

JALPAIGURI DISTRICT MEETING

DATE: 28th JANUARY, 2021
TIME: 11:00 A.M. – 3:00 P.M.

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Edited by: Venkatesh Kodukula



Report of the District Meeting On Discussion With PLHIV Regarding Various Issues Related to Health, Property and Domestic Violence

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SCHEDULE FOR THE MEETING

Sr. No.	Time	Session	Speaker
1.	11.00am-11.10 am	Introduction of HRLN	Advocate Manika Barman
2.	11.10am-11.45am	Right to Health and adequate medical facilities	Ramen Sutradhar
3.	11.45am-12.15pm	Domestic Violence	Shoili Pal Sharma
4.	12.15pm-12.45pm	Right to Property	Jyotish Roy
5.	12.45pm-1.15pm	Problem faced by the society	Bandana Roy
6.	1.15pm-1.45pm	Lunch Break	
	1.45pm-3.00pm	Interaction Session	

INTRODUCTION

As per the latest HIV estimates report (2019) of the Government, India is estimated to have around 23.49 lakh people living with HIV/AIDS (PLHIV) in 2019. The epidemic is concentrated among key affected populations, however the vulnerabilities that drive the epidemic vary in different parts of the country. A key driver is unprotected sex among key populations and their clients, partners and spouses. However, injecting drug use in the north and northeast of the country is also pushing up HIV prevalence.

Women have been subject to injustice in varied forms since time immemorial. There has and still is an urgent and continuous requirement of legislation and implementation for safeguarding the rights of women. Healthcare is also within the ambit of right to life and there is an urgent requirement to provide the basic facilities. The half or more than half of the world's human population is the female population. It is the women and children of the society who have been time and again subjected to patriarchal and masculine toxicity and superiority.

Diseases are not within the control of individuals all the time and it is for the society to help each other heal. The victims and patients face several discriminations and violations and special legislations to protect and safeguard their rights are required. Protecting women's rights is important in itself.

The National AIDS Control Programme has made particular efforts to reach these two high-risk groups with HIV interventions. Despite free antiretroviral treatment being available, uptake remains low as many people face difficulty in accessing clinics. A number of issues including HIV-related stigma, relatively low levels of status awareness among people living with HIV and weak links between diagnosis and treatment mean progress is not moving as quickly as hoped. A lack of data on key populations and on certain key indicators such as viral suppression rates also makes it difficult for HIV programmes to be designed in ways that effectively meet the needs of those most affected by the country's HIV epidemic

SPEAKERS SESSION

Manika Barman of HRLN stated a brief description of the work undertaken by HRLN for providing free legal aid to those who do not have access to or are deprived of assistance.

SPEAKER 1: RAMEN SUTRADHAR

Ramen Sutradhar, spoke on the right to health and adequate medical facilities. The speaker covered the topic of health care and lack of adequate medical facilities in the country. Several persons especially of the marginalised communities in India face discrimination almost everywhere and healthcare is not accessible to them.

In the Jalpaiguri District, about 4000 HIV/AIDS people live, but for their treatment they have to go to North Bengal Medical College and Hospital. Most of them work as day labours. As a result, it is very difficult for them to communicate from one district to long wait for medicine. There is no doctor for HIV/AIDS people.

India has been facing an unprecedented public health crisis since the past several months in the form of Covid-19 pandemic. Amidst this pandemic the community is facing denial to adequate health care access, inter alia in terms of beds, wards, medical equipments, etc. The courts have laid down in several judgments that the right to health and hygiene is a part of right to life under Article 21 of the Constitution of India and it is the duty of the state to protect the fundamental right of health.

SPEAKER 2: SHOILI PAL SHARMA

Shoili Pal Sharma, spoke on the subject of domestic violence. The speaker spoke on the problem that HIV/AIDS women face at home. Many HIV/AIDS women are still being tortured at their in-law's house. Women especially have to suffer more after the death of their husband. In our country, most victims are helpless and are often afraid to seek legal remedy due to increased social stigma. A rampant cause of domestic violence during pandemic is the high level of unemployment that furthers torture and harassment of women. The patriarchy and toxic masculinity also leads to sexual violence against women.

The Domestic Violence Act was enacted to safeguard the rights of women. The cases of domestic violence, mental health issues have increased during the pandemic and the two are quite interlinked thus the invisible mental health pandemic has to be dealt with as well in order to deal with these correlated issues.

SPEAKER 3: JYOTISH ROY

Jyotish Roy, spoke on the topic of right to property. The speaker spoke on the problem of property right that the HIV/AIDS people face at home, especially after the in laws deprive the women of their property after the death of their husbands.

The speaker told that the right to property used to be fundamental right but later removed as a fundamental right. The right to property is a constitutional right and not a fundamental right. The 44th Amendment of 1978 removed the right to property from the list of fundamental rights. A new provision, Article 300-A, was added to the constitution, which provided that "no person shall be deprived of his property save by authority of law". India is governed with diverse personal laws and the right to property of women was not recognised for some in succession laws.

SPEAKER 4: BANDANA ROY

Bandana Roy, spoke on the problems faced by the society. There are several kinds of problems faced by the society and there is urgent requirement for addressing the concerns. The speaker expressed that there are several laws enacted for welfare of women but at several places these laws are misused and later it has also been proved that case was filed against the petitioner for filing a wrong case. The Supreme Court has passed various rulings on the misuse of cases.

Laymen are not even aware that there is a community needing protection, or of the laws and policies. Sensitivity is largely missing in the society. The victims have no resort or respite. The access to law and justice has become restricted and there has been a complete breakdown of court functioning.

In recent years, there have been shortfalls in the procurement, management and distribution of ARVs, HIV testing kits and other HIV commodities, mainly due to supply chain bottlenecks. There is a need for greater access, analysis and applied use of data within the national HIV response. This is due to a lack of integrated quality data systems, which limit availability and use, plus a lack of structure for case-based reporting, a lack of district HIV and key population size estimates, and inadequately trained staff to monitor the epidemic.

CONCLUDING REMARKS

India is a diverse country governed by diverse laws. The rights of women and marginalised community are not only at constant violation but also not being actively safeguarded to the fullest extent. Be it discrimination, domestic violence, or abuse, the victims are grasping to get by with the assurance of the basic rights.

The rights are essential and core for the survival not only for the survival but survival in a decent and dignified manner. The Constitution of India, special laws such as Domestic Violence Act, judgments, rules and principles, etc., have been aimed to safeguard the rights of the people.

ANNEXURE A

PARTICIPANTS

HRLN
HUMAN RIGHTS LAW NETWORK

Topic- Discussion with PLHIV regarding various issues related to health, property and domestic violence
Venue- JALPAIGURI HOSPITAL ROAD, KADAMTALA
Date- 28/1/2021

SL NO	NAME	MOBILE NO	ORGANIZATION	EMAIL-ID	SIGNATURE
1.	আব্দুল হক	943669249	JSP+	—	আব্দুল হক
2.	সুস্মিতা রায়	8116171457	JSP+	—	সুস্মিতা রায়
3.	সুস্মিতা রায়	8349812164	JSP+	—	সুস্মিতা রায়
4.	কেনী সানাল	7872530785	JSP+	—	কেনী সানাল
5.	Ponkaj Roy	8617484998	JSP+	—	
6.	Bandana Roy	7001161009	JSP+	—	Bandana Roy
7.	সুস্মিতা রায়	8250368824	JSP+	—	সুস্মিতা রায়
8.	সুস্মিতা রায়	—	JSP+	—	সুস্মিতা রায়
9.	সুস্মিতা রায়	8401344441	JSP+	—	সুস্মিতা রায়
10.	সুস্মিতা রায়	—	JSP+	—	সুস্মিতা রায়

HRLN
HUMAN RIGHTS LAW NETWORK

SL NO	NAME	MOBILE NO	ORGANIZATION	EMAIL-ID	SIGNATURE
11.	সুস্মিতা রায়	9434327190	JSP+		
12.	সুস্মিতা রায়	810263489	JSP+		
13.	fatish Ray	9743348086	JSP+		
14.	SAMARU Roy	8670689578	JSP+		
15.	Dilip Mondal	7864866204	JSP+		
16.	সুস্মিতা রায়	983263226	JSP+		
17.	সুস্মিতা রায়	7734685430	JSP+		
18.	সুস্মিতা রায়	7734685430	JSP+		
19.	Sandipan Das	7038121315	HRLN	sandip.das@hrln.org	
20.	Memika Banerjee	9609301553	HRLN	memika@hrln.org	

HRLN

HUMAN RIGHTS LAW NETWORK

Topic- Discussion with PLHIV regarding various issues related to health, property and domestic violence
Venue- JALPAIGURI HOSPITAL ROAD, KADAMTALA

Date- 28/1/2021

SL NO	NAME	MOBILE NO	ORGANIZATION	EMAIL-ID	SIGNATURE
21.	Mamoni Roy Bank		J.S.P.T		
22.	Mamoni Roy Adhikari				
23.	সমস্যা		JSP+		
24.	সমস্যা		JSP+		
25.	nirmal madhab		JSP+		
26.	সমস্যা		JSP		
27.	Indyest Jy		HRLN		
28.	Rishi Saha		JSP+		
29.	Santi Barman		JSP+		
30.	Punik Pal		JSP+		

HUMAN RIGHTS LAW NETWORK

SL NO	NAME	MOBILE NO	ORGANIZATION	EMAIL-ID	SIGNATURE
31.	সমস্যা		JSP+		
32.	সমস্যা		JSP+		
33.	সমস্যা		JSP+		
34.	সমস্যা	9339304539	JSP+		
35.	Bimal Kumar Singh		JSP+		
36.	সমস্যা		JSP+		
37.	Raj Kumar		JSP+		
38.	সমস্যা		JSP+		
39.	সমস্যা	9735092342			সমস্যা
40.	Goutam Sutrachan	9832079366	JSP+		

Issues related to health, property and domestic violence
Venue- JALPAIGURI HOSPITAL ROAD, KADAMTALA

Date- 28/1/2021

SL NO	NAME	MOBILE NO	ORGANIZATION	EMAIL-ID	SIGNATURE
41.	Prasanna Kumar	9734695430	JSPF		
42.	Bisakha Sankar		JSPF		B.S.
43.	Suparna Sarkar		JSPF		
44.	Ritupriya Banik	8116918186	JSPF		R.B.
45.					
46.					
47.					
48.					
49.					
50.					

ANNEXURE B

PHOTOS







