



IAS PARLIAMENT

Information is a Blessing

A Shankar IAS Academy Initiative

MAINSTORMING 2018

SOCIAL ISSUES II

Shankar IAS Academy™

Door No 18, New Plot No 259 /109,
AL Block, 4th Avenue, Shanthi Colony,
Annanagar, Chennai - 600040.



MAINSTORMING – 2018

Social Issues II

INDEX

1. WOMEN 1	
1.1 Bridging the Gender Gap1	
1.2 Empowering Women Work Force 2	
1.3 Report on ‘Women in Prisons’ 3	
1.4 Gender Vulnerability Index 5	
1.5 Decline in MMR in India 6	
1.6 Materializing Maternity Benefits..... 7	
1.7 Women's Entry into Sabarimala Temple 9	
2. CHILDREN 10	
2.1 The Unwanted Girl 10	
2.2 Gender ratio woes in India 11	
2.3 Dropping Sex Ratio at Birth 11	
2.4 Handling Child Rape Cases.....12	
2.5 Sustainable Solution to Curb Rapes13	
2.6 Dealing with Child Abuse Cases14	
2.7 Death for Rape - Conflicting Notions15	
2.8 UNICEF's Neonatal Mortality Report16	
2.9 Significance of Deworming17	
3. VULNERABLE SECTIONS 18	
3.1 State of Social Safety Nets 201818	
3.2 Land Ownership is Key18	
3.3 Nokku Kooli Cease to Exist 20	
3.4 Protests by SC/STs 20	
3.5 Implications of Caste-Census21	
3.6 Van Dhan Scheme 22	
3.7 Anti-Trafficking Bill 2018 23	
3.8 State of Prisons worries Supreme Court 24	
3.9 Securing Witnesses is Crucial 25	
3.10 Challenges of Refugees due to Aadhaar 25	
3.11 Looking into Lynching 26	
3.12 Shooting the Messenger 27	
3.13 Thoothukudi Sterlite Violence 28	
4. HEALTH 29	
4.1 Healthy States, Progressive India Report .. 29	
4.2 Unequal Access to Healthcare31	
4.3 Findings on Urban Development 32	
4.4 DISHA..... 33	
4.5 National Health Profile 2018..... 34	
4.6 World Health Day..... 34	
4.7 Behavior change for Universal Health 35	
4.8 Price Controls in the Health Sector 36	
4.9 Addressing the Nutrition Crisis 37	
4.10 India's Malnutrition Problem38	
4.11 Malnutrition Crisis in India38	
4.12 Food Security and Nutrition in the World .39	
4.13 Irregularities in Organ Transplantation40	
4.14 Fairness in Organ Transplantation 41	
4.15 Understanding the TB Challenge 41	
4.16 Neglected Tropical Diseases42	
4.17 Concerns of Hepatitis Virus44	
4.18 Nipah Virus Panic in Kerala..... 45	
4.19 Suspicions over HPV Vaccine 45	
4.20 Policy Responses to Tackle Obesity..... 46	
4.21 Cardiovascular Disease Risk 47	
4.22 WHO's Tobacco Protocol48	
4.23 Global Roadmap to Tackle Cholera48	
4.24 UNAIDS Progress Report 49	
4.25 Addressing the concerns of Envenoming...50	
4.26 Link between Sanitation and Stunting.....51	
4.27 NARSS..... 52	
4.28 Punjab's Opioid Crisis 52	
4.29 Suicides 53	
5. EDUCATION 54	
5.1 Union Budget Announcements 54	
5.2 National Institutional Ranking..... 55	
5.3 Rashtriya Uchchar Shiksha Abhiyan..... 57	
5.4 Higher Education Landscape 58	
5.5 Unnat Bharat Abhiyan 2.0 59	
5.6 Amendments to RTE Act 60	
5.7 Reforms in the Higher Education Sector ... 61	
5.8 Replacing UGC with HECI..... 62	
5.9 “Institutes of Excellence” 63	



5.10 National Academic Depository (NAD).....	64	6.5 71st World Health Assembly	71
5.11 The Primary Component of Wealth	64	6.6 Status of Policing in Indian report	72
5.12 Regulating Private School Fees	65	6.7 Concerns with Oxytocin Ban.....	73
5.13 Departmentalizing Reservations	66	7. QUICK FACTS	74
5.14 CBSE Question Papers Leak.....	67	7.1 Census 2011.....	74
5.15 CSR in Higher Education.....	68	7.2 Education.....	74
6. MISCELLANEOUS.....	68	7.3 Health.....	75
6.1 Brookings Poverty Report	68	7.4 National Family Health Survey.....	75
6.2 Social Progress Index - 2017.....	69		
6.3 World Happiness Index	70		
6.4 Swachh Survekshan Rankings 2018.....	71		



MAINSTORMING – 2018

Social Issues II

1. WOMEN

1.1 Bridging the Gender Gap

What is the issue?

- Governments in recent decades have been striving hard to bridge India's centuries old gender gap through multiple innovative schemes.
- While there has been considerable progress, much remains to be done on the gender front, which calls for a prudent analysis of policy.

What is the status of "Gender Parity" in India?

- There are 63 million 'Missing Women' (not alive due to foeticide/infanticide) and 21 million 'Unwanted Girls' (explained below) in India.
- Economic Survey 2017-18 acknowledges that "Missing Women" is one of the most pressing problems faced by our country.
- Although the Survey finds improvement in a number of women empowerment indicators, it also shows how the skewed sex ratio has led to gender inequality.
- Not surprisingly, India ranks a poor 87th in the "Global Gender Parity Report", which is published by "World Economic Forum" (WEF).
- On "Women's Day", PM Modi had proclaimed female foeticide shameful and announced the expansion of "Beti Bachao, Beti Padhao" scheme.
- In this context, it is important to reflect on the experience of the past 30 years of women centric policies and the progress made.

Missing Women:

- This is a measure of women/girls who don't exist currently, but would've lived had it not been for the male preference in our society.
- These women/girls were either aborted during pregnancy or were killed as infants (infanticide), or died due to improper care after birth.
- Their number presently accounts to about 63 million in India and this was estimated by projections from the expected natural sex ratio at birth.

Are education campaigns paying off?

- The government has lately taken to information campaigns to usher in a behavioural change among the masses to bridge the gender divide.
- **Male Preference** - Statistics seem to imply that educational campaigns alone do little to reduce the deeply entrenched social idea of male Meta preference.
- In fact, it is the more aware masses that are likely to engage in illegal sex selective abortions, to the extent that they are able to afford it.
- Further, "Health Index" released by the NITI Aayog shows that in recent years, the girl-to-boy sex ratio at birth has dropped in 17 out of 21 large States.
- Significantly, only in Bihar, Punjab and Uttar Pradesh has the sex ratio improved, implying the issue needs stronger initiatives than mere awareness.
- **Job Awareness** - Rigorous research has not been conducted to measure the impact of information campaigns on improving the sex ratio.
- But some randomised evaluation conducted by researchers affiliated to J-PAL has indicated some positive results regarding information campaigns.
- The study confirmed that spread of job related information improved female employment and reduced discrimination against girls.
- Additionally, such campaigns were also found to have encouraged parents to invest in their daughter's education and significantly delay their marriage.
- **Health Awareness** - Another J-PAL study found that HIV related awareness campaigns proved highly helpful in improving health metrics.
- These studies suggest the merit in including risk information regarding behavioural actions in campaigns that target improvements in sex ratio.



What has been the impact of “Cash Transfer Schemes”?

- Another common approach that governments take to encourage behaviour change and improve gender parity is “direct cash transfers schemes”.
- Multiple State governments have implemented conditional and unconditional cash transfer schemes to motivate families to educate girls.
- The impact of cash transfer schemes on “sex ratio” isn’t clearly understood, but such initiatives have definitely helped in bettering girl child education.
- The spill over effects of such schemes is felt in aspects like women’s health, reduction in gender discrimination, and delay in marriages and child bearing.
- While many of these aspects are behavioural changes, reduction in fertility rates (fewer children), and male preference are also likely in the long run.
- Nonetheless, more rigorous evaluation is needed to establish and verify if the prediction are getting reflected on the ground.

What are the emerging trends in family planning?

- The multiple pro-girl initiatives and financial support, government seems to have managed to ensure that women aren’t perceived as a burden.
- But despite these, male preference however continues, as having a son was still valued far higher than that of a daughter.
- Interestingly, it has been predicted that, if family size reduction is promoted alongside, then pro-girl initiatives will have little impact in bettering sex ratio.
- Few rigorous studies have been conducted to assess long-term impacts of government programmes that aim to address skewed sex ratio.
- More evidence should be generated in order to evolve policies that can sustainably improve the sex ratio and bring back India’s missing women.

1.2 Empowering Women Work Force - Kerala Model

Why in news?

Kerala government has proposed amendments to Kerala Shops and Establishments Act.

What are the recent amendments about?

- The proposed amendments to the 1960 Kerala Shops and Establishments Act to provide a secure and healthy environment for women workers.
- It seek to address demands of a large section of the labour force in the state.
- The changes include the right of women workers to sit during work hours, which has been a long-standing demand of those employed, especially in textile retail establishments.
- The cabinet has also decided to remove the ban on employment of women in night shifts, it mandates employers to provide transport for those on night duty.

What are the reasons behind the recent amendments?

- The credit for forcing the Kerala government to amend the concerned Act goes to a new generation of women labour leaders.
- Women’s of the state have been struggling to get the state and the male-dominated leadership of trade unions recognise the gender dimension in labour rights.
- For nearly a decade, unions involving women in the unorganised sector have risked the censure of employers and the indifference of the political mainstream to demand rights.
- This includes of textile shop assistants to sit during work hours, access to rest rooms and so on.
- Various campaigns and peaceful mobilisations have forced the political class and civil society to do a gender audit of work spaces and public policy.
- These courageous activists also exposed the established trade unions as male preserves and called out the built-in discrimination towards women in labour laws that regulate the services sector.



What are the concerns with status of women workers?

- The recognition of the gender dimension in labour rights comes at a time when Kerala is reporting a decline in women's work participation.
- Structural changes in the state's economy the decline of primary sectors like agriculture and the expansion of the services sector, especially retail trade have created a large mass of unorganised workers, mainly women work for relatively low wages, and few workplace rights.
- In this regard changes to the Kerala Shops and Establishments Act is a step that recognises its presence, and acknowledges the rights of its constituents.

1.3 Report on 'Women in Prisons'

Why in news?

Ministry of Women and Child Development recently launched a report titled 'Women in Prisons'.

What is the report on?

- The report is an initiative to change the way prison administration perceives women inmates.
- It aims to build an understanding of the various entitlements of women in prisons.
- It brings out the various issues faced by women and possible methods for their resolution. It is also inclusive of the needs of the elderly and the disabled.
- Changes to the National Model Prison Manual 2016 have also been suggested, to bring it in line with international standards and norms.

Whom does this address?

- There are roughly 4-5% of women prisoners out of the around 4 lakh persons in jail in India.
- In India, an analysis of prison statistics reveals an increasing trend in the number of women prisoners.
- It has increased from 3.3% of all prisoners in 2000 to 4.3% in 2015.
- A majority of female inmates are in the age group of 30-50 years (50.5%), followed by 18-30 years (31.3%).
- Of the total of nearly 1,400 prisons in India, only 18 are exclusive for women.
- Thus, a majority of women inmates are housed in women's enclosures of general prisons.

What are the highlights of the report?

- **Focus** - The report covers a wide range of issues that women face in prisons and considers the needs of -
 - i. pregnant and lactating women
 - ii. those who have recently given birth but whose children are not with them in prison
 - iii. those who have miscarried or have recently undergone abortion
- Apart from this, due consideration has also been given to the religious and customary beliefs of inmates.
- **Child-care** - Women with care-giving responsibilities must be allowed to make arrangements for their children, prior to imprisonment.
- A reasonable suspension of detention may also be provided for this purpose.
- If there are no family/friends where the child (above 6 years of age) can be left, he/she must be placed in a Child Care Institution.
- The report encourages greater links of the child with the mother throughout her incarceration.
- Thus the problem of loss of ties with the child is addressed through extended visits and frequent meetings.
- **Bail** - Under-trial women who have spent one-third of their maximum possible sentence in detention should be granted bail.



- This has to be done by making necessary changes in the CrPC which provides for release after half of the maximum sentence.
- Also, a maximum time frame may be decided for release of women prisoners after bail is granted but surety is not produced.
- This would ensure that poor or financially dependent women are not left to languish in prisons.
- **Provisions** - A separate accommodation for mothers in post-natal stage is suggested.
- This is to maintain hygiene and protect the infant from contagion, for at least a year after childbirth.
- The instruments of restraint, punishment by close confinement or disciplinary segregation should never be used on pregnant and lactating women.
- Pregnant women must be given information and access to abortion during incarceration, to the extent permissible by law.
- **Legal aid** - The legal consultations must be conducted in confidentiality and without censorship.
- An independent interpreter should be arranged by the prison administration for persons with language barriers or sensory disabilities.
- **Support** - Women in prisons face greater hardships than their male counterparts due to many factors such as social stigma, financial dependence, etc.
- Access to female counsellors/psychologists periodically for mental needs of prisoners is thus suggested.
- **Re-integration** - Re-integration of women in society is a grave problem, due to the stigma attached to incarceration.
- Hence a comprehensive after-care programme is to be put in place.
- This will cover employment, financial support, regaining of child custody, shelter, counselling, continuity of health care services etc.
- Counselling should also be provided to family members and employers to adequately receive the woman after release.
- Prison authorities should coordinate with local police to ensure released prisoners are not harassed.
- At least one voluntary organisation should be designated in each district to help in this regard.
- **Right to vote** - Prisoners must also be given the right to vote, so as to not disconnect them from the larger political process.
- This will also enable them to become equal citizens of a democracy.
- **Redressal** - The grievance redressal mechanism in prisons was found to be inadequate, with scope for abuse and retaliation.
- A robust grievance redressal mechanism was required to tackle cases of sexual harassment, violence and abuse against women in jails.
- So, apart from prisoner herself, her legal adviser or family members should be allowed to make complaints regarding her stay in prison.
- An inmate register can also be placed at an accessible spot in the prison for submitting grievances.
- All official visitors must hold special one-on-one interviews with prisoners away from prison authorities during inspection visits.

- The report would now be shared with the Ministry of Home Affairs for issuing advisory to the States for implementation.

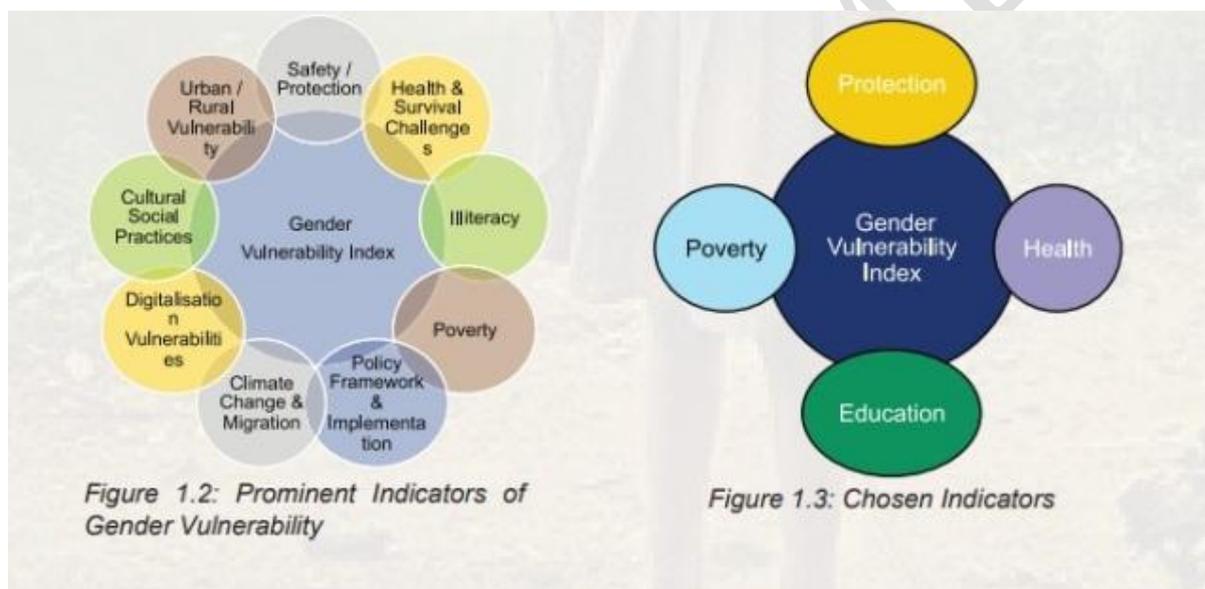
1.4 Gender Vulnerability Index

Why in news?

Gender Vulnerability Index (GVI) was released recently by Child development NGO 'Plan India'.

What is the index on?

- The GVI is a composite index developed for a study for Plan India's 'Plan for Every Child' campaign.
- The campaign is aimed at comprehensively understanding the dimensions of various problems affecting children.
- It is particularly targeted at the problems that women and girls face in difficult circumstances.
- The multidimensional index provides a state wise ranking.
- The index has been calculated by analysing four issues pertinent to the situation of girls -
 - i. child safety/protection
 - ii. poverty
 - iii. health
 - iv. education



What are the highlights?

- The Gender Vulnerability Index (GVI) was topped by Goa, followed by Kerala, Mizoram and Sikkim.
- Bihar featured at the lowest in the state wise ranking.
- It was ranked at 30, with Delhi faring only slightly better at 29 and Uttar Pradesh at 28.
- The highest ranking north Indian state is Himachal Pradesh at the sixth position.

Gender Vulnerability Index

Top 5			Nagaland		
Rank	States	Points	Dimensions	Points	Ranking
1	Goa	0.656	GVI	0.564	14
1	Kerala	0.634	Poverty	0.550	11
3	Mizoram	0.627	Protection	0.729	8
4	Sikkim	0.613	Education	0.544	14
5	Manipur	0.610	Health	0.484	22
Top Bottom			India		
Rank	States	Points	Dimensions	Points	
26	Arunachal Pradesh	0.452	GVI	0.531	
27	Jharkhand	0.450	Poverty	0.490	
28	Delhi	0.436	Protection	0.630	
29	Uttar Pradesh	0.434	Education	0.499	
30	Bihar	0.410	Health	0.527	

Source: Gender Vulnerability Index Report – I, Plan India

What is the significance?

- Analysing more than 170 indicators, the index has been developed to serve as measurable evidence.
- The findings of the study and the use of the GVI will thus assist policymakers.
- It helps at a relook of programmes for leadership, autonomy and empowerment of women and girls.
- Significantly, Plan India's Lifecycle approach is a notable one.
- It looks at vulnerabilities that a girl child might face from "womb to tomb".
- The approach underlines each phase of a girl's life and how issues during that period contribute to the vulnerability.

What lies ahead?

- There are continuing concerns at district level and further below, even among states doing well.
- E.g. Karnataka is overall doing well with rank 7, but there is a considerable divide between the north and the south of the state.
- The organisation plans to present a further breakdown in the form of a district-level quantitative index.
- Individual state pictures, based on the same indicators, would help better address the issues relating to women and child.

1.5 Decline in MMR in India

Why in news?

India has recorded a 22% drop in Maternal Mortality Rate (MMR).

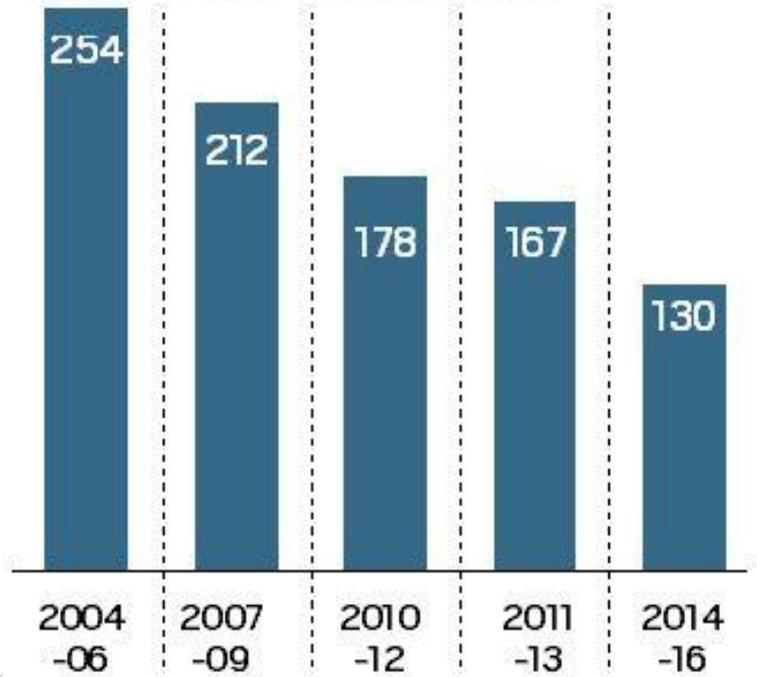
What is MMR?

- MMR is defined as the proportion of **maternal deaths per 1,00,000 live births**.
- Maternal mortality is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy.
- The causes could be related to or aggravated by the pregnancy or its management.
- Complications during pregnancy and childbirth are a leading cause of death and disability among women of reproductive age.
- The maternal mortality ratio represents the risk associated with each pregnancy, i.e., the obstetric risk.

What are the recent findings?

- MMR of India has declined from 167 in 2011-2013 to 130 in 2014-2016.
- The decline has been most significant in Empowered Action Group (EAG) states.
- These include Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Odisha, Rajasthan, UP and Uttarakhand.
- Besides, Assam has also registered a decline from 246 to 188.
- Among the southern states, the decline has been from 93 to 77 and in the other states from 115 to 93.

INDIA'S FALLING MMR



How has NRHM contributed to this?

- With **Janani Suraksh Yojna (JSY)** under National Rural Health Mission, institutional births nearly doubled.
- It increased from around 38% to 78% between National Family Health Survey III (2005-06) and NFHS IV.
- The web-based **Mother and Tracking System** tracked every pregnancy in the country since 2010.
- It sends messages to health workers and expectant mothers about ante-natal checkups, vaccinations etc.
- NRHM also allowed **auxiliary nurse midwives (ANMs)**.
- They administer antibiotics, intravenous fluids and drugs during emergencies under supervision.
- For Ceasarean sections, there are **first referral units (FRUs)**.
- FRU is a district or sub-divisional hospital or community health centre which has the facilities in this regard.
- The **Accredited Social Health Activist (ASHA)** attended to women who were not going to hospitals for deliveries.
- NRHM took efforts to increase the frequency of visits by ASHAs.
- The basic issue however was of improving standards.
- The incentive system of ASHAs was thus devised.
- It was ensured that they got good money only if they visited throughout the 9 months.
- Nutritional support through **anganwadis** was a major component.
- Besides these, the **Janani Shishu Suraksha Karyakram (JSSK)** was implemented.
- It entitles all pregnant women delivering in public health institutions to free delivery, including C-sections.

What are the continuing concerns?

- **Infrastructure** - A recent report highlighted a tribal woman in labour in Kerala being carried on a sling made of clothes.
- But Kerala leads in most health indices, including MMR.
- Thus, beyond indices, instances like the above underlines the need for basic physical infrastructure such as roads.
- **MDG** - India has made sustained progress in reducing maternal mortality.
- However, it missed the millennium development goal (MDG) of reducing MMR by 75% from 437 in 1990 to 109 in 2015.
- **NRHM** - Janani Suraksh Yojna (JSY) is one of the main strategies or policy shifts under NRHM.
- It is a conditional cash transfer scheme to motivate pregnant women for institutional deliveries.
- In better developed states of South India, it is limited to women below poverty line up to first two childbirths.
- But notably, maternal mortality steeply rises in grand multiparous women, delivering a child after third pregnancy onward.

1.6 Materializing Maternity Benefits

What is the issue?



- There are concerns that the Maternity Benefit (Amendment) Act 2017 would have a negative impact in the labour market.
- There is a need for better understanding on the issue to materialise the genuine objectives behind.

What are the key provisions of the Act?

- The Act extends women's paid maternity leave from 12 to 26 weeks.
- Of these, up to eight weeks can be taken pre-delivery.
- Enterprises with 50 or more employees must also provide crèches.
- They should allow the mother four crèche visits, daily.
- Women with two or more children get reduced entitlements.
- The costs of these benefits are to be borne solely by employers.

What is the employment concern?

- A recent report projects some 11 to 18 lakh job losses for women in 2018-19 alone for the 10 sectors studied.
- It also estimates 1.2 crore job losses across all sectors.
- In India, barely 6.5% of women are in the formal sector.
- There is need for more jobs in the formal sector, as more young educated women join the workforce.
- Given this, a further decline in hiring women would affect the female labour participation.

What are the concerns with maternity leave?

- Cost - The high costs of maternity leave drive companies to discriminate against women in higher-level jobs.
- Childcare - Childcare is treated solely as women's responsibility.
- Unspecified parental leave ends up being taken mainly by women.
- In India, central government employees get only 15 days of paternity leave.
- Informal sector - Around 93% Indian women workers are in the informal sector.
- The 2017 Maternity Benefit Act does not apply to them.
- It is also unclear about women working on family farms, doing home-based work, urban self-employed, casual workers on contract.
- Even the current entitlements under the National Food Security Act 2013 are not fully implemented.
- Facilities - Even in the formal sector, the child will need care after 6 months of maternity leave.
- But India largely lacks facilities where women can leave their children for care.
- Integrated Child Development Services to provide nutrition and childcare up to 6 years of age, lack in quality and coverage.

How to address this?

- Cost - Companies are less likely to discriminate against women if government shares the cost.
- The 2018 ILO report emphasises the need for government to share at least 2/3rds of maternity benefits costs.
- However, much of this relates largely to the formal sector.
- Parental leave - It is better to give paternity leave or non-transferable quotas of parental leave.
- Nearly 55% countries recognise father's role and give paternity leave in varying degrees.
- Matching paternity and maternity leave would create a level playing field by reducing employer discrimination.
- E.g. Iceland grants 9 months of parental leave with 3 reserved for the mother, 3 for the father, and 3 to be shared between them.



- Work time - Offering flexible work time for both sexes can help with work-life balance.
- Large companies in IT and e-commerce support the extended maternity leave in India.
- These are the sectors where flexi-time is easy to introduce and employees can work partly from home.
- Companies which allow such flexibility find increased worker productivity.
- **Facilities** - Providing good crèches and childcare centres, not just for care but also for early childhood development, is crucial.
- SMEs located in close proximity could pool resources for creating crèches, rather than each creating its own.
- This would benefit women across all sectors, formal and informal.
- E.g. in Japan, government's expansion of high quality childcare centres significantly increased women's work participation
- **Awareness** - Media campaigns to change social norms, favouring childcare by fathers are essential.
- It should be made known that "Children are public goods".
- It is surely a joint social responsibility and not just the mother's.
- There is thus a need for more comprehensive and gender-balanced alterations to the maternity benefit act.

1.7 Women's Entry into Sabarimala Temple

Why in news?

Supreme Court is hearing petitions challenging the prohibition of women of 10 to 50 years of age to enter the Sabarimala temple.

What is the temple's legal back up?

- It relates to Rule 3(b) of the Kerala Hindu Places of Public Worship (Authorisation of Entry) Rules, 1965.
- It states, "Women who are not by custom and usage allowed to enter a place of public worship shall not be entitled to enter or offer worship in any place of public worship."
- It is based on this provision that the Sabarimala temple prohibits women aged between 10 and 50 years.
- It claims, through the Travancore Devaswom Board, that its deity, Lord Ayyappa, is a "Naisthik Brahmachari."
- So allowing young women to enter the temple would affect the idol's "celibacy" and "austerity".

What are the court's observations?

- Tagging a woman's right to enter a temple with her menstrual cycle is unreasonable.
- Exclusion of menstruating women considered 'impure' could amount to the practice of untouchability.
- And notably untouchability is a social evil which is abolished by law.
- The CJI said there is no concept of "private mandirs (temples)."
- Once a temple is opened, everybody can go and offer prayers and nobody can be excluded.
- The Chief Justice noted that the Sabarimala temple drew funds from the Consolidated Fund.
- It had people coming from all over the world and thus, qualified to be called a "public place of worship."
- So, clearly, in a public place of worship, a woman can enter, where a man can go, and what applies to a man, applies to a woman.

What are the contentions?

- The current ban is based on a biological factor (menstruation) exclusive to females.
- There is thus a contention if the fundamental right of women can be discriminated solely based on such criteria.
- Article 25 mandates freedom of conscience and right to practise religion, to which all persons are entitled.



- There is nothing in *health, morality or public order* that prevents a woman from entering a public place of worship.
- Thus the right as a woman to pray is not even dependent on a legislation as it is a constitutional right.
- However, the religious freedom clauses in the Constitution are possessed of a special complexity.
- Also, the court's own past jurisprudence seems to put forward contradicting arguments.

2. CHILDREN

2.1 The Unwanted Girl

What is the issue?

The 2018 economic survey has come up with a new metric called “Unwanted Girls” that seeks to highlight “Gender Bias” in the country.

How were the Unwanted (or) Less wanted girls detected?

- The common pattern is that couples intend to have two children, which ideally is one son and one daughter – but having at least one son is mandatory.
- This essentially implies that if both their 1st and 2nd child are girls, they'll go for the 3rd kid or maybe even 4th to get a son.
- Contrarily, if they have two sons in a row, they might regret having no daughter but yet they might not consider having more children.
- Hence, if the matrix of families having more than 2 children looks like - “girl, girl, boy” or “girl, girl, girl, boy” (last kid is a boy), it is usually a case of gender biased attitudes.
- Here, every girl born instead of the expected boy is counted as unwanted, which means the 2nd and all other successive girls are unwanted.
- The aggregate data of all families in India when collated clearly captures that the “sex ratio of the last child” (SRLC) is male-skewed.
- Hence, SRLC is thus quantifies the desire for having sons, and the number also seems lesser sensitive to economical status of the parents.
- An important point to be noted is that this “boy oriented reproduction” does reduce the overall sex ratio as it contributes more girls (although unwanted).
- Further pondering reveals that even Kerala and Assam (which look problem-free in the “missing women index”) have a male-skewed SRLC.

Unwanted Girls:

- The 2018 Economic Survey has tried to more accurately quantify gender bias through a new number called “Unwanted Girl Index”.
- Unwanted girls account for “live females”, who haven't received the deserving healthcare and schooling, due to the gender related partiality.
- These are daughters that parents gave birth to when they were really hoping for a son, and were disappointed and dejected hence.
- The 2018 economic survey notes that India has 21 million ‘unwanted (or) less wanted girls’ (who aren't favoured by parents) in the less than 25 age group.
- Notably, this index does not capture the number of parents would've preferred not having the baby at all if they knew it was girl.

What does it mean to be an unwanted girl?

- If a girl is born instead of the expected boy and she nonetheless gets treated equally, then there is no problem, but unfortunately that's not the usual case.
- Girls get fewer resources in comparison to boys in general and moreover, parents who passionately want sons, unsurprisingly, favour them once born.
- Also, the previously discussed reproduction pattern would inherently imply that more girls grow up in larger families.



- Here, even if parents treat all their children equally, girls are disadvantaged by being in families with fewer resources to spend per child.
- Boys have been found to get better immunisation and nutrition, which is also reflected in India's stunting data that displays a visible gender gap.
- More noticeably, when a corrective heart surgery is advocated, 70% of the recommended boys undergo surgery whereas the number is only 44% for girls.

2.2 Gender ratio woes in India

Why in news?

Economic Survey 2017-18 has pointed out Meta preference and fertility stopping rule for skewed sex-ratio of the last child (SRLC).

What is the status of gender ratio in India?

- The sex-ratio of the last child (SRLC) born in Indian families is excessively slanted.
- At national level, it is around 9.5 per cent worse than it should be, compared to other countries at similar levels of development.
- In Gujarat, Punjab and Rajasthan, the SRLC is 2,100 boys for every 1,000 girls, In Haryana, it is even worse at 2,300 boys: 1,000 girls.
- The male child preference is highest in Punjab and Haryana and lowest in Meghalaya.
- While India has shown improvement in several parameters related to women's empowerment, the preference for a son has not diminished.

What are the reasons for this condition?

- An average Indian family prefers to have two children; there are instances where families have more than five children if the last child is not a male.
- Indian families carry on having kids until there is a boy and then, they stop having kids.
- The Survey calls this as "meta preference" and a "fertility stopping rule" by making an inference that there are 21 million unwanted girls of age group 0-25 were born because their parents wanted a boy.
- More than 2 million women go missing across age groups every year either due to sex-selective abortion, disease, neglect, or inadequate nutrition, according to the National Family and Health Survey (NFHS).
- Reasons behind preferring a male child are found to be compulsion of a woman to move to her husband's house post marriage, inheritance of property, rituals performed by sons, and dowry, among others.
- More women are educated, employed and earning than a decade ago they still do not have control over their earnings and childbirth.

What are the suggestions from the government in this regard?

- The government had introduced schemes Beti Bachao -Beti Padhao, Sukanya Samridhi Yojana, enhanced maternity leave and mandatory Crèches in workplaces for supporting female children and child births.
- Economic Survey recommended that the nation must confront the societal preference for male offspring.
- It has also called for a stronger commitment on the gender front similar to the government's push for Ease of Doing Business.
- Equal participation by women in the labour force could push up the gross domestic product by 27 per cent.

2.3 Dropping Sex Ratio at Birth

Why in news?

NITI Aayog's report has claimed Sex ratio at birth (SRB) has dropped in India.

What is report on SRB is about?

- The SRB is the number of girls born for every 1,000 boys, in natural circumstances, the SRB hovers around 952 girls for every 1,000 boys.

- According to NITI Aayog's report sex ratio at birth (SRB) nationwide had dropped from 906 in 2012-2014 to 900 in 2013-2015.
- In all, 17 of 21 large Indian States saw a drop in the SRB, with Gujarat performing the worst, declining 53 points.

What the brief account on dropping sex ratio?

- In 2016, a report from the Asian Centre for Human Rights noted that between 1994 and 2014, 2,266 cases of infanticide were registered in India.
- Against 2,021 cases of abortion under the PC-PNDT, even though abortions outnumber infanticides today.
- While this is a highly disturbing trend, it isn't new for India, which has seen a consistent lowering of the SRB since the 1970s.
- In the Seventies, sex selection technologies like amniocentesis came about, in which doctors can test the amniotic fluid around a developing foetus for genetic abnormalities.
- But people soon realised this method could be used to determine the child's sex and to abort it, if female.
- Other technologies, including the cheaper and less invasive ultrasound, followed, allowing more people to use them.

What are the concerns with low SRB's?

- In India SRB is far lower than 952 because of the preference for the male child, this means India is killing girl children in the womb.
- As on today, around 63 million girls are estimated to be 'missing' in India because of such actions.
- Low SRBs starting from the Seventies have led to large numbers of "surplus men" today in countries like India and China.
- There are concerns that skewed sex ratios lead to more violence against both men and women, as well as human-trafficking.
- In India, some villages in Haryana and Punjab have such poor sex ratios that men "import" brides from other States.
- This is often accompanied by the exploitation of these brides.

What were the measures taken in this regard?

- In 1994, the government took notice and introduced the Prenatal Diagnostics Techniques Act which punishes healthcare professionals for telling expectant parents the sex of a child with imprisonment and hefty fines.
- In 2003, when technologies that allowed gender-selection even before conception became available, the act was amended to become the Prenatal Conception and Prenatal Determination Act (PC-PNDT), but this Act has been a failure.
- But due to major gaps in the training of personnel implementing PC-PNDT, this act failed.

What reforms needs to be taken?

- India must implement the PC-PNDT more stringently, but must also dedicate more resources to fighting the preference for boys.
- The Drugs Technical Advisory Board has recently decided that ultrasound machines should be included in the Drugs and Cosmetics Act, so that their import can be regulated.

2.4 Handling Child Rape Cases

What is the issue?

- With the recent Kathua and Unnao rape incidents, the demand for death penalty for rape convicts is back.
- However, the decision on death penalty needs a thorough view through the social and legal lenses of the nation.

What are the two recent cases?

- **Kathua** - It involves an 8-year-old girl from Kathua, J&K.
- She was abducted, drugged, raped and killed.
- The accused are identified and arrested.
- Notably, the deceased is a Muslim girl and the accused are Hindus.



- These identities have made it an issue of communal politics.
- **Unnao** - A minor girl was allegedly lured by promise of patronage and was raped by the local MLA from the current ruling party.
- Her family had to struggle to get a complaint registered.
- She then went missing, and a case of abduction was registered.
- She was recovered and gave a statement that did not implicate the MLA.
- She and her family persisted in alleging rape and began to protest outside the CM's residence in Lucknow, UP.
- Her father is said to have been beaten up by the MLA's brother and then, picked up by the local police.
- He was sent to jail, where he eventually died in judicial custody.
- The government interfered and the policemen involved in the arrest of the father were suspended.
- The case was transferred to the CBI and the MLA was arrested.
- The charges of rape may or may not be established, but the abuse of power is evident.

Why are child rape cases complex?

- **Nature** - Child sex abuse is a complex crime unlike murder.
- There is an attitude of equating family 'honour' with such incidents.
- Societal taboo, under-reporting and hostility to the victim make it more complicated.
- **Underreporting** - In 95% cases, the perpetrator is known to the child.
- In such cases, the child is under severe pressure to not report the abuse.
- In most cases, the child victim turns hostile.
- Apparently, only a lesser percentage of them actually testify against the accused.
- The severity of punishment holds children (family) back from reporting and testifying.
- This, along with poor investigation, results in low conviction rates.
- **POCSO** - The POCSO Act has provisions for special, child-friendly courts.
- It calls for in-camera testimony, child psychologists, protection officers and educators.
- However, these are rarely implemented in states.
- This results in hostile questioning by defence lawyers, threats by the perpetrators, and delays in registering of cases.
- In the present case, owing to its special status, J&K does not even have a POCSO law.
- So the perpetrators must be tried under the Indian Penal Code.

What is the way forward?

- **Legislation** - Public sentiments do matter in a democracy.
- But it cannot replace sensible policies and the rule of law.
- Legislation thus ought to be a well-considered exercise.
- It should not be a response to popular outrage in particular incidents.
- **Policing** - The issue of lack of public trust in the police should be addressed.
- It must be ensured that the police serve without fear or favour.
- They must abide by due process, and devote enough time and resources to handling heinous cases.
- They must be allowed to carry out investigations without undue pressures and influence.
- **Social** - Besides these, the social attitudes towards women and children ought to change.
- Sensitisation on gender matters and proper socio-psychological support are essential for the society in general and the potential perpetrators in particular.

2.5 Sustainable Solution to Curb Rapes

What is the issue?

- The government has recently passed an ordinance mandating death penalty for those convicted of raping children below 12 years of age.
- This is a classical case of playing to the galleries rather than a substantive step to address the large malice that is plaguing our justice system.

Why is the current move a mere political gimmick?

- The rationale for mandating "death penalty" is premised on the belief that stringent laws will reduce crime, but there is no evidence for the same.
- Sadly, populist actions have largely diverted our attention from the systemic failures that has been plaguing our justice delivery system.



- Sloppy police investigations, low conviction rates, the overall slowness of the judiciary only add to the woes of the victims.
- Women organisations have argued timely justice and greater focus on victim rehabilitation through medical and psychological support.
- But sadly, there is little that India seems to be doing in these domains.

What are the real problems that need to be addressed?

- Rapes and sexual assaults on women and children have reached epidemic proportions, which mandate a review of our police and judicial institutions.
- **Police** - Presently, insensitive methods of police investigation, tardy filing of charge sheets, insensitive counselling, disempower victims greatly.
- Also, rape survivors are subjected to a traumatising experience in police stations and hospitals where medical examinations are carried out.
- Such harassment gets into spotlight only in extreme cases, and efforts for improving this prevalent malice is severely lacking.
- Further, there is unwarranted delay by the police in filing missing person complaints and registering written complaints of sexual assault survivors.
- While the reasons such delays are many, it is often connected to prevailing biases of - class, caste, religion and gender.
- Such delays give perpetrators ample time to destroy crucial evidence and cover their tracks by influencing witnesses or even threatening victims.
- **Judiciary** - Aggressive cross-examination of the survivor and her witnesses and cumbersome court proceedings scar and scare the victims further.
- There seems to be little recognition for the psychological trauma and agony that the victim has undergone, while being subjected to a hostile trial.

What is the way ahead?

- Instead of harping on the quantum and severity of punishment, we have to highlight the issue of a low conviction rate for rape.
- There is a mounting lack of trust in the judiciary as the perpetrators seem to be enjoying a virtual impunity by using the loopholes in our justice system.
- Notably, “National Crime Records Bureau” (NCRB) data has shown that there is a high prevalence of repeat sexual offenders.
- We hence need to enhance the judicial capacity and special fast-track courts for handling sexual offences could also be considered.
- Additionally, we need to constitute structures for better care and rehabilitation for victims in order to ensure their good health and well being.

2.6 Dealing with Child Abuse Cases

What is the issue?

- India recently introduced death penalty for child rapists.
- The child abuse law as it stands has multiple problems, mostly stemming from its focus on the abuser.

What is the recent development?

- Amendments were proposed in the Criminal Law and the Protection of Children from Sexual Offences Act (POCSO), 2012.
- It came in the aftermath of the Unnao and the Kathua child abuse cases.

What are the key provisions?

- Rape of a minor girl (below 12 years) invites rigorous imprisonment of at least 20 years.
- This shall be extendable to life imprisonment or death.
- For rape of a girl below 16 years, the punishment is rigorous imprisonment of at least 20 years.
- This is extendable to life imprisonment.
- Both these are an increase in the punishment terms than the previous laws.
- Additionally, the new reforms include time-bound investigations, and appeals.
- It also includes a prior sanction from the courts for prosecution of government servants.
- The main change is the introduction of death penalty for rape of a minor below the age of 12.



What are the implementation shortfalls?

- A major provision in the POCSO is that of setting up a Special Juvenile Police unit.
- This will be in-charge of investigating cases of child abuse.
- This was conceived of as a protection against the police intimidating children, either intentionally or unintentionally.
- Yet, no mention of a special juvenile police unit can be found in many cases.
- This also applies to various other provisions for the security and the care of the victim.
- Under POCSO, the statement of a child should be taken at the residence of a child or a place where he/she is comfortable.
- Also, it should be by a lady police officer.
- However, there are many shortfalls in the enforcement of these provisions.
- E.g. in the Kathua case, the name of the victim was highlighted and advertised on all the media channels.
- This is strictly prohibited both under the POCSO Act as well as the IPC under section 228 A.

What are the concerns with death penalty?

- In more than 96% of child sex abuse cases, the perpetrator is a close relative or a member of the family.
- This is why children often find it difficult to confess.
- Parents often try to resolve matters of abuse themselves.
- This is due to the stigma that is associated with such crimes.
- Thus, harsher punishments for the perpetrator can quickly become harsher threats for the victim.
- This is because the accused may go to any extent to protect themselves.
- Worried for their own safety, children may choose not to provide testimony.

What is the way forward?

- The POCSO Act should go beyond relying on the death penalty as a deterrent.
- It should focus on stricter enforcement of protections for the abused children.
- It should punish half-hearted investigations, and do away with intimidating procedures.
- It should also improve the overall slow pace of the legal system.
- Justice is more than a punitive, knee-jerk reaction to the perpetrator of injustice.
- It's important to look at the systemic failures that allow child abuse to happen.

2.7 Death for Rape - Conflicting Notions

What is the issue?

- Recently, an ordinance was passed for mandating death penalty for those convicted for raping minors below the age of 12.
- While some have welcomed this, some others have dismissed it as a political gimmick with little deterrent value.

What are the views of the supporters of the ordinance?

- The supporters believe that severity of punishment has a direct bearing on the reduction in the commission of a crime due to fear.
- Rational jurisprudence demands that punishment meted out should be in proportion to the crime.
- Rape of a minor below 12 years of age is a heinous crime by any standard that severely damages the child's physical and psychological wellbeing.
- Hence, it is desired to present a more severe punishment to this category of offenders than those involved in other rapes.
- The ordinance backers have also stated that debates regarding the same have been around since 2012-13 and hence it is not a knee-jerk reaction.

What are the views of those criticising the ordinance?

- People who oppose the ordinance vouch that it is a highly rushed through patchy legislation that will have little consequence on the crime.
- They also stress that, as raping a minor and killing him/her would attract the same punishment, this might prompt the offender to murder the victim.
- Notably, victims do constitute the primary evidence and their elimination could make the conviction of the perpetrators very difficult.



- Additionally, the ordinance route for the bill is said to have bypassed the deserved parliamentary scrutiny, which is crucial to refine its provisions.
- Moreover, in a considerable number of cases, the offender is a relative to the victim, and death penalty might put the victim's side in such cases under a moral dilemma on whether to report the case.

2.8 UNICEF's Neonatal Mortality Report

Why in news?

- A recent UNICEF report, titled "Every Child Alive", gives a country-wise ranking of neonatal mortality rates (NMR).
- NMR is the probability of dying during the first 28 days of life, expressed per 1,000 live births.

What are the highlights of the report?

- **India** - India ranks 12th among 52 low-middle income countries having the highest infant mortality rates.
- Neonatal mortality rate is recorded at 25.4 deaths per 1,000 live births in India in 2016.
- A small mortality rate can translate to numerous deaths when the birth-rate is high.
- It thus translates to death of over six lakh children within the first month of their birth in India in 2016.
- Worryingly, this is more than any other country.
- With this, India is ranked below Sri Lanka (127), Bangladesh (54), Nepal (50) and Bhutan (60).
- **Global** - Globally, 2.6 million children died in the first month of life in 2016.
- The average newborn mortality in low-income nations is nine times the rate of high-income countries.
- In low-income countries, the average newborn mortality rate is 27 deaths per 1,000 live births.
- In high-income countries, it is 3 deaths per 1,000 live births.
- Newborns in Pakistan, the Central African Republic and Afghanistan face the worst odds.
- Babies born in Japan, Iceland and Singapore are said to have the best chance of survival.

What is the concern with India?

- India has more than halved the number of deaths among children under the age of five in the last quarter century.
- India is nearly meeting its MDG target, with a 66% reduction in under-five deaths during 1990 to 2015.
- However, it has not made similar progress in ending **deaths among children less than one month old**.
- Notably, India is ranked behind poorer countries such as Bangladesh, Nepal and Rwanda.

What does it call for?

- **Political will** - A majority of these deaths are preventable.
- The report has stressed that financial resources were not the biggest constraint in improving this health indicator.
- It is rather the political will that is essential now to ensure better newborn survival.
- Evidently, Rwanda, which falls in the lowest income group, has reduced its mortality rates from 41/1000 in the 1990s to 16.5.
- This is achieved through programmes targeted at poor and vulnerable mothers.
- **Health care** - Addressing gaps in quality of health care is the need of the hour in India.
- Hospitals should ensure that the critical products to save the newborns are available.
- It ranges from a piece of cloth to keep the baby warm to antibiotics and disinfectants to stave off killers like sepsis and meningitis.
- **Mother's health** - The biggest cause of death is premature birth.



- The second is complications like asphyxia during delivery.
- Preventing these would mean paying attention to the mother's health during pregnancy.
- It should be ensured that she delivers in a hospital attended by trained doctors or midwives.
- Programmes such as the Janani Suraksha Yojana should be expanded to reach the poor and vulnerable in remote areas.
- **Gender gap** - The issue of neglect of the girl child is much broader and needs interventions beyond health.
- The associated concerns with social norms and cultural practices should also be addressed.
- Focussing on factors outside the healthcare system, like female literacy rates is also essential.
- States like Kerala and Tamil Nadu have focussed on these factors, bringing down newborn deaths to fewer than 15 per 1000.
- It is time for the rest of India to take lessons from these successful states.

2.9 Significance of Deworming

Why in news?

Ministry of Health and Family Welfare (MoHFW) conducts deworming drive twice a year.

What is Deworming?

- Deworming is a process to kill worms commonly tape, round and hook worm, that infest bodies of children below 18 years of age.
- As per the guidelines, children aged below two years are given 200 gm of Albendazole tablet, a drug to treat parasitic worm infestation, and school-going children are administered 400 mg tablets.
- The Albendazole tablet paralyzes the muscles of these worms, the worm loses its grip of intestinal tract and is flushed out of the human body.
- A worm takes six months to mature and start sucking, therefore the exercise is carried out biannually.
- Deworming has no serious side effects, but it can cause nausea and vomiting if a child has worms.
- The medicine disrupts the worms which leads to uneasiness in the stomach.

Why is the significance of deworming?

- Parasitic worms and their larvae are generally found in contaminated food and water.
- In slums children walk bare feet and they frequently contract worms.
- The worm first enters the blood circulation system and its larvae land up in the larynx, from where it finally reaches the gastrointestinal tract.
- The hook, round and tapeworm grow by sucking blood from its host in this case the human body.
- Loss of blood leads to a drop in haemoglobin level and causes anaemia, thus deworming kills these worms and helps prevent anaemia.
- The National Family Health Survey-3 data suggests anaemia is widely prevalent in all age groups.
- Its prevalence is 56 per cent among adolescent girls (aged 15-19) and 70 per cent among children below five years.

What are the other initiatives of government in this regard?

- Under the National Iron Plus Initiative Union Health Ministry is providing weekly dose of iron and folic acid tablets to children aged 1-18 years.
- This is to prevent iron deficiency and chances of anaemia.
- Various municipal schools in India conduct this drive by giving a weekly dose of 100 mg iron and 500 mg folic acid to adolescents (10-19 years), dosage varies for different age groups.



3. VULNERABLE SECTIONS OF THE SOCIETY

3.1 World Bank Report - State of Social Safety Nets 2018

Why in news?

A new report by the World Bank, the State of Social Safety Nets 2018, was released recently.

What are social safety nets?

- Social safety nets protect vulnerable households from impacts of economic shocks, natural disasters, and other crises.
- It may include cash, in-kind transfers, social pensions, public works, and school feeding programs.
- Evidently, social safety net programs are making a substantial impact in the global fight against poverty.

What are the highlights of the report?

- **Countries** - The developing and transition countries spend an average of 1.5% of GDP on safety net programmes.
- In these countries 2.5 billion people are covered by these programmes and 650 million of these are from the poorest quintile (1/5th).
- Contrastingly, in low-income countries, only 1 in 5 of the poorest is covered by safety net programs.
- **Regions** - Europe and Central Asia currently spends the most, with average spending of 2.2% of GDP.
- The Sub-Saharan Africa and Latin America and the Caribbean regions are in the middle of the spending range.
- The Middle East and North Africa, and South Asia regions spend the least, at 1.0% and 0.9%, respectively.
- **Coverage** - There is a growing commitment to safety nets and many countries tend to spend more on these programmes over time.
- The increase in spending has translated into a substantial increase in program coverage around the world.
- An estimated 36% of the very poor escaped extreme poverty because of social safety nets.
- Social safety nets also lower inequality, and reduce the poverty gap by about 45%, even if they do not emerge from poverty.
- These positive effects of safety net transfers hold true for low and middle-income countries alike.
- **Shortfalls** - Despite the progress, significant gaps in program coverage persist, especially in poor countries.
- The extent of impact of safety net transfers on poverty and inequality depends on various other factors.
- They include the programme's coverage, transfer level, and beneficiary incidence.

What is the way forward?

- Policy makers need to pay attention to the interaction of various factors when designing policies to reduce poverty and inequality.
- The concept of “**Adaptive**” **Social Protection** has emerged in recent years.
- It places an enhanced focus on better enabling social protection to address the impacts of all manner of shocks on households.
- It includes natural disasters and climate change, economic and financial crises, conflict and displacement, among others.
- Adaptive social protection has begun to crystallize around two interrelated approaches:
 1. building the resilience of the households that are most vulnerable to shocks
 2. increasing the responsiveness of social protection programs to adapt to and meet the changed needs on the ground
- High coverage levels paired with high benefit levels will lead to higher outcomes in poverty and inequality reduction.

3.2 Land Ownership is Key to Dalit Up-liftment

What is the issue?

- Socio-economic subjugation of dalits has inherent connections to their historic deprivation of rights to own land.
- This issue has come to the fore again as demands for land ownership by dalits of Gujarat has been causing social tensions lately.

What is the historical perspective?

- **History** - Under the diktats of the Manusmriti, the “Shudra” had no right to property, which had historically condemned them to economic subjugation.

- But Dalits did have some form of land ownership pre-independence in the form of “community land”, which they owned collectively.
- This was granted to them by the kings (or other villagers), in lieu of the hereditary services they offered to the state and the other communities.
- Interestingly, Ambedkar had opposed this conditional ownership module as he felt that it was condemning Dalits to perpetual subordination under others.
- **Recent Events** - In Dudkha village of Patan district in Gujarat, Dalits had been maintaining a tract of community land for generations.
- But the Gujarat government had refused to grant them full ownership rights despite the well established national policy recognizing traditional claimants.
- While multiple protests to press for the demand had failed, a frustrated a dalit activist “Bhanubhai” had recently immolated himself.
- Notably, Jignesh Mehwani’s “Jan Adhikar Andolan” that followed the Una incident was also centred on the issue of land ownership rights.

How much progress has been made in land reforms?

- Under the British Raj, land reforms were carried out to enhance state revenue collections and different models were adopted at different provinces.
- **Rise of Patidars** - Patidars of the erstwhile Saurashtra state were historically “Shudras”, but the British land reforms had unintended benefits for them.
- They bagged 3.75 million acres of land, which laid the foundation for their emergence as a socially, economically and politically dominant class.
- Notably, economic progress also culturally transformed the community, and they resorted to Brahminical rituals and vegetarianism over time.
- **Post-Independence** - Land reforms were the sole state programme to ensure economic equality, as land ownership remained only with the few.
- Limits for ownership were introduced and the excess was to be distributed to the landless peasants among who dalits and tribals were to be given primacy.
- Various legislations ensured primacy for the tillers, and communists in Kerala and West Bengal ensured that these initiatives were pushed vigorously.
- But despite successes in some states, most states remained regressive due to their apathy to the cause and the resistance of the politically powerful groups.
- **Gujarat’s case** - Gujarat had a patchy record in land reforms and deprivation was particularly striking for the dalits, who gained less than 1/3rd of the total land allocated through the reforms.
- Gujarati society is still highly feudal and in many cases, despite dalits being the official owners of land, the upper casts continue to control and operate them.
- Navsarjan Trust had discovered that in 251 villages of Surendranagar district (Gujarat), Dalits couldn’t gain actual possession for over 6,000 acres of land, despite having been granted legal ownership.
- Notably, Golana massacre of 1986, was because Dalits who had the legal possession of the land tried to take actual possession.
- While many lawsuits have been filed to remedy this, justice looks elusive even 4 decades after land reforms were unleashed.
- Currently, the tension over land is fast snowballing into a dalit versus others issue in Gujarat, and even dalit burial grounds have come under attack.

How is Gujarat’s pro-business land policy affecting social equations?

- Till a few years ago, land was an instrument of social and economic status and people preferred to marry into homes that owned agricultural land.
- There were legal safeguards for buying and selling of agricultural land through governmental checks in order to ensure that land remained with the tiller.
- There was also mechanism for preventing big farmers nudging out small and marginal ones by buying out their possessions.
- But the BJP government eased many of these provisions and also relaxed norms for denotifying agricultural land to enable its diversion for other uses.
- These changes had in effect seen massive land parcels being diverted for establishing industries (often coercively).
- Also, coastal Gujarat has been seeing massive and industrialisation in the past decade, which has degraded vast swathes of adjacent cultivable land.



- In fact, the resultant deprivation from land caused by these policies is what had triggered the Patidar agitations of 2015.

3.3 Nokku Kooli Cease to Exist

Why in news?

Kerala state government has decided to cease the practice of paying Nokku Kooli (gawking charges) for doing nothing.

What is Nokku kooli?

- Nokku kooli is a type of wage meant for workers overseeing the work of fellow workers.
- This practice has been widespread among the head-load workers who are basically labourers involved in loading and unloading activities.
- A Registered head-load worker demands Nokku kooli for either doing the loading or unloading work himself or when he gets the job done through his own worker.
- Various laws were also enacted to ensure the rights of working to carry loads for loading and unloading were protected.

What was the reason behind Kerala's recent decision?

- Nokku kooli became a notorious practice of demanding wages for just simply seeing the work as it was easy to appoint a worker to do the job.
- Head-load workers also started exhorting huge sums from construction sites where machines move heavy objects, on the grounds of denying their right to work.
- In recent years, the growth of infrastructure and other reality projects has allowed head-load workers to earn huge amounts as Nokku kooli.
- But all this is due to decline in the actual work for head-load workers as markets and packaging methods have changed.

What are the implications of this move?

- The factory owners or builders will be free from the pressures by the trade unions to pay Nokku kooli to the workers and also from disruption in construction work.
- But for the head-load workers, this will affect them badly as they are dependent on Nokku kooli for their livelihood.
- They will suffer as they don't have any alternate ways to earn their livelihood.

3.4 Protests by SC/STs

What is the issue?

- Recently, the Supreme Court altered some provisions of the SC/ST Prevention of Atrocities Act which triggered a controversy.
- This is seen as a retrospective move and protests are being held all over the country.

What was the SC verdict on SC/ST Act about?

- The SC in pretext of protecting innocent non-SC persons from being victimised by false complaints under the SC/ST Act laid down three guidelines that nullify key provisions of SC/ST law.
- It removed the bar on grant of anticipatory bail for public servants and when the accused is not a public servant, the police may make an arrest only after approval by a senior superintendent of police.
- The SC also held that before registering an FIR, the police may conduct a preliminary inquiry to ascertain the veracity of the complaint.

What are the implications for SC/STs due to this verdict?

- The SC/ST Act held enormous significance for those people not due to the protection it offered from caste injustice, but because its very existence is a testament to SC/STs in a dense casteist society.
- This original mandate was neatly reversed with those three changes made by SC in the SC/ST Act.



- By which, instead of immediately registering an FIR and investigating the accused, the police would doubt the victim and investigate the complaint for veracity.

What are the demands by these protestors?

- To address the concerns regarding the verdict and its future implications, dalits and Adivasis protested all over the country.
- They demanded the government to -
 1. Neutralise the Supreme Court order through an ordinance that would reinstate both the SC/ST Act and the SC/ST Amendment Act, 2015, in their original form
 2. Include both these laws in the Ninth Schedule to protect them from judicial review
 3. Release all the Dalits arrested when a 'Bharat Bandh' was observed to protest this Supreme Court order
- The future of justice for the SC/STs lies in steps of government to understand the complex setup of casteism and provide security for all sects of people.

3.5 Implications of Caste-Census

What is the issue?

- With 2021 census approaching, the debate around having caste-based census has come up.
- It is essential to understand the implications that caste statistics would have in the country.

What was caste census's role in colonial times?

- Census of 1931 provides, to date, any information regarding the size and characteristics of various castes in India.
- Colonial Censuses, beginning with the first Census in 1871, included questions about caste.
- This generated an idea of homogeneous and classifiable community.
- It was used to divide and conquer India.
- This was done by first privileging Brahmins as interpreters of Indian culture.
- Slowly they were targeted as the roots of caste-based oppression and inequality.
- This classification was also a source of anti-Brahmin movements of 20th century.
- It thereby influenced the processes of political representation.

How does caste census impact society?

- **Society** - There are apprehensions that caste based census would further promote:
 - i. Caste-based political mobilisation
 - ii. strong sentiments for or against reservations
- Post-Independence Censuses have thus shied away from including questions about caste.
- However, Patels, Gujjars, Jats and Marathas do not seem to care about the lack of Census data as they demand reservations.
- Also, even without caste census, caste does play a role in elections in terms of vote banks.

Does caste census play a role in economy?

- Caste data from 1931 Census and a few special purpose surveys define certain categories.
- They include Dalits, Adivasis, OBCs and upper castes.
- It is assumed these broad caste-based social categories continue to shape economic conditions in 21st century India.
- However, each of these categories consists of thousands of jatis (castes) and upjatis (subcastes).
- Hence, without accurate data for each of these, the claim that it shapes economic conditions is baseless.
- Also, the society and economy, since 1931 census, has undergone various changes, crossing these caste boundaries.

What are the transformations since 1931?

- **Land** - Land ownership that perpetuated the power of upper castes has lost its hold.
- Land fragmentation and agricultural stagnation have turned many upper caste landowners into marginal farmers.
- Besides, rising rural wages, particularly construction wages, has made the landless better.
- **Poverty** - Broadly, mean consumption expenditure of forward castes is higher than that of Dalits.

- However, clusters of poverty persist among forward castes also, as per National Sample Survey (NSS).
- The bottom fourth of forward castes are poorer than the top half of Dalits.
- **Education** - India Human Development Survey shows that 56% of Dalit children aged 8-11 cannot read.
- But this is also the case with 32% of forward caste and 47% of OBC children.
- **Overall**, some jatis have managed to pull themselves out of poverty and marginalisation.
- While other groups have had a deterioration in their status.

What is the need for caste census?

- Economic growth and affirmative action by governments have changed relative fortunes of various groups.
- Hence, it is time to collect data that reflects the current situation.
- So the social apprehensions on implications of caste census are largely invalid.
- Without caste data, the discourse on caste and affirmative action are dominated by decisions made by the colonial administration.
- Collecting data on caste is now essential to rationalise the reservation policies.
- **Challenges** - Sometimes the same caste is spelt in different ways, or individuals report their jati and others upjati.
- This makes it difficult to create mutually exclusive categories.

What could the methodology be?

- There is nearly three years' time before the Census of 2021.
- Data from Socio-Economic Caste Census and technologies rooted in machine learning are at disposal.
- It would be possible to set up an expert group that uses the SECC data in conjunction with other data sources.
- Comprehensive list of castes can be made and condensed into meaningful categories via machine learning tools.
- These categories could then be validated by domain experts in various States.
- It can then be used to make a district specific list of castes that would cover more than 90% of individuals in any given district.
- Respondents can then be allowed to self-identify from the precoded list.
- The residual group's responses recorded verbatim could be categorised later.
- This is very similar to the technique through which occupational and industrial classification systems are created.

3.6 Van Dhan Scheme

Why in news?

The scheme was launched by the Ministry of Tribal Affairs to improve the status of the tribals.

What are the major provisions of the scheme?

- Van Dhan Mission is an initiative for targeting livelihood generation for tribal by harnessing non-timber forest produce.
- Minor Forest Produce (MFP) is a major source of livelihood for tribal living in forest areas.
- The importance of MFPs for this section of the society can be gauged from the fact that around 100 million forest dwellers depend on MFPs for food, shelter, medicines and cash income.
- Tribal people derive 20-40% of their annual income from MFP on which they spend major portion of their time.
- At unit level, aggregation of produce would be done by SHGs having about 30 members each forming Van Dhan Vikas 'Samuh'.
- Under the scheme, 10 Self Help Groups of 30 Tribal gatherers are being trained and provided with working capital to add value to the products, which they collect from the Jungle.
- The establishment of "Van Dhan Vikas Kendra" is for providing skill upgradation and capacity building training and setting up of primary processing and value addition facility.
- The Van Dhan Vikas Kendras will be important milestone in economic development of tribals involved in collection of MFPs by helping them in optimum utilization of natural resources and provide sustainable MFP-based livelihood in MFP-rich districts.

- It also aims at build upon the traditional knowledge & skill sets of tribal by adding technology & IT for value addition.
- It also focussed on setting-up of tribal community owned Van Dhan Vikas Kendras in predominantly forested tribal districts.

3.7 Anti-Trafficking Bill 2018

What is the issue?

- Lok Sabha recently passed the “Trafficking of Persons (Prevention, Protection and Rehabilitation) Bill”, 2018.
- Notably, the bill was passed overlooking the demands of some MPs to get the bill reviewed by the “Parliamentary Standing Committee”.

What does the bill propose?

- The Bill lays down a stringent punishment of “from 10 years up to life imprisonment” for aggravated forms of trafficking.
- Trading of persons for ‘bonded labour’ or ‘bearing a child’, or administering harmful substances to the trafficked could attract severe punishment.
- The Bill proposes establishing a National Anti-Trafficking Bureau (NATB) for coordinating, monitoring and surveillance of trafficking cases.
- It also provides for a Relief and Rehabilitation Committee (RRC) and Rehabilitation Fund (RF) with an initial allocation of Rs. 10 crore.
- Further, it prescribes forfeiture of property used or likely to be used for the commission of an offence.

What are differing views?

- Government - Trafficking is a borderless crime but investigative exercises are constrained by jurisdiction, thereby making it hard for law enforcement.
- Hence, according to the government, the proposed National Anti-Trafficking Bureau (NATB) will help in effectively addressing this.
- Opposition - Opposition members raised questions about the provisions for confiscation of properties, which they felt was likely to be misused.
- The need for community-based rehabilitation for trafficking survivors as had been laid down by a Supreme Court (for sex workers) was also highlighted.
- It was also felt that the proposed bill is conflating trafficking with sex work and might result in the harassment of sex workers who willingly engage in the job.
- As the there were provisions of the bill that might be misused to harass transgender persons, specific protection for them was sought.

How does the future look?

- Many opposition MPs have demanded that the bill should be sent to the Parliamentary Standing Committee for review.
- But the Minister for Women & Child Development Ms. Menaka Gandhi, who piloted the government bill, has vouched against such a move.
- She argued that if there were any lacunae in the bill, it would be addressed when the sub-rules that will be framed under the act.
- Further, she stated that the bill was not intended to harass sex workers (who were victims) and was focused on curtailing the traffickers.
- She further asserted that the provision for confiscation of property would mean hellholes like “Kamathipura and G.B.Road” (brothels) would vanish.
- Notably, in a separate cabinet decision earlier, “National Investigation Agency” (NIA) has been envisioned as the nodal agency to probe trafficking cases.



3.8 State of Prisons worries Supreme Court

What is the issue?

- Supreme Court expressed its dismay over the pathetic condition of jails in the country and had asked the state governments to respond.
- Significantly, overcrowding is a major problem and it continues in spite of capacity enhancement of prisons and fast-tracking of cases.

What are the prison statistics in India?

- Supreme Court has asserted that prisoners cannot be kept in jail like animals and has been demanding states to reduce overcrowding of prisons.
- As of 2016, India's 1,412 jails are crowded to 114% of their capacity, with a count of 4.33 lakh prisoners against a capacity of less than 3.81 lakh.
- Of the jails, there are - 741 sub jails, 379 district jails and 134 central jails, the rest being open jails, juvenile centres, women's jails, and special jails.
- Notably, women's jails are just 18 and comprise just over 1% of the total but despite this, it is the men prisons that are overcrowding.
- Women's prisons had an overall occupancy of 71%, but some states like Chhattisgarh (186%), Uttarakhand (141%), Delhi (138%), Goa (120%) and Uttar Pradesh (117%) had overflowing women prisoners.
- Goa presented a unique case, where women prisoners were 20% over capacity, while men prisoners were less than 36% of capacity.

Who has the authority for governing prisons?

- Prisons are governed by the Prisons Act, 1894, and the Prison Manuals of respective state governments.
- Thus, states have the primary role, responsibility and authority to change the current prison laws, rules and regulations.
- However, the Centre has set up various committees from time to time to recommend modernisation of prisons.
- In 2016, a model prison manual was drafted by the Ministry of Home Affairs and was sent to all States and Union territories for implementation.

What are the steps taken to address overcrowding?

- The primary reason for overcrowding of prisons is pendency of court cases (above 3 crore) and 67% of all prisoners were under-trials (as per NCRB data).
- Notably, in its landmark judgement on inhumane conditions in prisons, SC issued an "eight-point guideline" in which under-trials featured prominently.
- **SC Directive** – The 8 point agent called for the establishment of an "Under-trial Review Committee" in every district and should meet quarterly.
- The committee should see to that under-trial prisoners are released at the earliest even if poverty is a hindrance for them to furnish a bail bond.
- The secretary of the District Legal Services Committee will also look into the issue of the release of under-trial prisoners in compoundable offences.
- Notably, compoundable offences are less serious in nature and can be settled through a compromise rather than requiring a trial.
- **Government Efforts** - In 2003, the union home ministry floated a scheme for modernisation of prisons and construction of additional barracks.
- The initial five-year outlay was Rs 1,800 crore for 27 states and 119 new jails and 1,572 barracks had been built with the funds allocated.
- Recently, the government acknowledged the large number of under-trials as a major reason for overcrowding, and listed measures taken to address them:
 1. Establishing fast-track courts
 2. Establishing open prisons in states and UTs
 3. Launching a "National Mission for Justice Delivery and Legal Reforms"
 4. Introducing "Plea bargaining" through Section 265 of CrPC
 5. Capping the maximum period for detaining an under-trial prisoner
 6. Strengthening "National Legal Services Authority" (NALSA)



3.9 Securing Witnesses is Crucial

What is the issue?

- 33 of the 49 witnesses examined by the prosecution recently in the Sohrabuddin Sheikh encounter have turned hostile.
- In several sensational cases, prosecution has failed after witnesses turned hostile either due to either intimidation or allurement by the accused.

How are witnesses treated in India?

- Criminal cases are built upon the edifice of evidence that is admissible in law, for which witnesses are of paramount importance.
- Yet, witnesses in India are treated shabbily with poor facilities, their allowances are delayed, and they also often face courtroom intimidation.
- Lengthy trials frustrate them, and the threat of bodily harm looms large - all of which contributes to a witness turning hostile.
- **Remedial options** - If a witness who was to prove is crucial has turned hostile, the concerned party may call other witnesses to counter the lie.
- Else, the party may impeach the credit of the witness with the permission of the court by proving inconsistencies in his testimony.
- Also, the witness may be cross-examined, and confronted with leading questions within the court room.
- **Legality** - In criminal trials, initial testimony of a witness who turned hostile is not altogether rejected and the judge decides its reliability based on facts.
- Hence, if a witness chooses to withdraw support, that would not result in the prosecution's case being thrown out completely.

How has the Indian State progressed in this domain?

- Various commissions had stressed the need for witness protection since independence and multiple judicial pronouncements have also been made.
- Based on the recommendations of the Justice V S Malimath Committee Report (2003) and the 178th Law Commission (2001), The Criminal Law (Amendment) Bill, 2003 was proposed.
- The Bill made it mandatory for police to record statements of witnesses before a judicial magistrate, although other protections granted were minimal.
- The centre has expressed its inability to legislate on this domain as law and order is a state subject, but the Supreme Court has been convinced.
- Sighting the example NIA Act, 2008, which also falls in the state domain, the Supreme Court has expressed its displeasure at the centre's attitude.

3.10 Challenges of Refugees due to Aadhaar

What is the issue?

Refugees in India are being denied access to essential services due to ambiguity in their eligibility for obtaining Aadhaar cards.

What is the present condition of refugees in India?

- The refugees in India are unable to gain access to essential services owing to lack of Aadhaar, as all services are now linked to the Aadhaar number.
- Even though they meet the UIDAI requirements of having both residence and identification documents, they are unable to apply for Aadhaar.

What are the provisions related to inclusiveness in UIDAI?

- Unique Identification Authority of India (UIDAI) formulated Aadhaar primarily as a tool for socio-economic inclusion and not as a proof of citizenship.



- In lines with this objective, a simple enrolment system was designed to accept wide range of documents as proof of identity and residence to easily procure an Aadhaar number.
- To enable people without any documents to get access to Aadhaar, UIDAI accepts a 'Letter of Introduction' from a wide set of people who are pre-designated as Introducers.
- The Aadhaar Act states that any individual who has resided in India for at least 182 days in the year immediately preceding the date of application is eligible for Aadhaar.
- The UIDAI has also clarified that foreigners fulfilling the above requirement can obtain an Aadhaar, subject to the submission of the prescribed documents.

What are the challenges for refugees in India?

- Refugees are unable to gain access to Aadhaar cards due the lack of clarity & knowledge of the provisions by the local centres where Aadhaar applications are processed.
- While the local centres sometimes recognise Sri Lankan and Tibetan proof of identity and residence, they fail to recognise the refugees holding refugee status documents authorised by UNHCR.
- Many eligible refugees are afraid to apply for Aadhaar due to fear of being wrongly prosecuted as local authorities often incorrectly equate them with illegal immigrants.
- With the increasing enforcement of Aadhaar as precondition to access any service, refugees are not even able to avail services once they had.
- If a solution is not derived sooner, then the refugees will face day to day difficulties like getting sim card, opening bank account, attending schools, renting accommodation, health services, etc.

3.11 Looking into Lynching

What is the issue?

- The country is witnessing a series of incidents of lynching and targeted mob violence against vulnerable groups.
- The causes behind and the threats it impose calls for bringing in an anti-lynching law.

How does it affect the vulnerable?

- Violence against those looking overtly Muslim is a noted phenomenon.
- 86% of those killed in lynching incidents in 2017 were Muslims.
- An overwhelming majority of these attacks are bovine related.
- Nevertheless, there are other reasons for anti-minority attacks too.
- Hate violence has also happened around festivals such as Ram Navami provocations over azaan and namaz.
- The victims in cases of lynching are almost entirely from poor families.

Why is the recent trend worrying?

- **Small scale** - South Asia has a long history of communal violence.
- But these were primarily big episodes of mass violence.
- However, this has now given way to a smaller-scale of conflict, targeted at individuals.
- **Rumours** - Most of the attacks are based on rumours on cow slaughter or smuggling.
- The rumours circulating on social media often take shape as communal stereotypes.
- **Support** - The perpetrators are emboldened by the political prioritisation of a crackdown on cow slaughter.
- Moreover, vigilante violence against individuals is being endorsed by state inaction.
- It is possibly an attempt to avoid public scrutiny that accompanies mass violence.
- **Communalism** - The rising trend is also related to the intensification of communal polarisation.
- There is an increasing instrumentalisation of prejudice for political ends.
- Eventually, these have acquired a certain degree of legitimacy in the public mind.
- Popular anger, outrage and violence have become normal phenomena.
- **Threat** - Each event of violence has hardened the community boundaries.
- It has widened the divide between Hindus and Muslims.
- Unless checked, it can cause irreversible harm to the social fabric of the Indian society.
- It also impacts the political processes, especially electoral processes and the rule of law.



What are the legal shortfalls?

- Prevention and punishment of the perpetrators of mass violence and/or lynchings is weak.
- The police often stand by, careful not to interfere with the actions of the majority community.
- Both mobs and police have regularly treated victims of cow vigilantism as suspects.
- The law enforcement agencies act mostly against the victims themselves.
- They book them for violating cow protection laws, which act as a legitimate cover.
- As hate crimes grow, the sense of impunity also keeps growing.
- Lack of justice for victims further reinforces the vicious cycle of impunity.

What is the way forward?

- Supreme Court, earlier, directed all State governments to take measures to prevent vigilantism in the name of cow protection.
- However, public lynching or vigilante violence has not subsided.
- Preventing further atrocities requires respect for the rule of law and legal institutions.
- Strong prosecutions and expeditious punishments are essential.
- The recurring incidents of lynching are a call to enact an anti-lynching law.

3.12 Shooting the Messenger

What is the issue?

- There has been a spree of mob lynching in recent times, due to alleged rumours that were spread through the messaging application “WhatsApp”.
- But pinning the blame solely on WhatsApp for the violence is diversionary tactic to not address the larger malice that is plaguing our society.

What is wrong with the current public narrative?

- Post Truths - In the age of social media, authenticated news is losing steam and is getting submerged within a mesh of online false propaganda.
- It is easy to get swept in this wave of sensational social media forwards, which draw neat narratives which ignore factual complexity.
- Rumours on WhatsApp that child kidnappers are roaming around have led to mob lynching at various places recently, killing about 20 people.
- This has opened a debate on the growing use of technology by the “ignorant” masses and the responsibilities of a technology platform.
- The Blame - Whatsapp does indeed have to do more for curtailing rumours on its platform and weeding out fake news.
- But the public opinion, which is largely accusing Whatsapp, seems oblivious of the government’s responsibility to ensure the safety of all.
- This also distracts us from paying attention to our current polarising political discourse, which is causing the social divide within the society.
- The long overdue police reforms is another aspect is missing the public eye.

What are the aspects that need attention?

- While technology is indeed an enabler for the faster dispersal of rumours, it is only a trigger and the undercurrent lies elsewhere.
- Data - Government maintains no central data on public lynching – thereby making it hard to decipher clear trends, if any.
- There is also no plan to start such a data collection in the near future and there is no specific legal framework to deal with lynching offences.
- In the absence of official data or a substantive law, media briefing by the police become the principal source to build a public narrative.
- For its part, police narratives have been largely simplistic and lacking in substantive data on the incident.



- Social Tensions - Rumours of child kidnappers is the commonly stated reason, which has caused most of the recent lynching incidences.
- But there seems to have been no realistic analysis on the profile of the victims who were trashed on mere suspicion, which in itself is a revealing tell tale.
- Most victims were “nomadic tribes and people from religious minorities”, a trend that reflects our pre-existing social tensions and discriminatory outlook.
- The “political vulnerability (lack of state support) and the ostensible cultural distinction” of the victim from the mob is likely to have precipitated the crime.
- Organised Assault - Some scholars who’ve studies riots (which often involves public lynching), term them to be “organised political productions”.
- Hence, as an extension lynching is not mere street madness, but there is an element of organization on the lines of some identity to establish dominance.
- In this context, the current spree of lynching can’t be seen in isolation from the previous ones that involved rampage by “Gau Rakshaks” (cattle brigade).
- Notably, a fact-finding report titled “Lynching without end”, documented 24 instances of lynching and vigilante violence between 2014 and 2017.
- The report finds that, the incidences led to the murder of 34 persons, and that 94% of these incidences were organised and 91% were cow related.

3.13 Thoothukudi Sterlite Violence

What is the issue?

- The protest against Sterlite Copper Smelting plant in Thoothukudi (Tamil Nadu) had been intensifying in the past few months.
- Recently, amid government clampdown, the protests turned violent, and resulted in the death of more than 10 people.

How did the Sterlite struggle evolve?

- Sterlite stakes claim to be India’s largest copper producer and is a major presence in Tamil Nadu’s industrial mix.
- But the industry has been under the scanner for environmental violations since its inception in the 1990s.
- Significantly, the Supreme Court in 2013 had imposed an Rs.100-crore fine on Sterlite for pollution.
- As the nearby residencies started to face health and environmental issues, they had been protesting sporadically for many years now.
- But the proposal for the plant’s expansion plan intensified protests about a couple of months ago and the situation has remained heated since then.
- TN government has claimed that the plant is currently not operational and that expansion has been stalled.
- But there was complete official apathy to convey this message unambiguously to the protesting masses, thereby attracting suspensions.

What led to the recent violence?

- To mark the 100th day of their protest, the people planned to take a massive rally to the district collector’s office.
- Suspecting that the situation would go out of control, the Madras High Court directed the government to take sufficient precautions.
- The TN government has imposed prohibitory orders (sec.144) and stationed a strong police battalion on the ground.
- While the police battalion was indeed strong, the intensity of protesters seemed stronger and police barricades were repeatedly breached.



- Police resorted to lathi charge, which infuriated the mob, which in turn started pelting stones to wade off police actions.
- Subsequent police firing led to the death of at least 10 people, and the infuriated mob vandalised the collectorate.

What is the way ahead?

- **Immediate Response** - The public need to be compensated for their losses and a dialogue needs to be initiated with the affected communities.
- More importantly, the inquiry commission constituted to examine the killings needs to examine the chilling use of disproportionate lethal force.
- Notably, the use of snipers raises the suspension of selective and premeditated killing of protestors, and hardly seems to be a riot control measure.
- The basis on which firing orders were given and the failure of police to appropriately intervene to resolve the crisis needs to be probed.
- **Addressing Concerns** - Madras High Court has presently restrained Sterlite from its proposed capacity expansion plan till further orders.
- A credible environmental audit should be undertaken, without compromising on the 'polluter pays' principle.
- The TNPCB, which usually scores poorly on transparency, should commission credible experts to assess the quality of air and water in Thoothukudi.

What need to be understood from such tragedy?

- Tuticorin tragedy holds a critical lesson for the political leadership of all states that hope to bank on rapid industrialisation to create jobs and move up the development ladder.
- It is that people and politicians do not necessarily view industrial development through the same prism.
- For the former, it can spell dispossession of land or a deterioration of lifestyle, livelihood and health.
- The latter often fail to understand these deep-seated reservations in their quest for the glittering electoral prize of job creation.
- Thus the failure to address the genuine apprehensions of the people imaginatively harmonise corporate action with local concerns.

4. HEALTH

4.1 Healthy States, Progressive India Report

Why in news?

A report has been released by the Niti Aayog named *Healthy States, Progressive India*.

What is the report on?

- It ranks all states and Union territories based on their year-on-year incremental change and overall performance in health.
- All States and UTs have been ranked in three categories to ensure comparison among similar entities.
- They are accordingly Larger States, Smaller States, and Union Territories (UTs).
- The report has been developed by NITI Aayog with technical assistance from the World Bank.
- Ministry of Health and Family Welfare (MoHFW) was also consulted in the process.
- The report is the first attempt to establish an annual systematic tool to measure and understand the nation's health performance.

What are the highlights?

- **Larger States** - The Health Index is a weighted composite Index, which for the larger States, is based on indicators in three domains.
- These are Health Outcomes (70%), Governance and Information (12%) and Key Inputs and Processes (18%).
- Among the Larger States, Kerala, Punjab and Tamil Nadu ranked on top in terms of overall performance.

- Jharkhand, Jammu & Kashmir, and Uttar Pradesh ranked as top three States in terms of annual incremental performance.
- Some of the indicators for incremental performance ranking include:
 - Neonatal Mortality Rate (NMR)
 - Under-five Mortality Rate (U5MR)
 - full immunization coverage
 - institutional deliveries
 - People Living with HIV (PLHIV) on Anti-Retroviral Therapy (ART)
- Uttar Pradesh, Rajasthan, Bihar, Odisha and Madhya Pradesh occupied the bottom ranks.
- Odisha is estimated to have the highest neonatal mortality rate at 35 per thousand live births.
- **Smaller States** - Among Smaller States, Mizoram ranked first followed by Manipur on overall performance.
- In terms of annual incremental performance Manipur ranked top followed by Goa.
- Manipur registered maximum incremental progress on indicators such as:
 - PLHIV on ART
 - first trimester antenatal care (ANC) registration
 - grading quality parameters of Community Health Centres (CHCs)
 - average occupancy of key State-level officers
 - good reporting on Integrated Disease Surveillance Programme (IDSP)
- **UTs** - Among UTs, Lakshadweep showed best overall performance as well as the highest annual incremental performance.
- It showed the highest improvement in indicators such as:
 - institutional deliveries
 - tuberculosis (TB) treatment success rate
 - transfer of National Health Mission (NHM) funds from State Treasury to implementation agency

What does it imply?

- **Trend** - Clearly, States with a record of investment in literacy, nutrition and primary health care have achieved high scores.
- States and UTs that start at lower levels of development are generally at an advantage in notching up incremental progress.
- Whereas for States with high Health Index scores, it is a challenge to even maintain their performance levels.
- E.g. Kerala ranks on top in terms of overall performance but sees the least incremental change.
- However, the incremental measurement reveals that about one-third of States have registered a decline in their performance in 2016 as compared to 2015.
- **Significance** - Health-care delivery is the responsibility of States, with Centre providing the financial and policy support.
- States' performance in health is crucial for meeting the Sustainable Development Goals over the coming decade.
- The Index hopes to make a difference by leveraging co-operative and competitive federalism for potentially better health outcomes.

WHERE THEY STAND

OVERALL PERFORMANCE

TOP THREE

- Kerala
- Punjab
- Tamil Nadu

BOTTOM THREE

- Bihar
- Rajasthan
- Uttar Pradesh

INCREMENTAL IMPROVEMENT

TOP THREE

- Jharkhand
- J& K
- Uttar Pradesh

BOTTOM THREE

- Gujarat
- Haryana
- Kerala

Source: NII Aayog Health Index

What does it call for?

- Intra-State inequalities in health performance have to be addressed.
- Both the Centre and the States have to scale up their investment on health as a percentage of their budgets.
- The findings stress the need for pursuing domain-specific, targeted interventions.
- Common challenges for most States and UTs include the need to focus on:
 - i. addressing vacancies in key staff
 - ii. establishment of functional district Cardiac Care Units (CCUs)
 - iii. quality accreditation of public health facilities
 - iv. institutionalization of Human Resources Management Information System (HRMIS)
- Additionally, almost all Larger States need to focus on improving the Sex Ratio at Birth (SRB).
- The index could be linked to incentives offered under the National Health Mission by the Ministry of Health and Family Welfare.

4.2 Unequal Access to Healthcare

What is the issue?

- While India boasts of having an ultra modern healthcare infrastructure, the masses in India actually aren't even able to afford even basic medical facilities.
- Our policymakers have shown no real zeal to provide equitable medical care to all citizens cutting across classes.

What is India's vision in the health sector?

- The NITI Aayog's 3 year vision document has recommended the government to prioritise preventive care rather than provide curative care.
- The document has advised the government to focus on the public health as whole and not merely restrict itself to "health care" and hospitals sector.
- Further, it asks the government to better public health infrastructure to cater to the needy who can't afford private care.
- Notably, out-of-pocket expenses for medical care are about 70% of all medical expenditure in India currently.
- While the vision statement spelt out seems ambitious, India's previous track record in health care has resulted in serious scepticism.

How entrenched is class based exclusiveness in our health care sector?

- Divide - It is a hard reality that not all medical interventions are available to every citizen who may need it due shortage of infrastructure and funds.
- The major technological leaps in medicine starting from 1980s have only widened the gap between the private sector and the government hospitals.
- Failures - Every government since Independence has stated egalitarianism as its goal in health care, but the reality has been rather different.
- Many interventions, especially those which are very expensive, continue to be accessible only to those who can pay for them.
- Notably, costly interventions are provided in a few government hospitals, but these are merely tokenism, and an attempt by governments to appear fair.
- Recently - Even the new "Ayushman Bharat Health Scheme" which covers a whopping 40% of India's population seems patchy on this count.
- Notably, the scheme seeks to provide secondary and tertiary care to the economically deprived class, but has a cap of Rs. 5 lakh per family per year.
- While the beneficiaries can access both private and public hospitals for treatment within that limit, it is unlikely help them access costly treatments.



- Notably, there are indications that an explicit “negative list” for procedures which will not be covered under the scheme, will be pronounced.

What are the other flaws in India’s health policy?

- Subsidy - In order to promote investments in health, governments have been giving subsidies to private players in health sector.
- Notably, it is these subsidies that have aided these private hospitals to cater to foreign clients at rates far cheaper than the western world.
- As subsidies in a way are taxpayer’s money, it is a clear case of taking from the poor to give to the rich private corporate hospitals.
- Corporatisation - Private hospital chains in India have entered every segment of medical care including complex tertiary care, and diagnostics.
- Most have large investors from abroad and some are effectively controlled by foreign investors, all of whom benefit from the government subsidies.
- Privatisation - Successive governments have been increasingly dependent on the private sector to deliver health care to the masses.
- The new “Ayushman Bharat Scheme” would only further this dependence and hospital chains are sure to see a significant spike in their profits.

What is the state of our public health institutions?

- As health care is indeed costly and out of reach for most citizens, public hospitals continue to be the only resort for the masses.
- Successive government policies over the year have been favouring private health players over the public sector due to various constraints.
- Public health sector has been largely under-funded, under-equipped and under-staffed, and its quality and credibility eroded over time.
- Consequently, even the morale of the doctors and staff in public hospitals has taken a severe beating in comparison to their private sector peers.
- If public hospitals are to be bettered, coordinated and sustained action is needed on the part of the government, which currently seems lacking.

4.3 Findings on Urban Development by ASICS

Why in news?

5th edition of Annual Survey of Indian City Systems (ASICS) has been released.

What is the survey about?

- ASICS is a health diagnostic of Indian cities, the better a city scores, the better it stands to provide its citizens high quality of life in the medium to long term.
- It evaluates India's city-systems - The complex, mostly-invisible factors (such as laws, policies, institutions, institutional processes) that underpin urban governance and strongly influence the quality of life in India's cities.
- ASICS aims to provide a common frame of reference for political and administrative leaders, business and academia, media and civil society, in different cities to converge on their agenda for transformative reforms.
- Janaagraha Centre for Citizenship and Democracy a non-profit organisation conducts ASICS and releases its results.

What are the findings of the survey?

- The ASICS score (on a scale of 0 to 10) gives a measure of the health of a city’s governance and ability to deliver on quality of life.
- The scores for Indian cities come in the 3.0 to 5.1 range, whereas both London and New York score 8.8, and Johannesburg 7.6.
- Pune, Kolkata and Thiruvananthapuram, which appear in that order, occupied the top three positions in 2016.
- Pune has undertaken some AMRUT reforms and has improved the share of its own revenue in total expenditure and raised the average per capita capital expenditure for the last three years.
- Mumbai has gone down the pecking order, to 9th position in 2017 from its 2nd position in 2015.
- Chandigarh occupies the second lowest rank of 22 and Bengaluru is at the bottom of the list it has declined from rank 12 in 2015 to 23 in 2017, where Chennai has gone from rank eight to 19.

What are the challenges faced by urban cities?

- **Pune** - Even though Pune has secured 1st position it lacks a sanitation and mobility plan and the other administrative reforms.
- **Mumbai** - The city's average per capita capital expenditure for the last three years has gone down despite its robust revenue stream, being the only city whose own revenue exceeds its total expenditure.
- Despite carrying a gargantuan commuter load, it has no comprehensive mobility plan and it has not carried out many of the urban reforms envisaged in AMRUT.
- **Chennai** - It lacks resilience and sanitation plans and a land titling law.
- Proper titles for property owners create an incentive to pay property taxes, raising revenue.
- Expectedly, the share of its own revenue in its total expenditure has gone down.
- **Chandigarh** - The city has hardly any urban local government worth the name and the share of its own revenue in its total expenditure is next to zero.
- **Bengaluru** - The city is rapidly running out of water and has some of the worst traffic jams imaginable.

What are the concerns with the survey results?

- The survey notes that a large part of the missing policy initiative to set things right must come from State governments.
- Due to the result of in-migration by the day urban landscapes gets bigger, in the last three years (2015-17) 20-odd leading Indian cities have progressed at a snail's pace in improving their level of governance.
- Thus urban local government has to be empowered, professionally run and have a mechanism whereby an involved citizenry can claim ownership and demand answers.

4.4 Draft Digital Information in Healthcare Security Act (DISHA)

Why in news?

The Centre has recently released the draft Digital Information in Healthcare Security Act (DISHA).

What are the key provisions?

- **Data** - DISHA aims to ensure protection of digital health data.
- Data here refers to physical, physiological and mental health condition.
- It also includes that on sexual orientation, medical records and history, and biometric information.
- **Right** - DISHA lays down that any health data was the property of the person whom it pertains to.
- The owners have the right to privacy, confidentiality, and security of their digital health data.
- The right to give or refuse consent for generation and collection of such data lies on owners.
- **Mechanisms** - The Act envisages a
 1. health information exchange
 2. State Electronic Health Authority
 3. National Electronic Health Authority
- A clinical establishment and these 3 authorities shall be duty-bound to protect the privacy, confidentiality and security of the owner's digital health data.
- A clinical establishment stands as defined in the Clinical Establishments (Registration and Regulation) Act, 2010.
- Digital health data may be generated, collected, stored, and transmitted by a clinical establishment and by health information exchanges.
- The purposes could include
 - i. advancing the delivery of patient-centred medical care
 - ii. providing appropriate information to help guide medical decisions
 - iii. improving coordination of care and information among hospitals, laboratories, medical professionals, other entities
- The National Electronic Health Authority of India would be a ten-member body.
- It is designed in the long run to become the base for the National Health Protection Mission.
- **Breach** - A serious breach of digital health data is said to have occurred when the breach is intentional or repeated.
- It is also a breach if data security is not ensured as per the standards in the Act or if it is used for commercial gains.
- The draft Act makes any breach punishable from 3 years and up to 5 years imprisonment, or a not less than Rs 5-lakh fine.

- Any person or company who breaches data is liable to pay compensation to the person whose data has been breached.
- Any fine imposed may be provided to the individual, by the Court, as it deems fit as compensation.
- **Case** - No court shall take cognizance of any offence punishable under the Act except on a complaint.
- It could be made by the Central or State Government, the National or State Electronic Health Authority, or a person affected.
- A person or entity charged with data theft or breach does not have the option of challenging the punishment in court.
- The Central and state adjudicating authorities formed under the Act will have the powers of a civil court.

4.5 National Health Profile 2018

Why in news?

The Central Bureau of Health Intelligence (CBHI) recently released the National Health Profile (NHP) 2018.

What are the highlights?

- It is an annual report covering demographic, socio-economic, health status, health finance, health infrastructure and human resources.
- **Expenditure** - Government spends just 1.3% of the GDP for public healthcare.
- This is way less than the global average of 6%.
- India is even below other low-income nations like Maldives (9.4), Bhutan (2.5), and Sri Lanka (1.6).
- Per capita public expenditure by the government on health stands at Rs 1,112 that comes to Rs 3 per day.
- Resultantly, people continue to incur heavy medical expenditure across rural and urban hospitals.
- **Doctors** - There remains a severe scarcity of doctors in the country.
- One allopathic government doctor in India, on an average, attends to a population of around 11,000.
- This is 10 times more than the WHO recommended doctor-population ratio of 1:1,000.
- The situation is worst in Bihar where one doctor serves a population of more than 28,000.
- Uttar Pradesh is ranked second with around 20,000 per doctor.
- It is followed by Jharkhand, Madhya Pradesh, Chhattisgarh and Karnataka.
- Delhi is better in terms of doctor-population ratio which stands at 1:2203. But even this is twice the recommended ratio by the WHO.
- **Indicators** - There is noteworthy progress in health indicators such as the infant and maternal mortality rate as also the life expectancy rate.
- The infant mortality rate at the national level stands at its lowest i.e. 34 per 1,000 live births.
- However the gap between rural (38) and urban (23) infant mortality rate is still high.
- With an 11-point decrease between 2010-12 and 2011-13, the national MMR stands at a rate of 167 per 1,000,000 births.
- The state of Assam (300) has the highest MMR, while Kerala the lowest (61).
- **Diseases** - Rabies remains the most lethal communicable disease, with a 100% fatality rate amongst 97 cases reported in a year.
- The highest figure of deaths due to rabies was reported from West Bengal (26) and Karnataka (15).
- The cases of Influenza A H1N1 (Swine flu) witnessed a 21-time increase from 2016.
- Japanese Encephalitis (a kind of an infection of the brain caused by the JE virus) continues to claim lives with 12% mortality rate in around 2,000 cases.
- The maximum number of cases of JE and death were reported from Uttar Pradesh.
- The figure of dengue cases also saw a rise between 2016 and 2017.

4.6 World Health Day – Significance & Concerns

Why in news?

April 7th of every year is celebrated as World Health Day under the sponsorship of WHO.

What is the significance of World Health Day?

- World Health Day is one of eight official global health campaigns marked by WHO.
- Which include World Tuberculosis Day, World Immunization Week, World Malaria Day, World No Tobacco Day, World AIDS Day, World Blood Donor Day, and World Hepatitis Day.
- On World Health day WHO organizes international, regional and local events related to a particular theme.
- It primarily focuses on universal health coverage by fixing medical infrastructure.



- For the year 2018 the theme is “Universal Health Coverage (UHC): Everyone, Everywhere”.

What are the measures suggested by WHO towards UHC?

- UHC ensures that all people get quality health services, where and when they need them, without suffering financial hardship and not having to make a choice between good health and other life necessities.
- WHO aims to
 1. Inspire – Policy makers by highlighting their power to transform health of the nation by driving policy change.
 2. Motivate – By providing examples of countries who have accomplished this goal and encourage them to find their own path.
 3. Guide - By providing tools for structured policy dialogue on how to advance UHC.

What is the status UHC in India?

- While India has done well on some indicators like immunisation of children for hepatitis B and Diphtheria-tetanus-pertussis.
- India’s health indicators such as Maternal Mortality Rate (MMR) and under-5 Mortality Rate are still on the higher side.
- There is also an increasing number of deaths due to TB and Malaria.
- The probability of an individual dying of the non-communicable diseases such as cancer between ages 30 - 70 is nearly 20 per cent.
- India has a long way to go as its healthcare infrastructure is inadequate and healthcare professionals are deficit particularly in the poorer parts of the country.

4.7 Behavior change for Universal Health

What is the issue?

- WHO commemorates this year's World Health Day (April 7) with the theme “Universal Health Coverage: Everyone, Everywhere”.
- It is essential to understand at this point that healthcare policies incorporate the behavioural component in it.

What are the concerns?

- Health clinics that are accessible and affordable still go unutilised in rural and under-served people.
- Behavioural patterns, old traditions, conventional beliefs, and habits have a strong hold on people.
- There is a long entrenched practice of going to untrained and unqualified doctors.
- There is evidently a lack of trust on existing scientific healthcare models.
- All these in turn affect the success of healthcare efforts.

What is desired?

- The low turnout witnessed at health outlets call for a shift in the approach.
- It takes concerted efforts to address this which include:
 - i. breaking various myths
 - ii. sharing continued education and awareness
 - iii. rendering door-to-door services especially for women and child care
- Notably holding camps and reaching out to the villages proved to be more effective.
- It triggered a change in the behavioural patterns of the villagers who began trusting a scientifically sound model.
- They started moving away from the traditional practices.

What should policies aim for?

- Modifying individual behaviour is essential for the success of any public policy promoting health awareness and healthcare delivery.
- Effective people participation and engagement is significant.
- More interactive health policies are likely of developing public understanding, appealing to a larger consciousness and modifying habits.
- The health models need to be thought-out and viewed from public behavioural psychology during inception and while being drafted.
- Social media, digitisation, tele-assisted medicine, video and audio campaigns can play a significant role in reaching out to people.



4.8 Price Controls in the Health Sector

What is the issue?

- Delhi government has proposed to limit profits margins of hospitals, which dealing in drugs, devices and services.
- While this appears to be a sensible way to protect consumers from profiteering, there are implicit challenges.

What is the proposal?

- The proposal is for capping profits for a range of medicines (and other devices) at 50% of the procurement price or manufacturing cost - whichever is lower.
- The recommendations are seen as a reaction to the recent public outrage that followed the exorbitant prices charged by a private hospital for dengue.
- The bulk of profiteering was found to be involving enormous mark-ups on drugs and such items as surgical gloves and syringes.
- But while these recommendations are electorally popular, it doesn't seem practicable under the current context.

What are the problems?

- **Administration** - It is unclear how costs can be computed with accuracy as manufacturers don't divulge manufacturing costs publicly for most products.
- Computing a "fair procurement cost" will be equally tough for the same reason.
- Hence, the basis of the 50% limit can be open to endless interpretation, which would result in numerous litigations being filed.
- Monitoring hospitals to ensure that they follow these pricing norms is a challenge as the state government doesn't have the resources for the same.
- It will also be difficult to stop hospitals from resorting to innovative ways to circumvent the cap on profits (ex: setting up of supply subsidiaries).
- **Supply Issues** – The proposed administered pricing for medical procedures ignores factors such as the – doctor reputation, and quality of service.
- If their earnings are capped, reputed doctors might migrate to other jurisdictions – which might cause shortage of doctors in Delhi.
- Also, it is to be noted that the previous attempt by the central government to cap medical stents (heart implant) had resulted in its supply shortages.
- Such a scenario might get created across medicines if Delhi's comprehensive profit caps are implemented.

What is the way ahead?

- It is indeed a fact that private hospitals had got many subsidies from governments to enable them provide their services at cheaper costs.
- But most hospitals are charging patients exorbitantly in their pursuit for money, a malice that needs to be addressed.
- But considering the multiple challenges, capping costs isn't a sustainable solution and the government needs to address the root cause of the problem.
- The acute shortage of public healthcare facilities is what is giving the private hospitals headroom to fleece the masses.
- Hence, it would be prudent for policymakers to increase healthcare infrastructure which is currently far short of international standards.
- Significantly, with about 2.71 hospital beds per 1000 people, Delhi fares far behind WHO recommended 5 beds per 1000 population.



4.9 Addressing the Nutrition Crisis

What is the issue?

There is no definite solution yet on what to feed children in anganwadis, to address poor child nutrition in India.

What is the nutrition scenario?

- The National Family Health Survey-4 (NFHS-4) shows a drop in underweight and stunted children under five years of age.
- But the absolute numbers are still high.
- Around 35% children are underweight and 38% are stunted in that age group.
- Many children have died of malnutrition in India.
- The body mass index of around 22% women aged 15-49 indicates chronic energy deficiency.
- NFHS data show several States performing worse than the national average.
- 'Nourishing India', NITI Aayog's recent report, refers to acute malnutrition levels of about 25% in some States.

What is the recent tussle?

- Minister of Women and Child Development has recently made a proposal in this regard.
- It suggested replacing ready-to-eat food as take-home dry ration with energy-dense nutrient packets.
- It suggests offering packaged/processed fortified mixes to children.
- These can be in powdered form and mixed with food for anganwadi beneficiaries.
- Instead of take-home ration, 30 such packets could be dispatched to a beneficiary for a month through the postal department.
- However, hot-cooked meal is put forth by many as unsubstitutable to address poor child nutrition.
- These include the officials of the Ministry themselves.

What are the Nutrition Council's decisions?

- The *National Council on Nutrition* (NCN) has unanimously **rejected the proposal** to replace ready-to-eat food.
- Existing practice of hot cooked meals for children (3-6 years) age group would be continued.
- Take-home ration (THR) would be continued for children (6 months-3 years), and pregnant women and lactating mothers.
- This would be as decided by the State governments in conformity with
 1. the National Foods Security Act, 2013
 2. the Supplementary Nutrition Rules, 2017
- It was also agreed to involve mothers of anganwadi beneficiaries.
- They would take part in preparation of meals, to ensure quality and encourage public participation.
- The council has also directed that pilot projects be conducted in 10 select districts on cash transfers instead of take-home rations.
- The Minister has however opposed the idea saying that there is no guarantee that beneficiaries would use the money for food.

What should be done?

- Tinkering with the existing ICDS scheme (Anganwadi Services Scheme) is seen to be fraught with danger.
- Attempts to substitute meals or rations with factory-made nutrients will inject commercialisation into a key mission.
- This could upset the fundamental nutritional basis of the scheme.

POSHAN Abhiyaan (National Nutrition Mission)

- POSHAN Abhiyaan envisages undertaking activities to improve
 - i. the service delivery system
 - ii. capacity building of front line functionaries
 - iii. community engagement for better nutritional outcomes
- An Executive Committee is set up under the Chairpersonship of Secretary, Ministry of Women & Child Development.
- It provides policy support and guidance to States/ UTs from time to time.
- A **National Council on India's Nutrition Challenges** is set up under the Chairpersonship of Vice Chairman, NITI Aayog.

National Council on India's Nutrition Challenges

- The National Council on India's Nutrition Challenges is headed by Vice-Chairman of the NITI Aayog.
- It was constituted to provide policy directions to address nutritional challenges in the country.
- It ensures effective coordination and convergence between Ministries which have a sectoral responsibility for the nutrition challenge.
- It is also tasked to review programmes on a quarterly basis.



- Instead, anganwadi workers have to be empowered to ensure proper delivery of existing services.
- Provision of physical infrastructure and funding, besides closer monitoring of anganwadi services, could be ensured.
- Local self-help groups could be engaged to ensure “region-location based recipe and dietary diversification.”
- Theoretically, the mission covers every child, but in practice it is not accessible to all, and this needs redressal.

4.10 India's Malnutrition Problem

What is the issue?

More than two-thirds of Indian districts in north and central India have high to very high levels of stunting.

What is stunting?

- Stunting is a complex problem which is related to the low height of the children with respect to their age.
- Stunting prevalence (percentage of under-5 children who have a low height for their age) is an important indicator of the nutritional status of children.
- The factors which are believed to implicate stunting are prenatal health, breastfeeding and diet.
- Children in richer South Asian countries are shorter on average than those in poorer Sub-Saharan African countries.
- Much of the height variation among those regions could be explained by various socio-economic factors.

What are recent findings on stunting in India?

- A study on stunting was conducted by the Washington-based agri think tank International Food Policy Research Institute (IFPRI).
- According to the study more than two-thirds of India's 640 districts, mainly in north and central India, have high to very high levels of stunting
- The study has analysed and spatially mapped data from the National Family Health Survey (NFHS 2015-16) on India's high childhood stunting prevalence of 38.4%.
- A third of the global population of stunted pre-schoolers are in India.
- It concluded that very high-stunting districts could eliminate 71% of the gap with low-stunting districts if they are able to improve on specific issues of gender and inequality.
- These include differences in women's low body mass index, women's education, children's adequate diet, assets, open defecation, age at marriage, antenatal care, and household size.

What measures need to be taken?

- The study shows that only focusing on health- and nutrition-related factors under the existing Integrated Child Development Scheme (ICDS) isn't enough.
- There is need to address gender-related inequalities at the district level so as to reduce stunting.
- Factors concerning women across their life cycles, such as their education, nutrition, age at marriage, care during and after pregnancy, play a significant role, as do the overall socio-economic status of the household need be addressed.
- Recently Union government has also launched National Nutrition Mission (POSHAN Abhiyaan) with a district-level focus to reduce stunting.

4.11 Malnutrition Crisis in India

Why in news?

According to official reports Maharashtra has high level of malnutrition among children in the tribal belts.

What is the malnutrition crisis in Maharashtra?

- According to NFHS 2015-16, every second tribal child suffers from growth restricting malnutrition due to chronic hunger.
- India's malnutrition crisis is worse than in some of the world's poorest countries Bangladesh, Afghanistan and Mozambique.
- This level of poor nutrition security disproportionately affects the poorest segment of the population.



- In 2005, child malnutrition claimed as many as 718 lives in Maharashtra's Palghar district alone.
- Even after a decade of double digit economic growth (2004-05 to 2014-15), Palghar's malnutrition status has barely improved.
- Due to this National Human Rights Commission issued notice to the Maharashtra government over reports of 600 children dying due to malnutrition in Palghar,

How the stunting status has been calculated?

- Stunting is caused by an insufficient intake of macro- and micro-nutrients.
- It is generally accepted that recovery from growth retardation after two years is only possible if the affected child is put on a diet that is adequate in nutrient requirements.
- A critical aspect of nutrient adequacy is diet diversity, calculated by different groupings of foods consumed with the reference period ranging from one to 15 days.
- The eight food groups include - cereals, roots and tubers, legumes and nuts, dairy products, flesh foods, eggs, fish, dark green leafy vegetables, and other fruits and vegetables.

What are the concerns with diet pattern in tribal areas?

- In most households it was rice and dal which was cooked most often and eaten thrice a day and these were even served at teatime to the children if they felt hungry.
- There was no milk, milk product or fruit in their daily diets, Even the adults drank black tea as milk was unaffordable.
- Only 17% of the children achieved a minimum level of diet diversity they received four or more of the eight food groups.
- This low dietary diversity is a proxy indicator for the household's food security too as the children ate the same food cooked for adult members.
- Such acute food insecurity in tribal households is due to a loss of their traditional dependence on forest livelihood and the State's deepening agrarian crisis.

What measures needs to be taken?

- Systemic issues and a weakening of public nutrition programmes have aggravated malnutrition problem in India.
- Analysis of the various State's Budget also shows that the nutrition expenditure as a percentage of the State Budget has drastically declined.
- It is time the government looks at the root cause of the issue and finds a sustainable solution for tackling malnutrition.
- Employment opportunities for the marginalised which would improve their purchasing power and, in turn, reduce malnutrition
- Respective governments need to properly implement schemes like Integrated Child Development Services to check malnutrition.

4.12 Food Security and Nutrition in the World

Why in news?

The UN's State of Food Security and Nutrition in the World report points to a worrying trend on food security at global level.

What are the highlights?

- Absolute numbers of people facing hunger and poor nutrition have always been high.
- However, there was a reduction in the rate of undernourishment since the year 2000.
- But that has slowed from 2013, registering a worrying increase in 2016.
- Around 815 million people endure chronic food deprivation in 2016, as against 775 million in 2014.
- The deprivation is greater among people in conflict-affected and climate change events affected regions.
- Contrastingly, the report says that child undernutrition rates continue to drop.
- However, one in four children is still affected by stunting.

What are the causes?

- The above numbers are averages and do not reflect the disparities among regions, within countries and between States.
- Nevertheless, the common factors making food scarce and expensive for many are:
 - i. the impact of the economic downturn
 - ii. many violent conflicts



- iii. fall in commodity export revenues
- iv. failure of agriculture owing to drought and floods
- The findings represent a setback to all countries trying to meet the Sustainable Development Goal
 - i. on ending hunger
 - ii. achieving food security
 - iii. improved nutrition

What is the case with India?

- India's efforts at improving access to food and good nutrition are led by the National Food Security Act.
- There are special nutritional schemes for women and children operated through the States.
- Despite these, 14.5% of the population suffers from undernourishment.
- At the national level, 53% of women are anaemic.
- Thus, Centre and State governments fall short on the commitment to end undernourishment.
- Institutions such as the State Food Commissions have not made a big difference either.
- Distributing nutritious food as a public health measure is still not a political imperative.

4.13 Irregularities in Organ Transplantation

Why in news?

Some irregularities in connection with organ transplantations have been found in the state of Tamil Nadu.

How has TN been in organ transplantation?

- Tamil Nadu is a pioneer in orderly and transparent allocation of deceased-donor organs.
- It has worked consistently to eliminate commerce in kidneys procured from poor living donors.
- The Transplant Authority of Tamil Nadu has served as a model for other States.
- The state also offers a subsidy for poor patients for a liver transplant.
- Every effort must be made to ensure that it retains this high reputation.

What is the recent finding?

- The Union Ministry of Health & Family Welfare has found some irregularities in organ transplantation in TN.
- Preferential allotment of hearts and lungs has been made to foreign patients.
- Hearts harvested from brain-dead patients were given to foreign nationals admitted to corporate hospitals.
- International patients get priority in cadaver transplants, bypassing long list of Indians.
- The Directorate General of Health Services convened a meeting and framed strict guidelines for allocation of organs to foreigners.

What is the procedure?

- The provisions are laid out in the Transplantation of Human Organs and Tissues Rules.
- State governments are expected to ensure that transplantations are done legally and ethically.
- Citizens enrolled in the State and national waiting lists are prioritised over foreign nationals.
- Organs go to the most suitable recipients on the rule-based parameters.
- It is offered to domicile, citizenship, Indian origin and foreign nationality, in that order.

NOTTO

- The National Organ and Tissue Transplant Organisation (NOTTO) functions under the Ministry of Health & Family Welfare.
- It is an all-India apex body for coordination and networking for procurement and distribution of organs/tissues and transplantation.

What lies ahead?

- There must be an inquiry into how allocations for organ transplants are made in Tamil Nadu.
- Any inquiry should shed light on the factors that led to the decisions.
- It should importantly include whether registered citizens were overlooked.
- Hospitals and professionals engaging in commerce or unethical behaviour should be addressed.
- It has to cover such issues as the capacity of district-level hospitals to perform transplants.
- Arrangements to air-lift organs should also be addressed, since domestic patients are unable to afford flight facilities.
- Enrolling all domestic patients through State registries should be the priority for the NOTTO.



4.14 Fairness in Organ Transplantation

What is the issue?

- Foreign nationals have been found to be receiving disproportionately more cardiac transplants over locals in India despite dearth of donors.
- Recently, a controversy has erupted in this regard, opening up a debate that could help in correcting the faultiness in our transplantation policy.

What are the problems in the India's current transplant policy?

- India's organ allocation program currently lacks transparency.
- While Tamil Nadu has one of the best "deceased donor programs" in the country, there are some concerns regarding alleged preferential allocations.
- Recently, the controversy has heated up due to a leaked communication from the head of the "National Organ and Tissue Transplant Organisation".
- As public credibility is vital for the sustenance of any program, faith among the masses needs to be restored at the earliest.

Why are foreigners getting more transplants done?

- While there is a foreigner skew for recipients across organs (liver, kidneys etc...), the trend is pronounced in heart transplants.
- This is because, unlike others, heart transplant require a deceased donor, which is difficult to spot in countries that don't have dedicated programs.
- So patients with advanced heart failure from countries that don't have a deceased donor programme have no option but to try their luck in India.
- As most heart transplants are performed in corporate hospitals, the costs in India are well beyond a large majority of the local population.
- Hence, as affordability among foreign nationals is more, there is a clear skew that is visible among recipients.

What needs to be done?

- For ensuring credibility in the deceased organ donation program, mere calls for transparency in organ allocation won't work.
- Rampant privatisation has led to a profit oriented approach to health and has thereby financially skewed organ transplants to the rich.
- We will have to ensure that organs will go to those who need them the most rather than to those who can pay for them.
- Subsidising transplantation cost (in private) and quota based organ allocation to public hospitals are some options that can be considered to ensure fairness.
- This would mean, public hospitals should step up their capacity to integrate with 'deceased donor programmes' to catch up with their private counterparts.

4.15 Understanding the TB Challenge

What is the issue?

- India has a high prevalence of TB with an annual incidence of 28 lakhs or 27% of the total global TB incidences.
- Hence, India is currently the TB capital of India and to outsmart the disease, India must intercept - infection, progression and transmission.

What is TB?

- Tuberculosis (TB) is a disease caused when one gets infection with TB bacilli.
- It has the unique character of mimicking other diseases and hence confuses doctors, which delays diagnosis and further treatment.
- Notably, the common symptom associated with Cough and blood in sputum occurs only in **lung TB** and there are others like **Brain TB, Pelvic TB** etc...
- TB can affect the lungs, brain, bones, joints, the liver, intestines or for that matter any organ and can progress slowly or kill in weeks.
- There are 3 distinct stages in TB - infection, progression, transmission.
- **Infection** - Infection occurs when TB bacilli are inhaled and the Bacilli may stay in the lungs or travel to other organs.



- Once infected, the bacillus persists lifelong inside an organism's body, but lies dormant - This phase is "latent TB".
- This can be diagnosed by a "Tuberculin Skin Test" (TST) and cumulatively, 40% to 70% of us are estimated to be living with latent TB.
- **Progression** - From this dormant bacterium pool, a few germs slowly lead to the progression of disease in a time span of anywhere between 5 – 30 years.
- Hence, the TB disease sets in only when bacilli become active and starts multiplying, and this phase is called "active TB".
- **Transmission** - Only when active TB affects the lungs do bacilli find an exit route to the atmosphere, which is the only mode of transmission.

What is the current status of TB in India?

- The incidence rate of tuberculosis (TB) in India is estimated at 200-300 cases per lakh population per year, whereas it is only 5 per lakh in Europe.
- Revised National TB Control Programme (RNTCP) provides for free diagnosis and treatment, but it doesn't track incidences and there are no targets.
- Estimates are that every day 1,200 Indians die of TB, a calamity rate unrivalled by any other disease and a clear indication that control efforts are failing.
- Hence, this calls for a more robust and specific health interventions to foster a deliberate reduction of incidence to as low as practicable.

What are the challenges?

- While curative treatment is the patient's urgent need, it will not control the spread of TB as germs already gets spewed due to delayed diagnosis.
- As cough is a very common symptom, TB isn't suspected until other treatments have failed, which delays targeted treatment.
- Inclination to self-medication through pharmacies, where patients don't see a doctor until things get complicated is another worry in India.
- Additionally, according to RNTCP guidelines, testing is done only after two weeks of consistent cough, which results in the loss of precious lead time.
- Also, 70% of people seek treatment in the private sector and as the mandatory reporting system for TB isn't rigorous – incidences might be underestimated.
- Hence, strengthening public-private sector health partnership and establishing efficient primary health care services is essential for early diagnosis of TB.

What is the way forward?

- **Prevention** - Public education on TB and its prevention must replace ignorance and misconceptions that are presently prevalent.
- While dealing with the disease after onset is difficult, it is easier to prevent transmission and infection by healthy public etiquettes.
- TB cases can be greatly reduced if basic health sensitiveness of not spitting in public and "mouth covered cough and sneeze practices" are adopted.
- Notably, a person with "Lung TB" disseminates TB bacilli over several weeks and by the time dissemination stops, it would've already affected many others.
- To block transmission, treatment should begin as soon as symptoms show up, which will effectively bring down incidences.
- **Treating latent TB** - Drug treatment of "latent TB" is an option and it has been recommended for all children in the 5-10 age group to be screened for TST.
- Treatment of latent TB will prevent its progression to active TB and consequently brings down the "Annual Risk of Tuberculous Infection" (ARTI).
- While these will take as much as 2 to 3 decades, this is the only way to achieve sustained reduction of TB incidences and a start has to be made now.
- Any further delay can be catastrophic as the TB microbes are increasingly becoming multi drug resistant.

4.16 Neglected Tropical Diseases in South Asian Region

What is the issue?

- South Asian region has recorded a notable progress in eliminating and containing various diseases.
- However, the status of neglected tropical diseases (NTDs) in the South Asian region calls for a last-mile push.



What are the health achievements in South Asia?

- **Over all** - Polio has been vanquished.
- Maternal and neonatal tetanus has been eliminated.
- HIV, TB and malaria epidemics have been halted and reversed after decades of struggle.
- These will hopefully be ended altogether in the coming years.
- **Regional** - India is now yaws-free.
- Maldives, Sri Lanka and Thailand have eliminated *lymphatic filariasis* as a public health problem.
- Nepal is in the process of validating the elimination of *trachoma* as a public health problem.
- Nepal also maintained the elimination target for *kala-azar* for more than 3 consecutive years.
- By the end of 2017, 100% of sub-districts in Bangladesh and 90% of blocks in India had done the same.
- As a whole, the region remains responsible for the world's largest *preventive chemotherapy campaign*.

Preventive Chemotherapy Campaign

- This is a public health strategy recommended by WHO against a set of Neglected Tropical Diseases.
- Preventive Chemotherapy consists of the regular, large-scale administration of drugs, either alone or in combination.
- It is administered to entire population groups, with the aim of reducing transmission and associated morbidity.

Kala-azar

- Visceral leishmaniasis (VL), also known as kala-azar, is caused by the protozoan *Leishmania* parasites.
- It is transmitted to humans through infected sandflies.
- The parasite migrates to the internal organs such as the liver, spleen, and bone marrow; if left untreated, it may result in death.
- It is characterized by irregular bouts of fever, weight loss, enlargement of the spleen and liver, and anaemia.
- It is endemic to the Indian subcontinent in 119 districts in four countries (Bangladesh, Bhutan, India and Nepal).

What are the shortfalls?

- NTDs include diseases like leprosy, trachoma, lymphatic filariasis and kala-azar.
- As the name suggests, NTDs take their most severe toll on the poor and marginalised communities.
- The political influence of these sections is limited and their health needs are often overlooked.
- Evidently, South Asian region has eliminated leprosy as a public health problem.
- But the disease continues to circulate among vulnerable communities.
- They accounts for more than 60% of leprosy-caused grade two disabilities worldwide.
- Similarly, several member countries have eliminated *lymphatic filariasis*.
- However, its burden continues to haunt communities in remote and hard-to-reach areas elsewhere.
- Region-wide, 53% of all people require mass drug administration to stay free of this disfiguring disease.

Schistosomiasis

- Schistosomiasis is an acute and chronic disease caused by parasitic worms.
- People are infected during routine agricultural, domestic, occupational, and recreational activities, which expose them to infested water.
- Water contamination due to excreta containing parasite eggs, which hatch in water, is also a mode of transmission.

What is the way forward?

- No member country of the South Asian region can be complacent as one of the 20 NTDs is endemic to each of them.
- Stable **domestic funding** for national programmes is central to taking forward the progress achieved so far.
- Member countries must ensure programming is both dynamic and flexible i.e. pursuing large-scale campaigns as well as working creatively across sectors.
- Going for **mass drug administration** where appropriate and strengthening NTD-related services at the primary level are essential.

Trachoma

- Trachoma is a disease of the eye caused by infection with the bacterium *Chlamydia trachomatis*.
- It causes blindness or visual impairment. It is the cause for about 1.4% of all blindness worldwide.
- Blindness from trachoma is irreversible.
- Environmental risk factors influencing the transmission of the disease include:
 - i. poor hygiene
 - ii. crowded households
 - iii. water shortage
 - iv. inadequate latrines and sanitation facilities



- Simultaneously, **specific efforts** such as roping in agro-engineers in the battle against *schistosomiasis* can be taken up.
- Similarly, **vector control** must be actively pursued and harnessed by programmes at the local level.
- These can have immediate and substantial impact on disease transmission in NTD-affected areas.
- Importantly, member countries should take full advantage of innovations in **research and technology**.
- The effective use of rapid **diagnostics** can facilitate swift and accurate diagnosis of a range of NTDs.
- IT infrastructure should be integrated with existing surveillance systems to allow programme managers to gather, analyse and act on real-time data.
- Ensuring all communities have **access** to health services and the benefits they provide is essential to make them free of NTDs.

Lymphatic filariasis

- Lymphatic filariasis is commonly known as elephantiasis.
- It is caused by infection with parasites classified as nematodes (roundworms), which are transmitted to humans through mosquitoes.
- Mosquitoes are infected with microfilariae by ingesting blood when biting an infected host.
- Infection is usually acquired in childhood causing hidden damage to the lymphatic system.
- Its visible manifestations may occur later in life, causing temporary or permanent disability.

4.17 Concerns of Hepatitis Virus

Why in news?

WHO has listed viral hepatitis as a major public health problem throughout the world and particularly in India.

What is Hepatitis?

- Hepatitis A virus and hepatitis E virus are responsible for sporadic infections and the epidemics of acute viral hepatitis.
- Hepatitis B virus and hepatitis C virus predominantly spread through the parental route and are notorious for causing chronic hepatitis.
- Hepatitis C is caused by a blood-borne virus, which affects the liver, it could spread through the use of injectable drugs, unsafe injection practices and transfusion of unscreened blood.
- However unlike hepatitis B, it is not sexually transmitted and there is no known vaccine for hepatitis C.

What are the findings of WHO report?

- According to WHO Hepatitis is preventable and treatable but remains an acute public health challenge globally and in the Southeast Asia region.
- Viral hepatitis kills approximately 4 lakh people every year in the Southeast Asia region and is responsible for more deaths than HIV and malaria put together.
- WHO says these high numbers are unacceptable as there is an effective vaccine and treatment for hepatitis B, and over 90% of the people with hepatitis C can be cured.

What is the status of Hepatitis in India?

- Water and blood-borne viral hepatitis is an important public health issue in India.
- In India viral hepatitis is causing premature death and disease with over 10 million people chronically infected with hepatitis B and C, this is six times the number of HIV/AIDS patients.
- The fact is that 95% of the people with chronic hepatitis do not know they have been infected and less than 1% have access to treatment.

What are measures needs to be taken?

- Union Health Ministry's National Programme for Control of Viral Hepatitis for 2018-19, with a budget of ₹600 crore for the next three years, hopes to screen the vulnerable population and provide free treatment where needed.
- The National Hepatitis Policy will translate into better surveillance and detection of water and blood-borne hepatitis viral infections in various regions.
- Availability of safe and potable water, early screening, vaccination and prevention of misuse of disposable needles and syringes will help to eliminate treatable viral hepatitis.



- Easy availability of the newly discovered drugs at a reasonable price will help to make India free of viral hepatitis by 2030

4.18 Nipah Virus Panic in Kerala

What is the issue?

- The lethal Nipah Virus has been spreading in northern Kerala, creating a health emergency and widespread panic.
- The Zoonotic virus is suspected to have spread to humans from infected bats, and actions to curtail the spread of infections are currently underway.

How is the current episode panning out?

- Nipah spreads from fruit bats to humans and other animals, mainly through bad dropping or bodily remains and then spreads laterally within a species.
- But less than 1% of the fruit bats are estimated be infected with Nipah virus and it is even rarer for it to infect humans.
- It is indeed highly contagious within humans, and the current episode in Kerala even killed a nurse who was treating another Nipah patient.
- The outbreak has already cost the lives of 10 people out of 12 confirmed cases in Kozhikode and Malappuram of Kerala.
- Notably, the previous serious outbreak in India was in 2001, when the Siliguri district of West Bengal recorded 42 Nipah related deaths.
- The disease has a high mortality rate, but experts stress that there is no reason to panic because Nipah outbreaks have always been generally localised.

What are the symptoms of Nipah?

- The classical symptom is acute and rapidly progressive encephalitis (brain inflammation and pain) with or without respiratory involvement.
- Other more noticeable symptoms include non-productive cough during the early part of the disease.
- Nipah encephalitis comes with 3-14 days of fever and headache, followed by drowsiness, disorientation and mental confusion.
- Acute encephalitis progresses to coma within 24-48 hours.

How can the spread of Nipah be contained?

- Virologists working on the ground have asserted that early diagnosis has helped in containing the spread in the current case.
- Timely laboratory confirmation and aggressive tracing of those who came in contact with patient can contain spread of the virus.
- This is very important because there is no effective specific treatment for the infection and hospitalisation is only to support our bodily immune systems.
- Standard infection control practices (like washing and sanitising) and proper barrier nursing techniques are also critical for curtailing spread.

4.19 Suspicions over HPV Vaccine

What is the issue?

- Globally there are reliability debates over the efficiency of HPV vaccine.
- India has planned introduced the vaccine in its universal immunisation program, despite small risks of the vaccine.

What is HPV?

- Human papillomaviruses (HPVs) which can be easily spread through direct sexual contact, from the skin and mucous membranes of infected people to the skin and mucous membranes of their partners.
- HPV infection is so common, most people get HPV infections shortly after becoming sexually active for the first time.



- Low-risk HPVs can cause skin warts on or around the genitals and anus and recurrent respiratory problems.
- High-risk HPVs, which can cause cancer Cervical cancer, Anal cancer, Oropharyngeal cancers (cancers of the middle part of the throat)
- Most high-risk HPV infections occur without any symptoms, go away within 1 to 2 years, and do not cause cancer.
- Persistent infections with high-risk HPV types can lead to cell changes that, if untreated, may progress to cancer.
- HPV vaccination can reduce the risk of infection by the HPV types targeted by the vaccine.

What are the issues with the HPV vaccine?

- There are suspicions over the HPV vaccine that they may be causing a trio of rare illnesses such as
 1. Postural Orthostatic Tachycardia Syndrome (POTS) - It is an abnormal increase in heart rate when a patient stands up.
 2. Complex Regional Pain Syndrome (CRPS) - It is unexplained, severe pain in a limb.
 3. Chronic Fatigue Syndrome (CFS) - It is debilitating tiredness that leaves patients unable to function normally.
- All three are poorly understood conditions and often go undiagnosed.
- POTS and CFS sufferers may have other symptoms like nausea, sleep disturbances, and chronic pain.
- It is important to note that these are only suspicions, there is no evidence that these illnesses are caused by the vaccine.
- On the other hand, even if POTS and CRPS are shown to be caused by the vaccine, the incidence in vaccine recipients is likely to be very low.

What is the stand of India over the vaccine?

- India has the largest burden of cervical cancer in the world and about 70,000 women die of it each year.
- Around 70% of these cases are caused by infections from HPV strains, which the vaccines prevent.
- So India is introducing HPV vaccines in its Universal Immunisation Programme (UIP), by which millions of girls in India aged between 9 and 14 years will get the vaccines for free.
- Given the rarity of these side effects and high burden of disease, India has taken the decision to go ahead with the vaccine.
- India senses that there is a small risk of the vaccine being linked to the syndromes, but the benefits outweigh the risks.

4.20 Policy Responses to Tackle Obesity

What is the issue?

- In recent times Obesity in India has become a major concern.
- Policy measures needs to be taken in order to tackle the health challenges in India.

What are the prevailing nutrition challenges in India?

- In India 26 million children suffer from wasting (a low weight-for-height ratio), more than in any other country.
- India has the second highest number of obese children in the world 15.3 million in China and 14.4 million in India, an additional 2.6 million children will be obese in India by 2025.
- Rising obesity is putting pressure on already fragile health systems in India by posing a high risk of chronic diseases such as cardiovascular diseases, diabetes and some cancers.
- Research shows that Indians have higher levels of body fat and lower levels of lean muscle when compared to many other populations.
- In India there is compelling evidence that heart disease and diabetes impose high burdens of catastrophic health expenditure, result in a loss of livelihoods and crush people into poverty.



- With no insurance or personal savings, a heart disease diagnosis can compromise a person's wealth as well as health.

What measures has been taken by the government?

- To address the health concerns union government announced that it would release an annual "state of nutrition" report.
- The report would detail India's level of stunting, malnutrition and feature best practices for States to scale up nutrition interventions.
- India's high-level commission and a UN General Assembly meeting on NCDs are giving new life to existing evidence-based yet largely unimplemented plans of action.
- India looks ambitiously toward a universal health coverage system where everyone can access quality health services that are free of financial burden.

What measures needs to be taken?

- India's policy responses should include agricultural systems that promote crop diversity as well as regulatory and fiscal measures (to decrease the availability, affordability and promotion of unhealthy foods, while making healthy foods more accessible).
- For example, taking the lead from a directive by the Delhi High Court, India should ban the sale of junk food in and around schools.
- Obesity management, prevention and treatment should be provided as essential health services.
- India should link obesity and undernutrition and treat them as twinned challenges to be jointly addressed under the universal health coverage umbrella.
- By tackling obesity through prevention and early care, financially debilitating NCDs can be avoided.
- India will be in a better position to fulfil the promise of universal health coverage if it disrupts the cycle whereby poverty leads to NCDs and vice versa.

4.21 Cardiovascular Disease Risk

What is the issue?

Wealthier and more urbanised states tend to face a higher risk of cardiovascular disease (CVD).

What does the data reveal?

- Cardiovascular disease risk varies widely among states.
- Kerala faces the highest risk of CVD at 19.5%.
- Jharkhand has the lowest risk at 13.5%.
- CVD risk is found to be the highest in the Northern, North-eastern and Southern states.

What are the driving factors?

- In the North, Northeast and South, higher body mass index, hypertension, diabetes and smoking prevalence contributed to the risk.
- **Socio-economic** - There is high variation of risk factors, such as smoking and diabetes.
- This was influenced by adults' socio-demographic characteristics.
- BMI and blood glucose and blood pressure were associated with wealth and living in an urban area.
- Prevalence of high blood glucose and high BP was high in middle and old age among the poorer groups, and in rural areas.
- Smoking was more common in the poorer groups, in rural areas, and among males.
- It was most prevalent among males in the North-eastern states and West Bengal.
- **NCD & CD** - Non-communicable diseases (NCDs) and communicable diseases (CDs) have an inverse relation.
- E.g. states like Jharkhand have higher prevalence of CDs, while there is a low prevalence of NCD.
- Developed states have a higher NCD burden and lower CD burden.
- **Development** - Some states are at high risk of CVDs as they are ahead in development and have better healthcare facilities.
- In less developed states like Jharkhand, life expectancy at birth is less than in developed states like Kerala.
- Life expectancy is affected by disease pattern.
- **Lifestyle** - Lifestyle, dietary patterns and other factors have played a role in the variations.
- Another factor is obesogenic environment which promotes weight gain and is not conducive to weight loss.
- It includes higher urbanisation, walking less, using lift instead of stairs, and easy availability of high-calorie food.



- The data would help in allocating resources to prevent cardiovascular disease to the most in need.

4.22 India's Accession to WHO's Tobacco Protocol

Why in news?

Cabinet has recently approved accession to the Protocol under WHO Framework Convention on tobacco control (WHO FCTC).

What is the protocol for?

- The protocol lays down obligations of the parties to the convention.
- It spells out supply chain control measures that must be adopted by the parties.
- These include:
 - i. licensing of manufacture of tobacco products and machinery for manufacturing of tobacco products
 - ii. due diligence to be kept by those engaged in production, tracking and tracing regime, record keeping, security, etc
 - iii. measures to be taken by those engaged in e-commerce, manufacturing in free-trade zones and duty free sales
- The protocol lists out offences and enforcement measures such as seizures and disposal of seized products.
- It calls for international cooperation in information sharing, maintaining confidentiality and training.
- It also stresses on cooperation in scientific, and technical and technological matters.

WHO FCTC

- The WHO Framework Convention on Tobacco Control is the first international public health treaty negotiated under the auspices of the WHO.
- It was developed and adopted by the Conference of Parties (COP) which is the governing body of FCTC.
- The objective is to provide a framework for supply and demand reduction measures for tobacco control at the national, regional and global levels.

What is the significance?

- India is a party to the World Health Organization Framework Convention on Tobacco Control (WHO FCTC).
- The decision to accede to the Protocol under it aims at eliminating illicit trade in tobacco products.
- It would also enable India to influence international organizations in controlling illicit trade. E.g. World Custom Organization
- It will be applicable to both smoking and chewing or smokeless tobacco (SLT) forms.
- This will help in strengthening comprehensive tobacco control, leading to reduction in its use.
- This, in turn, will result in reduction in disease burden and mortality associated with tobacco use.
- The protocol significantly strengthens the legal dimensions for international health cooperation.

4.23 Global Roadmap to Tackle Cholera

Why in news?

A New Global Roadmap to eradicate cholera has been developed by the Global Task Force on Cholera Control (GTFCC).

What is the Roadmap of GTFCC about?

- With the goal of reducing cholera deaths by 90 per cent and eliminating the disease in at least 20 countries by 2030, the new Global Roadmap developed by the Global Task Force on Cholera Control (GTFCC) is a renewed approach to tackle the epidemic.
- It is an endeavour to get affected countries commit to an effective mechanism by supporting them through technical expertise, financial resources and operational structures by encouraging partnerships at local and global levels.
- The roadmap comprises three strategic initiatives such as
 1. Focus on containing cholera outbreaks.
 2. Quick detection through surveillance and enhanced laboratory capabilities.

Cholera

- It is a bacterial disease causing severe diarrhoea and dehydration, usually spread in water.
- Key symptoms are diarrhoea and dehydration, rarely shock and seizures may occur in severe cases.
- It can be fatal if not treated right away.
- The treatment includes rehydration fluids and antibiotics.
- World's high-income countries have been cholera-free for nearly 150 years.
- Despite this progress at least 47 countries still remain under the cholera threat.

3. Immediate and effective response systems.

- In addition, a multi-sectoral intervention will focus on “hotspots” (geographies with a high incidence of cholera) to implement control measures such as water, sanitation, and hygiene (WASH) and oral cholera vaccines (OCVs).
- The GTFCC will also facilitate efficient coordination between countries to provide necessary technical support and resource mobilisation.

What are the challenges in eradicating cholera?

- Scarcity of Resources -Commonly-available interventions which can prevent and control cholera have largely been ineffective, driven mainly by the scarcity of basic resources.
- With rapid population growth, urbanisation, climate change and the growing scarcity of resources, the risk of cholera is expected to continue increasing.
- Socio-Economic Challenges -Geographical patterns of cholera outbreaks have shown that economically weaker countries are disproportionately affected.
- More than two billion people in vulnerable countries still access drinking water from contaminated sources, and over 2.4 billion people lack access to basic sanitation facilities.
- Vulnerable countries still struggle to meet their basic WASH targets, with over 80 per cent of them reporting insufficient availability of financial resources.
- Areas affected by adverse events and calamities conflict, war and famines are at a significantly higher risk.
- With an estimated \$2 billion in global healthcare costs and lost productivity every year, cholera carries a significant economic burden.

GTFCC

- WHO revitalized the Global Task Force for Cholera Control (GTFCC) to strengthen WHO’s work in eradicating cholera.
- GTFCC has collaboration and coordination among relevant WHO departments and other relevant stakeholders.
- The purpose of the GTFCC is to support increased implementation of evidence-based strategies to control cholera.
- The GTFCC shall not be responsible for developing any technical norms or standards.

What measures needs to be taken?

- Providing access to safe drinking water, improving basic sanitation facilities, access to basic medical care are mandatory requirements for a healthy nation.
- Implementing mass immunisation programmes is a vital component to accelerate the process of making the countries cholera-free.
- With a renewed strategy, the global roadmap aims to implement a series of initiatives to address the cholera epidemic, this needs to be implemented by the cholera affected countries.

4.24 UNAIDS Progress Report

What is the issue?

- India has made good progress in prevention and treatment of HIV-AIDS.
- But reducing stigma against the disease is vital to further the progress.

What are the worldwide trends in HIV treatment?

- A report of “Joint United Nations Programme on HIV/AIDS” (UNAIDS) notes that rapid progress has been made regarding HIV in the past decade.
- Notably, 75% of the people with HIV know their status and 21.7 million are taking treatment to delay the progress of the disease.
- HIV incidences have reduced worldwide (particularly Africa) and anti-retroviral therapy is also being provided to many patients worldwide.

What is the status in India?

- India too brought down the number of new cases and deaths by 27% and 56%, respectively, between 2010 and 2017, which is a significant achievement.
- Notably, tuberculosis (TB) is the biggest killer of HIV patients and India is now capable of treating over 90% of the notified TB patients for HIV.



- Social stigma surrounding AIDS-infected people in India is still high but this is said to be declining slowly with increased awareness campaigns.
- Surveys indicate that the number of people unwilling to buy vegetables from a person with HIV came down from over 30% to 27.6%.
- In spite of all this progress, with 2.1 million cases, India is among the largest burden countries in the world and there are critical gaps in its present strategy.

What are the gaps in India's approach?

- A country's laws can legitimise stigma and incentivise the harassment of certain groups that are at the highest risk of HIV.
- Notably, homosexuals, drugs addicts, and sex workers are particularly vulnerable to AIDS, and their fate becomes more dismal due to social stigma.
- Indian laws that criminalise "homosexuality (sec.377) and several aspects of sex work (Immoral Traffic Act)", only aggravate their woes.
- Fear of prosecution under such laws prevents homosexual men, drug-users and sex workers from seeking HIV screening and treatment.
- As a result, these groups lag behind average treatment rates, although their requirements are higher.

4.25 Addressing the concerns of Envenoming

Why in news?

World Health Assembly has adopted a resolution to accelerate and coordinate global efforts to control snakebite 'Envenoming'.

What are the concerns of Envenoming?

- Envenoming is a life threatening disease that follows the bite of a venomous snake.
- Between 1.8 million and 2.7 million people are bitten worldwide every year, between 81,000 and 1,38,000 of them die, and four or five times that number are disabled, according to the WHO.
- In India some 50,000 die every year, however the WHO fears this estimate may be just 10% of the actual burden.
- In 2017-18, 1.96 lakh cases of snakebites were recorded, with West Bengal, Maharashtra and Tamil Nadu reporting the biggest numbers.

What are the issues in addressing envenoming problem?

- Lack of Awareness - In India about 300-odd species of snakes are found, out of which 52 are venomous, but all their poisons are different.
- India produces polyvalent ASV, which combines the venoms of India's four most common poisonous snake's cobra, common krait, Russell's viper, and saw-scaled viper.
- But more venom is wasted in the manufacture of such ASV, and more vials (quantity) are required to treat the patient.
- Manufacturing Issues - ASV manufacture requires a series of forest department permissions.
- Horses are needed for the test, for which a large space is necessary, thus Private companies do not find all this financially feasible.
- Lack of guidelines - Each manufacturer has its own protocol, which leads to the differing quality of ASV.
- Researchers find only locally produced ASVs are the most effective, since a snake's venom changes with terrain, diet and environment.
- There are various observations that the potency of ASV is reducing in the last few years, but India has lack of research to upgrade its ASVs.
- Untrained doctors - A monovalent ASV, made from the venom of one species, can treat the bite of only that species, it is more efficient than Polyvalent drugs.
- But the purpose of monovalent drugs are lost in India since doctors fail to identify the right species.

- In most cases, doctors do not identify the bite mark as it is small, and the victim is attacked while asleep

What measures needs to be taken?

- Recently Maharashtra approved the setting up of a National Venom Research Centre.
- The state also asked the Union government to aid the public sector ASV manufacturer Haffkine Institute in its work on snake species and poisons.
- Apart from this in 2009 and 2016, snake bite protocols were drafted by the Union government, such training must cover all doctors.
- India currently manufactures only polyvalent ASV, it should research in the area of monovalent drugs and produce such drugs.
- It needs to train doctors to identify snakes by their bites before switching to the production of monovalent ASVs.
- Proper guidelines needs to ensure the quality of ASVs and MBBS courses should have a separate chapter on snakebites.

4.26 Link between Sanitation and Stunting

What is the issue?

Results of different studies involving the impact of sanitation on stunting have implications for India.

What is Stunting?

- Stunting is a complex problem which is related to the low height of the children with respect to their age.
- The factors which believed to implicate stunting are prenatal health, breastfeeding and diet.
- Researchers have homed in on an alternative hypothesis, that poor sanitation plays a greater role in stunting, because faecal bacteria and parasites deprive the child of nutrition.
- Various trails showed that intestinal inflammation, possibly caused by exposure to faecal germs, is correlated with stunting.
- Children in richer South Asian countries are shorter on average than those in poorer Sub-Saharan African countries, and no intervention so far has closed this gap.
- Much of the height variation among those regions could be explained by differences in open defecation rates

What were the results of the study conducted in this regard?

- WASH, this study was made with trials, which implemented water, sanitation and hygiene (WASH) interventions in Bangladeshi and Kenyan villages for two years.
- The WASH interventions included replacing poor-quality toilets with improved ones, chlorinating drinking water, and promoting hand washing.
- This was an effort to prevent stunting (low height for age) seen in children under two years in developing countries.
- When the trials ended, researchers found these children were not taller than those who did not receive these interventions; this is because the study required atleast two generation of trails.
- The findings are a setback to the hypothesis that improving sanitation can thwart childhood stunting, but the findings has given various insights on developing countries.

What are the important insights of the study?

- India is the only country today in which over 50% of the rural population still defecates in the open.
- Bangladesh, while close to India in population density, brought down open defecation rates from 42% in 2003 to just 1% in 2016.
- Only around 3-9% of the participants in the trial in Bangladesh, and less than 5% in the trial in Kenya, defecated in the open.



- Even in countries like Bangladesh, poor-quality toilets can cause heavy faecal contamination, Villages saw high rates of both contamination and stunting
- The study also showed that open defecation had a stronger impact on height when population density was higher, as is the case of India.

What are the implications for India?

- India introduced Swachh Bharat Abhiyan (SBA) to eliminate open defecation by 2019.
- National Family Health Survey reports shows that open defecation still remains quite common in rural India and its distribution across districts looked pretty similar to 2011.
- This proves India's Swachh Bharat Abhiyan (SBA) it is difficult to change people's sanitation habits.
- Thus programmes like the SBA that focus on constructing toilets can't do much in the face of deep-rooted cultural beliefs about open defecation.
- If behavioural change campaigns are not initiated to tackle the problem, Indians will continue to defecate in the open even if they get toilets for free.
- Against this backdrop, the Bangladesh study is significant because it did succeed in changing participant behaviour.

4.27 National Annual Rural Sanitation Survey (NARSS)

Why in news?

The National Annual Rural Sanitation Survey (NARSS) 2017-18 reveals that 68% of rural households in India use the toilet when required.

What are the major findings of the survey?

- The survey was conducted by a third party agency Kantar Public, as a requirement by the World Bank to begin payout on its \$1.5 billion loan to the Swachh Bharat Abhiyan-Gramin.
- The key findings of NARSS 2017-18 are as follows:
 - a. 77% of households were found to have access to toilets during the survey period
 - b. 93.4% of the people who had access to toilets used them
 - c. 95.6% of villages which were previously declared and verified as ODF were confirmed to be ODF. Theremaining 4.4% villages also had sanitation coverage of over 95%
 - d. 70% of the villages surveyed found to have minimal litter and minimal stagnant water
- The provisional summary report of the survey found that 77% of all rural households now have access to toilets, and that 93.4% of those who had access to toilets used them regularly.
- Kerala and Mizoram top the list of States, with 100% of households which do not practice open defecation.
- Uttar Pradesh and Bihar are at the bottom of the rankings, with less than 44% of such households.

4.28 Punjab's Opioid Crisis

What is the issue?

- Punjab is one of the hotbeds of drug abuse in India, has a worsening Opioid crisis.
- Punjab state government has taken various measures to enhance Opioid Substitution Therapy (OST).

What are Opioids?

- Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription.
- These drugs are chemically related and interact with opioid receptors on nerve cells in the body and brain.
- Opioid pain relievers are generally safe when taken for a short time and as prescribed by a doctor.
- As they produce euphoria in addition to pain relief they can be misused, when misused opioid pain relievers can lead to overdose incidents and deaths.

What measures were taken by Punjab to counter drug abuse?

- It is estimated that Punjab has between 1.7 lakh and 2.7 lakh addicts.
- State government has promised to end the drug menace, through policing and by medical interventions.
- State government on pilot basis had introduced Buprenorphine-based Outpatient Opioid Assisted Treatment (OOAT) programme.
- Buprenorphine is currently administered in four rehabilitation and 21 community health centres in the state.
- As of mid-January 2018, 1,712 new patients were registered in the three districts where the pilot is running, the patient retention rate currently stands at 82.13%.

What is the role of Buprenorphine in OST?

- Opioid substitution therapy (OST) is the proper procedure for the treatment endorsed by WHO, Buprenorphine is one of the OST drug given on a long-term basis.
- The treatment involves doctor-administered doses of Buprenorphine under controlled circumstances.
- The drug can play a major role in rehabilitating addicts if used under medical supervision along with psychosocial interventions.
- In India Buprenorphine is a Schedule H drug and is available at government-recognised pharmacies only.

What are the Risks involved with Buprenorphine?

- Patients may get addicted to Buprenorphine, and start consuming it in non-medical environments.
- If injected along with depressant drugs, this can even lead to death.
- In Punjab there was a boom in the demand for Buprenorphine as addicts found the drug to be an alternative.
- Private psychiatrists had started prescribing the drug in excessive quantity to addicts, and it was being sold as an alternative to heroin.

What measures were taken to address misuse of OST drugs?

- Punjab government had ordered a high-profile crackdown on drug peddlers by placing restrictions on Buprenorphine.
- The government issued orders to restrict its supply after there were reports of misuse and illegal sale.
- Its availability was restricted to government and private rehabilitation centres only.
- Buprenorphine is sold under strict regulations and cannot be purchased without the prescription of a qualified doctor.
- It is also listed as a psychotropic substance under The Narcotic Drugs Psychotropic Substances Act.

4.29 Suicides

What is the issue?

- A senior IPS officer had recently committed suicide, due to depression caused by a prolonged chronic illness.
- Monitoring the mental health of patients is vital to avoid such episodes.

What is the state of patients committing suicide?

- Family problems account for the most number of suicides in India, accounting for 27.6% of all suicides.
- This is followed by illness driven suicides which stands at a whopping 15.8%.
- Hence, sad moods or odd behaviour should not be brushed aside as a “normal reaction” to being ill and should be seen as possible symptoms of depression.
- Doctors and family need to keep a close eye on symptoms of depression in the patients who happen suffer chronic or long lasting disorders/diseases.

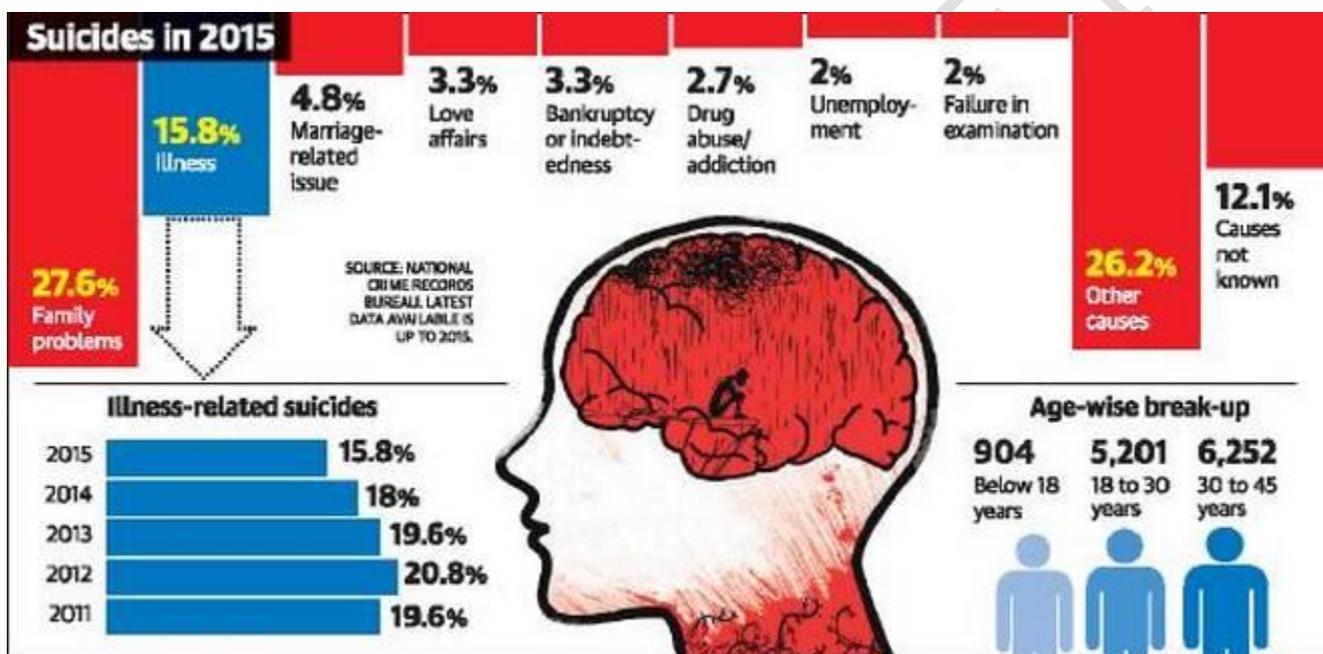
What drives suicides?

- Most patients who commit suicide aren't at their terminal stage but the ones who can't mentally cope with the initial stages of the illness.
- Patients suffering from a prolonged illness are affected as they miss out on a lot in life, which is taken for granted by others.
- They have to make many lifestyle changes and simultaneously cope with the side effects of medication.

- These are highly stressful for a vast majority of the patients as they find it difficult to make peace with their new situation.
- In addition to this, some also have to go through eternal chronic pain, which is the main reason that drives them to suicide.

How do we address this problem?

- While illness is what causes depression usually, in considerable number of cases, it is the medication that creates depression.
- Continuous counselling and keeping a close eye on depressive symptoms in patients is the key to preventing illness driven suicides.
- Counselling should not be isolated as a psychiatric measure, but should rather be incorporated to an extent within the conventional treatment centres.
- All physicians and medical staff treating such patients need to be able to pick up depressive symptoms through a patient's mannerism.



5. EDUCATION

5.1 Union Budget - Announcements for the Education Sector

What does the budget hold for the Education sector?

- Union budget has allocated Rs85, 010 crores for the sector for 2018-19.
- This was less than 4% increase from the previous year's estimate, which was probably because the government didn't have enough fiscal room.
- The budget has intended to focus on education holistically without segmentation from pre-nursery to Class XII.
- This would imply that the government is viewing an integrationist approach by merger of several school schemes in the near future.
- 3% education cess will be replaced with a 4% education and health cess, which is expected to enhance revenue by about Rs.11,000 crores.

What is Ekalavya Schools?

- The union budget has proposed for the comprehensive expansion of the "Ekalavya Residential School" to every tribal majority block in the country.

- Asserting its committed to provide the best quality education to the tribal children in their own environment, the budget envisions an ambitious mission.
- By 2022, it has been targeted that every block with more than 50% ST population and at least 20,000 tribal persons, will have an Ekalavya school.
- Ekalavya schools will have special facilities for preserving local art and culture, besides sports and skill development initiatives.

What is the RISE scheme?

- Revitalising Infrastructure and Systems in Education (RISE) scheme, was launched to revitalize the infrastructure of higher educational institutions.
- RISE scheme will be financed via a restructured “Higher Education Financing Agency (HEFA) that has been constituted as a non-bank finance company.
- HEFA was created to infuse fiscal discipline among government higher educational institutions by giving loans rather than budgetary grants.
- Its purpose is to lend low-cost funds to government higher educational institutions, and will rise Rs1 trillion for the purpose.
- While HEFA was granted a budgetary allocation of Rs250 crores in the current budget, for FY19, an allocation of Rs2,750 crores is envisioned.
- Significantly, the mechanism by which HEFA raises funds and the capacity of institutions to repay loans (taken from HEFA) needs to be closely watched.

How does the fund distribution across the sector look?

- Of the total Ed-fund, school education has Rs50,000 crores, and the rest Rs35,010 crores has gone to the higher education sector.
- In the school sector, SSA has been allocated a budget of Rs26,128 crores up from Rs23,500 crores in the previous budget.
- Similarly, “Rastriya Madhyamik Shiksha Abhiyan” (RMSA) will be provided with Rs4,213 crores, up by Rs300 crores from the previous budget.
- The flagship school meal programme of Mid-day-Meal will get Rs10,500 crores in FY19, an increase of Rs500 crores from the previous budget.
- Notably, allocation for both central school chains of Kendriya Vidyalayas and Jawahar Navodaya Vidyalayas has gone down.
- In the higher education space, the total budgetary allocation has been reduced for IITs and IIMs considerably.
- Despite its digital education push, Budget 2018 has cut fund allocation for e-learning from Rs518 crores to Rs456 crores.

5.2 National Institutional Ranking Framework, 2018

Why in news?

Ministry of Human Resource Development recently released the National Institutional Ranking Framework (NIRF) 2018.

What is NIRF?

- The National Institutional Ranking Framework (NIRF) was approved by the MHRD and launched in 2015.
- The framework outlines a methodology to rank institutions across the country.
- The parameters broadly cover -
 1. Teaching, Learning and Resources
 2. Research and Professional Practices
 3. Graduation Outcomes
 4. Outreach and Inclusivity

5. Perception

- There were a total of 9 categories this year under which India's higher education institutions were judged.
- The 2018 exercise newly added the disciplines of law, medicine and architecture.

What are the latest rankings?

- The ranking of most colleges and universities have remained almost the same this year.
- Indian Institute of Science (IISc), Bengaluru, is again ranked first in both overall and university categories.
- The Indian Institutes of Technology (IITs) are the best among engineering institutes.
- The Indian Institutes of Management (IIMs) are the best among management institutes.
- This is for the third time in row on the NIRF ranking that IITs and IIMs are leading.
- IIT-Madras was adjudged the best engineering institute.
- IIM-Ahmedabad was adjudged the best management institute.
- The All India Institute of Medical Sciences was adjudged the top medical college.
- There were some institutes, which could not be placed in any of the 9 categories.
- These have been placed in special category because of the quality of research work.
- Some of them include the National Dairy Research Institute, Karnal, Indian Agricultural Research Institute, New Delhi, etc.

What are the concerns?

- **Participation** - India has around 860 universities, 40,000 colleges and 11,600 standalone institutions of higher education.
- Of these, only around 4,500 institutes took part in the India Rankings 2018.
- Even among the institutions that participated, there is a clear skew towards southern, south-eastern and western India.
- The government is planning to cut some sort of funding to those which do not participate in the rankings.
- **Parity** - Older institutions with historical advantages now enjoy a higher ranking.
- This obscures newer entrants who may have stronger claims to excellence.
- **Approach** - The ranking approach worldwide is critiqued for failing to capture the crucial metric of learning outcomes.
- The rankings instead rely on proxy data on faculty strength and qualifications.

What is the way forward?

- **Funding** - The governing bodies should make available adequate financial and academic resources to colleges.
- This is particularly essential for the developing colleges, to help them improve performance.
- **Participation** - Ranking educational and research institutes has some significant practical uses.
- It helps students make study choices, sponsors to identify research projects, and other universities to form partnerships.
- Thus, for a reliable and relevant process, all recognised educational institutions should be enrolled, and not just the public ones.
- **Objective** - Beyond competitive ranking, the higher order goal is to foster learning and scholarship.
- Encouraging faculty to exercise complete academic freedom is essential to achieve this.
- The NIRF ranking thus needs a fine tuning to incorporate these aspects.

5.3 Rashtriya Uchchatar Shiksha Abhiyan

Why in news?

The budget for Rashtriya Uchchatar Shiksha Abhiyan is increased 4 times, and the second phase of the scheme is also approved.

What is RUSA?

- Rashtriya Uchchatar Shiksha Abhiyan is a Centrally Sponsored Scheme launched in 2013.
- Its aim was to increase enrolment in higher education by 30%.
- It primarily provides strategic funding to eligible State higher educational institutions.

What was the need?

- India is estimated to have over 800 universities, with over 40,000 colleges affiliated to them.
- The Centre's slant toward premier institutions has continued ever since the Eleventh Five Year Plan (2007-12).
- **Central Fund** - Presently, less than 6% of students study in about 150 Centrally-funded institutions.
- But they corner almost the entire funding by the Ministry of Human Resource Development (MHRD).
- The funding is mainly directed towards starting more IITs, IIMs and Central universities.
- **State Institutions** - About 94% of students of higher education study in 369 State universities.
- In spite of a nine-fold increase in Budget allocation, State institutions have been left to fend for themselves.
- To make things worse, investment by State governments has been dwindling each year as higher education is a low-priority area.
- The University Grant Commission's system of direct releases to State institutions, bypassing State governments, also leads to their sense of alienation.
- Thus, despite being the face of higher education in India, State institutions do not get their due share.
- It was to address these critical concerns that the MHRD launched RUSA.

How does it work?

- The RUSA, unlike other schemes, is not imposed on State governments in a one-size-fits all manner.
- Under RUSA, **states and institutions** have to give an undertaking expressing their **willingness** to the idea of reform.
- They should also agree to meet the States' **share of the cost**.
- Accordingly, preparatory grants will be released to States to have the required systems, processes, and the technical support in place.
- The scheme is largely based on the **conditional release of funds**.
- It is **linked to reforms** in the key areas of governance, learning-teaching outcomes, reaching out to the unreached and infrastructure support.

What are the governance reforms central to the scheme?

- **Plans** - State Higher Education Councils (SHECs) which have eminent academics, industrialists and other experts have been created.
- They play a major role, from an academic and professional point of view.
- They formulate the medium- and long-term State perspective plans.
- **Appointment** - State has to give its commitment to creating a search-cum-select committee.
- This is to avoid arbitrariness in the selection of vice-chancellors.
- **Affiliation** - Mitigating the bane of the affiliation system is also a major objective.
- This is achieved through a reduction in the number of colleges affiliated per university.
- This is done by creating cluster universities and promoting autonomous colleges.
- **Faculty** - An important precondition is the filling up of faculty positions and lifting the ban on recruitment (as in some States).
- **Other** efforts to improve learning-teaching outcomes include:
 - i. improving pedagogy by capacity-building of faculty
 - ii. selecting teachers in a transparent manner
 - iii. adopting accreditation as a mandatory quality-assurance framework
 - iv. implementing semester system
 - v. involving academics of repute and distinction in decision-making processes

How has the progress been?

- Despite being voluntary, all States except a Union Territory (Lakshadweep) are a part of RUSA.
- Over the years, the RUSA's resource allocation has increased.
- The funding linked to reforms has had a visible impact on higher education.
- There is improvement in gross enrolment ratio (GER), addressing faculty vacancies, teacher-student ratio, etc.
- There has also been an improvement in the number of institutions accredited and their scores.

What is the recent decision?

- The Union Cabinet has recently decided to continue with the Rashtriya Uchchatar Shiksha Abhiyan (RUSA).
- For the current year, Rs. 1,300 crore has been provided and funding is conditional to performance.
- It is hence critical to have a robust monitoring and evaluation system in place.
- In this regard, certain effective tools are in function since 2015, including:
 - i. geo-tagging
 - ii. introduction of a public financial management system
 - iii. a fund tracker and reform tracker system
 - iv. regular video conferences
- Given the significance of RUSA in higher education, its further success lie in the impartial administration of the scheme by MHRD.
- The degree to which State governments allow the SHEC to function is also important.

5.4 Reimagining our Higher Education Landscape

What is the issue?

- Poor quality, increasing privatisation and politicisation have been chronic problems that our education system faces.
- There currently seems to be some positive churn, but much remains to be done to usher in significant progress.

What is the current state of affairs?

- Since independence, it has been a challenge to build a quality higher education infrastructure with limited funds.
- While excellence is possible, as the IITs and IIMs show, it is limited to a tiny segment of a system that enrolls 35 million students.
- Internationalisation is central to academic success in the 21st century — and India has been notably weak.
- India has shown academic innovations over the years, but on a limited scale and never in the comprehensive universities.
- In recent times, things seem to be changing, at least at the top levels of our higher education eco-system.

What are the new changes?

- NIRF - “National Institutional Ranking Framework”, implemented in 2016, is India’s first government-supported ranking of colleges and universities.
- It demands the participating institutions to submit data on critical areas and also makes a distinction between universities and colleges.
- NIRF may in the future guide government financial support for higher education and also aid in education related policy making.
- IoE project - Institutions of Eminence (IoE) project seeks to identify 10 public and 10 private institutions as IoE, to enable their further development.
- It has been proposed that the identified IoE will be provided enhanced autonomy and financial support (funds only for public institutes).
- Graded Autonomy programme (GAP) - This is an initiative that plans to give participating institutions considerable freedom in certain domains.
- The vision is to promote “Academic, financial and administrative innovations” in these institutions by liberalising them (if they fulfil certain conditions).



- Given the often stifling bureaucracy of higher education, GAP will be a significant stimulus for innovation in both public and private institutions.

How is our system opening up to foreign collaborations?

- Traditionally, colleges and universities have been restricted from international collaboration, which is proving to be an obstacle to excellence.
- People - Emphasis on attracting international students has been poor and only 47,000 foreigners study in India, in comparison to China's 4 lakhs.
- The new "Study in India initiative" seeks to attract international students mainly from a group of African and Asian countries.
- It seeks to improve India's share of "global student mobility" from the current 1% to 2% in the near future.
- The Graded Autonomy programme makes it easier to hire international faculty, which was very difficult to do earlier.
- Degree - India is moving towards signing a pact on mutual recognition of academic qualifications with 30 countries.
- Recently, a government-to-government MoU was signed between India and France to mutually recognise academic qualifications.

What are the challenges?

- Upgrading 20 or more Indian universities to world-class quality is big task and will take time and way more consistent funding than currently estimated.
- Further, autonomy will need to be greatly increased, which might be difficult as freedom from bureaucratic shackles of the government is not easy to attain.
- Innovative ideas from within top universities are another vital factor needed for ushering in progress, but there has been little evidence of this till now.
- Ensuring that universities have imaginative leaders within their ranks and deriving ideas from foreign models are other aspects that need attention.

What is the way ahead?

- The national ranking initiative needs to be extended throughout the higher education system and requires simplification for enhancing its ambit.
- The "Study in India initiative" and proposals relating to relationships between Indian and foreign institutions are useful beginnings.
- But more thinking must go into these ideas, and the focus on attracting students needs to be broadened beyond just Asia and Africa.
- Innovation in course design is vital to attract students as students and post-docs from western countries might prefer taking up shorter-duration course.
- Significantly, unlike China, India has the advantage of using English as the main language of higher education, an advantage that needs to be capitalised.

5.5 Unnat Bharat Abhiyan 2.0

Why in news?

The second stage of the Unnat Bharat Abhiyan was launched recently.

What is Unnat Bharath Abhiyan 2.0?

- It is a flagship program of the Ministry of Human Resources Development, with the intention to enrich Rural India.
- It aims to create a vibrant relationship between the society and the higher educational institutes.
- It is aimed at making higher education institutions provide solutions to problems of villages.
- Providing the knowledge and technology support to improve the livelihoods in rural areas and upgrading the capabilities of both the public and private organizations in the society are the means.



- Both technical and non-technical institutions have been invited to build systems in villages as per their strengths.
- IIT Delhi has been designated to function as the National Coordinating Institute for this program.
- Each selected institute would adopt a cluster of villages / panchayats and gradually expand the outreach over a period of time.
- The key points include
 - a. helping villages achieve 100% school results
 - b. creating 25 jobs each in four sectors in each village where work would take place
 - c. increasing rural incomes
 - d. providing drinking water and sanitation to villages
 - e. disposing village garbage, etc

5.6 Amendments to RTE Act

Why in news?

- Lok Sabha approved an amendment to the Right to Education (RTE) Act.

What is the significance of the RTE act?

- RTE act mandates free and compulsory education for children between six and 14 years.
- The idea behind policy was to curb the sharp dropout rates in elementary education.
- Since it was argued that students drop out of school because of sheer demotivation when they fail in a class and that they should not be penalised for the failures of their teachers and lack of basic facilities in schools.

What are the recent amendments to RTE act?

- The latest amendment was a significant change since the no detention policy was one of the fundamental pillars of the RTE Act.
- The amendment scrapped the so-called “no detention” policy, which ensured that no student could be held back (or failed) in a class until the end of elementary education (that is Standard 8th).

What are the reasons behind such amendment?

- While dropout rates under the earlier system did fall, it led to falling standards of educational achievement.
- It was also found that the lack of education attainment meant that students in the age group of 14 to 18 struggled with foundational skills such as reading a text in their own language or solving a simple arithmetic division.
- This poor understanding among students, in turn, led to a sharp spike in dropout rates in classes IX and X.
- The general conclusion that emerged is that in the absence of detention, students had no real motivation to learn anything, nor did the teachers have any reason to make students understand.
- The hope now is that such a trend would be reversed and both students and teachers would have a reason to focus on improvement.

What are the concerns regarding the amendment?

- **Guarantee** - The Act guarantees and provides for the continued presence of the child in school during the formative learning phase.
- Thus, detention would weaken this significant, progressive feature of the RTE Act.
- Detaining is unlikely to be an incentive, when social circumstances already make it hard to ensure regular attendance.
- **Examination** - It will allow State Boards to declare a student failed and detain her on the basis of an examination.
- But RTE Act assures that no child shall be required to face any Board examination till completion of elementary education.

- **Dropout** - The NITI Aayog had found that bringing back detention in elementary schooling would increase the dropout rate.
- This would impact the poor and Dalits the most, as they depend on government institutions.
- **Drawbacks** - There are some genuine concerns on learning outcomes produced by India's schooling system.
- But these are determined not only by a student's effort.
- It depends on various other factors including:
 1. the number and quality of teachers
 2. the processes for continuous assessment
 3. the active engagement of parents and the community in encouraging excellence
- It is the lack of attention to some of these determinants that has created a "broken" school education system.
- Detaining already disadvantaged children can only break it further.
- Any dilution of the RTE Act without sufficient thought will erode a major constitutional achievement.

What are the limitations with Indian education system?

- Long-standing systemic limitations include poor teaching standards, inadequate infrastructure facilities, lack of monitoring mechanisms, skewed pupil-teacher ratio, etc.
- If a critical mass of good teachers has to be built, the only way out is to make sweeping changes to the way India selects and trains teachers.
- For example, a mathematics test conducted on teachers showed that most of them could not even do simple maths and 64 per cent could not give a correct title to a paragraph in a language comprehension test.
- Another report said over 99 per cent of Bachelor of Education (BEd) graduates failed to clear the Central Teacher Eligibility Test.
- Unless these aspects are addressed, merely holding exams at the end of the year and detaining ill-prepared students will serve only a limited purpose.

5.7 Reforms in the Higher Education Sector

What is the issue?

- Government has ushered in multiple reforms in the higher education sector.
- While these are positives, a comprehensive overhaul of UGC and other regulatory structures is long overdue.

What are the political developments in the Ed-sector?

- PM Modi's vision to create 20 institutions of eminence and Union HRD ministries push for reforms have set the stage for overhauling the landscape.
- The HRD Ministry first saw the passage of the Indian Institutes of Management (IIM) Bill, 2017, which will extend greater autonomy to the IIMs.
- This was followed by reforms in the rules for granting autonomy and changes to the University Grants Commission's (UGC) mandate.
- Also, "Rashtriya Uchchatar Shiksha Abhiyan" (RUSA) was continued in order to improve the quality of higher educational institutions in the state.
- In this backdrop, it would now be appropriate to usher in major institutional reforms to overhaul the regulatory framework in the sector.
- Such an Act will further reforms adopted until now, and pave the way for the emergence of high-quality higher educational institutions.

What structures could possibly replace the current UGC?

- **Broad View** - Currently, there are 3 regulatory agencies in the higher education sector under the Union HRD ministry – UGC, AICTE and CoA.
- A new Act should hence consider establishing a 'Higher Education Regulatory Commission' (HERA) to subsume all the 3 regulators.
- States do play an important role in higher education and an advisory council consisting of representatives of all states needs to be established by the union.



- In addition, leading educationists from diverse fields should also be roped in as members to the advisory council that advises HERC on all matters.
- **Autonomy** - UGC has regulations under which it divides universities into three categories (I, II and III), with varying levels of autonomy.
- The proposed act could consider merging Category I and Category II universities into one group – with autonomy to write their own curriculum.
- In addition, they could also be granted the authority to oversee the curriculums of their respective affiliated colleges (not part of Category I).
- For some independent courses that those non-autonomous colleges wish to start, HERC could be empowered to vet them with an appropriate expert body.
- Also, HERC should be empowered to formulate guidelines for establishing institutions, reviewing compliance and call for closures if needed.
- **Substructures** - If these suggestions are adopted, UGC will be relieved of the multiple regulatory responsibilities that will get divested to the HERC.
- The two other major tasks of disbursement of funds and accreditation could then be vested with separate finance and accreditation boards respectively.
- Both these boards should have full autonomy in discharging their functions once the broad policy is formulated at the level of the HERC.
- **Accreditation** - HERC in cooperation with accreditation board should have the responsibility to draw up standards and a grading system for institutions.
- Multiple accreditation boards need to be established under HERC guidelines and mapping institutions with the boards should be random.
- Direct financial dealing of institutions with accreditation boards also needs to be eliminated to ensure robust inspections and certifications.
- **Financial Aspects** - HERC in cooperation with the finance board should develop guidelines for funding institutions.
- HERC should also formulate policies for tuition fees and teacher salaries and explicitly provisions to raise funds should also be framed.
- The HERC should have a secretariat to support its activities and also maintain a separate grievance remedy office.
- **Foreign Institutions** - The proposed act should also provide for a clear path for the entry of foreign institutions into the Indian landscape.
- As India has a large young population, foreign institutions will have an incentive to enter the country – which will in turn benefit our Ed-landscape.
- **Research Integration** - There is a divide between teaching and research institutions and it is neither benefitting students nor benefitting researchers.
- Hence, the act must also chart a path to integrate teaching and research to enable state-of-the-art labs to actively engage university scholars.

5.8 Replacing UGC with HECI

Why in news?

Union government has proposed to replace the University Grants Commission (UGC) with a Higher Education Commission of India.

What is government's plan on HECI?

- HECI will be the new, apex regulator for university and higher education in India.
- It has to set benchmarks for academic performance, ensure that institutions adhere to these and act against those that violate standards.
- Draft legislation appears to be part of a stated overarching strategy towards greater autonomy in institutes of higher learning, including the premier Indian Institutes of Technology and Indian Institutes of Management.
- The broad thrust of the Higher Education Commission legislation is to separate governance from funding.
- The proposed commission will focus on academic issues, such as course curricula, faculty standards and outcomes, leaving “monetary matters” to the ministry of human resource development.

What is the reason behind government's moves?

- UGC found to be an inadequate regulatory structure for higher education that has resulted in a visible deterioration in standards.

- The fund-granting process of the UGC and the technical education regulator All India Council for Technical Education (AICTE) has been plagued with allegations of corruption and inefficiency.
- Union government senses that Creation HECI offers a tremendous opportunity for the government to take a giant leap towards fixing a broken system at a time when the quality of human capital is increasingly determining the success of nations.

What are the concerns with government's plan?

- Setting minimum standards such as faculty qualifications and infrastructure will be only one part of the commission's mandate.
- The risk of political interference is the biggest challenge as the financial dispensation will, under the new scheme, be directly under government control.
- In regard with IIT and IIM, both sets of institutions have been granted a greater degree of autonomy in terms of board appointments, fee structures and admissions.
- But such autonomy went only so far; in January, the government proposed a new law establishing a Council of Institutes headed by the HRD minister.

5.9 "Institutes of Excellence"

What is the issue?

The designation of universities as "Institute of Eminence" has been marred with controversies and irrationality in approach.

What does "Institutes of Eminence" (IoE) mean?

- What - As part of the higher education reforms that is being advanced, "IoE" was proposed to be granted for some well performing universities.
- The idea was to give these select institutions greater autonomy and support, which will enable them reach a world class status.
- 74 public universities and 29 private universities applied for this converted status and a committee was constituted to consider the applications.
- Three public and three private universities were ultimately awarded IoE status based on considerations like – financial stability, research excellence and good & independent governance.
- Fallouts - Significantly, many deserving 'established private institutions' and 'visionary Greenfield universities' didn't make the cut.
- In this context, the grant of IoE status to the proposed Reliance's Jio University even before its establishment has raised many eyebrows.
- Among the many surprises, IIT Madras {ranked 2nd under HRD Ministry's National Institutional Ranking Framework (NIRF)} also didn't get the tag.

What are the financial aspects related to the tag?

- For private universities, the IoE tag merely means greater autonomy for university boards and there is no promise of government's financial support.
- For the three public IoEs, the government plans to give Rs. 1000 crores over five years to help them upgrade their standards to world-class levels.
- This means, an annual budgetary allocation of Rs. 200 crores for each of these institutions, which is woefully inadequate for the task envisioned.
- Notably, the top 10 universities of the world spend about 6000 crores on an average for research work alone.
- Overall, top ten universities net an average endowment fund of over Rs. 1,24,000 crore each annually to sustain their operations.
- In this context, even our private universities are painfully underfunded with just about Rs. 5000 crores being

What are the other concerns?

- The committee for conferring IoE tag recommended 8 public universities for the same, but the government approved only 3.

- Notably, the government hasn't explained the rationale for this.
- Also, as there is no financial commitment for private universities, there is no reason for denying some deserving universities the coveted status.
- Hence, it can be said that the government's urge to control has overtaken the need to usher in excellence by granting more autonomy.

5.10 National Academic Depository (NAD)

Why in news?

Recently, a workshop on National Academic Depository (NAD) was held at National Institute of Technology (NIT) Srinagar in collaboration with NSDL, New Delhi.

What is NAD?

NAD will:

- Operate in fully online mode
- Allow lodging of Academic awards in a digital format, maintaining the integrity of access to the database and of the awards lodged in the database.
- Allow students to retrieve their lodged academic awards at any time.
- Allow employers and other person with prior approval of the concerned student to verify the authenticity of any academic award.
- Maintain the authenticity, integrity and confidentiality of the database.

What are the other features?

- It is a 24 X 7 online store house of academic awards digitally lodged by various academic institutions/school boards/eligibility assessment bodies.
- The academic awards in NAD shall cover degrees, diplomas, certificates, mark-sheets including awards issued for skill development.
- The University Grants Commission (UGC) has been designated as authorized body to operationalize NAD.
- NAD comprises of two interoperable digital depositories viz., NSDL Database Management Limited (NDML) and CDSL Ventures Limited (CVL).
- The Aadhaar or unique NAD ID will be used for registration and usage of the digital database.
- NAD facilitates online access, retrieval and verification of academic awards and eliminates fraudulent practices such as forgoing of certificates and mark sheets etc.

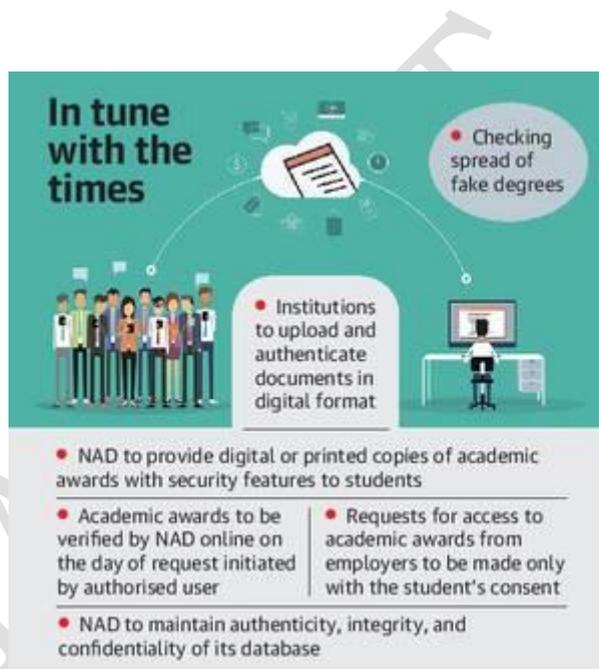
5.11 Education – The Primary Component of Wealth

What is the issue?

- A World Bank study titled “**The Changing Wealth of Nations 2018**” has asserted that national wealth calculations need a comprehensive review.
- It stresses that educational attainments is the most significant component, as opposed to mere financial wealth.

What does the study say?

- Investment in education is well recognised as the major or primary investment for most families in the world – one that also ensures sustained returns.
- Acquisition of education is indeed acquisition of wealth, but despite education's criticality, it isn't prominently discussed in wealth discussions.
- While there has been considerable research on the prevalent monetary inequality, even data on educational attainment across nations is scarce.





- **The Study** - The World Bank's recent study based their estimates on household survey data from 143 countries, over the past 2 decades.
- Additionally, the study has estimated the share of education in the total wealth at about 64% - which makes it the primary determiner of richness.
- Significantly, this will almost completely contradict the conventional notion of wealth as a "value of financial plus non-financial assets minus their liabilities".
- This might hence make the notion of "Rice - getting - richer" and "poor - getting - Poorer" less sellable.
- **New Dimension** - Education as an important wealth has been known for centuries, and there has been extensive documentation on the same.
- But WB's study suggests that education is the "greatest wealth of all" by assigning it a massive 64% share in the total net - which is unprecedented.
- Hence, the study is indeed path-breaking and further debates and discussions are needed to refine the context better.

5.12 Regulating Private School Fees

What is the issue?

There is a lack of jurisprudential clarity on the fees charged by private schools.

What is the challenge?

- Regulating school fees is one of the most significant legal and political challenge policymakers in India face.
- The issue of fee regulation finds itself at the intersection of two important ideas.
- One, the constitutionally protected freedoms enjoyed by private schools.
- Two, the need for making quality education affordable and accessible to all.

What are the concerns?

- **Cost** - Every academic year, parents witness the burden of unjust hikes in tuition fees for schools.
- Adding to their burden is the additional costs such as fees for transport, extra-curricular activities and sports.
- The managements of such schools claim that these hikes are reasonable and justified.
- The costs of maintaining a fully functional private school with quality teaching and world-class infrastructure are quite steep.
- In 2010, the Comptroller and Auditor General slammed 25 well-known private schools in Delhi for arbitrary fee hikes.
- According to the report, money was being collected from parents under false heads.
- Also, teachers were being underpaid, and accounts were misrepresented.
- **Autonomy and welfare** - Balancing the autonomy of private schools and their public welfare function is another contentious issue.
- The Supreme Court held that regulatory measures imposed on unaided private educational institutions must, in general, ensure -
 - i. maintenance of proper academic standards
 - ii. school atmosphere and infrastructure
 - iii. prevention of mal-administration by the school management
- A Constitution Bench of the Supreme Court held that these institutions have the autonomy to generate "surplus".
- Private schools are thus entitled to a reasonable surplus for development of education and expansion of the institution.
- But the autonomy of such institutions has to be balanced with the measures taken to prevent commercialisation of education.
- However, there is not much clarity on what the terms "surplus", "reasonable surplus" or "commercialisation of education" entail.

What are the States' models for fee regulation?

- Many state governments have either enacted fee regulation laws or are in the process of framing them.
- These are to prevent private schools from charging unreasonably high fees and to prevent misuse of funds.
- E.g. Tamil Nadu follows the fee fixation model.
- Under this, a government committee is empowered to verify and approve fee structures proposed by private schools.



- Karnataka has a formula that caps fees for schools by way of framing rules under its school education legislation.
- Maharashtra has a weakly enforced legislation to regulate fees and has multiple government bodies to approve school fees.
- Maharashtra government recently decided to cap proposed fee hikes at 15%, which was widely criticised by schools.
- A recent order of the Gujarat High Court upheld the validity of the Gujarat Self Financed Schools (Regulation of Fees) Act, 2017.
- This is now being reconsidered by the Supreme Court which has directed the government to not take any coercive steps against schools in the interim period.

What are the drawbacks?

- **Clarity** - The new wave of fee regulation laws in States has the potential to address the problems.
- However, there is still a lack of jurisprudential clarity on what private schools can or cannot do.
- How much “surplus” they can make, or what “commercialisation” actually means are poorly defined.
- **Deeper Problems** - Existing legislative efforts seem to have made an incomplete assessment.
- Evidently, the deeper problems are with financial management and accounting practices by private schools.
- As of now, the states' models are affected by the challenges of weak implementation.

5.13 Departmentalizing Reservations in Teacher Recruitment

What is the issue?

- University Grants Commission (UGC) has recently decided to implement reservation for teaching positions by treating ‘individual departments’ as units.
- This is socially regressive as this approach is expected to substantially reduce the number of SC, ST and OBC intake.

How did the decision evolve?

- UGC has recently decided to implement reservation “department wise” instead of considering the university as a whole.
- Union HRD ministry has approved UGC’s decision and has claimed that the new intake formula was based on the directives of the Allahabad High court.
- But it has been contested by some, who claim that this would reduce the number of SC, ST and OBC candidate intake substantially.
- Notably, despite the tardy implementation, reservations in education and jobs are the ones that have proven effective in uplifting the depressed classes.
- Also, it is a reality that if reservations are absent, even eligible candidates from these groups would be discriminated against on castist grounds.

What is the category-wise breakdown of teaching staff?

- As per the UGC’s annual report for 2016-17, there were a total of 14.7 lakh teachers in colleges (89%) and university departments (9%).
- The report gives the category-wise teaching positions of SCs, STs and the OBCs in the 30 central and 82 state public universities.
- Of the total 31,446 teaching positions in these universities that are currently filled, the combined total of SCs, STs and OBCs were 9,130.
- This is merely 29.03% of the positions as against their combined reservation of 49.5% that is granted to these groups in the central list.
- More importantly, of the 9,130 people - 7,308 (80%) were assistant professors, 1,193 (13%) associate professors and barely 629 (7%) were of professors.
- While these figures are only for universities and category wise break-up for colleges has not been given, the trend can’t be very different there either.



- The Rajeev Gandhi National Fellowship, which was implemented in 2005, saw the grant of 2000 fellowship annually to SCs and STs doing MPhil and PhDs.
- While at least 15,000 such fellows would've successfully graduated, the current recruitment scenario for universities gives them little hope for securing a job.

What are the issues with the new policy?

- If vacancies are this high when universities are treated as a whole, then departmentalisation of reservations would only exacerbate this.
- Further, departmentalisation would mean more impediments for the reserved in promotions, and consequently curtail career progression.
- Hence, the new rules for departmental reservation are only going to worsen this situation, which hence needs immediate correction.
- Also, Privatisation in education is reducing the share of the reserved staffers as there is lesser compliance with reservation policies in private institutions.

5.14 CBSE Question Papers Leak

What is the issue?

- The CBSE recently announced of re-conducting two of the Board exam papers due to question paper leak.
- It calls for changes to exam methodology and immediate measures by CBSE to restore its credibility.

What happened?

- The Class 12 Economics and Class 10 Maths examinations question papers were found to be leaked.
- Police received two separate complaints in Delhi.
- Following complaints, the CBSE announced to re-conduct the exams.
- The Delhi Police registered two separate FIRs under IPC Section 420 [cheating] and 406 [criminal breach of trust].
- The case has been transferred to the Crime Branch for further investigation.

What is the concern?

- The question papers are usually sealed and stored in secret places.
- They are released to authorised officials with a window of only a few hours.
- In addition, the board has dedicated secrecy officers for each region.
- But clearly, the standard operating procedure was easily breached in the present case.
- The questions were circulated on instant messaging platforms.
- It is evident that the Ministry of Human Resource Development failed to assign top priority to secrecy and integrity of the process.

What is the way forward?

- **Inquiry** - The HRD Ministry should conduct a thorough inquiry to get at the truth and initiate remedial steps without delay.
- **Authority** - The National Testing Agency was cleared by the Union Cabinet last year.
- The Centre assured that this would soon be operationalised to prevent a repeat of question papers leaks in public examinations.
- NTA was although was originally supposed to take charge of entrance examinations in the first phase.
- **Testing Methodology** - The testing pattern lays too much emphasis on quantitative indicators.
- Also, social pressure associated with education makes it more vulnerable to corruption pressures, undermining the very purpose.
- There is thus a need for a credible testing method to assess a student's aptitude and learning.

National Testing Agency

- National Testing Agency (NTA) will act as an autonomous and self-sustained premier testing organization.
- It would initially conduct those entrance examinations (for higher educational institutions) which are currently being conducted by the CBSE (NEET, JEE, etc).
- It will be registered as a society under the Indian Societies Registration Act.
- It will be chaired by eminent educationist appointed by the Ministry of HRD.



- Multiple assessments, instead of the current one all-important definitive board examination, could be considered.
- This can go a long way in reducing the exam stress for the students.
- But for now, the CBSE has to restore faith in its processes.

5.15 CSR in Higher Education

What is the issue?

- Companies Act, 2013 initiated mandatory corporate social responsibility (CSR) to transform the business-society relationship.
- But the results so far have not been encouraging, particularly in the higher education sector.

How is CSR performance?

- Around 5,000 companies have filed annual reports till December 2016.
- Among them, only around 3,000 companies had made some contribution towards CSR expenditure.
- Companies had spent around 75% of the prescribed CSR expenditure and most of it to the Prime Minister's Relief Fund.

What are the concerns?

- Companies - CSR offers scope for corporations to play a leadership role in contributing to society.
- But there has been very little strategic thinking and innovation under CSR.
- As, companies view CSR more as a charitable endeavour and fail to understand its larger goals.
- Higher education and universities need to receive significantly more attention under the CSR framework.
- Government - There is lack of coordination between the Ministry of Human Resource Development and the MCA.
- MHRD should provide for a road map that incentivises CSR funding to be made available for universities.

How could CSR contribute to higher education?

- Need - Government has initiated five major reforms in regulation, accreditation, rankings, autonomy and internationalisation.
- However, building world-class universities and upgrading existing ones require funding.
- Measures - Some of the measures as recommended by an earlier committee include:
 - provision of free land
 - deduction in taxable income to companies for contributions towards boosting higher education
 - 10-year multiple entry visas for foreign research scholars
 - Rs.1,000 crore scholarship fund (with tax exemption for corporate sector contributions)
 - However, these recommendations were not implemented.

6. MISCELLANEOUS

6.1 Brookings Poverty Report

Why in news?

- World Bank's Brookings Institute recently released a report titled 'The start of a new poverty narrative'.
- The report has highlighted India's improvement in moving down in the global poverty ranking.

What is the case with India?

- India had just 73 million people in the poorest of the poor index as of May 2018.
- This is a decrease from 125 million poor people found in 2016.
- As many as 44 Indians are being taken out of poverty every minute, which is the highest in the world.
- Importantly, the report says India is no more the country with most number of poorest people.
- Nigeria has overtaken India with the largest number of extremely poor people at 87 million in early 2018.
- India shot past China's 6.8% growth for the January-March quarter.
- This has enabled the country to retain its position as the fastest-growing major economy.
- If the positive growth pace continues, around 50 million more people will be out of poverty by 2022.



What is the trend in Africa?

- While poverty in India continues to fall, Nigeria is seeing a continuous uptick.
- Six people are being added every minute in the poor category in Nigeria.
- By 2018 end, in Africa as a whole, about 3.2 million more people may be in extreme poverty than there is today.
- If the trend continues, the African continent would account for nine-tenths of the world's extremely poor from two-thirds today.
- Shockingly, 14 out of 18 African nations are seeing a rise in extreme poverty.
- Democratic Republic of Congo could soon take over the number 2 spot as India continues to achieve high economic growth.

What is the global scenario?

- Sustainable Development Goals aims to end poverty by 2030.
- However, the world is far behind in achieving this target.
- Between 2016 beginning and July 2018, the world has seen about 83 million people escape extreme poverty.
- But it should have been about 120 million, if extreme poverty were to fall to zero by 2030.
- To get rid of this backlog of some 35 million people, countries now have to rapidly step up the pace.

6.2 Social Progress Index - 2017

Why in news?

The Social Progress Index for 2017 has been released by a NGO Social Progress Imperative.

What is Social Progress Index?

- The Social Progress Index (SPI) measures the development of the country based on the social and environmental measures provided by the country to its citizens.
- It defines social progress as the capacity of a society to meet the basic human needs of its citizens to enhance and sustain the quality of their lives, and create the conditions for all individuals to reach their full potential.
- Fifty-four indicators in the areas of basic human needs, foundations of well-being, and opportunity to progress show the relative performance of nations.

What is the significance of SPI?

- Generally, many aspects of social progress tend to improve with income growth and wealthier countries deliver better social outcomes than lower-income countries.
- But it has been observed by SPI that where there is an imbalance between economic growth and social progress, political instability and unrest often arise, as in Russia and Egypt.
- This indicates lagging social progress also holds back economic growth.
- The SPI data also reveals that countries have a higher level of social progress even with lower GDP e.g. – Costa Rica.

How SPI differs from GDP?

- GDP is an old measure that was developed as a statistical tool for policy makers to determine the recovery from the Great Depression in 1930's.
- It focuses only on economic growth and is calculated quarterly to primarily analyse the strength of an economy, and for setting economic goals and objectives.
- It does not capture the social and environmental processes such as level of inequity which exists in the society regardless of overall economic growth.
- Therefore SPI is seen as a better yardstick to measure a country's level of progress by understanding the citizen's development needs and priorities.

What are the findings of the Index about India?

- The list is topped by Scandinavian countries like Denmark, Finland, Iceland, Norway, while India is at 93rd position.
- India's performance on health-related Sustainable Development Goals (SDGs) Index is the worst among BRICS nations.
- India still lags in areas such as water, sanitation and access to higher education.
- India also scored poorly on incidences of those under 18 who experienced sexual violence



6.3 India's Position in World Happiness Index

Why in news?

United Nations has released the World Happiness Index.

What is World happiness report about?

- World Happiness index released by UN is basically an appraisal of the general well-being of a nation rather than an indicator of personal happiness.
- The index doesn't measure joy and cheerfulness of the people of a nation, besides it is a measure of prosperity such as income and healthy life expectancy.
- Index is based on six key factors found to support wellbeing: Income, Healthy life expectancy, Social support, Freedom, trust, and generosity.
- Out these six the important variable is trust, which is measured by the absence of corruption in business and government.
- The issue of migration was placed at the heart of the 2018 report, which also ranked 117 countries according to happiness of their immigrants.

What are the findings of the recent report?

- Finland, Norway and Denmark secured the first three positions, the remaining Scandinavian countries (Sweden and Iceland) found themselves in the top ten rankings.
- The Scandinavian countries are the perennial toppers in the Global Happiness Index.
- The United States and the United Kingdom were in 18th and 19th place respectively.
- The study found that the 10 happiest countries in the overall rankings also scored highest on immigrant happiness, suggesting that migrants' well-being depends primarily on the quality of life in their adopted home

What are the report findings about India?

- India is ranked terribly low at 133 out of 156 countries alongside some Sub-Saharan African countries, dropping 11 spots from 2017.
- Most of the emerging economies Mexico (24), Brazil (28), Argentina (29), Malaysia (35), Russia (59), and China (86) are placed far ahead of India.
- All the South Asian countries, even Pakistan and Nepal ranked better compared to India.

What are the reasons for India's awful performance?

- Despite being one of the fastest growing economies, India remains a non-egalitarian country with growing levels of economic inequality.
- An Oxfam survey in 2017 has revealed that India's richest 1 per cent has cornered almost 73 per cent of the total wealth created in the country.
- India's public health spending is well below the global average (just 1.4 per cent of GDP) leaving the deprived millions to pitiable public healthcare facilities.
- Even the well-off Indian professional class, who can afford expensive private healthcare, are not guaranteed a long, healthy and happy life.
- India has failed in building a trustworthy social support system, helping people when they are in real trouble.
- India's political system and business establishments are unable to manage big cash flows in a sustainable, responsible and transparent way.
- Indian response towards the Rohingya crisis, despite being a country that welcomed Tibetans and Sri Lankans, illustrates that generosity and altruism are giving way to pseudo-nationalism and self-obsession.

What India must learn from Scandinavian countries?

- Norwegians discovered a greater fortune than fishes in the North Sea, massive amounts of crude oil and natural gas.



- The political consensus that emerged in Norway for sharing the suddenly-discovered oil wealth for the entire citizenry than falling into the hands of a few business giants, leading to the creation of a welfare state model par excellence.
- When petroleum profits exceeded all expectations, the government established an 'oil fund' in 1990, which is now the world's largest sovereign wealth fund entitling every Norwegian a millionaire on paper.
- Life for Scandinavians is to be taken at a slow pace leaving their worries and anxieties into the hands of a dependable, trustworthy government.
- In addition to its joyful locals, Finland is also home to the happiest immigrants due to the nation's altruistic policies.

6.4 Swachh Survekshan Rankings 2018

What is the issue?

- Union Ministry of Housing and Urban Affairs have released the Swachh Survekshan 2018 ranking, which ranks cities based on cleanliness.
- Indore as the cleanest among 4,203 urban local bodies (ULBs) in the country for the 2nd time in the row, which is followed by Bhopal.

How did Indore retain its prime position?

- **Statistics** - Indore Municipal Corporation (IMC) has been taking out a strong campaign through songs and outreach programs.
- The corporation also claims to have achieved 100% segregation of wet and dry garbage at source.
- Waste is collected once a day from residential areas and twice from commercial areas.
- The IMC has nearly 10,000 employees and officers and they are said to be aided by socially responsible citizenry.
- **Penalties** - Lately, the municipal body began to slap spot fines from Rs 250 to Rs 500 on those spitting on roads, urinating in the open, or littering.
- While efforts to deter habitual offenders haven't worked in the past, a public shaming campaign by naming them in media has been initiated recently.
- **Nudging Push** - IMC distributed free bottle shaped suitably sized dustbins to vehicle owners to encourage them to not throw waste out of windows.
- Innovative cleanliness products for sale are also aplenty in the open markets.
- **Technology** - Initiatives to segregate dry waste, installing recycling units in gardens, outside hotels, and marriage halls have been taken up.
- Compost pits were built at fruit and vegetable and markets, and a bio-methanation plant has also been set up.
- **Administrative steps** - IMC replaced garbage bins that used to overflow with suitable containers of sufficient capacity.
- Swachhata Samitis were set up in schools and colleges, and participants in religious and other processions were encouraged to keep the streets clean.
- Public toilets were built in large numbers.

6.5 71st World Health Assembly

Why in news?

In an urgent call for action, the 71st World Health Assembly delegates demanded more political will from heads of state to curb non-communicable diseases.

What was discussed in the assembly?

- The world may not be able to meet the Sustainable Development Goals (SDG) and reduce premature deaths caused by NCDs, including cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, by one-third by 2030.



- WHO released its “Saving lives, spending less” report, during the World Health Assembly..
- It has for the first time measured the “health and economic benefits of implementing the most cost-effective and feasible interventions to prevent and control NCDs in low- and lower-middle-income countries.
- The report recommends, what is now known as the ‘Best Buys’ formula, that by spending on prevention.
- Over 17 million cases of ischemic heart disease and stroke by 2030 could be avoided in low- and lower-middle-income countries that account for 80 per cent of deaths due to NCDs in the world.
- However global health funding dedicates just about 1 per cent for prevention and treatment of NCDs in low- and middle-income countries.
- According to WHO’s Best Buys formula, every investment of US \$0.49/per capita to avoid NCDs would fetch economic benefits worth US \$1.35 by 2020.
- By 2030, the report estimates, every investment of US \$1 would fetch benefits worth US \$7 per capita.

A short note on World Health assembly.

- The World Health Assembly is the decision-making body of WHO.
- It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board.
- The main functions of the World Health Assembly are to determine the policies of the Organization, supervise financial policies, and review and approve the proposed programme budget.
- The Health Assembly is held annually in Geneva, Switzerland.

6.6 Status of Policing in Indian report

Why in news?

The ‘Status of Policing in India Report, 2018’ was published recently by the Centre for the Study of Developing Societies and the NGO Common Cause.

What are the highlights?

- It offers a comprehensive survey of the performance and perceptions of the Indian police.
- Especially, the relation between Indian Muslims and the police was brought out by the report.
- Fear - The report highlights that all minorities feared the police more than Hindus.
- Notably, the apprehension is more acute in the case of Muslims.
- This is the case even with no reference to lynching of Muslims in the name of cow protection.
- Cases - The fear is because police often implicates Muslims under false terrorism charges.
- Indeed, many young Muslims have been in jail for years for this reason, before the judiciary released them.
- Muslims in Bihar, Maharashtra, Rajasthan and Tamil Nadu increasingly feel that police discriminate on the basis of religion.
- This may be partly explained by the social profile of the policemen.

How is the Muslim representation in law enforcement agencies?

- Muslims are dramatically under-represented in the Indian Police Service (IPS).
- Their share was already lower than 5% in the 1950s.
- This is less than half the proportion of Muslims in India according to the 1951 census.
- Their share in the population subsequently increased, reaching nearly 15% in 2011.
- However, the proportion of Muslims in the IPS decreased, falling below 3% in 2016.
- It is even as low as 2.5% if Jammu and Kashmir is excluded from the calculation.
- But the situation is slightly better if policemen at lower levels are taken into account.
- In this case, Muslims roughly made up 6% of policemen in India.
- Nevertheless, their strength is on a decreasing trend over the years.



- Overall, Muslims are underrepresented in law enforcement agencies.
- But the situation is a little better if the armed services as a whole are accounted.
- In the army, Muslims made up 2.5% of the people in uniform in 1990-2000.
- Similar figures are found in the navy and in the air force.
- There too, the proportion is slightly less in higher ranking categories and more in others.

Why is it significant?

- The report shows a quasi-absence of the largest minority in a key institution like the police.
- The fact that Muslims are underrepresented in police increases their vulnerability.
- Moreover, there is no effort being made to address this situation.
- The scenario clearly affects the national character of a nation-state.
- It undermines the idea of a multicultural India enshrined in the Constitution.

6.7 Concerns with Oxytocin Ban

What is the issue?

- The Union Health Ministry has recently decided to restrict the production and sale of oxytocin.
- The rationale of the decision is contested and the ban is expected to have severe public health consequences.

What is Oxytocin?

- Oxytocin is a crucial hormone used on pregnant women.
- It is used for the induction of labour and stop postpartum bleeding.
- It causes uterine contractions during labour, and helps new mothers lactate.
- It has largely been in use during delivery to reduce maternal mortality.
- Government has banned its production other than by the public sector Karnataka Antibiotics and Pharmaceuticals Ltd (KAPL).
- KAPL alone can supply oxytocin to registered public and private sector hospitals.

Why is the ban?

- Misuse - Besides the genuine uses, Oxytocin is largely misused.
- It is used in injecting milch animals, such as cows, to increase milk production.
- Vegetables and fruit, too, are injected with Oxytocin, to increase their sizes.
- Worryingly, it is also used in illegal and unsafe abortions to induce labour.
- Besides, social workers allege that it was injected to force premature puberty in trafficked young girls.
- Sale - Illegal import of the drug from China is another concern.
- It is subsequently sold in India in "crude plastic bottles" by unlicensed companies.
- Even on the organised front, only one company imports the raw material.
- This is then made into a finished drug and sold by licensed and unlicensed players.

What is the key reason?

- The ban is primarily motivated by the misuse of the hormone in the dairy industry.
- Oxytocin stimulates lactation in cattle.
- Dairy farmers thus inject the drug indiscriminately to increase milk production.
- This has increased the unlicensed facilities that are manufacturing the drug for veterinary use.
- There is also a concern that oxytocin led to infertility in dairy animals.
- It has also been linked to mastitis, a painful inflammation of the udder (mammary gland).

- Another concern is the exposure of milk consumers to oxytocin drug through dairy products.

Why is oxytocin crucial?

- Nearly 45,000 Indian women die due to causes related to childbirth each year.
- Oxytocin, a synthetic version of a human hormone, is a life-saver for these women.
- It is used to induce labour in pregnant women and to stall postpartum bleeding.
- The World Health Organization recommends it as the drug of choice in postpartum haemorrhage.
- The ban thus seems to be ignoring this critical role of oxytocin in maternal health.

What are the contentions?

- Validity - There are some studies that add validity to the above concerns of ill-effects of oxytocin on cattle.
- However, the science behind these claims is unclear and is not properly established.
- The National Dairy Research Institute has said that there was no evidence that oxytocin led to infertility.
- Another research claims that oxytocin content in buffalo milk did not alter with injections.
- However, even if the ill-effects of oxytocin are real, a ban is not the right solution.
- Shortage - Manufacture of the drug only by a single public sector unit could lead to drug shortages and price hikes.
- The right approach would have been to strengthen regulation and crack down on illegal production.
- Monopolising production will only remove the low-price options from the market.

What could be done?

- Competition is a leveller and so the government should reconsider the ban on private production.
- Its abuse needs to be curbed, possibly by restricting its human and veterinary sale.
- Multiple layers of documentation as with narcotic and psychotropic drugs or antibiotics could be adopted.
- Massive surveillance and raids on illegal importers and unlicensed producers could be implemented.

7. QUICK FACTS

7.1 Census 2011

- Percentage Decadal Change (2001-2011)- **17.7%**
- Population Density -**382/sq.km**
- Proportion of rural and urban population- **Urban- 68.8% and Rural-31.2%**
- Sex Ratio (Women per 1000 Males) -**943 (Rural-949 and Urban – 929)**
- Child Sex ratio(CSR)- **919**
- Proportion of Child Population(0-6 years) – **13.6% of the total population**
- Fertility rate(children per women)- **2.2 (NFHS4)**

7.2 Education

- **Sustainable Development Goal 4** – “Ensure inclusive and quality education for all and promote lifelong learning” by 2030.
- Expenditure on education is **2.7 % of the GDP** (2017-2018 Budget estimate)
- **Gross Enrolment Ratio** in higher education has registered an increase from 24.5% in 2015-16 to 25.2% in 2016-17, according to the latest edition of the All India Higher Education Survey (AIHES).
- **Student Classroom Ratio** is defined as average number of pupils (students) per classroom in a school in a given school-year. At all India level, percentage of schools with SCR greater than 30 students declined from 43 per cent in 2009-10 to 25.7 per cent in 2015-16.
- As per Unified District Information System for Education (UDISE), the **Pupil to Teacher ratio** at national level for primary schools is 31:1 in 2015-16.



7.3 Health

- **Sustainable Development Goal 3**-Ensuring healthy lives and promoting the well-being for all at all ages.
- Expenditure on Health is **1.4 of India's GDP** (2017-2018 Budget estimates).
- **Out of Pocket Expenditure (OoPE)** on health adversely impacts the poorer sections and widens inequalities.
- OoPE has declined approximately 7 percentage points during the period 2004-05 to 2014-15, however its share is still at 62 per cent as per NHA 2014-15.

7.4 National Family Health Survey

- Infant mortality rate IMR (per 1000 live births)-41
- Under 5 Mortality rate(per 1000 live births)-50
- Total unmet need for family planning is 12.9%
- Institutional births – 78.9%
- Children under age 3 years breastfed within one hour of birth - 41.6%

* * * * *