Status of Women's Rights and Gender Equality: 2012-2016

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INTRODUCTION

The preamble to the Constitution defines the Indian state as a sovereign, socialist, secular, democratic republic, setting its highest goal to be the realisation of justice, equality, liberty and fraternity to all its citizens. The Constitution seeks to achieve this through guaranteeing fundamental rights to individuals and groups, bolstered with directives seeking all State laws and policies to prioritise social, economic, political and cultural justice. Despite a Constitutional framework that dedicates itself to reversing social and economic injustices in the Indian context, the lived realities of marginalised populations show otherwise.

Women experience disadvantage and barriers differentially, based on their status, context and location. In addition to patriarchal gender norms, the experience of subordination and oppression varies greatly depending on poverty, Scheduled Castes (SC) and Scheduled Tribes (ST) status (Constitutional categories created in recognition of the historic and continuing marginalisation of dalits and adivasi communities, which the Constitution seeks to reverse through affirmative action), status as a religious minority, disability, single status/widowhood, means of livelihood, sexual orientation and gender-identity. Likewise, LGBTI persons too experience different degrees of stigma, criminalisation and exclusion on account of hetero-patriarchal norms, even as the extent of disadvantage and exclusion varies based on location in respect of other status identifiers.

This report combines concerns relating to women and LGBTI, outlining advancements, barriers in relation to the UPR recommendations, with suggestions on actions to be taken for full realisation of women's rights and gender equality. The report also combines Recommendations to India from UPR-1, UPR-2 with CEDAW's 4th and 5th periodic review.

1. ANTI-DISCRIMINATION, EQUAL OPPORTUNITY AND EMPOWERMENT

Recommendations:
UPR – 138.167, 138.42, 138.87, 138.47, 138.71, 138.72, 138.19, 138.22, 138.37
CEDAW –9, 21(b),(c), 25, 29(a), 33(a), 35(b)(c), 41,

Women make for less than half of India's population. As per Census 2011, the population of India is 1210.19 million comprising 586.47 million (48.5%) females and 623.72 million (51.5%) males. Of the total population, about 16.6% are ST or Dalits and 8.6% are ST.[1] Of the total population, about 26.81 million are known to have one or multiple forms of disability.[2] While the SC, ST, women and children have been guaranteed affirmative action in recognition of the historic and ongoing discrimination by the Constitution, all persons may assert their Constitutionally guaranteed rights against the State and its agents to protect their fundamental rights. In the face of increasing privatisation and correspondingly shrinking State, there is a need to ensure that the right to equal opportunity and non-discrimination is available to a very large section of the multiply disadvantaged population against private, corporate and transnational actors whose sphere of control over their lives is expanding. The severe under-representation of women, SC/ST and other marginalised constituencies in legislative bodies is equally of concern.

We recommend:

1. An anti-discrimination law that tackles all types of discrimination arising from sex, SC/ST status, religion, disability, sexual orientation, gender identity amongst others that is enforceable against private enterprises and transnational actors. Such a law must have the capacity to address cross cutting discrimination that compounds disadvantage against some, and must apply in relation to education, housing and employment.[3]
2. Pass the long-pending Women's Reservation Bill to ensure women's representation in legislative bodies at the centre and the States.

2. GENDER ARCHITECTURE AND BUDGETING

Recommendations:
UPR II -138.51, 138.54, 138.56, 138.74, 138.75, 138.76, 138.82, 138.83, 138.88, 138.130, 138.135, 138.141, 138.152, 138.156, 138.159
CEDAW - 11(g), 11(k), 17

The Ministry of Women and Child Development (MWCD) within the Govt of India (GoI) is the nodal body tasked with women's empowerment and gender equality. It undertakes programming and budgeting for key programmes and initiatives for women and girls. The National Commission for Women (NCW) was constituted as an independent statutory body in 1990, to provide oversight towards ensuring protection and promotion of interests of women. Since gender concerns apply in all fields of public and private life, the National Mission on Empowerment of Women (NMEW), was created in 2010 to facilitate processes of convergence between departments to strengthen women's socio economic development across sectors. Over time, the NCW and NMEW have become under resourced, with little powers, both subservient to the MWCD impeding their very purpose of existence.

Over 80% of the MWCD's budget goes towards the Integrated Child Development Scheme (ICDS), leaving only a fraction of the budget for other schemes for women's empowerment. The budget of the MWCD has been declining from Rs. 185.88 billion in 2014-15 (Revised Estimate) to Rs. 173.52 billion in 2015-16 (Revised Estimate) and Rs. 174.08 billion in 2016-17 (Budget Estimate). This is an important concern, as this reduction in the allocations to MWCD's budget, carried out on account of enhanced devolution of Union taxes to States as recommended by the Fourteenth Finance Commission, is not being made up for in a number of States. The only scheme for women under the 'major programmes under Central plan' is the 'Beti Bachao, Beti Padhao' campaign, with substantial reduction in allocations to women exclusive programmes, such as the shelter homes (*Swadhar Greh*), and the NMEW from 2014-15 levels. Alarmingly, there have been absolutely no allocations for assistance to States for implementation of Protection of Women from Domestic Violence Act, 2005 since 2015-16, before which the funds for the scheme remained unutilised. The Nirbhaya Fund (created in the aftermath of the law reform on sexual violence in 2013) has seen extremely low utilisation, with few ministries being allocated some funds from it. The coverage of the One-Stop Crisis Centres was scaled down

from one centre per district to one per State, whereas other vital schemes like 'Indira Gandhi Matritva Sahyog Yojana' continue to be implemented in a pilot phase.[4]

The frontline women workers providing services to the most vulnerable and marginalised women in State programmes for maternal and child health, as well as public health, are the Anganwadi workers (under ICDS),[5] Auxiliary Nurse Midwives and the Accredited Social Health Activist (ASHA)[6] under the National Rural Health Mission, are not regular workers, do not get fixed wages, lack social security, and work in difficult conditions, reportedly at high risk of rape and sexual harassment but lack State protection or redress.[7]

In addition to budgets for nodal ministries, the country has adopted 'Gender Responsive Budgeting' (GRB) to integrate gender across sectors and diverse fields. Over 10 years, 57 central ministries and departments adopted gender budgeting (2015), with a few states joining this exercise.[8] However, limitations remain in terms of reduction of budgets and lack of contextual clarity of the problem they seek to correct. The implementation of GRB by most ministries/departments has largely remained an ex-post exercise, with little influence on budget priority formulation. Consultative processes for this have also been negligible.

In light of the above, the following are recommended:

1. Strengthening the institutional architecture for implementation of women's empowerment and gender justice – by creating a separate ministry for women, with resource allocations dedicated fully to women specific programs.
2. The power of NCW's be strengthened, its political and financial autonomy be assured, by aligning it to the Paris Principles governing National Institutions for Promotion and Protection of Human Rights, 1993.[9]
3. Ensure frontline workers for social justice programmes have secure employment, minimum wages with social security.
4. Women specific schemes help fulfil the Preamble's goals of social and economic justice for the most vulnerable groups. These must receive sufficient budgetary allocations from the centre, without devolving the responsibility to the discretion of States.
5. An effective GRB is contingent on adequate resourcing, consultative processes for undertaking cross-sectoral situational analysis from a gender lens, a focus on outcomes

and benefits to women supported by generation of gender-disaggregated data under schemes.

3. VIOLENCE AGAINST WOMEN /CHILDREN
Recommendations: UPR II - 138.10, 138.14, 138.30, 138.40, 138.41, 138.44, 138.85, 138.102, 138.103, 138.105, 138.106, CEDAW - 10(a), 10(b), 10(c), 10(d), 10(e), 10(f), 10(i), 11(a), 11(b), 11(c), 11(d), 11(e), 11(f), 12(d), 13(a), 13(b), 29(b)

Violence is a powerful means of controlling and subordinating women. In the context of entrenched social inequalities and conflict, the targeting of women serves to humiliate and oppress a population group. Accordingly, human rights obligations call for responses to VAW in contexts like home, workplace, displacement and disasters; or targeting women during communal violence, militarisation, conflict or caste atrocities; and recognition of vulnerability on account of age, disability and power relations. States are required to prevent and prohibit violence in addition to punishing acts of violence.

Addressing structural and root causes is part of prevention; responding to acts of violence calls for prosecution, investigation, punishment; and the responsibility to address consequences, involves reparative compensation and restorative measures to help victim's recovery and healing. Law is one amongst many interventions required to address gender based violence.

LEGISLATIVE REFORM: Since 2012, legal redress for sexual harassment/violence against women and children has been expanded. Three law reform measures enhance criminal redress for women, children and atrocities against dalit and adivasi women (SC/ST);[10] in addition, a civil law addressing sexual harassment against women at the workplace was enacted.[11] These laws fill a major legal vacuum, recognising as they do, a gradation of sexual offences, acid attacks, atrocities against dalits/adivasi (SC/ST), disability, communal violence, and vulnerabilities of children. Additionally, scientific approaches to medical evidence, special procedures for children and those with disability have been introduced.[12]

The following recommendations seek to fill remaining gaps:

1. Removal of prior sanction for prosecuting public servants accused of rape in the state of Jammu and Kashmir, to make the law consistent with the penal code applicable to the rest of India;[13]
2. Introduce penalty for police inaction or non-compliance with law in cases of sexual assault in Jammu and Kashmir, to make it consistent with the law applicable to the rest of India;[14]
3. While rape during communal riots is recognised as aggravated rape, corresponding amendments in procedure, evidence, victim-witness necessary are missing, but necessary in view of context specific challenges;[15]
4. Men and trans persons must have legal redress for rape;[16]
5. There should be no prior sanction required to prosecute armed forces for sexual assault.[17]
6. Marital rape to be recognised not only during separation of spouses, but also during cohabitation.
7. Age of legal consent was increased from 16 to 18 years in 2012, criminalising all forms of consensual sexual contact amongst adolescents. This obstructs access to health services, counselling and contraception for young persons, and legalises moral policing and honour related retribution. Given the policing of caste and religious boundaries in Indian context, the law has been used by parents and community leaders to punish young adults.[18]

MECHANISMS, RESOURCES, REDRESS: The implementation of the law on sexual harassment in the workplace is entirely contingent on the State government and the employer undertaking prevention, changing service rules and in constituting committees to provide redress. Despite the law coming into force in December 2013, most of the State governments have not constituted Local Committees to provide redress to unorganised sector women workers; a large majority of the organised sector has not constituted Internal Committees, and in the absence of inter-ministerial convergence to monitor compliance by State governments and the organised sector, the law cannot be implemented.[19] Initiatives to capacitate the committee's members too are lacking. The criminal laws on sexual violence require special educators to be in place to facilitate legal redress for women and children with disability. With little appreciation of mental health

concerns, and different types of disabilities, there is a paucity of professionals to make this important law reform a reality. The inadequacy of dedicated personnel and mechanisms, as well as concerns related to their capacity development, is a serious obstacle in implementing landmark legislations for women. Implementation of the civil law on domestic violence (enacted in 2005) still suffers severely on account of insufficient protection officers assigned this work on additional charge, together with inadequacy of service providers.[20]

The police are the first port of call in activating redress for all forms of gender based violence. Yet, experiences of women suggest that complaints are often not registered, or are delayed in their registration. This, compounded with indifference throughout investigation, is the most common reason for large number of acquittals in cases of sexual violence.[21] There are not enough forensic facilities which become an additional reason for delaying the trials in rape cases.

We recommend:

1. Substantial resource allocation from central funds to institute and capacitate the mechanisms for implementing all laws relating to violence against women and children, without devolving the financial responsibility to the discretion of the States.
2. Reforms to strengthen police accountability.
3. Creation of more forensic laboratories and appointment of judges to fill vacancies in judiciary.
4. The Centre's plan for single window support through district wise one-stop crisis centers has not taken off on account of budgetary priorities. The plan to establish an OSCC in every district has been scaled down, with 17 OSCC operational,[22] while another 150 are proposed. This must be scaled to one per district as envisaged.
5. Shelter homes are known for their poor conditions, quality of services and resource constraints.[23] The MWCD's scheme, *Swadhar Greh* must be expanded as there are a total of only 311 Swadhar Greh in the country,[24] and similar interventions by States need greater budgetary allocations.
6. Victim compensation schemes are a laudable step forward, but these are not uniform across the States; and the right of victims to compensation, particularly interim compensation, is rarely available.[25] As compensation is conditional upon criminal

prosecution, it excludes many victims. The need for substantial resource allocation towards support services can be availed, and must be part of public health response to violence against women and children regardless of criminal prosecution.

4. LGBTQI
Recommendations: UPR II - 138.64, 138.89, 138.105, 138.115, 138.162, CEDAW - 10(h), 11(i), 27(g), 41(a)

In its landmark judgment, the Delhi High Court decriminalized homosexuality (Section 377 of the Indian Penal Code) in 2009.[26] On appeal by private persons, the Supreme Court (SC) overturned this decision in 2013,[27] passing the responsibility to Parliament to consider the issue.[28] Since re-criminalization, same sex desiring persons and their families have been re-stigmatized, rendered vulnerable to targeting and humiliation.[29] Instead of affirming constitutional rights of the LGBTI persons in court, the State left the civil society to fight conservative forces through arduous litigations. A private member's bill[30] proposing to decriminalize homosexuality introduced in Parliament in 2015 found no support. The State cannot suspend Constitutional rights of a section of citizens to a protracted legal process. It must de-criminalise homosexuality, and protect LGBTI persons against discrimination in all fields of life.

After re-criminalsing homosexual relations, the Supreme Court affirmed the equality of trans people in NALSA vs. Union of India in 2014,[31] recognizing the right to self-determine gender, stipulating protection and welfare by state, including through affirmative action (as part of constitutionally recognized Other Backward Classes). While few States have formulated policies and schemes for trans-persons, the central government's proposed Transgender Persons Protection of Rights Bill, 2016, contradicts the Supreme Court judgment. It denies self-determination of gender identity, instead pathologizing it; it fails to prescribe affirmative action measures to reverse historic discrimination and exploitation, even as it criminalizes traditional support systems and lifestyles associated with the lived realities of transgender people.[32] Rather than adopt a rights based approach to reverse entrenched discrimination, the State adopts

rehabilitation as a framework, which is unacceptable to the transgender and intersex communities.

Any law for protection of transgender persons must be formulated with full community consultation and in compliance with NALSA judgment and global best practices. Further, many more policy measures must be instituted in addition to recognition of gender identities, to address stigma, discrimination and violence directed against persons on grounds of gender variance and sexuality. Such discrimination impedes access to education, health, means of livelihoods and legal redress. While all transgender persons are attacked for being different and lack adequate support systems from their natal families and community, the situation is worse for those on account of being poor, SC/ST, regional location, religion and disability. A robust and inclusive social security scheme is necessary for realisation of rights, as is a re-orientation of medical practitioners, mental health professionals and service providers, to notions of 'normal' and 'natural' in relation to sexuality and body. Internationally accepted norms must apply with the aim to end surgical and medical intervention in intersex infants and children, and access to safe and secure sex reassignment surgeries must be made available to adults who seek it.

Many LGBT people are forced to leave home, education, on account of stigma, bullying and punitive approaches for not complying with dominant gender norms. This impacts support systems, livelihood options. Institutional changes in health care, education and employment are necessary aspects of eliminating discrimination along with enactment of a comprehensive anti-discrimination law.

5. CONFLICT
Recommendations: UPR II - 138.24, 138.35, 138.106, 138.162, CEDAW - 12(a), 12(b), 12(e), 12(g), 13(b), 13(c), 13(g), 27(d), 27(e), 27(f)

The CEDAW General Recommendation No. 30 provides an expansive definition of conflict taking into account diverse situations and terminologies at the domestic level, to stipulate the requirement of policy framework to address the fallout of conflict on women.[33] This applies to

contexts of communal, caste, sectarian and ethnic violence as much as in militarised zones, where support services for women facing violence and mental health issues, redress and accountability for sexual violence amongst others must be available, but are currently not.

Conflict-induced displacement is a growing concern particularly in the absence of a law protecting rights of Internally Displaced Persons (IDP), besides provisions addressing concerns of women, elderly, sick, injured and children. Women in these situations face multiple barriers to accessing health care, education and livelihoods, or indeed, legal redress. In most cases, IDPs do not possess identity cards, leaving them out of the purview social security provisions. Women living in camps for prolonged periods, are particularly vulnerable to trafficking and unsafe migration.

In addition to the above, the impunity enjoyed by armed forces in areas under operation of Armed Forces Special Powers Act (AFSPA) is a serious concern. Several treaty bodies including CEDAW and UPR have recommended the repeal of AFSPA, but the Act remains operational.

Recommendations:

1. National policy on conflict in compliance with CEDAW and its general Recommendations No 30.
2. Constitution of an empowered National Task Force on Violence Against Women in conflict regions.
3. A gender sensitive national policy on IDPs, in compliance with the Guiding Principles on Internal Displacement.[34]
4. Provide human rights and gender training to police and security forces in highly militarised areas.
5. Include women in formal peace-building measures.
6. Repeal Armed Forces Special Powers Act (AFSPA).

6. HEALTH

Recommendations:
UPR II– 138.2, 138.16, 138.23, 138.26, 138.54, 138.64,138.139, 138.146, 138.147, 138.148, 138.149, 138.150, 138.151, 138.152, 138.153, 138.155, 138.156, 138.157, 138.158, 138.159
CEDAW - 10(g), 11(j), 12(d), 31(a), 31(b), 31(c), 35(c)

The health system in India is increasingly characterised today by withdrawal of state services, growing privatisation and poor infrastructure, all of which adversely impact women and other vulnerable groups.

RESOURCES: India's budgetary allocation for health remains at less than 1% of Gross Domestic Product (GDP).[35] The low public provisioning for health has led to shortages of skilled human resources and a reliance on an exploitative private health sector, resulting in debilitating poverty, debt and poor health status. The arena of women's health, especially reproductive health has numerous case studies exemplifying this in relation to maternal health, contraceptive services and other reproductive health concerns.

CHALLENGES TO ACCESS TO HEALTH CARE SERVICES: There is social discrimination on the basis of sex; caste, dalit, adivasi and minority status; disability; gender identity and sexuality, which impedes access to healthcare.[36] Health system must acknowledge and institute corrective measures to respond to vulnerable population groups, including providing universal access to comprehensive health care. Access to sanitation and safe drinking water are key determinants of health. Yet fewer less than 50% households have drinking water resources within their premises (46.6%).[37] Access to sanitation and safe drinking water must be ensured for all, taking into consideration barriers to access arising from caste, gender, location, disability, class and other factors.

With the state withdrawing its provision of adequate and comprehensive health services, increasing privatisation and a focus on public-private partnerships in health services, access to healthcare is inequitable and compromised particularly for the marginalized.[38]

In the arena of sexual and reproductive health, the focus has not substantially moved beyond reduction of maternal mortality and fertility control. Even with regard to maternal health only 46.9% of women in the 15-44 age group received any antenatal care.[39]

Healthcare services, including Anti-Retroviral Therapy (ART) medicines, supply of condoms, particularly for sex workers and HIV positive women are not adequately and consistently available. Under the targeted intervention programme, sex workers, men having sex with men (MSM), and transgender persons are mandated to undertake HIV test every six months, without provision for 'opting out'.

Despite the domestic violence law mandating provisioning of health care, there are negligent health-sector responses or linkages with crisis support services.[40]

MATERNAL HEALTH: India has failed to achieve MGD Goal-5 of reducing maternal mortality to 109 per 100,000 live births by 2015.[41] Over the last nine years, the State has invested several millions of rupees in the National Rural Health Mission and subsequently the National Health Mission, a large portion of which has been focused on maternal health care. Yet, studies point to persistent gaps in the health system that result in preventable maternal mortality.[42]

To improve access to health care during pregnancy, childbirth and post-partum period as well as infant care, the *Janani Shishu Suraksha Karyakram* (JSSK) Scheme was introduced.[43] Case studies from the field show the various ways by which JSSK is denied to women and their babies when attending public facilities, forcing them to access private services.[44] The government programme assuring women of free and cashless services in public sector facilities, fails to live up to its promise.

Availability of safe abortion remains a huge challenge which is further compromised by poor access, poor quality and the denial of care.

ASSISTED REPRODUCTIVE TECHNOLOGY: The draft Surrogacy Regulation Bill (2016) seeks to regulate an exploitative surrogacy industry, currently governed by the Indian Council of Medical Research guidelines, by banning commercial surrogacy. Notwithstanding serious concerns related to this bill (discussed under labour), the government must regulate all IVF technologies and not surrogacy alone.

Recommendations:

1. India's budgetary allocation for health must be increased to at least 5% of GDP.[45]

2. Ensure universal access to comprehensive and quality health care, removing all barriers to access for vulnerable women and others.
3. Ensure access to safe drinking water and sanitation.
4. Prohibit mandatory testing on sex workers, MSM, transgender persons for HIV/AIDS.
5. Expand JSSK to cover maternal health care through the private sector until such time that quality care is assured in public facilities. Private sector regulation is urgently required. Grievance redress mechanisms are required and should be implemented in public and private facilities.
6. Strengthen Maternal Death reviews as a step towards prevention.[46]
7. Laws and policies that restrict access to safe abortion services must be revised.[47]
8. Assisted Reproductive Technology industry must be regulated to ensure ethical medical practices, including the protection of the rights egg donors, surrogates and those who access ARTs. Services in the public health sector for primary and secondary infertility must be improved.

7. EDUCATION

Recommendations:
UPR II - 138.18, 138.54, 138.59, 138.60, 138.115, 138.118, 138.135, 138.149, 138.152, 138.157, 138.158, 138.161, 138.162, 138.164, 138.165,
CEDAW - 19(a), 21(c), 27(a), 27(b), 27(c), 27(d)

Education is a powerful medium of social transformation; hence it must be inclusive and well-resourced, besides combining knowledge and skill-development with consciousness about social inequalities. The National Education Policy 1986 (NEP) sought to harness this potential, visualizing 'education as a change agent to improve the status of women'. Not only has there been a roll back in social justice dimension of education, but the resource allocation remains well below 6% of India's GDP.

The resource allocation to education in the last four years has seen a consistent reduction in proportion to the GDP, from 0.66% in 2012 to 0.48% in 2016.[48] Some key features of the Right to Education Act (RTE) have not been implemented and are being withdrawn[49] without

acknowledging or tackling causes of implementation failure arising from infrastructural gaps such as inadequacy relating to learning material, teacher trainings, amenities, and electricity. Further, affirmative action[50] to secure inclusion of children from marginalized groups into public or private educational institutions has remained unsatisfactory as the policy fails to acknowledge or put in place concrete approaches to overcome social and political barriers to inclusion. The resource gap in secondary education deprives adolescents from marginalized communities access and opportunities after primary education, on account of high costs of private education, pushing them into labour markets and unpaid household work.

In contrast to the NEP 1986 that approached education for reversing inequalities, the draft NEP 2016, avoids articulation of gender justice as a goal; its curriculum is silent on all social inequalities including in relation to gender. This silence, along with resource and infrastructural limitations, will impede access and empowerment of girls from marginalised groups, along with trans children[51] and those with a disability to whom legal protection has been affirmed more recently. One positive aspect is that the draft policy calls for adult education and lifelong learning, yet it limits its focus on market friendly skills, to the neglect of unconventional and traditional skills.

The refusal to adopt Comprehensive Sexuality Education (CSE), disables young people from accessing information on sexual and reproductive health, making them vulnerable to becoming victims or predators of sexual violence. Comprehensive sexuality education, distinct from sex education, includes age-appropriate, medically accurate information on a broad set of topics related to sexuality, to enable adolescents to make informed decisions about their bodies, gender, sexuality and relationships.

An innovative programme of the NEP 1986, focusing on using education for empowerment of the most marginalized rural women was the *Mahila Samakhya* (MS). Independent evaluations found the programme to have powerful outcomes through collectivized women across about 130 districts of 10 States of Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Kerala, Uttar Pradesh and Uttarakhand.[52] Yet, a recent policy decision to shift this programme from the Ministry of Human Resource Development (MHRD), to the Ministry of

Rural Development has closed its funding, hurting one of the most significant social justice initiatives led by marginalized women.

Recommendations:

1. Increase resource allocation to education including budgetary provisions.
2. Align proposed national policy on education to the principles of NEP 1986 and CEDAW obligations.
3. Integrate comprehensive sexuality education in all educational institutions.
4. Inclusion of children with disability through creation of varied spaces within educational institutions, within classrooms, extra-curricular activities and infrastructure.
5. Provision of 'appropriate facilities and assistive devices, particularly in schools located in smaller towns and villages' as well as in bigger cities.
6. Institute and resource programmes like the Mahila Samakhya that use education as a medium of empowerment and social justice for the most marginalized women.

8. LABOUR & LIVELIHOODS

Recommendations:
UPR II - 138.10,138.18,138.26,138.27,138.40,138.46, 138.47, 138.73, 138.76,138.78,138.81, 138.112, 138.113,138.114,138.115,138.128,138.129,138.140, 138.141,
CEDAW - 12(c), 12(d), 13(f), 15(a), 15(b), 23(b), 28, 29(a), 29(b), 29(c), 33(a), 33(b), 39(b), 39(c), 39(d), 41(d)

State policy and projects increasingly adopt market-based growth models of development, focusing on profits and productivity to the neglect of social justice priorities in respect of women and marginalised groups. This development model has led to joblessness and decreasing work participation rates for women especially in the formal sector. Decreased investments in agriculture have increased feminisation of agriculture. The capture of natural resources through legislations such as the Land Acquisition Act (2013) for urbanised manufacturing and infrastructure, SEZs,[53] has been at the cost of access to sources of food and livelihood security for women and the communities.

Women workers in agriculture and primary sectors continue to be rendered invisible and under-reported with low social security and lack of support services. The compulsion to migrate due to breakdown of livelihoods creates a vulnerable community of migrant women who are then pushed into situations of high risk. With few options for safe migration for unorganised sector women workers, they become vulnerable to trafficking and exploitative labour.

Poverty and hunger in India now have a feminised face. Programmes for poverty alleviation have received decreasing attention and resources. Access to basic services for the poor is available for only a small targeted number, from which women are largely denied. Programmes such as micro-credit interventions, *Jandhan*, etc, which appear pro-poor are in fact creating a greater indebtedness rather than asset creation for the poor.

Frontline State programme women workers engaged in grassroots empowerment interventions are treated as honorary volunteers rather than regularised workers. Women workers in government programmes such as *Mahila Samakhya* have been rendered unemployed due to closure of the programme; the workers in the *ICDS*,[54] and *ASHA*,[55] are poorly paid, vulnerable to sexual harassment, lack social security as they are not regularised State workers.

The institutional mechanisms to protect and support vulnerable sections such as *dalits* and tribals (SC/ST), and informal sector workers, are inadequate to protect them against atrocities. Recently proposed labour reforms[56] do not provide for safe migration or regulation of informal and unorganised sector workers, safe work conditions, social security or address problems of exploitation and trafficking.

On the other hand, approaches to trafficking often conflate sex work with trafficking, which together with criminalisation of soliciting (an aspect of sex work), results in systemic harassment of sex workers (in addition to the social stigma).

A draft Surrogacy Regulation Bill (2016) seeks to ban commercial surrogacy, allowing only for altruistic surrogacy. It bans foreign nationals, all single people, same-sex couples, live-in partners, and married couples who have biological or adopted children from availing of surrogacy. By restricting services to a very small subset of married couples, the bill violates Article 23 of the ICCPR that guarantees every person of marriageable age to found a family.

There are apprehensions of surrogacy being pushed underground to the detriment of poor women surrogates.

While maternity benefits have been enhanced in law, these do not apply to informal sector workers, who are not covered by social security measures either.[57]

The Forest Rights Act, (FRA) 2006 provides for protection of the rights of forest dwellers to forest and forest resources. Yet, lack of commitment to implementation of this law, and the enactment of contradictory laws such as the CAMPA[58] legislation,[59] negate the primacy of the rights of forest dwellers and directly impact women's struggles for livelihoods.

Recommendations:

1. Livelihoods policy needs to reflect a greater concern for protection of livelihoods and traditional rights of marginalised communities to resources as provided in FRA 2006.
2. Greater opportunities for communities to strengthen livelihoods based on community-based management of natural resources with women as equal partners in the management of resources, ensuring rights to the Commons.
3. Recognise women as primary workers; record invisible unpaid work; create greater opportunities for awareness, skill-building, access to legal rights and support services such as credit, markets, social security, with the necessary resource investments.
4. Formulation of policies and actions to promote the asset creation, especially land and housing, with better opportunities for capacity building towards employment absorption of women.
5. Construct positive legislation for protection of women in informal sector, sex work, special zones and arenas like garment and fisheries industries where women employees are at risk.
6. The provisions of the ITPA Act[60] should not be imposed upon adult consensual sex work.
7. Protection for women as employees in government welfare programmes. Labour reforms and social security measures for women in the organised and unorganised sectors, including the right to organise. Strengthening protective and redress mechanisms for women workers in all sectors. Expansion of social security, crèche, Public Distribution System, Mid-day Meal, access to the Commons.

8. Strengthening institutional provisions for protection and affirmative action, legislative and institutional, to support rights of *dalits*, adivasi (SC/ST) and marginal workers to resources on which their lives and livelihoods depend.

ENDNOTES

1 Primary Census 2011, available at <www.censusindia.gov.in/2011census/hlo/pca/pca_pdf/PCA-CRC-0000.pdf>

2 http://www.disabilityaffairs.gov.in/content/page/state-ut-wise-persons.php

3 Recommendations 27, 29 & 33, UN Committee on the Elimination of Discrimination Against Women (CEDAW), 'Concluding observations on the combined 4th and 5th periodic reports of India' 18 July 2014, CEDAW/C/IND/CO/4-5, available at <http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/IND/CO/4-5>

4 Bhumika Jamb and Yamini Mishra, 'Gender Responsive Budgeting in India: Time to ask Questions' (2015) Economic and Political Weekly 50(50), 54

5 There is a shortage of Anganwadi workers and helpers, who are considered to be 'honorary workers' from the local community, and paid Rs. 3000 and Rs. 1500 per month respectively from Central government funds, leaving it to the discretion of the State government to top this up further. See, Lok Sabha Un-starred Question no. 2293, to be answered on 11 December 2015, available at <http://164.100.47.190/loksabhaquestions/annex/6/AU2293.pdf>

6 ASHA workers are considered honorary volunteers, get incentives based on performance instead of wages. See, Lok Sabha Un-starred Question no. 1037, to be answered on 20 April 2016, available at <http://164.100.47.192/Loksabha/Questions/QResult15.aspx?qref=33391&lsno=16>

7 See, Lok Sabha Un-starred Question 4491, available at <http://164.100.47.192/Loksabha/Questions/QResult15.aspx?qref=40295&lsno=16>

8 A number of states such Gujarat, Bihar, Madhya Pradesh, Karnataka, Assam, Kerala, Delhi, Chhattisgarh, Rajasthan, Uttarakhand and Tripura, among others are already implementing the strategy; Jharkhand and Odisha have taken preliminary steps.

9 CEDAW (n 3) Observation 17

10 Namely, Criminal Law Amendment Act, 2013; Prevention of Children from Sexual Offences Act, 2012

11 Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013, available at <http://www.iitbbs.ac.in/notice/sexual-harrassment-of-women-act-and-rules-2013.pdf>

12 Criminal Law (Amendment) Act 2013, ss 13, 16 and 27, available at <http://indiacode.nic.in/acts-in-pdf/132013.pdf>; see also, Protection of Children from Sexual Offences Act, 2012, ss 19, 26, 38 and 45, available at <http://indiacode.nic.in/amendmentacts2012/The%20Protection%20of%20Children%20From%20Sexual%20Offences%20Act.pdf>; see also, Guidelines and Protocol for the Medico-Legal Examination of Victims of Sexual Violence, available at <http://www.mohfw.nic.in/showfile.php?lid=273>

13 Explanation to s 197(1) of the Code of Criminal Procedure, which provides that in the case of a public servant accused of any sexual offences – viz. offences alleged to have been committed under S.166A, S.166B, S.354, S.354A, S.354B, S.354C, S.354D, S.370, S.375, S.376, S.376A, S.376C, S.376D or S.509 of the Indian Penal Code (IPC) – no sanction shall be required before initiating prosecution. This is not included in the Ranbir Penal Code that applies to Jammu and Kashmir.

14 S.166A IPC pertains to public servant disobeying the law. This makes it punishable for a public servant to disobey any direction of law regarding the manner in which investigation is to be conducted; for any public servant to fail to register an F.I.R on receiving any information relating to acid attack or sexual offence (S.326A; S.326B; S.354;

S.354B; S.370; S.370A; S.376; S.376A; S.376B; S.376C; S.376D; S.376E; S.509 IPC) or disobeys a direction of law which prohibits him from requiring the attendance at any place of any person for purposes of investigation.

15 For instance, of seven cases of gang rape committed against women belonging to the minority Muslim community during communal attacks in Muzaffarnagar District in Uttar Pradesh in September 2013, despite the F.I.Rs being registered in September and October 2013 and the charge-sheets being filed in April 2014, at least six trials have not been concluded. See CEDAW (n 3) Observation 23(d)

16 The penal provision on rape, S.375 of the Indian Penal Code, 1860 (IPC) conceptualizes only a female victim, ignoring male or trans victims of rape. Section 377 criminalizes homosexuality, obviating the possibility of consent with respect to anal sex. Therefore male or trans rape victims are forced to seek redress under section 377 that criminalises all 'unnatural' sex, irrespective of consent. The demands from groups has hence been repeal of section 377 and revision of sexual assault laws where the victim of the assault is gender neutral and the perpetrator is gender specific. These were also the recommendations of the Report of the Committee on Amendments to Criminal Law (Justice Verma Report) 23 January 2013, p 439, available at <www.prsindia.org/uploads/media/Justice%20verma%20committee/js%20verma%20committe%20report.pdf>

17 Armed forces have been known to abuse the provisions of S.6 Armed Forces (Special Powers) Act, 1958. See, Manjula Sen, 'Right To Rape?' *The Telegraph* (Calcutta, 19 June 2013), available at <www.telegraphindia.com/1130619/jsp/opinion/story_17023481.jsp#.V9vHmVt97cc>

18 See, The Hindu, 'The Many Shades Of Rape Cases In Delhi' *The Hindu* (New Delhi, 29 July 2014), available at <www.thehindu.com/data/the-many-shades-of-rape-cases-in-delhi/article6261042.ece>; The Hindu, 'Why The FIR Doesn't Tell You The Whole Story' (*The Hindu*, 22 December 2015) <http://www.thehindu.com/opinion/op-ed/rukmini-s-writes-about-the-mumbai-sessions-court-rulings-on-sexual-assault-during-2015-why-the-fir-doesnt-tell-you-the-whole-story/article8014815.ece>

19 Deccan Herald, '97 PC Firms Not Aware Of Sexual Harassment At Workplace Law' *Deccan Herald* (New Delhi, 23 Aug 2015), available at <www.deccanherald.com/content/496824/97-pc-firms-not-aware.html;http://www.business-standard.com/article/pti-stories/97-pc-firms-not-aware-of-sexual-harassment-at-workplace-law-115082300088_1.html>

20 Protection of Women from Domestic Violence Act, 2005; see also, Lawyers Collective 'Staying Alive: Evaluating Court Orders' 6th Monitoring & Evaluation Report 2013, on the Protection of Women from Domestic Violence Act, 2005 (New Delhi, January 2013) available at <www.lawyerscollective.org/wp-content/uploads/2012/07/Staying-Alive-Evaluating-Court-Orders.pdf>

21 Commonwealth Human Rights Initiative, 'Draft National Policy for Women 2016 Comments and Recommendations', 20 June 2016, ch 5; see also, Human Rights Initiative, 'Rough Roads to Equality: Women Police in South Asia (2015)', August 2015, pp 58-61, available at <www.humanrightsinitiative.org/download/1449728344rough-roads-to-equalitywomen-police-in-south-asia-august-2015.pdf>

22 Huffington Post, 'Nirbhaya Fund Is Not Enough, Need National Compensation Policy For Rape Survivors: SC' (*Huffington Post*, 26 May 2016) <www.huffingtonpost.in/2016/05/26/nirbhaya-fund-is-not-enough-need-national-compensation-policy-f/>

23 *Peace and Equality Cell vs Unknown*, Writ Petition (PIL) No. 321 of 2014

24 Lok Sabha Un-starred Question no. 729, to be Answered On 24 July 2015

25 Apoorva Mandhani, 'SC directs Centre to formulate National Policy for proper rehabilitation of rape survivors' (*Law Live*, 27 May 2016) <www.livelaw.in/sc-directs-centre-formulate-national-policy-proper-rehabilitation-rape-survivors/>

26 *Naz Foundation vs. Govt. of NCT Delhi*, 2010 CriLJ 94

27 *Suresh Kumar Koushal and another v NAZ Foundation and Others*, CIVIL APPEAL NO.10972 OF 2013

28 ibid para 31(ii)

29 Pawan Dhall and Paul Boyce, 'Livelihood, Exclusion and Opportunity: Socioeconomic Welfare among Gender and Sexuality Non-normative People in India', Evidence Report No. 106, Sexuality, Poverty and Law, February 2015, p 20.

30 Rights of Transgender Persons Bill, 2014

[31] *National Legal Services Authority vs. Union of India and others*, WRIT PETITION (CIVIL) NO.400 OF 2012

[32] Transgender Persons (Protection of Rights) Bill, 2016

[33] As defined by CEDAW General Recommendation No. 30 on Women In Conflict-Prevention, Conflict and Post-Conflict Situations (CEDAW/C/GC/30).

[34] See UN High Commissioner for Refugees (UNHCR), 'Guiding Principles on Internal Displacement' 22 July 1998, ADM 1.1,PRL 12.1, PR00/98/109, available at <www.refworld.org/docid/3c3da07f7.html>

[35] The current government health expenditure is estimated at 0.9% of GDP while the out of pocket expenses is 69% of the current health expenditure (NHA, 2013-14). Further expenditure, for example, on mental health is only about 1% (NHA, 2013-14) and needs to be addressed (National Health Systems Resource Centre and Ministry of Health and Family Welfare, 'National Health Accounts Estimates for India 2013-14' (2016), available at <www.mohfw.nic.in/WriteReadData/l892s/8949831122147141 6058.pdf>

[36] As per the Sachar Committee Report (2006), a Muslim dominated village is less likely to have a health centre as compared to one that has a lower concentration of Muslims; see, Zamrooda Khanday and Yavnika Tanwar, *Exploring Religion based Discrimination in Health Facilities in Mumbai* (Mumbai, Centre for Enquiry into Health and Allied Themes 2013).

[37] Census 2011 from the National Health Profile 2015

[38] The likelihood of women receiving care from a doctor during pregnancy was 50.2% at the country level, of ST women was as low as 32.8%, for SC women only 42% (NFHS3). Only 17.7% of births to ST women were delivered in health facilities compared with 51 per cent of births amongst 'others'. In fact, studies have shown that Muslim and SC/ST women are less likely to receive good quality antenatal and postnatal care, and are also less likely to deliver in institutions. Moreover, the availability of health infrastructure in areas inhabited by some of these groups is very poor. Despite the numerous maternal health programmes operational under the umbrella of the National Rural Health Mission, there is differential utilisation of maternal health schemes such as the Janani Suraksha Yojana (JSY). See Bindu Balasubramaniam and G. Santhi, 'How does NRHM help tribal women? A study of financial incentives for maternal health services in Heggadadevanakote taluk, Mysore district, Karnataka' *Centre for Health and Social Justice* (2011) available at < http://www.chsj.org/uploads/1/0/2/1/10215849/svym_-_brief_29-09-12_final_for_print.pdf>; see also, Centre for Health and Social Justice, Reaching the Unreached: Rapid Assessment Studies of Health Programmes Implementation in India (Centre for Health and Social Justice 2011).

[39] DLHS 2012-13 in National Health Profile 2015 available at <http://www.cbhidghs.nic.in/writereaddata/mainlinkFile/NHP-2015.pdf>

[40] Protection of Women from Domestic Violence Act, 2005

[41] A Global Gender Inequality value of 0.563 in 2015 places India at a position of 130 among 188 countries. India's maternal mortality rate stands at 190 deaths per 100,000 live births (2013); see, UNDP, Gender Inequality Index data, available at <http://hdr.undp.org/en/composite/GII>

[42] Dasgupta J et al, 'Chronicles of Deaths Foretold: A civil society analysis of maternal deaths In seven districts from the states of Odisha, West Bengal, Jharkhand and Uttar Pradesh', National Alliance for Maternal Health and Human rights, and SAHAYOG (2016)

[43] Janani-Shishu Suraksha Karyakram (JSSK) is an initiative by the Government of India to assure completely free and cashless services to pregnant women including deliveries (normal and Caesareans) up to 42 days after delivery, sick newborns up to 30 days after birth and infants up to 1 year of age in all government institutions. Aim is that no mother or newborn should die due to want of money.

[44] Renu Khanna and Mahima Taparia, 'Entitlements for Cash Free Maternal Health Services: Imprelemtation experiences from three districts in Gujarat, India' Sahaj briefing (2016) available at <www.sahaj.org.in/uploads/4/5/2/5/45251491/status_of_mh_cash_free_services.pdf>

[45] The current government health expenditure is estimated at 0.9% of GDP while the out of pocket expense is 69% of the current health expenditure; see, National Health Accounts Technical Secretariat, 'National health Accounts Estimates for India 2013-14' (NHSRC, Ministry of Health and Family Welfare 2016), available at <http://www.mohfw.nic.in/WriteReadData/l892s/8949831122147141 6058.pdf>

[46] Underreporting of Maternal Deaths still continues. By the government's own admission, as of March 2012, only 18% of all expected maternal deaths were being reported under the Maternal Death Review (MDR) process, and of these, only two-thirds were being reviewed by the district level committee for MDR. Maternal Death Reviews are

largely restricted to finding a medical cause for death rather than identifying gaps in the health system and instituting corrective action, the original objective of the whole process. In addition, one of the major shortcomings of the GOI instituted MDR process is the lack of information in the public domain. In several other countries where confidential enquiries into maternal deaths are conducted, the identifying information regarding individuals and institutions connected to the death are kept confidential to maintain ethical standards, but the causes, contributors and learning from the enquiries are made public. This is not so in the review process in India, where no information at all on the process is made public, which precludes engagement from other stakeholders, such as civil society, academics and professional associations, in the process and signals a major lack of accountability. Civil society initiatives like the Dead Women Talking were designed to bridge some of these gaps. The initiative used a 'social autopsy' process to document events leading up to the maternal death. Social autopsy is defined as 'an interview process aimed at identifying social, behavioural, and health systems contributors to maternal and child deaths'; see B Subha Sri and Renu Khanna, *Dead women talking: A civil society report on maternal deaths in India* (Common Health 2014), available at <www.commonhealth.in/Dead%20Women%20Talking%20full%20report%20final.pdf>

47 The Protection of Children from Sexual Offences Act, 2012 (POCSO), for example, criminalises sex below the age of 18 years even if it is consensual and makes it mandatory to report if for example, any girl below 18 years accesses abortion services, creating barriers for hospitals and others in providing services as well as for those seeking them.

48 Centre for Budget and Governance Accountability, 'Connecting the Dots: An Analysis of Union Budget 2016-17' (CBGA 2016), available at <www.cbgaindia.org/wp-content/uploads/2016/03/Connecting-the-Dots-An-Analysis-of-Union-Budget-2016-17.pdf>

49 For instance, the principles of 'no detention' and 'continuous comprehensive education' are to be dropped.

50 25% reservation for marginalized groups

51 The Transgender Person's Protection and Rights Bill 2016 recognizes that all education institutions funded or recognized by the government must provide inclusive education and opportunities for sports, recreation and leisure activities without discrimination on an equal basis with others. The Bill does little to re-envision an inclusive model of education through its silence on curriculum, uniforms and infrastructural needs of trans persons within educational institutions, or indeed of protection from harassment that are often cited as reasons for trans persons dropping out of school.

52 The findings of independent evaluations conducted by the IIM (Ahmadabad and Bangalore) affirm this.

53 Special Economic Zones (SEZs)

54 Integrated Child Development Scheme (ICDS)

55 Accredited Social Health Activist (ASHA) is a female community health worker instituted by the ministry of health and family welfare (MoHFW) in 2005

56 The reforms focus on increasing skills towards capacity building for productivity and creating access to skilled labour for industries.

57 Recommendation 138.129: Maternity Benefit Act 2016 to extend maternity leave from 3 to 6 months is only applicable to organised sector women, with no provision for paternity benefit. A promise was made in the National Food Security Act 2013, within which the Central Scheme for maternity benefit was meant to be made universal, however until now this has not been implemented. The Ministry of Women and Child Development has been unable to upscale the five-year old pilot phase of the maternity benefit scheme, which is a conditional cash transfer scheme: the '*Indira Gandhi Matritva Suraksha Yojana*' (IGMSY) which was started more than five years ago across 50-odd districts of the states and Union Territories. This Central Scheme has not been made universal and unconditional, and disqualifies women who have more than two children from benefiting from the scheme.

58 CAMPA (Compensatory Afforestation Management and Planning Authority)

59 Compensatory Afforestation Fund Bill, 2015

60 Immoral Traffic Prevention Act, 1956

ENDORSEMENTS

Organisations, Coalitions and Networks:

1. AALI - Association For Advocacy and Legal Initiatives
2. Akshara Centre – empowering women and girls, Mumbai
3. All India Dalit Mahila Adhikar manch (AIDMAM)
4. Aman: Global Voices for Peace in the Home
5. Andhra Domestic Workers' Union
6. Anjali, Kolkata
7. ANANDI (Area Network and Development Initiatives), Gujarat
8. ASAA (Anna Suraksha Adhikar Abhiyan/ Right to Food Campaign), Gujarat
9. Association for Women with Disabilities, Kolkata
10. Bhumika Women's Collective
11. Breakthrough
12. CAWL Rights
13. CBGA (Centre for Budget and Governance Accountability), New Delhi
14. Centre for Advocacy on Stigma and Marginalisation, India
15. CommonHealth - The Coalition for Maternal-Neonatal Health and Safe Abortion
16. CREA
17. Durbar Mahila Samanwaya Committee (DMSC), Kolkata
18. EQUATIONS, Karnataka
19. FAOW - Forum Against Oppression of Women, Mumbai
20. Garment and Allied Workers Union, Haryana
21. Global Alliance against Traffic in Women, International Secretariat
22. Housing and Land Rights Network, New Delhi
23. HUMANE, Koraput, Odisha
24. Hunger Project India
25. Initiative for Health & Equity in Society & Diverse Women for Diversity
26. ISST – Institute of Social Studies Trust, New Delhi
27. JAGORI – women's resource centre, New Delhi
28. Jagori Grameen, Himachal Pradesh
29. Jan Abhiyan Sanstha, Himachal Pradesh
30. Karnataka Sex Workers Union, Bangalore
31. Kerala Network of Sex Workers (KNSW)
32. KVMS - Vijayawada
33. LABIA - a queer feminist LBT collective, Mumbai
34. Lawyers Collective
35. Mahila Jan Adhikar Samiti, Ajmer
36. Maitree – network of women's rights organisations and individuals in West Bengal
37. MAKAAM Mahila Kisan Adhikar Manch, Forum for Women Farmer's Rights, Secunderabad
38. Mitra, Sangli
39. Muskan, Sangli

40. Muslim Women's Forum, New Delhi
41. NAMHHR- National Alliance for Maternal Health and Human Rights
42. Nari Shakti Manch, Gurgoan
43. National Alliance of People's Movement
44. National Alliance of Women, Bangalore
45. National Domestic Workers' Movement
46. National domestic Workers Movement - Tamil Nadu
47. National Federation of Dalit Women, Bangalore
48. National Workers Movement
49. Navsarjan Trust, Ahmendabad
50. Nazariya: A Queer Feminist Resource Group
51. Nirantar – Resource Centre for Gender and Education, New Delhi
52. North East Network, Guwahati
53. Parichiti, Kolkata
54. Partners for Law in Development, New Delhi
55. Point of View, Mumbai
56. Prema Sangammahila Mandali - Chittoor
57. RAHI Foundation - Centre for women survivors of incest and child sexual abuse, New Delhi
58. Sadbhavana Trust, Uttar Pradesh
59. SAFAR (Social Action Forum Against Repression), Ahmedabad
60. SAHAJ
61. SAHAYOG – promoting gender equality and women's health, Lucknow
62. Sakhi Women's Resource Centre, Trivandrum, Kerala
63. SAMA – Resource group on women and health, New Delhi
64. Sampoorna Working Group - A Network of Trans* and Intersex Indians
65. Sangama, Bangalore
66. SANGRAM Sanstha, Sangli, Maharashtra
67. Sappho for Equality, Kolkata
68. Sharanya Humane, Koraput, Orissa
69. Srijan Foundation, Jharkhand
70. Sruti Disability Rights Centre, Kolkata
71. Swayam – ending violence against women, Kolkata
72. Tamil Nadu Domestic Workers Union
73. Tamil Nadu Domestic Workers Welfare Trust
74. TARSHI (Talking about Reproductive and Sexual Health Issues), New Delhi
75. Telangana Domestic Workers' Union
76. UKMO – Uttar Karnataka Mahila Otkuta, Karnataka
77. VAMP – Veshya Anyaya Mukti Parishad, Sangli, Maharashtra
78. Vanangana, Uttar Pradesh
79. WINS - Tirupati
80. Women in Governance-North East (WinG-NE)
81. Women's Initiatives (WINS), Tirupati
82. Women's Voice, Bangalore

83. Working Group on Human Rights in India
84. Women's Research and Action Group, Mumbai
85. XUKIA - LGBTIQ Collective/Network, Guwahati, Assam
86. Zubaan, New Delhi

Individual Endorsements

1. A Suneeta, Anveshi Research Centre for Women's Studies
2. Aarthi Pai
3. Abha Bhaiya, Jagori Grameen, Himachal Pradesh
4. Adv. Sr. Mary Scaria, Supreme Court
5. Albertina Almeida, Advocate, Goa
6. Amrita Shodhan
7. Anil Kumar, National Forum for Housing Rights
8. Ankur Kala, Kolkata
9. Anurita Hazarika, Guwahati
10. Arundhati Dhuru, National Alliance of Peoples Movements
11. Bondita Acharya, Guwahati
12. Chanda Wajane
13. Chayanika Shah, feminist queer activist
14. Cynthia Stephen, Activist, Bangalore
15. Dipta Bhog
16. Dolon Ganguly, Azad Foundation
17. Dr. Govind Kelkar, Landesa, New Delhi
18. Dr. Mira Shiva, Health expert
19. Dr. Roshni Goswami, Human rights Activist, Shillong
20. Farah Naqvi, Independent Writer and Activist, Delhi
21. Gabriele Dietrich, Tamil Nadu
22. Geeta Ramaseshan, Lawyer, Chennai
23. Geetanjali Gangoli
24. Dr. Govind Kelkar, Senior Advisor, Women, Land and Productive Assets, Landessa
25. Indira Pancholi
26. Jahnvi Andharia, ANANDI
27. Jaya Vindhyala, Advocate Hyderabad
28. Jeevika Shiv, Anna Suraksha Adhikar Abhiyan
29. Joy Grace Syiem
30. Kalyani Menon Sen, Writer & Activist
31. Kiran Deshmukh
32. Kuhu Das, Kolkata
33. Lalita Ramdas
34. Mahesh Manoji
35. Malini Ghose, Activist, New Delhi
36. Manjima Bhattacharjya
37. Manjula Pradeep, Ahmedabad
38. Maya Gurav
39. Meena Saraswati Seshu, Sangli
40. Meenakshi Gopal Kamble
41. Meenaskhi Jaywant Kamble
42. Monisha Behal, North East Network
43. N B Sarojini, Health rights activist
44. Nalini Nayak, Self-employed Women's Association (SEWA), Kerala
45. Nandini Rao, Activist, New Delhi
46. Nandita Gandhi, Mumbai
47. Nandita Shah, Mumbai
48. Nillavva Sidhreddy
49. Nisha Biswas
50. Niti Saxsena
51. Prabha Nagaraj, New Delhi
52. Pramada Menon
53. Prof. Chhaya Datar, Tata Institute of Social Science, Mumbai

54. Prof. Vibhuti Patel, Head, Dept of Economics, SNDT Women's University, Mumbai
55. Rajendra Ganapati Patil
56. Rajesh Srinivas, Sangama
57. Raju Naik
58. Rakhi Sehgal, Labour Activist, New Delhi
59. Ramlath Kavil
60. Renu Addlakha, Disability Scholar and Activist
61. Renu Khanna, Activist
62. Richa Audichya, independent social worker
63. Richa Minocha, Jan Abhiyan Sanstha, Himachal Pradesh
64. Ritu Dewan, Writer
65. Rohini Hensman, Activist, Mumbai
66. Roshmi Goswami
67. Ruth Manorama
68. Sakun Doundiyakhed, Bangalore
69. Sangita Manoji
70. Santoshi Karamcheti
71. Saswati Ghosh
72. Sejal Dand, ANANDI, Gujarat
73. Sejal Dave, Anandi
74. Seno Tsuhah, North East Network
75. Shalan Salamantapp
76. Shantilal Kale
77. Sheetal Sharma, Activist Guwahati
78. Shashikant Mane
79. Siddharth Narrain
80. Somal K P, CAWL Rights
81. Sophia Khan, Activist, Ahmedabad
82. Sreekala MG- Activist
83. Sunita Dhar
84. Sunita More
85. Supria Madangarli
86. Sushila Kunde
87. Suvarna Inglegavi
88. Tenzing Choesang, Lawyer, New Delhi
89. Uma V Chandru
90. Umadevi, Sangama
91. Urvashi Butalia
92. Vandana Mahajan
93. Vimala Ramachandran
94. Vivek Divan
95. Vrinda Grover, Advocate, New Delhi
96. Zaheda Pakhali
97. Zubaida Attar