not inconsistent with the State's obligations under international law.

### **Provide Recourse To Effective Remedy**

The ICCPR also mandates that any Emergency legislation must protect individuals' right to an effective remedy to guarantee redress to persons affected by the emergency measures, or those seeking to challenge their necessity In line with the rule of law.

### **(B) UNHRC-**

The UNHRC requires the States to conduct human rights with due diligence. The state has a duty to evaluate the measures taken and their effect on the enjoyment of the rights and freedoms contained in relevant human rights treaties in order to mitigate any adverse consequences.<sup>37</sup> This calls for constructive partnerships with civil society organisations who can provide technical expertise and share good practices on rights-respecting response measures.<sup>38</sup>

### **(C) Universal Declaration of Human Rights, UDHR (1948)**

Article 25 (1) of the UDHR provides that all individuals has the right to a decent standard of living and his health of himself and his family is not compromised. All individuals should have

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<sup>36</sup> Pratyush Singh, "Non-COVID-19 Patients Are Paying the Price of India's Efforts Against the Coronavirus", *Science the Wire*, 3 May 2020, Available at <https://science.thewire.in/health/healthcare-non-coronavirus-patients/>, (accessed on 20/01/2022)

<sup>37</sup> UN Human Rights Council: Report of the Special Rapporteur on the promotion and protection of human rights and fundamental freedoms while countering terrorism on the human rights challenge of states of emergency in the context of countering terrorism\*, Fionnuala Ní Aoláin, A/HRC/37/52, 27 February 2018, para 21

<sup>38</sup> *International Legal Framework Governing Public Health Emergencies*, International Centre for Non-Profit Law, Washington, 2020, pp.2-6

adequate food, clothing and medical care. He shall also have the right to claim security in instances of sickness, disability, old age and in any circumstances which is beyond his control.<sup>39</sup>

#### **(D) Amnesty International**

Stop Violence Against Women is a campaign run by Amnesty International. It works in the following areas: women's empowerment, ending violence against women, abolishing gender discriminatory laws, promoting the adoption of legislation to protect women's legal rights, and ensuring access to justice for all women.<sup>40</sup> A very helpful movement in the light of the rising instances of domestic violence against women across the globe during the pandemic.

- **Gender and Disaster Network**

The Gender and Disaster Network is a project that teaches people about gender roles in disaster situations. It wants to record and analyse women and men's experiences before, during, and after a disaster. It also wants to encourage information sharing and resource building among network members.<sup>41</sup>

- **Global Fund for Women**

The Global Fund for Women wants to help local groups in areas that have been hit by natural disasters for a long time. It gives grants to help communities rebuild, stop sexual violence, and make sure that women and children have full rights at all stages of development. The organization's COVID-19 response includes increasing its Crisis Fund grantmaking in support of coronavirus response, recovery, and resilience efforts and giving grantees flexibility in the use of funding and reporting requirements. In addition, Global Fund for Women and its grantee partners launched #LetThePrisonersOut, an online campaign demanding the release of women human rights defenders and other vulnerable prisoners who are unjustly imprisoned without charge or trial and at risk of contracting COVID-19.<sup>42</sup>

- **Human Rights watch women's rights division**

Human Rights Watch works with people all over the world and in specific areas like women's rights and domestic violence. They also work on issues like women with HIV/AIDS and armed conflict. They also work on issues like trafficking, sex crimes, refugee women, and women's

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<sup>39</sup> "International standards on the right to physical and mental health", United Nations Human Rights, Available at <https://www.ohchr.org/en/issues/health/pages/internationalstandards.aspx>, (accessed on 20/01/2021)

<sup>40</sup> Stop Violence Against Women: 'It's in our hands', Amnesty International, Available at <https://www.amnesty.org/en/documents/act77/001/2004/en/>, (accessed on 20/01/2022)

<sup>41</sup> Gender Disaster Network, Available at <https://www.gdnonline.org/>, (accessed on 20/01/2022)

<sup>42</sup> "Global Fund for Women", PND by Candid, August 26, 2020, Available at <https://philanthropynewsdigest.org/npo-spotlight/global-fund-for-women>, (accessed on 20/01/2022)

legal rights.<sup>43</sup>

### **(E) United Nations Development Fund for Women (UNDFW)**

The (UNDFW) gives money and advice to help women become more powerful and equal. Working with countries, UNDFW helps them write and put into place laws and policies that help women get a fair share of land and inheritance rights, get a good job, and stop violence against women. Also, UNDFW wants to change institutions so that they are more accountable to women's rights, build the power and voice of women's rights advocates, and change harmful and discriminatory practises in the world around us.<sup>44</sup>

The UN can provide gender analysis and sex-disaggregated data to inform national policies, including those related to COVID-19 response programs and policies. We can advise governments on what measures can be implemented with low transaction costs, and on how to target programs to provide income for women that are disproportionately represented in sectors affected by COVID-19 quarantine and lockdown policies. In so doing, the UN can advise governments on the most effective ways to put cash in women's hands, including through expanding cash transfer programs, advise on conditionalities, and propose how programs can leverage mobile banking to ensure women can both access and control the use of funds.<sup>45</sup>

- **Women's Commission for Refugee Women and Children**

The goal of the Women Commission is to improve the lives and protect the rights of displaced and refugee women and their children. women refugees have been hit with a "triple crisis": the challenges of COVID-19, displacement, and gender-based violence. The overlapping adversities faced by refugee women mean that a gendered analysis of the global health crisis is urgently needed.<sup>46</sup> First, they work to protect the displaced, provide opportunities for children, and protect asylum seekers.

The UNDP and UNISDR stand out among UN agencies for the clarity of their DRR missions. It is clear that while UNDP's responsibility for disaster risk reduction (DRR) focuses primarily on building country-level capacity and integrating DRR into development planning and

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<sup>43</sup> "Women Change the World", International Women's Rights Action Watch, Available at <http://hrlibrary.umn.edu/iwraw/>, (accessed on 20/01/2022)

<sup>44</sup> "UN Secretary-General's policy brief: The impact of COVID-19 on women", UN Women, Available at <https://www.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-covid-19-on-women>, (accessed on 20/01/2022)

<sup>45</sup> *Policy Brief: The Impact Of Covid-19 On Women*, United Nations, April 2020, Available at <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Policy-brief-The-impact-of-COVID-19-on-women-en.pdf>, (accessed on 20/01/2022)

<sup>46</sup> Angelina Dash, "The Impact of the Coronavirus Pandemic on Refugee Women and Girls", The London School of Economics and Political Science, Available at <https://blogs.lse.ac.uk/gender/2020/11/26/the-impact-of-the-pandemic-on-refugee-women-and-girls/>, (accessed on 20/01/2022)

programming, UNSDR is responsible for coordinating ISDR and HFA implementation across UN agencies and governments around the world. UNDP and UNISDR have stepped up its efforts to support countries in mainstreaming gender concerns into the DRR process following the January World Conference on Disaster Reduction. On the basis of lessons gained and best practises from its 2006-2007 Gender Action Plan, the UNDP's gender equality strategy stresses rights-based initiatives and operational and institutional objectives in the pursuit of gender equality. 298. Gender equality in disaster risk reduction is one of the eight points of The Eight Point Agenda: Practical, Positive Outcomes for Girls and Women in Crisis, which the organisation has adopted to bring in a specific focus on gender issues in disaster scenarios.

An initiative to mainstream gender issues and needs into disaster risk reduction was begun in early 2007 by the (UNISDR). Gender activists and other interested parties will be able to use this platform to exchange ideas and information about how to best address gender issues and needs. The initiative also aims to increase the visibility of women's roles in disaster risk reduction (DRR) and develop policy guidelines related to gender and DRR. Throughout 2007 and 2008, with the help and advice of professionals from a variety of fields. To help assist national governments in disaster risk reduction (DRR), UNISDR incorporated gender perspectives into a booklet titled words in to Action. UNISDR also assisted to introduce gender perspectives into the government session of the June 2007 Global Platform for DRR, which helped to strengthen government's understanding of gender perspectives and opened the door for development policy guidance for governments on gender and DRR. To highlight two important facts, UNISDR has published twenty good practises from a wide range of stakeholders—including the United Nations (UN), donor agencies, (NGOs), and governments—in order to demonstrate that women, if given equal opportunities, could perform multifunctional roles well as participants, managers, decision-makers and leaders in the field of disaster risk reduction and mitigation. Gender-based risk assessment guidelines and DRR indicators are now being developed by UNISDR, along with training modules and early warning systems that take into account the perspectives of both men and women.

- **Promote gender equality and empower women**

Disasters have varied effects on men and women. On average, disasters reverse progress toward gender equality since women are more likely to be affected.<sup>47</sup> As a result, women are left with

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<sup>47</sup>Michelle Milford Morse And Grace Anderson, “How The Shadow Pandemic: How The Covid-19 Crisis Is Exacerbating Gender Inequality,” United Nations Foundations, April 2020, Available at <https://unfoundation.org/blog/post/shadow-pandemic-how-covid19-crisis-exacerbating-gender-inequality/>, (accessed on 20/01/2022)

fewer options for safeguarding their own well-being, the welfare of their family, and their property in the face of tragedy. Although women in underdeveloped nations face the largest responsibility for managing their families' resources, national catastrophe planning generally avoids consideration of gender-based vulnerability and risks. Girls are more affected by poverty and natural calamities than boys. Girls are routinely taken out of school by disasters like drought because they are needed to help their families survive.

Women's participation in disaster risk reduction strengthens national and local efforts in gender equality in development. Community disaster resilience may be improved by empowering women, especially in the fields of agriculture and climate change adaptation as well as water resource management and community food security. This would not only reduce development losses but will also speed up the development process.

In disaster-prone locations, incorporate women's needs and concerns into a broader community development plan. Governments should do more to promote women's participation and leadership in disaster risk reduction and the inclusion of women and girls' perspectives and knowledge in disaster risk assessment, disaster management planning, and preparedness. To minimize child mortality, improve maternal health, and combat HIV/AIDS, malaria, and other diseases, a variety of disaster risks must be eliminated. Child mortality is largely a result of malnutrition, lack of clean water and sanitation, and poor medical care.

### **III. CONCLUSION**

The victims of health crisis are not adequately dealt by the existing legal framework in India. Even the ex-gratia announced to the kin of the covid victims who have deceased are not being distributed timely. Recently the Supreme Court lashed at the Centre for the non- distribution of the ex-gratia amount and directed the Centre to distribute the amount even before the claim is made. The Pathetic condition of the victims of domestic violence and the people whose livelihoods were affected were only worsened by the continuous spread and recurring social restrictions where the Supreme Court remained as mere spectators and lastly the ignorance shown to non-covid victims are also to be rectified.

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