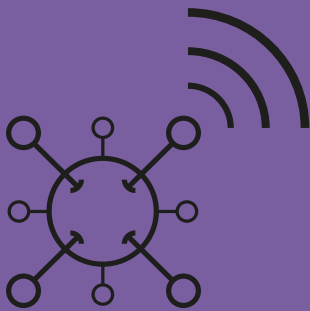




# DAWN TALKS ON COVID-19

*Development Alternatives  
with Women for a New Era*



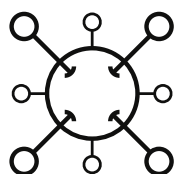
**COVID-19 & Rights:  
The Kerala Case**

**VANITA MUKHERJEE**

The COVID-19 pandemic raises several challenges. There is no cure or vaccine as of yet. The recovery rates are high compared to the fatality rates. For those recovered, the morbidities caused by COVID-19 pose a serious concern, as the effects of the virus on the body are debilitating, and its long-term implications remain unknown. The response of the healthcare system in India has been inadequate, apathetic with an inability to cope. A steady process of privatisation of healthcare, and a dire neglect of the public healthcare system over the last few decades, have compromised affordable and accessible healthcare in the country.

To contain the spread of COVID-19, ‘one of the most stringent lockdowns’ in the world was put in place in India. The Epidemic Diseases (Amendment) Ordinance 2020 was promulgated bringing 1.3 billion people living in 36 states and Union Territories in India under its purview. To prevent the spread, surveillance, protocols for regulating movement, wearing of masks, gathering in public spaces were prescribed with penalties for infringements. The lockdown announced with a four hours’ notice, led to a pandemonium and severe hardships. Lives were turned upside down. The economy came to a standstill.

**“ Can the control of a challenging pandemic be balanced with the rights of citizens? ”**

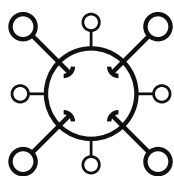


This generated confusion with no help or support systems in place, especially for the poor and marginalised populations, who were the worst affected. The internal migrants (inter-state) of India, estimated as more than 120 million, who largely work in the unprotected, unorganised and informal sector, were caught unawares in big metropolises without work, shelter, money or transport to take them home. Many of them lost their lives, as they walked back thousands of miles, and went through unimaginable hardships, including brutal violence from the police for violating lockdown regulations.

Currently, a country-wide lockdown has been partially lifted with restrictions continuing in some states and pockets, depending on the spread and intensity of the novel coronavirus. Even as economic activities attempt to limp back to normal, restrictions on many continue, and educational institutions remain closed. Job losses are estimated to be high, and the fault lines of the pandemic have exposed sharp divides along class, gender, caste, religion, ethnicity, ability and sexual orientation, among others. Work-from-Home (WFH) is by now an accepted norm in India and has prised open an existing digital divide, and further deepened inequalities in the country. The combination of a health crisis, the harsh measures of a lockdown, a depressed economy leading to high levels of unemployment and its disproportionate effects on the poor and marginalised populations are severe. The role of the state has come into sharp focus during this crisis, and its actions and inactions have exposed the infringement of citizens' rights. They raise some critical questions:

- Can the control of a pandemic of a challenging nature, be balanced with the rights of its citizens? Can the State fulfill its obligations to protect, promote and guarantee rights, when it promulgates emergency measures that give itself extraordinary powers, and mitigate against some of the rights of its citizens?

**“...the fault lines of the pandemic have exposed sharp divides along class, gender, caste, religion, ethnicity, ability and sexual orientation, among others.”**



- What is the role of citizens in the course of this pandemic, having to give up on individual rights, for example, freedom of movement, as well as ‘discipline’ themselves with new and restrictive behaviors to follow effective COVID-19 prevention-protocols?
- How do rights and responsibilities of citizens balance during this pandemic?
- How does a state fulfill its Social Contract with its citizens during a pandemic, especially for the poor and disadvantaged sections of the population?

The State of Kerala is in sharp contrast to the rest of India, and offers a good ‘case-study’ to explore some of these questions. Located in the south-west of the country, it is a densely populated state with 35 million people. The first novel coronavirus case in the country landed in Kerala from Wuhan. By the end of February, Kerala had a dubious distinction of having the largest number of COVID-19 cases in

the country. However, in less than two months, by April, it managed to ‘flatten the curve’. This achievement was remarkable in itself, but it is noteworthy for three other reasons. One, Kerala has a large population of overseas migrants who returned ‘home’ in significant numbers, including from China, Italy and Spain, the then ‘hot-spots’ of the pandemic. Two, after a nation-wide lockdown was declared, Kerala took special care of its approximately 3.5 million inter-state domestic migrant workers, from the north and east of India; specifically those who were stranded in the state without work. Kerala provided shelter in well-ventilated camps, food of their choice, free entertainment, complimentary talk-time to speak with their families and counselling services in their local languages. Three, it managed to bring the pandemic under control by adopting a humane and egalitarian approach to the specific needs of its diverse, disadvantaged and marginalised populations. Social security was enhanced with a universal coverage of free COVID-19 care and treatment, distribution of food-kits and free rations, reduction or waivers of electricity and water charges, interest-free loans through women’s self-help groups, reviving a job-guarantee program, advancing distribution of old-age pensions and special care for the more vulnerable senior population, among others.

The state is now in a second phase of the pandemic. There is a regular influx of migrants from overseas who have returned to Kerala. Livelihoods have restarted. There is a significant upsurge in cases, leading to community transmission of the virus, especially in the densely populated pockets of a coastal area in one district. Infection numbers are soaring, and the situation is changing on a daily basis.

The measures and strategies adopted by the state, and its implementation in the first phase allow for a critical analysis and scrutiny of rights principles of Accountability, Transparency,

Non-discrimination and Dignity during a health and humanitarian crisis of gargantuan proportions. Kerala is currently led by a coalition of the left-front government (the CPI-M, Communist Party of India-Marxist party). It remains the only left-led state, elected democratically in the world. In its current term, starting in 2016, it has demonstrated exemplary leadership during a string of crises faced by the state (that included two consecutive years of floods and a Nipah virus outbreak). Kerala has invested heavily in reviving and strengthening its public healthcare system. In 1996, when it was in power, this same coalition led a process of decentralisation of governance by devolving power to Local Self-Governance Institutions called the “Panchayats”, a three-tier system that deepened democracy at the grass-roots. These two factors, among a host of others, are paying rich dividends for Kerala during the pandemic. A highly literate and educated population who is also aware of its rights, a vibrant and vigilant civil society and the presence of diverse social movements add to the success of Kerala state.

*All these issues will be discussed during the DAWN TALKS on July 30th, 2020.*



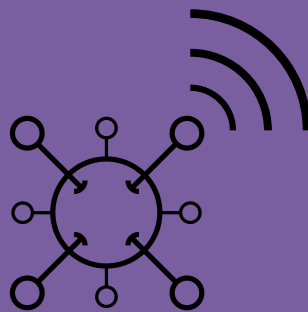
## **VANITA MUKHERJEE**

is a feminist activist and researcher. She co-leads **DAWN's Sexual and Reproductive Health and Rights (SRHR)** thematic analysis team.

Vanita has been a part of the feminist movement and social movements in Kerala, including the **fishworkers' movement**, and the **science movement (1980s)**. She has worked with feminist groups and networks in various capacities, contributing to advocacy, capacity building, and action-research. She was **DAWN's Regional Coordinator** for South Asia and is currently a member of **DAWN's Executive Committee**. She holds a MA in Gender Studies from the **Institute of Social Studies, Erasmus University, Holland**, and a bachelor's degree in biology.

Vanita was a **Program Officer** at the **Ford Foundation's New Delhi office**, where she developed the Civil Society & Social Justice, and the Gender, Sexuality, & Reproductive Justice portfolios. She also worked as Senior Advisor.





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**THURSDAY, JULY 30, 2020**

8:30 am Santo Domingo | 6:00 pm New Delhi | 12:30 pm UTC

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