**Submission by North East Network, India**

**Our responses below are based on our ground experience in the state of Assam and Meghalaya during the period of lockdown (April 25 to May 3, 2020) which was announced by Government of India. Date of NEN Responses: 5 May 2020**

*The United Nations Special Rapporteur on violence against women, its causes and consequences, Ms. DubravkaŠimonović, is following closely the impacts of the COVID-19 pandemic on women's right to a life free from violence. As she warned in a recent statement in 27 March 2020, the efforts to deal with the current health crisis may lead to an increase in domestic violence against women.*

*As initial police and hotline reports suggest, domestic violence has already surged in many countries, as measures imposing isolation compel a number of women to be kept at home under the same roof with perpetrators, thus exacerbating women's vulnerability to domestic violence, including femicides. The risk is aggravated by fewer police interventions; the closure of courts and limited access to justice; the closure of shelters and services for victims, and reduced access to reproductive health services.*

*Special Rapporteur on violence against women wishes to receive all relevant information on the increase of gender-based violence against women and domestic violence in the context of the COVID-19 pandemic from civil society, States, National Human Rights Institutions, international organisations, academia and other stakeholders on the following issues:*

1. **To what extent has there been an increase of violence against women, especially domestic violence in the context of the COVID-19 pandemic lockdowns? Please provide all available data on the increase of violence against women, including domestic violence and femicides, registered during the COVID-19 crisis.**

North East Network (NEN: [www.northeastnetwork.org](http://www.northeastnetwork.org)) is a women s rights organization. We work in the states of Assam, Meghalaya and Nagaland in the northeast region of India. One of our thematic areas is addressing and redressing violence against women(VAW) in the region for the past 25 years. The organization also provides economic linkages to women in need through income generating livelihood activities like weaving and farming. We also engage with educational institutions through creative medium to sow the seeds of gender equality in young minds.

In context of VAW, our strategies include direct interventions for aggrieved women though our rural women’s counseling centres. Considered as service providers, these centres are registered by the Government of Assam in conjunction with the Protection of Women from Domestic Violence Act(PWDVA), 2005. Case work is the core responsibility of these centres. However, the combination of campaigns, fact finding and community meetings form the core of our activism and advocacy to influence local government and policy makers. NEN is a part of national network of feminist and women organizations addressing issues of gender based discrimination and violence against women.

NEN believes that the home continues to be the most unsafe space for women, with one in three women in India experiencing domestic violence (DV)at some point of time in their lives (National Family and Health Survey 2015-2016).Assam is infamous when it come comes to crimes against women. National Crimes Records Bureau (NCRB) 2017 data[[1]](#footnote-1) for Assam states that ‘cruelty by husband’ rate as reported to police stands at 60 per lakh (a hundred thousand) population. This number will double as more and more women are likely to face violence and the ongoing violence will spike up. This violence could be verbal/mental/physical/economic and even sexual. Not all abused women will report due to fear of repercussion by their abusers. Access to justice is normally rare. But currently, with the COVID-19 lockdown period, women have no access to any complaints mechanism because they will not report and nothing will be recorded at the individual level.

Meghalaya,which is a matrilineal society, has always witnessed under-reporting of cases of VAW because of stigma associated with it and the fear of the perpetrator. With the lock down and curfew-like situation imposed in the state, NEN’s counselors, at the field have reached out to women in anguish and severely affected by mental and emotional violence.

1. **Are helplines run by Government and/or civil society available? Has there been an increase in the number of calls in the context of the COVID-19 pandemic?**

The pan India women’s helpline number 181[[2]](#footnote-2) is functional and in the state of Assam where NEN works. Here it was launched in 2018 by the state government. The helpline reported increase in number of cases during the period of lockdown as reported in a local news daily. See link below for more information,

(<http://www.assamtribune.com/scripts/detailsnew.asp?id=apr1820/city051>).

The number of calls per day increased by 16 nos. This included violence in addition to cyber-crimes on women, abuse on the elderly and crimes on children. The National Commission for Women, a statutory body of the Government of India, reported a surge in domestic violence cases which prompted it to immediately issue a WhatsApp complaints number[[3]](#footnote-3).

As a civil society organization the phone numbers of North East Network’s rural women centres are functioning efficiently. These are in 4 districts (administrative unit) of Assam and open to all. They are called Gramin Mahila Kendra[[4]](#footnote-4). At this point of reporting, it is difficult for us to say if number of incidents have increased. Most of the abused women are confined to their homes and not able to reach out to us. Being stuck with the abuser and with no personal space, the women would find it difficult to talk to a counsellor/friend over phone. Moreover, some aggrieved women may not have phones or internet or sufficient internet data plan to reach out to us. Once the lockdown restrictions are lifted, we will be in a position to have a clear picture and count of the number of cases.

A total of 13 cases of domestic violence, however, have been recorded by NEN, in relation to the lockdown in Assam. Enclosed please find an article written by a senior member of NEN (<http://www.raiot.in/author/anuritap/>). It highlights NEN’s experience on the issue and suggestions to address the growing concerns.

Additionally, we were informed of two single woman being stalked by neighbours and in social media.

So far, through our NEN community outreach workers we have received 16 DV cases in Meghalaya . Upon enquiry we found that 2 cyber crimes and 3 DV cases were handled by different NGOs in the state.

Yes, helplines of both Government and non-government organizations are functional to an extent. They are however unable to provide the number of cases they have registered in Meghalaya.

1. **Can women victims of domestic violence be exempted from restrictive measures to stay at home in isolation if they face domestic violence?**

No, this has not happened. Women and their dependents continue to stay in homes with their abusers. We know that these are mostly intimate partner violence, heightened verbal abuse by parents in laws, physical assault on girl child. One horrific incident was that of a man snatching an infant away, without consent of the mother, his wife. Again, abuse in intimate elderly relationship have been reported to us. In a couple of cases, aggrieved women have left their homes in search of shelter. We had to take help of police, frontline health workers and village elderly to address the issues. The link below will provide information on the situation in India and the proactive roles played by organization like ours,

(<https://www.indiaspend.com/activists-urge-roping-in-asha-workers-and-other-novel-approaches-as-domestic-violence-rises-during-lockdowns/> )Women have no other choice but return to violent homes as there is no other alternative. In the case of Meghalaya however, women facing violence are exempted from restrictive measures; they have personally approached Police Station for assistance. Moreover, the availability of Shelter Homes provides them alternative accommodation during the lockdown period.

1. **Are shelters open and available? Are there any alternatives to shelters available if they are closed or without sufficient capacity?**

In the state of Assam, a minimum of 77 numbers of shelter homes run directly and some exist with government support. They are open and available. They are known by different names, under certain schemes such as SwadharGreh[[5]](#footnote-5) which provide institutional support for food, shelter, trainings, etc.; Ujjwala[[6]](#footnote-6)homes for trafficked women; One Stop Centres(OSC)[[7]](#footnote-7)which provide women with police facilitation, legal aid, counselling, etc.

It must be mentioned however, that not all districts have such Homes. Ironically not all aggrieved women have access to such institutional care and services where Shelters exist, especially in rural areas where NEN handles cases of violence. For example, an OSC is located at an average of 26 kms/16 miles away from our rural centres and are not within our easy reach. Lack of transportation facility is a major concern. A shelter home agreed to admit a woman provided her COVID-19 tests are negative. There are no guidelines related to COVID-19 and homelessness faced by women. Shelters in Assam and Nagaland were reluctant to admit residents due to health safety concerns. There are no alternative shelters available. As we mentioned, women continue to stay with abusers in their marital homes in Assam.

In Meghalaya, the shelters are available for women. Women vulnerabilities, relating to abuse, can call the Police or NGOs and avail their services provided under the SwadharGreh scheme in Shillong, the capital city of Meghalaya. Once again, some district level shelters do not admit women during this lockdown period.

1. **Are protection orders available and accessible in the context of the COVID-19 pandemic?**

There are no official protection orders/notifications available to address gender based violence on women and girls in the context of the COVID-19 pandemic in the state of Assam.

1. **What are the impacts on women's access to justice? Are courts open and providing protection and decisions in cases of domestic violence?**

In the wake of the pandemic, around mid March 2020, there was a declaration by the High Court of Guwahati, that *The Court, only on being satisfied that the matter is of urgent nature, shall hear such matters. It did not specify the list if priority issues.[[8]](#footnote-8)* The State Legal Services Authority[[9]](#footnote-9) upon contact informed that no immediate steps were planned with regards to awareness/litigation. A senior High Court advocate, on conditions of anonymity, said that the court would only look into cases waiting for bail related pronouncements. There is no priority plan for women’s cases related to violence till the lockdown is lifted. The same is applicable for both Nagaland and Assam.

District Legal Services Authority[[10]](#footnote-10)in states must continue with special protocols towards facilitating passage to mobile courts and empaneled lawyers, especially for women in abusive relationship and facing other forms of violence.

Formal systems of justice are inaccessible. However, law enforcement agencies ie police does respond when referrals are made. We feel that registration of cases of women facing violence must be taken up on a priority basis.

It is extremely critical to have access to legal aid and a range of services within it, which would address issues of child custody, monetary compensation, interim orders on right to residence to protection from violence, according to the provisions of the civil law i.e. PWDV Act of 2005[[11]](#footnote-11).

Services rendered by lawyers and advocates, including a network of district paralegal workers, must be considered as essential services. These must be activated towards referral and immediate intervention services.

1. **What are the impacts of the current restrictive measures and lockdowns on women's access to health services? Please specify whether services are closed or suspended, particularly those focusing on reproductive health.**

Health care resources are being diverted to combat the pandemic. Reproductive health of women has been in the bottom of the priority list. Government hospitals have turned into COVID-19 hospitals and quarantine centres in Assam[[12]](#footnote-12). However, the maternity ward and the emergency ward in certain government hospitals have been made available to patients in general, (not COVID -19 cases). Therefore in most cases of delivery; women are clubbed together with these general category of patients in the emergency ward. In rural areas, accredited social health activists (ASHA), and auxiliary nurse midwife (ANM) are largely able to continue their work, but irregularities have been seen in the delivery of the services due to the lockdown. There have been instances of ambulance services and other immunization services being curtailed. The National Health Mission[[13]](#footnote-13) recently released data covering 150,000 facilities across 627 districts and an analysis of it showed that there was a sharp fall in medical interventions performed on pregnant women during the lockdown period[[14]](#footnote-14).

Although most of the services are made available, timely access to them has become a greater challenge due to the current situation, of social distancing, as a crucial measure to contain the pandemic.

In Meghalaya too, women are facing several barriers, aggravated by the lockdown in terms of their access to health care services. This is further heightened with the shrinking of livelihoods opportunities and earning of these women, resulting in their inability to procure medicines and food for their families. In one case, a DV survivor was unable to receive 108[[15]](#footnote-15)(Ambulance services) on time, to take her sick child to the hospital for treatment.NEN took help from the police to transport her. In another instance, a DV survivor was unable to procure medicines for her 1-year old son since pharmacies were closed during the lockdown.

NEN in Meghalaya has worked closely with the Health Department in ensuring that VAW is seen as a public health issue. This was realized with the opening of OSCs in the district hospitals. However, similar district level centres are on hold and outreach workers, trained by NEN, are reaching out to women via phone.

1. **Please provide examples of obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns.**

Fundamental Rights[[16]](#footnote-16) as enshrined in the Constitution of India are not suspended but neither are they being accelerated toward immediate services for women, nor with assurance of reintegration measures, addressing long term effects of the pandemic on women. Clearly there is opaqueness in what we consider a gender and rights based priority. Some of the problems are:

* Non-recognition of domestic violence during pandemic as a public crisis;
* Non-inclusion of women’s safety measures in government COVID -19 Advisory;
* State COVID-19 measures are not gender responsive. It must address critical gender needs of all women of different gender and sexual identities, elderly women, migrant women, single women, domestic worker, differently abled women, and other such marginalized women;
* Lack of effective coordination between government and non-government organisations like ours;
* Non-recognition of services by organizations, like ours, as essential and emergency services to reach out to the farthest aggrieved woman and girls, in remote, rural areas is a concern. Service providers like NEN are registered by Social Welfare Department in accordance with the clauses mentioned in the PWDVA of 2005 ;
* Police outposts, which are located mostly in rural areas, are within easy reach of abused women. However, these are not equipped sufficiently to respond to distress calls of women facing violence;
* Inaccessibility to formal justice systems compelling women to wait in uncertainty for their legal cases pending in courts;
* Lack of special protocols for shelter homes to function and admit women fleeing violence during the lockdown/pandemic related restrictions;
* Lack of availability of information/dissemination in local language for common masses.
* Women have no avenues to support. They are highly dependent on their families, neighbours, confidantes. Mental and emotional well-being are crucial at this point of time. Family Counselling Centres[[17]](#footnote-17) are not equipped to address the issue. Their role at this point of time is unknown to public.
* Absence of Chairperson of the State Commission for Women, Assam, (till 4th April 2020) under the aegies of the National Commission for Women. The Commission is expected to play a pro-active role and respond to all forms of violence on women in the state across time and space.
* One of the biggest hurdle is attitudinal barrier which are perpetuated by sexist and racist memes, idioms and phrases, morphs, cartoons, jokes. These are widely available on social media and unregulated, nor discouraged by any agency;
* Limited roles of Protection Officer (PO)[[18]](#footnote-18)is a concern. They are Gazetted Officers of the state government at district level and hence, they have been assigned additional COVID-19 duties as a result of which their roles as PO are limited. Given the gravity of the situation, POs must be excused from COVID-19 duties and entrusted with special roles and resources to reach out to the remotest aggrieved women in a district. Their role must be declared as emergency public service.

1. **& 10. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by Governments, NGOsand NHRIs or equality bodies.**

* We at NEN are not able to intervene effectively as our grassroots counselors are also subject to the lockdown and physical distancing. Despite this limitation, we are trying to call and speak to survivors of violence who had approached us earlierin the last 6 months, checking on them and assuring them that we are reachable. Our helplines are open and we are reaching out to women. The numbers are enclosed.
* Engaging with frontline grassroots workers to report cases of domestic violence. They are individuals and groups such as ASHA[[19]](#footnote-19), ANM[[20]](#footnote-20), Panchayat[[21]](#footnote-21), Village Defence Parties[[22]](#footnote-22), police, Traditional local governing body[[23]](#footnote-23) comprising of the headman, executive members, women’s group and the Youth group and others.
* We are providing dry food ration, thus giving linkages and assurance to food security at the household level in all the states we work. Though it is a short-term response, we believe that when essentials like food dwindles in the family, it becomes the cause of increased stress eventually leading to violence in the family[[24]](#footnote-24) [[25]](#footnote-25).
* We are also engaging our women’s collectives comprising of weavers and tailors meaningfully. They are rising to the occasion, making face masks to ensure communities are exposed to minimum risks. The collective social effort of free distribution of locally made masks is a booster[[26]](#footnote-26).
* We are documenting the cases of domestic violence which have been reported to us. It is important to document cases especially those which are aggravated by lockdown. Moreover, such documentation will enable us to advocate for or evolve strategies to combat violence on women post the pandemic. It will help us to understand new trends, build on experiences of sector peers and relook at our strategies.
* In Meghalaya, our advantage is that some of our community outreach workers are ASHA and therefore, they as COVID-19 frontline workers, are able to check on women door-to-door in the villages where they are mobile and active.
* We are sharing our experience as panelists in national forums, currently being organized on COVID-19 and DV in the hope of sharing good practices, mutual learning and evolving strategies. Three events in the month of April 2020 include:

1. Public Townhall on Zoom, *Another Pandemic: Domestic Violence about domestic violence during the lockdown*[[27]](#footnote-27) organized by Breakthrough, New Delhi
2. COVID-19 and Response to Violence Against Women and Girls: Urgent Advice Required organized by UN Women, MCO New Delhi office.
3. Talk on the Pandemic and VAW via the All India Radio and north east news.

* We are part of a national advocacy network called Aman. At the national level, we submitted a memorandum to National Commission for Women (attached).

At the state level, we have submitted an Urgent Appeal[[28]](#footnote-28) to Social Welfare Department, Government of Assam.Full copy of the Urgent appeal is available at.

(<http://northeastnetwork.org/north-east-network-in-assam-appeals-to-the-social-welfare-department-for-urgent-response-to-domestic-violence/>) The Urgent Appeal is also attached herewith.

An Appeal has been submitted to the Chief Minister of Meghalaya (attached to put in place mechanisms to address the increase in domestic violence cases due to the extraordinary circumstances of having a curfew and lockdown and additional appeal for the State to adopt a gender lens to the Covid19 response of the state.

* We at NEN believe in women’s agency and hence have been involving our own community field women leaders to identify women in distress. Women are at the centre stage of addressing hunger and ensuring food security. It has also led to stories of change in communities which would otherwise not believe in women’s capacities[[29]](#footnote-29).
* We have shared our helpline numbers with Assam Police, NCW and 104[[30]](#footnote-30) state health helpline numbers to share further in their networks.
* Further to the above, our helplines numbers have been shared in national networks and organizations across the country. They are attached herewith.
* We have also engaged with media to raise awareness amidst the public and draw attention of the government to respond to our demands.
* NEN has also developed communication materials such as posters, in local language, for public awareness on issues of superstition, racism and domestic violence. Posters are attached for reference and use by public widely.
* The pandemic will have far reaching effects on women. The lockdown will put women at risk - mentally, economically and socially. Restoration challenges will be huge. We will continue with our mission to address multiple securities which will include engaging women and to safeguard bio diversity, strengthen weaving practices, homestead gardens and promote agro ecology. The pandemic will affect women disproportionally. A gender perspective can identify the differences in experience between groups of people.

**The above are some initiatives by North East Network**

**Additionally we feel that,**

* A public announcement addressing the issue of domestic violence as a public crisis must be immediately made by the local government.
* Mobile phone companies and telephone operators must invest in spreading messages to stop DV on women in order to flatten the epidemic of abuse/ the curve of violence.
* Assam State Disaster Management Authority has engaged volunteers to support psychological support to people during lockdown[[31]](#footnote-31). Special directives for women with psycho-social difficulties and affected by violence must be included.
* Self Help Groups popularly known as SHGs are grassroots groups of women and many are supported by state government to initiate income generating activities. SHGs must be provided financial support towards production of PPEs, sanitizers, masks and similar essential items to fight the pandemic.
* Self-employed women, especially those whose households are dependent on their incomes must be assured of retention of jobs, provided low cost loans to restart business. Mobility passes must be issued to women who are primary bread earners in a family.
* Eventually government must establish women cells at the district level police stations and train them on gender and violence issues so that women have easy, sensitive access. Police patrolling van and helpline number 100 must be inclusive to respond to emergency calls by such women.
* The Assam State Disaster Management Act of 2005 has been evoked to fight the pandemic in the state. It must include gender responsive measure to address critical gender needs of women and girls.
* Data available to government on DV faced by women must be made transparent for public so that interventions can be jointly made and conceived keeping the pandemic and its aftereffects in mind.

**Some government responses are as follows,**

• At the community level in Meghalaya, the ASHA workers of the Health Department are instructed to inform cases of violence on women to the District Medical Health Officers and the Headman of the respective village for immediate action. In West Jaintia Hills, the Superintendent of Police issued an official notification recognising the rise in cases of domestic violence and mentioned the names of police personnel, volunteer counsellors, health supervisors and legal aid counsels who could be directly called for assistance.

• At the government level, RiBhoi District Police in Meghalaya have taken the initiative to reach out to the community members at the village level to sensitize on domestic violence and Stigmatization of locals arising due to covid19.

• In Assam, the 181 helpline number and the police are working together and on 7th April 2020, the Psychiatry Department of Gauhati Medical College and Hospital in collaboration with the Assam State Police, launched six helpline numbers for tele-counselling, operational from 9 am to 9 pm.The OSCs and different shelters homes we mentioned are functional but with certain limitations as observed by us.

1. **Please send any additional information on the impacts of the COVID-19 crisis on domestic violence against women not covered by the questions above.**

Believing that violence against women is embedded in the structural inequalities of society, we at NEN have made efforts in providing support to women, who are the victims and survivors of violence. In view of the COVID19 pandemic related closures and lockdown, we find increasing cases of domestic violence on women because of a reason. For men, being locked down in their homes with no earning capacity, seems to be leading to frustration and pent up anger. However, in way does it justify violence on women. Incidences of violence or abuse in homes are an expression of this anger- the abusers, most often are the husbands of these women. We find women being highly vulnerable, having least power to overcome such situations.

NEN has intervened through a pool of grassroots and community leaders as mentioned above. But strategic interventions are required for NEN to mitigate violence at a larger context. We strongly feel that the post lockdown period should include, not just distribution of essentials to those out of wages/earning but linking our work with the promotion of underutilized, uncultivated food edibles that grow in local areas; With decreased local food production and consumption in rural areas there is increased instances of violence and more dependency on the market. Our focus has to be in building self-reliance through strengthening homestead gardens, our fields, weaving practices, and safeguarding biodiversity. Each aspect of these, are women oriented. If they gain from this strategy, it will certainly expand the diet diversity, gain ownership to their productive resources and high bargaining power in mitigating violence in the home.

All submissions should be sent to vaw@ohchr.org as soon as possible, and will be received until 30 June 2020. You are kindly requested to provide your submissions in English, French or Spanish. Kindly indicate if you DO NOT wish your submission to be made publicly available. Our name can be mentioned.

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1. https://timesofindia.indiatimes.com/india/rate-of-crime-against-women-highest-in-assam-in-2017-ncrb/articleshow/71710059.cms [↑](#footnote-ref-1)
2. The toll free helpline calledSakhi(a friend) provides support on violence and information on women related schemes to women and girls facing violence and abuse in both private and public spheres. It facilities interventions through by linking up the women with appropriates shelters, police, legal aid services, etc. [↑](#footnote-ref-2)
3. http://ncw.nic.in/ [↑](#footnote-ref-3)
4. https://indianexpress.com/article/north-east-india/assam/this-womens-collective-tackles-harassment-in-assam-anywhere-anytime-5453208/ [↑](#footnote-ref-4)
5. https://www.india.gov.in/spotlight/swadhar-greh-scheme [↑](#footnote-ref-5)
6. A comprehensive scheme for prevention of trafficking and rescue, rehabilitation and re-integration etc. [↑](#footnote-ref-6)
7. Implemented since 1st April 2015. These Centres are being established across the country to provide integrated support and assistance under one roof to women affected by violence, both in private and public spaces in phased manner. [↑](#footnote-ref-7)
8. https://economictimes.indiatimes.com/news/politics-and-nation/covid-19-gauhati-hc-restricts-entry-to-urgent-matters-only/articleshow/74645619.cms?from=mdr [↑](#footnote-ref-8)
9. https://aslsa.assam.gov.in/information-services/detail/lok-adalat [↑](#footnote-ref-9)
10. http://kamrupjudiciary.gov.in/DLSA-Kamrup.html [↑](#footnote-ref-10)
11. http://legislative.gov.in/sites/default/files/A2005-43.pdf [↑](#footnote-ref-11)
12. https://timesofindia.indiatimes.com/city/guwahati/assam-government-to-convert-3-government-medical-colleges-to-coronavirus-exclusive-hospitals/articleshow/74850973.cms [↑](#footnote-ref-12)
13. https://nhm.gov.in/ [↑](#footnote-ref-13)
14. https://www.livemint.com/news/india/how-covid-19-response-disrupted-health-services-in-rural-india-11587713155817.htm l [↑](#footnote-ref-14)
15. 108 ambulance service is a free emergency telephone number to provide free emergency medical services [↑](#footnote-ref-15)
16. https://www.mea.gov.in/Images/pdf1/Part3.pdf [↑](#footnote-ref-16)
17. http://cswb.gov.in/sites/default/files/Scheme\_of\_FCC\_eng.pdf [↑](#footnote-ref-17)
18. https://www.advocatekhoj.com/library/bareacts/protectionofwomen/9.php?Title=Protection%20of%20Women%20from%20Domestic%20Violence%20Act,%202005&STitle=Duties%20and%20functions%20of%20Protection%20Officers [↑](#footnote-ref-18)
19. https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=150&lid=226 [↑](#footnote-ref-19)
20. Auxiliary nurse midwife [↑](#footnote-ref-20)
21. https://en.wikipedia.org/wiki/Panchayati\_raj\_in\_India [↑](#footnote-ref-21)
22. https://police.assam.gov.in/portlet-innerpage/village-defence-organization [↑](#footnote-ref-22)
23. Traditional Institutions also known as DorbarShnong are local governing bodies within a village or locality vested with administrative powers to regulate and maintain peace and security within the village or locality. [↑](#footnote-ref-23)
24. http://northeastnetwork.org/north-east-network-responds-to-the-covid-19-pandemic/ [↑](#footnote-ref-24)
25. http://www.assamtribune.com/scripts/detailsnew.asp?id=apr1920/city054 [↑](#footnote-ref-25)
26. https://m.facebook.com/story.php?story\_fbid=469106983843177&id=238141066939771 [↑](#footnote-ref-26)
27. https://www.youtube.com/watch?v=rtyVqPx6O6k&feature=youtu.be&fbclid=IwAR1fUKKg0U4zgkjx3H8c8fR2lrb2A6YWvsaLnrow3-\_2WoJG7znBEmxNK4k

    18:00 mins [↑](#footnote-ref-27)
28. http://www.assamtribune.com/scripts/detailsnew.asp?id=apr1720/city056 [↑](#footnote-ref-28)
29. https://m.facebook.com/story.php?story\_fbid=3340489859313945&id=703253293037628 [↑](#footnote-ref-29)
30. https://hfw.assam.gov.in/how-to/get-emergency-services-through-104 [↑](#footnote-ref-30)
31. https://timesofindia.indiatimes.com/city/guwahati/assam-to-give-psychological-support-during-lockdown/articleshow/75120090.cms [↑](#footnote-ref-31)