



# IAS PARLIAMENT

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A Shankar IAS Academy Initiative

## **MAINSTORMING 2019**

## **SOCIAL ISSUES II**

**Shankar IAS Academy<sup>TM</sup>**

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## MAINSTORMING 2019 SOCIAL ISSUESII (MARCH 2019 TO JULY 2019)

### 1. GENDER ISSUES

#### 1.1 Sexual Harassment Allegations against CJI

##### Why in news?

The Justice S.A. Bobde in-house committee has found “no substance” in the sexual harassment allegations against CJI Ranjan Gogoi.

##### What is the case all about?

- Several news websites published reports of former Court employee accusing the Chief Justice of India of having made sexual advances towards her.
- The complainant, a former junior court assistant, had also made her charge in the form of an affidavit.
- It was supported by purported evidence and has been sent to 22 judges of the court.
- The woman, in her mid-thirties, complained of subsequent police harassment against her.
- She had also alleged that she was unceremoniously dismissed from service.
- On publication of the allegation, the Court reacted almost instantly and a notice of a special open court session was circulated among the media.

##### What is the court's stance?

- On hearing the case, the Supreme Court bench dismissed the allegations as "wild and baseless".
- It said the allegation was designed to attack and erode the independence of the judiciary.
- It, however, did not pass any gag order against the media on reporting this.
- Instead, the bench urged the media to exercise restraint in the matter.

##### What is the Court's statement?

- The inquiry by the in-house panel was by nature purely preliminary, ad hoc and only for the purpose of getting information.
- As part of the in-house procedure, the committee's report would be kept confidential and would not be placed in the public domain.
- The report was given to Chief Justice Gogoi and the “next senior judge competent to receive the report”, Justice Arun Mishra who is the fourth seniormost judge.
- Justice Ramana, the third seniormost judge, was not handed the report.
- He had earlier recused from the committee following allegations raised by the complainant about his proximity to Chief Justice Gogoi.

##### What are the varied concerns?

- **Report** - The Supreme Court quoted its reported decision of 2003 in Indira Jaising versus Supreme Court of India.
- It was held then that an in-house inquiry report was “discreet” and “not for the purpose of disclosure to any other person”.
- However, the 2003 decision does not contemplate a situation when the Chief Justice of India is himself under inquiry as in this case.
- **What next?** - Reportedly, the report would go no further than Justice Mishra and Chief Justice Gogoi.
- There would be no Full Court meeting on the contents of the “informal” proceedings.
- The report cannot be reviewed judicially.



- **Proceedings** - Also, there are reports being published in the media, of dissent in the highest judiciary about the manner of the committee proceedings.
- Supreme Court Secretary General said that the Justice Bobde Committee deliberated on its own without taking any inputs from other apex court judges.
- No one else, including the complainant, knows what evidence was examined and who else testified apart from herself.
- The most relevant parts of the complaint were -
  - i. the transfer orders and disciplinary inquiry against her
  - ii. the role of the court administration in dismissing her
  - iii. the role of the Delhi Police in arresting her on a complaint of alleged bribery
  - iv. initiating disciplinary action against her husband and his brother, both police personnel
- It is not known if any of these officials were examined.
- **Complainant** - The complainant later withdrew from the inquiry, saying she was DENIED the help of a lawyer or a representative.
- She found the questions from a panel of three sitting Supreme Court judges quite intimidating.
- She noted that she was not clear how her testimony was being recorded.
- Meanwhile, she also said that she and her family members remained vulnerable to the ongoing reprisals and attack.
- **Mechanism** - The manner in which the court dealt with the complaint on the administrative side has not been fair.
- The in-house procedure was devised in 1999.
- It envisages only a committee of 3 judges to deal with allegations against serving Supreme Court judges.
- But the fact that a special law to deal with sexual harassment at the workplace is in force since 2013 appears to have made no difference.
- The court did not, even in the interest of appearing fair, adopt a formal procedure or allow the complainant to have legal representation.
- In all, when it comes to dealing with its own, the Supreme Court seems to have merely been a prisoner of procedure.
- The in-house panel has largely resorted to its power at the cost of fairness to the complainant.

## 1.2 Women Workforce Participation

### What is the issue?

- A key focus of many political parties in the election time has been women's employment.
- In this context, more than a 'more jobs' approach, addressing structural issues which keep women away from the workforce is a must.

### How is women workforce participation?

- Currently, the participation of women in the workforce in India is one of the lowest globally.
- The female labour force participation rate (LFPR) in India fell from around 31% in 2011-2012 to close to 23% in 2017-2018.
- This decline has been sharper in rural areas, where the female LFPR fell by more than 11 percentage points.

### What are the factors behind?

- The limitations to participation in work arise from a complex set of factors including -
  - i. low social acceptability of women working outside the household
  - ii. lack of access to safe and secure workspaces

- iii. widespread prevalence of poor and unequal wages
- iv. dearth of decent and suitable jobs
- So most women in India are engaged in subsistence-level work in agriculture in rural areas.
- In urban areas, it is the low-paying jobs such as domestic service and petty home-based manufacturing.

#### **How does education-work interconnection work?**

- Studies reveal a strong negative relationship between a woman's education level and her participation in agricultural and non-agricultural wage work and in family farms.
- With better education, women are refusing to do casual wage labour or work in family farms and enterprises.
- There is also a preference among women for salaried jobs as their educational attainment increases.
- But the challenge is that such jobs remain extremely limited for women.
- E.g. Among people (25 to 59 years) working as farmers, farm labourers and service workers, nearly a third are women.
- On the other hand, proportion of women among professionals, managers and clerical workers is only about 15%.

#### **Why does women's work go unnoticed?**

- It is not that women are simply retreating from the world of work.
- In contrast, they devote their substantial time to work which is not considered as work, but an extension of their duties, and is hence largely unpaid.
- This includes unpaid care work such as childcare, elderly care, and household work such as collecting water.
- This burden falls disproportionately on women, especially due to inadequate availability and accessibility of public services.
- It also encompasses significant chunks of women's contribution to agriculture, animal husbandry, and non-timber forest produce.

#### **What should the policy approach be?**

- Efforts at women's economic empowerment and equal access to livelihoods must address the above challenges.
- The limitations exist along a highly gendered continuum of unpaid, underpaid and paid work.
- So on the one hand, the measure should -
  - i. facilitate women's access to decent work by providing public services
  - ii. eliminate discrimination in hiring
  - iii. ensure equal and decent wages
  - iv. improve women's security in public spaces
- On the other hand, it must also recognise, reduce, redistribute, and remunerate women's unpaid work.
- In this context, gender-responsive public services include
  - i. free and accessible public toilets
  - ii. household water connections
  - iii. safe and secure public transport
  - iv. adequate lighting and CCTV cameras to prevent violence against women in public spaces
- Furthermore, fair and decent living wages and social security such as maternity and sickness benefits, provident fund, pension should be the priorities.
- Besides, policies should address the specific needs of migrant workers, dalits, tribals, Muslims, and other marginalised communities.

- E.g. migration facilitation and crisis centres (temporary shelter facility, helpline, legal aid, and medical and counselling facilities)
- Others include social housing spaces for women workers, spaces for women shopkeepers and hawkers in markets and vending zones.
- Besides these, recognising women as farmers in accordance with the National Policy for Farmers is a crucial priority.
- Their equal rights and entitlements over land, and access to inputs, credit, markets, and extension services must be ensured..
- In all, the need is to address the structural issues which keep women from entering and staying in the workforce.

### 1.3 Declining Women Workforce Participation

#### Why in news?

The Periodic Labour Force Survey (PLFS) data for 2017-18 and the December quarter was released recently by the Ministry of Statistics and Programme Implementation (MoSPI).

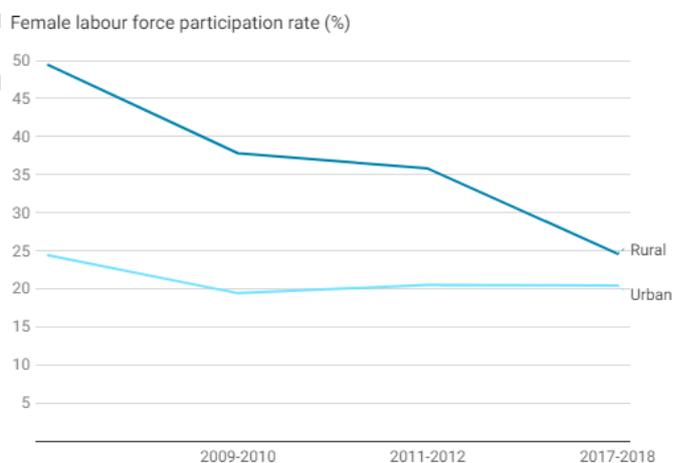
#### How is women labour force participation in India?

- As per 61st round of the NSSO survey (2004-2005), 48.5% rural women (above 15 years) were employed either as their major activity or as their subsidiary activity.
- But this number dropped to 23.7% in the recently released report of the Periodic Labour Force Survey (PLFS).
- In other words, in rural India, nearly half the women who were in the workforce in 2004-05 had dropped out in 2017-18.

#### Is this a new change?

- The drop in work participation by rural women is not sudden.
- The latest data from the PLFS simply continue a trend that was well in place by 2011-12.
- Worker to population ratio (WPR) for rural women aged 15 and above had dropped from 48.5% in 2004-05 to 35.2% in 2011-12 itself.
- In contrast, the WPR for urban women aged 15 and above declined only mildly from 22.7% in 2004-5 to 19.5% in 2011-12, and to 18.2% in 2017-18.

#### India's falling female labour force participation



#### What does the sectional data suggest?

- It is to be noted that the drop is not located primarily among the privileged sections of the rural population.
- More importantly, most of the decline in the WPR has taken place among women with low levels of education.
- For illiterate women, the WPR fell from 55% to around 29% while that for women with secondary education fell from 30.5% to 15.6%.
- In all, the broad-based decline has higher concentration among the least educated and the poorest.
- So clearly, the drop is not a result of a choice made due to rising incomes of the households.
- In other words, it is not a choice by the richer households that women's time could be better spent caring for home and children.
- It is neither a trend among women with higher education.
- So, it is largely a result of the fact that women are unable to find work in a crowded labour market.
- This reflects the conditions of disguised unemployment, which is a cause of concern for the nation as a whole.



### Which components have recorded decline?

- The decline in work on family farms and allied activities contributed the most (14.8 percentage points).
- This is followed by casual wage labour (8.9 percentage points).
- Next came the work on family enterprises in other industries (2.4 percentage points).
- These were counter-balanced by a 0.7 percentage point increase in regular salaried work.
- There was also a 0.5 percentage point increase in engagement in public works programmes such as Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA).
- In all, most of the decline (23.1 percentage points out of 24.8) came from reduced participation in agriculture and allied activities.
- Men's participation in agriculture has also declined.
- Among men aged 15 and above, 56.1% participated in agriculture in 2004-5. In contrast, only 39.6% did so in 2017-18.

### What are the causes?

- **Mechanisation and land fragmentation** have reduced agricultural work opportunities for both men and women.
- While men were able to pick up work in other industries, women reduced their participation in other industries as well as agriculture.
- A man with class 10 education can be a postal carrier, a truck driver or a mechanic.
- Such other **work opportunities**, except for work in public works programmes, are not easily open to women.
- This challenge is particularly severe for rural women with moderate levels of education.
- Hence, education is associated with a lower WPR for women, in the rural context.
- Evidently, in 2016-17, around 29% illiterate women were employed, compared to only 16% women with at least secondary education.
- The method of **categorisation of workers** in the NSSO survey and PLFS also contributes to the inflated numbers.
- [It counts as primary activity in which respondents spent a majority of their prior year.
- Subsidiary activity is in which individuals spent at least 30 days.]
- If individuals are defined as working by either primary or subsidiary criteria, they are counted among workers.
- Increasingly, as demand for agricultural work declines and women engage in diverse activities, their work tends to become fragmented.
- So there could be tremendous undercount of women's work under the standard labour force questions, particularly in rural areas.
- A woman who spends 15 days on her own field, 10 days as a construction labourer and 15 days in MGNREGA work should be counted as a worker using the subsidiary status criteria.

#### Periodic Labour Force Survey (PLFS)

- PLFS is a recent initiative aimed at generating estimates of various labour force indicators.
- It measures employment every 3 months in urban areas and once a year in both rural and urban areas.
- The quarterly survey only captures data classed as current weekly status (CWS), while the annual survey measures both the usual status and CWS.
- The National Sample Survey Office (NSSO) under the Ministry of Statistics and Programme Implementation conducts the survey.

### What are the possible ways out?

- The recent establishment of the Cabinet Committee on Employment and Skill Development is a welcome move.
- The committee is expected to take the issue of declining female employment.

- Development of transportation infrastructure could go a long way in bringing in rural women into non-agricultural work.
- If the cabinet committee formulates appropriate policies, the potential gender dividend could be far greater than the much celebrated demographic dividend.

## 1.4 SDG Gender Index - Equal Measures 2030

### Why in news?

The SDG Gender Index, a new index to measure global gender equality, was launched recently.

### What is the SDG Gender Index?

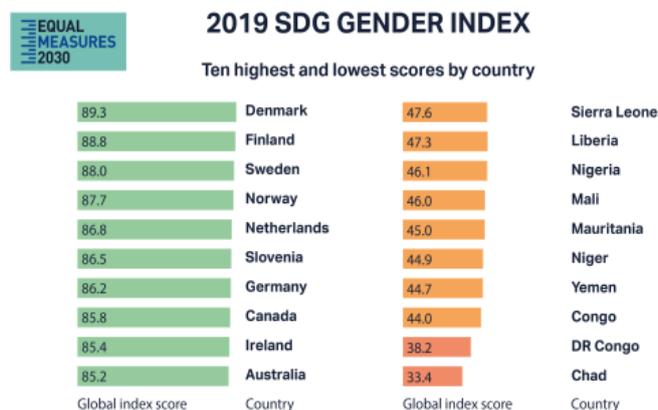
- The SDG Gender Index has been developed by Equal Measures 2030, a joint effort of regional and global organisations including:
  1. African Women's Development and Communication Network
  2. Asian-Pacific Resource and Research Centre for Women
  3. Bill and Melinda Gates Foundation
  4. International Women's Health Coalition
- The index accounts for 14 out of 17 SDGs (sustainable development goals).
- The goals cover aspects such as poverty, health, education, literacy, political representation and equality at the workplace.
- A score of 100 reflects the achievement of gender equality in relation to the targets set for each indicator.
- A score of 50 signifies that a country is about halfway to meeting a goal.

### What are the key findings?

- The global average score of the 129 countries (with 95% of the world's girls and women) is 65.7 out of 100 ("poor" in the index).
- Nearly 1.4 billion girls and women are living in countries that get a "very poor" grade.
- Altogether, 2.8 billion girls and women live in countries that get either a "very poor" (59 and below) or "poor" score (60-69).
- Just 8% of the world's population of girls and women live in countries that received a "good" gender equality score (80-89).
- Notably, no country achieved an "excellent" overall score of 90 or above in gender equality.
- Besides, not all countries' scores on the index correlate with national income.
- Some countries perform better than what would be expected based on their GDP per capita, and others underperform.
- With all these, it was highlighted that the world was far from achieving gender equality.

### How does India perform?

- **India was ranked at 95th among 129 countries.**
- India's highest goal scores are on health (79.9), hunger & nutrition (76.2), and energy (71.8).
- Its lowest goal scores are on partnerships (18.3, in the bottom 10 countries), industry, infrastructure and innovation (38.1), and climate (43.4).





- On indicators that define the goals, India scored 95.3 on the percentage of female students enrolled in primary education who are overage.
- In the proportion of seats held by women in national parliament, India scored 23.6; women made up 11.8% of Parliament in 2018.
- On seats held by women in the Supreme Court (4%), India has a score of 18.2.
- On gender-based violence, indicators include -
  - i. proportion of women aged 20-24 years who were married or in a union before age 18 (27.3%)
  - ii. women who agreed that a husband/partner is justified in beating his wife/partner under certain circumstances (47.0%)
  - iii. women aged 15+ who reported that they feel safe walking alone at night in the city or area where they live (69.1%)
- Overall, India largely performs as expected based on its GDP per capita.

### 1.5 Free Rides for Women - Delhi

#### Why in news?

Delhi government has proposed to make travel by buses and metro rail free for all women in about 3 months.

#### What is the rationale?

- The National Capital Region is among the most unsafe urban regions for women worldwide.
- In this backdrop, the free rides measure is meant to encourage more women to use public transport.
- This is because the government reckons public transport as the safest mode of transport for women.
- Free rides is expected to increase the use of public transport by women as metro rides have become rather expensive after May 2017.

#### What are the concerns with the proposal?

- **Relevance** - A larger proportion of female travellers on the metro are actually the women who can afford to pay the full fare.
- On the other hand, women who should ideally benefit from free rides might still not use the metro or the buses.
- This is simply because such modes of transport do not connect their place of residence and place of work.
- Domestic helps who walk 2-6 km daily fall in this category.
- **Discrimination** - Besides, asymmetric pricing benefits tend to be socially divisive as it would discriminate against poor men and boys.
- **Economy** - The Delhi government has not explained how it will compensate the two services.
- It is speculated that the measure would cost the Delhi government around Rs 700 crore on an annual basis.
- The Delhi Transport Corporation has seen its working losses rise from around Rs 940 crore in 2013-14 to Rs 1,750 crore in 2018-19.
- On the other hand, the Delhi metro, it raised fares after a long gap of 8 years to much controversy.
- Its operating ratio is in danger of being skewed again if a large segment of its passengers travels free.

#### What could be done?

- Discounted fares for certain classes of commuters, including students and seniors could be introduced.
- This, along with, daily and weekly cap on fares might encourage greater use of buses and metros.
- That requires widespread adoption of smart payment cards that are valid across various modes of public transport.
- Cities such as London and Sydney are among the many that have such a system in place.

- E.g. the Oyster card is valid for travel through all 6 zones of London and has a daily cap of £12.80
- Likewise, the Opal card in Sydney comes with a daily cap of A\$15.80 and weekly cap of A\$63.20. On Sundays, the maximum fare is A\$2.70.
- Besides, the real demands in light of the safety concerns are enlightened education campaigns and a heightened investment on security and vigilance.
- Instead of subsidies, the government can augment Delhi's bus service in terms of quantity and security.
- It can work with the central government to train the police force in gender sensitivity to make the national capital safer for women in overall terms.

## 1.6 Odisha's Women Empowerment Model

### What is the issue?

- The Odisha government is among the first to reserve 50% of seats in Panchayati Raj institutions for women.
- The other States could take a cue from Odisha, which has empowered women politically and financially.

### How is women's political participation in India?

- Adequate representation of women in politics eventually results in an increase in the level of attention given to gender-specific policy and planning.
- However, the number of women taking leadership roles in India is rather small compared to the global average.
- The representation of women MPs in the 17th Lok Sabha has seen an improvement from 11% in 2014 to 14% in 2019.
- However, it is still lower than the world average of 24.3%.
- In 2019, 715 women candidates contested the Lok Sabha election, while the number of men who contested stood at 7,334.

### What are Odisha's measures in this regard?

- Odisha may be seen as one of the underdeveloped states in the country and backward in terms of some human development indicators.
- However, Odisha government's model for women's empowerment has much to teach for other states.
- The Biju Janata Dal (BJD)-led Odisha government was among the first to reserve 50% of seats in Panchayati Raj institutions for women.
- Further, Odisha Chief Minister Naveen Patnaik nominated women for one-third of the seats in Lok Sabha election.
- Thus, 7 candidates out of 21 fielded by the party for the 2019 election were women.
- The success rate among the women candidates was higher than for men, as 5 out of the 7 won the elections.
- Other sops include issuing of smartphones, the award of work contracts, and higher entitlements in the State's health insurance scheme, arguably superior to the Ayushman Bharat.
- The State government has also announced an accident insurance scheme for all members of self-help groups.

### How effective are women self-help groups there?

- Besides empowering women politically, the Odisha government has been organising women into self-help groups in the last two decades for their economic empowerment.
- As of now, Odisha has 6 lakh self-help groups with 7 million women under its flagship 'Mission Shakti' programme.
- The programme aims at empowering women by helping them start income-generating activities.
- The self-help groups are linked to the Odisha Livelihoods Mission and Odisha Rural Development and Marketing Society.

- Members of the self-help groups are encouraged to sell products at fairs and exhibitions organised by the State round the year.
- This gives them an opportunity to travel across different parts of the State and gain greater exposure.
- The State government had also announced an interest-free loan of Rs. 3 lakh in January 2019 to each of the self-help groups.
- This amount was increased to Rs. 5 lakh just before the general election.
- The Women and Child Development Department have been rechristened as the 'Women and Child Development and Mission Shakti Department'.
- Mr Patnaik also nominated Ms Pramila Bisoi, a self-help group leader, as a candidate for a Lok Sabha constituency.
- This was a move to bring self-help group members to the forefront of public life.

### What is the way forward?

- It is widely acknowledged that women's empowerment helps in the achievement of critical development goals.
- Given this, many of Odisha's women-centric initiatives are potential of being implemented in other states too.
- In effect, these could play an instrumental role in the political, economic and social empowerment of women in India.

## 2. ISSUES RELATED TO POVERTY

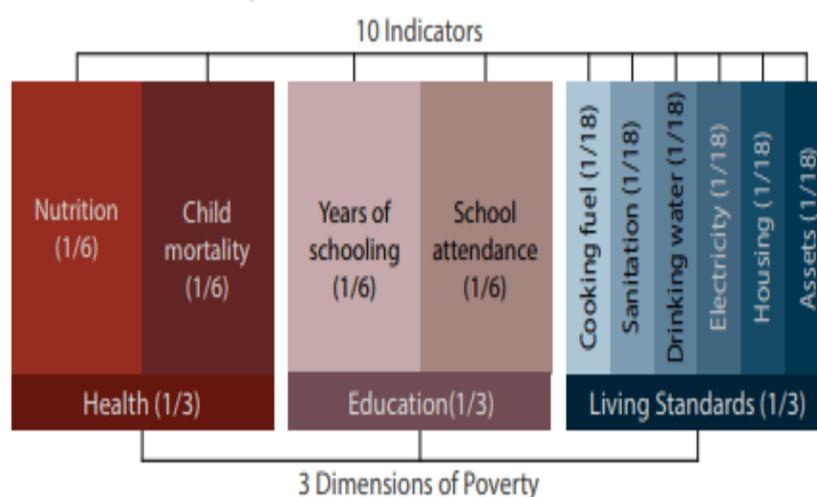
### 2.1 Global Multidimensional Poverty Index Report 2018

#### Why in news?

India has reduced its poverty rate from 55% to 28% in 10 years according to a new version of the global Multidimensional Poverty Index (MPI) report 2018.

#### What is the report on?

- It was developed by the United Nations Development Programme (UNDP) and the Oxford Poverty and Human Development Initiative (OPHI).
- MPI is a measure that takes into account the incidence of poverty and the extent of deprivation i.e. "who is poor" and "how they are poor".
- MPI is thus the product of two measures -
  1. poverty rate as a percentage of the population
  2. poverty intensity as the average share of deprivations that poor people experience
- The index is based on a list of 10 deprivations for poor, covering health facilities, education and living standards.
- If someone is deprived in a third or more of the 10 weighted indicators, the global index identifies them as "MPI poor".
- The present report covers 105 countries which are home to 77% of the world's population or 5.7 billion people.
- The report dedicates a chapter to India because of its remarkable progress.



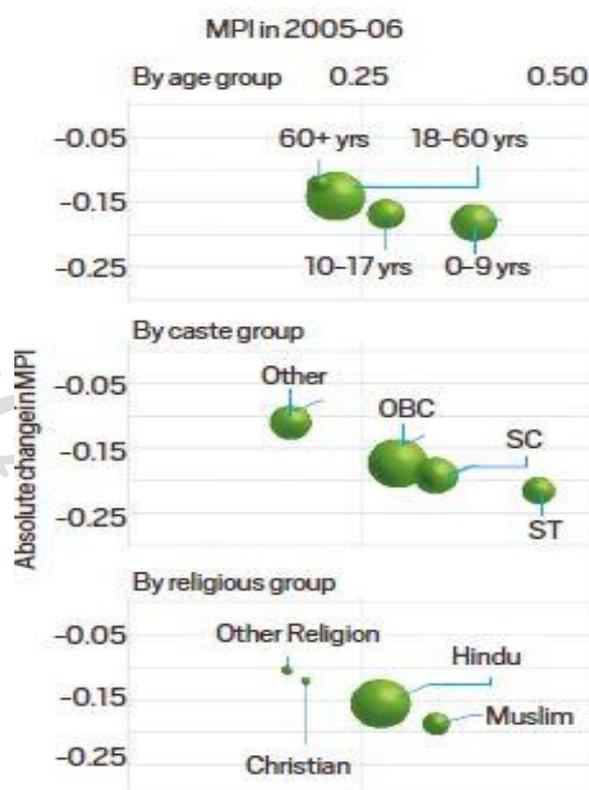
#### What is India's poverty scenario?

- Nearly 271 million people have moved out of poverty between

2005-06 and 2015-16 in India.

- India still had 364 million poor in 2015-16, the largest for any country. Nevertheless, it is down from 635 million in 2005-06.
- A total of 113 million people, or 8.6% of India's people, live in 'severe poverty'.
- The traditional disadvantaged sub-groups such as rural dwellers, lower castes and tribes, Muslims and young children are still the poorest.
- Nevertheless, the rate of poverty reduction among children, the poorest states, Scheduled Tribes, and Muslims was the fastest.
- **Children** - Of the 364 million people who were MPI poor in 2015-16, 156 million (34.6%) were children.
- This is a 47% decrease from the 292 million poor children in India in 2005-06.
- Multidimensional poverty among children under 10 years of age has fallen the fastest.
- So the latest figures represent that 136 million fewer children are growing up in multidimensional poverty than in 2005-06.
- However, two in five children under 10 years of age are poor (41%), but less than one quarter of people aged 18 to 60 (24%) are poor.
- **STs** - Although Muslims and STs reduced poverty the most over the 10 years, these two groups still had the highest rates of poverty.
- While 80% of ST members had been poor in 2005-06, 50% of them were still poor in 2015-16.
- On the other hand, only 15% of the higher castes are poor.
- **Muslims** - While 60% of Muslims had been poor in 2005-06, 31% of them were still poor in 2015-16.
- Every third Muslim is multidimensionally poor, compared to every sixth Christian.
- **States** - The four poorest states are Bihar, Jharkhand, Uttar Pradesh, and Madhya Pradesh.
- These are still home to 196 million MPI poor people, which is over half of all the MPI poor people in India.
- Bihar was the poorest state in 2015-16, with more than half its population in poverty.
- Across the 640 districts in India, the poorest district is Alirajpur in Madhya Pradesh, where 76.5% of people are MPI poor.
- Jharkhand had the greatest improvement, followed by Arunachal Pradesh, Bihar, Chhattisgarh, and Nagaland.
- At the other end, Kerala, one of the least poor regions in 2006, reduced its MPI by around 92%.

## ABSOLUTE RISE IN MPI, BY AGE & COMMUNITY



### How is it globally?

- Worldwide, 1.3 billion (23%) people live in multidimensional poverty in the 105 developing countries that the report covered.
- This represents 23%, or nearly a quarter, of the population of these countries.
- **Regions** - Multidimensional poverty was found in all developing regions of the world.
- However, it was seen to be particularly acute in Sub-Saharan Africa and South Asia.

- These two regions account together for 83% (more than 1.1 billion) of all multi-dimensionally poor people in the world.
- Additionally, two-thirds of all multi-dimensionally poor people live in middle-income countries.
- Nearly 889 million people in these countries experience deprivations in nutrition, schooling, and sanitation, just like those in low-income countries.
- **Children** - Children account for almost half (49.9%) of the world's poor.
- Worldwide, over 665 million children live in multidimensional poverty.
- In 35 countries, at least half of all children are MPI poor.
- In South Sudan and Niger, some 93% of all children are MPI poor.

## 2.2 Realigning India's Social Protection System

### What is the issue?

- India is no longer a largely chronically poor country but a more unequal and vulnerable country with pockets of deep poverty.
- India's prosperous future will largely depend on how its social protection system evolves and aligns with diversity and demography.

### How does social protection system work?

- **Promotional instruments** invest in the ability of families to survive shocks on their own by enhancing productivity, access to job opportunities and incomes.
- This is done through human capital infrastructure, wage legislation, labour policies, skills training and livelihood interventions.
- **Preventive instruments** aim at reducing the impacts of shocks before they occur.
- This is done through social insurance programs that enable the households to use their savings from good times to tackle losses in tough times.
- **Protective instruments** mitigate the impacts of shocks after they have occurred.
- This is done through tax-financed redistribution from the non-poor to the poor.
- These programs would classically be called anti-poverty measures as they target social assistance to the poor, whether in kind or cash.

### How was it at the time of independence?

- At the time of independence -
  - i. most part of India was reeling from famine, de-industrialisation and multiple deprivations
  - ii. half the population was chronically poor
  - iii. the country had an aggregate food deficit
  - iv. financial and banking networks were underdeveloped
  - v. growth rates were weak
  - vi. technology available for program administration was inadequate
- Given this, the social protection schemes focussed almost exclusively on anti-poverty, protective instruments.

### What is the present poverty scenario?

- The poverty scenario of India has changed in the decades after independence, which is highlighted by the latest available data from 2012.
- **Chronic poverty** - Despite the dramatic fall in households below the poverty line to 22%, the challenge of chronic poverty remains.
- [Chronic poverty refers to deprivation due to poverty over many years, often entire lives, and is frequently passed on to the children.]

- So despite a decline in poverty levels, India shelters pockets of deep poverty and these households are geographically clustered.
- A significant 15% of households (37 million households) that were poor in 2005 remained poor in 2012.
- **Inequality** - Inequality in poverty across locations and demographic groups has increased.
- The poverty rate of six of the poorest states in India is twice that of other states.
- Seven low-income states - Chhattisgarh, MP, UP, Odisha, Jharkhand, Rajasthan, Bihar - account for 45% of India's population.
- But nearly 62% of the poor in these states continues to need strong safety nets programs.
- Within states, poverty and vulnerability remain highest amongst Adivasis.
- Women are largely missing from the workforce, and face serious risks to their mobility and well-being.
- **Vulnerability** - The majority of India is no longer poor. Instead, half of India is vulnerable.
- These are households that have recently escaped poverty with consumption levels that are unsteadily close to the poverty line.
- So a large section of these households remains vulnerable to slipping back to poverty.

#### What is the need now?

- Families are moving out of poverty and the middle class is continuing to grow.
- India's social protection system needs to evolve and catch up with the needs of its new demography and risk profile.
- It can no longer be singularly focused on chronically poor households.
- Programs must ensure that those who have escaped poverty are able to sustain improvements, to anticipate and manage risks and shocks better.

#### What are the possible measures?

- **Insurance** - Health insurance, social insurance (in case of death, accident and other calamities) and pensions are 3 key tools for protection from vulnerability.
- Most Indian households, both poor and non-poor, rely on personal savings to deal with health, accidents, or climate shocks.
- At present, only 4% of households in India use government social insurance programs.
- Use of private sources of insurance is higher, particularly for wealthy households, with members of nearly 27% households benefitting from it.
- The bottom 20% report very low uptake of private options for market-based insurance.
- **Implementation** - Strengthening the delivery systems of programs is highly essential.
- Rationalisation of target groups in terms of protection and prevention is needed, given the huge diversity in the economic profile of India's states.
- State governments should be allowed to choose the optimal mix of preventive and protective programs to suit their state's needs.
- In low income states, anti-poverty programs such as PDS or MGNREGS, if implemented well, can serve twin goals of protection and prevention.
- An increased emphasis on interventions that help anticipate risks should be expected, particularly in medium- and high-growth states.
- **Portability** - State governments often use residency criteria to target benefits.
- So portability with programs is crucial for migrants to receive support while they try to build new lives in new places.



### 3. GOVERNMENT INTERVENTIONS

#### 3.1 MHA Order on Detention Centres

##### Why in news?

The Centre has asked all states and UTs to set up at least one detention centre each with modern amenities for illegal migrants/foreigners.

##### What is the order?

- The Ministry of Home Affairs (MHA) came up with the '2019 Model Detention Manual'.
- It has called for setting up of "one detention camp in the city or district where major immigration check post is located".
- It also said that all members of a family should be housed in the same detention centre.
- The states do not need specific approvals from the Union home ministry for setting up a detention or holding centre.
- Every detention centre shall have a cell which will provide help to the detainee foreigners.
- These may include contacting the concerned mission/embassy/consulate or their family through proper procedure.
- A "skill centre" and "creche facilities for children" may be provided within the detention camp.
- The home ministry has directed that detention centres or camps be set up outside jail premises.
- This comes after the observation that detention centres in most states were being run from prison.
- Nonetheless, the ministry has called for proper security measures so that illegal immigrants do not escape from the detention centres.
- A proper boundary wall with dense barbed wire fencing above it should be erected.
- The boundary wall should be minimum 10 feet high with main gate, wicket gate and strict access control measures.
- The naming of these centres can be decided by the state government concerned.

##### What are the objectives?

- The development comes amid the exercise to finalize the National Register of Citizens (NRC) in Assam.
- The move comes as an effort to address the concerns over the lack of basic amenities at existing centres.
- The detention centres are meant to house the illegal migrants/foreigners for longer periods.
- It restricts the movement of foreigners staying back illegally.
- It thereby ensures that they are physically available at all times for expeditious repatriation or deportation when legally ordered.
- [The powers to deport illegally staying foreign nationals have been entrusted under Article 258 (1) of the Constitution to state governments.]

##### What are the concerns?

- The move raises some discomfiting questions about the government's broader social agenda centred on citizenship.
- The move has some dangers that may come with any selective detention policy.
- Millions of Indians born before the mid-eighties do not have birth certificates.
- They may have other documents such as a passport or an Aadhaar card or voter ID.
- But none of these can be considered incontrovertible proof of citizenship.
- This leaves considerable discretion in the hands of the state police to harass people, and the detention centres would amplify that menace.



- The already rampant human rights violations at such centres in Assam remain a cause for concern.
- It places in the hands of the state security apparatus unwarranted powers over the citizenry.
- It is also uncertain if the recommendations for humane conditions specified in the order would be followed in letter or spirit.

### 3.2 Legislation for Crimes against Humanity

#### What is the issue?

- Neither 'crimes against humanity' nor 'genocide' has been made part of India's criminal law.
- This lacuna needs to be addressed urgently.

#### How did the issue originate?

- This was said by the Justice of the Delhi High Court, while pronouncing the judgment in State v. Sajjan Kumar (2018).
- The case concerned the mass killing of Sikhs during the anti-Sikh riots in 1984 in Delhi and throughout the country.
- The court also stated that mass crimes "engineered by political actors with the assistance of the law enforcement agencies" fit into the category of crimes against humanity (CAH).

#### How is it dealt globally?

- Internationally, CAH are dealt with under the Rome Statute of the International Criminal Court (ICC).
- **CAH definition** – Offences such as murder, extermination, enslavement, deportation, torture, imprisonment and rape committed as a part of widespread or systematic attack directed against any civilian population, with knowledge of the attack.

#### Why India has not enacted one yet?

- **India is not a party to the Rome Statute.**
- This means that it is under **no obligation** to enact a separate legislation dealing with CAH.
- Even after ratification of the Genocide Convention (1948), India has not enacted it in domestic legislation.

#### Why India had objected to the Rome Statute's CAH definition?

- **Proof** - India was not in favour of using 'widespread or systematic' as one of the conditions.
- It prefers 'widespread and systematic' as it would require a higher threshold of proof.
- **Distinction** - India wanted a distinction between international and internal armed conflicts.
- This was probably because its internal conflicts with naxals and other non-state actors could fall under the scope of CAH.

#### International Law Commission (ILC)

- ILC is a body of experts established by the United Nations General Assembly (UNGA).
- Established in 1948.
- **Mandate** – Progressive development and codification of international law, in accordance with article 13(1)(a) of the Charter of the UN.
- **Article 13 (1) (a)** of the Charter of the United Nations to "initiate studies and make recommendations for the purpose of encouraging the progressive development of international law and its codification".

- **Disappearance** - The objection related to the inclusion of enforced disappearance of persons under CAH.
- It would put the country under an obligation to criminalise it through domestic legislation.

#### Why is there an urgency?

- **Pattern of mass killings**– Observed in "Mumbai in 1993, Gujarat in 2002, Odisha in 2008, and Uttar Pradesh in 2013".
- The criminals of these crimes have enjoyed political patronage and managed to evade prosecution.
- **International Reputation** –Lack of legislation does not go well with its claim of respect for an international rules-based order.



- Turning a blind eye to the mass crimes and shielding the perpetrators **reflect poorly on India's status as a democracy.**

#### **What could be done?**

- India should show political will and constructively engage with the ILC.
- It should address the shortcomings in the domestic criminal justice system.

## **4. VULNERABLE SECTIONS**

### **4.1 Mob Lynching**

#### **What is the issue?**

The death of Tabrez Ansari in Jharkhand by mob lynching calls for an understanding on vigilantism.

#### **What are the worrying trends?**

- **Vigilantism** - The incident has again brought to light the disturbing phenomenon of lynching and vigilantism in India.
- [Vigilantes are those who organize themselves into an unofficial group and take up law enforcement into their hands.]
- **Communalism** - Organised vigilantism by cow protection groups was initially behind a wave of lynchings.
- Rumour-mongering through social media platforms came next as the cause.
- Now, the Ansari incident shows that the problem has moved into a form of enforcing the chanting of Hindu slogans by citizens professing other religions.
- The communal angle was on display, with the crowd forcing Ansari, a Muslim, to shout 'Jai Sri Ram' and 'Jai Hanuman'.
- It reflects an instance of mob mentality combining with a communal motive.
- **Lynching** - Lynching has acquired the status of a predominant social trend.
- It is taking place as a consequence of vigilantism, communal bigotry and dissemination of hate messages and rumours on social media.
- Rising intolerance and growing polarisation expressed through mob violence is becoming a normal way of life or the normal state of law and order.
- The Supreme Court too noted this and condemned it in a judgment last year.

#### **What does this call for?**

- As directed by the Supreme Court earlier, the State should take specific preventive, punitive and remedial measures.
- It mooted a special law to deal with lynching and the appointment of a nodal officer in each district to combat the threat.
- While these measures are not yet in place, the latest incident must be thoroughly investigated and the perpetrators be punished.
- Beyond these, the larger issue of organized vigilantism on communal motives has to be addressed by the political leadership.

### **4.2 Juvenile Justice (Care and Protection) Act, 2015**

#### **What is the issue?**

- In 2016, a 17-year-old murdered his 3-year-old neighbour in Mumbai.
- The Mumbai city Juvenile Justice Board and a children's court directed that he be tried as an adult under the Juvenile Justice (Care and Protection) Act, 2015.
- But the Bombay High Court set aside these orders last week and directed that the accused be tried as a minor.



### What is the JJ act?

- The Juvenile Justice Act 2000 (JJ act), amended in 2015 with a provision allowing for Children in Conflict with Law (CCL) **to be tried as adults under certain circumstances.**
- It defines a child as someone who is under age 18.
- For a CCL, age on the **date of the offence is the basis** for determining whether he or she was a child or an adult.
- The amended Act distinguishes children in the **age group 16-18** as a category which can be **tried as adults** if they are alleged to have **committed a heinous offence.**
- Heinous offence (Here) – One that attracts a minimum punishment of 7 years.
- The Act does not make it mandatory for all children in this age group to be tried as an adult.

### Why was the amendment made?

- The amendment was proposed by the **Ministry of Women and Child Development** in 2014.
- This was proposed in the **backdrop of the 2012 Delhi gang-rape** of a woman inside a bus, in which one of the offenders was 17-year-old.
- The Ministry also cited an **increase in cases of offenders** in that age group.
- But the child rights activists objected to the amendment.
- **J S Verma Committee** constituted to recommend amendments also stated that it was not inclined to reduce the age of a juvenile from 18 to 16.

### What the Bombay High Court do?

- In the case, the accused was a juvenile at the time of offence be tried as a minor.
- The Bombay High Court's observation - Trial as an adult is **not a default choice**; a conscious, calibrated one. And for that, all the **statutory criteria** must be fulfilled.

### What are the criteria under JJ Act?

- As per **Section 15 of the JJ Act**, there are three criteria that the **Juvenile Justice Board** in the concerned district should consider while conducting a preliminary assessment to determine whether the child should be tried as an adult or under the juvenile justice system.
- The 3 criteria are,
  - a. Whether the child has the mental and physical capacity to commit such an offence;
  - b. Whether the child has the ability to understand its consequences;
  - c. Whether the child knows the circumstances in which the offence was committed.
- If the Board finds that the child can be tried as an adult, the case is transferred to a designated children's court, which again decides whether the Board's decision is correct.

### How do these criteria relate to this case?

- Both the Juvenile Justice Board and the children's court had relied on,
  - a. Probation officer's social investigation report and
  - b. A Government hospital's mental health report.
- **Probation officer's report** stated that,
  - a. The child or his family did not have a criminal record, and
  - b. Called the juvenile **highly manipulative**
  - c. The child had **confessed** that the victim was killed **accidentally.**
  - d. The juvenile was counselled on focusing on his studies, and that he had taken and passed his exams while lodged in the observation home.
- **Mental health report** said the juvenile had no psychiatric complaints at present, was normal, and suffers from no mental incapacity to commit the offence.



### What was the court's response?

- The High Court said that neither report brought out any exceptional circumstances to compel the juvenile to face trial as an adult.
- It also said that it had undertaken no independent assessment.
- It said, the statute permits a child of 16 years and above to stand trial as an adult in case of heinous offence, but doesn't mean that all those children should be subjected to adult punishment.
- One of the court's key observations was that the trial in the regular court is **offence-oriented** (prison is the default opinion); in the juvenile court, it is **offender-oriented** (societal safety and the child's future are balanced, prison is the last resort).

### 4.3 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.

#### **4.4 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.

#### **Is the call for death penalty valid?**

- **Rationale** - The demand for death penalty arises from disgust and society's need for revenge.
- This alone could not certainly be the basis for deciding on death penalty.
- **Effect** - Death penalty is already a provision in most cases.
- Evidently, it has not been an effective deterrent against crime.
- It will only aggravate the problem of under-reporting of child sex abuse cases.
- **Judicial system** - There is a legitimate concern that the country's judicial system has not been consistent in awarding death penalty.
- The Law Commission earlier recommended abolition of death penalty, except in terrorism-related cases.
- It however observed that it is difficult to operate the 'rarest of rare cases' principle without a hint of arbitrariness.
- It is wrong to force judges to compare the relative 'merits' of rape victims based on age and choose between death sentence and life.

#### **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.



## 4.5 Towards an Inclusive Democracy - Transgender Community

### What is the issue?

- Numbering approximately 4,90,000 (2011), transgender people in India are perhaps one of the most visibly invisible population.
- Here is a brief look on the plight of transgenders over the years and the measures taken to address their marginalisation.

### How have transgenders historically been?

- Historically, Indian society has been tolerant of diverse sexual identities and sexual behaviours.
- The “hijra” community evolved to form a unique subculture within the Indian society.
- They existed alongside the omnipresent heterosexual unit of the family.
- They had cultural and social significance across the country in various avatars.
- The same is evident in Indian mythology and ancient literature such as the Kamasutra, or the epics such as the Mahabharata.
- In all these, the transgender community has been portrayed with dignity and respect.

### What happened thereafter?

- India’s fluid gender and sexual norms did not fit into Britain’s strict Victorian conceptions of appropriate sexual behavior.
- So under the colonial law, the formerly acceptable sexual behaviors and identities became criminalized. E.g. Section 377 of IPC
- So since the late 19th century, transgender persons lost the social-cultural position they once enjoyed.
- They have now been increasingly recognised as one of the most socio-economically marginalised.

### How vulnerable are they?

- Despite laws, policies and their implementation, the community continues to remain quite marginalised and highly vulnerable.
- Most often, children who do not conform to the gender construct binary leave, or are forced to leave, their families.
- These children or young individuals begin their journey alone in search of individuals of their kind, and are ultimately vulnerable to abuse.
- They are subject to extreme forms of social ostracisation and exclusion from basic dignity and human rights.
- They remain highly vulnerable to gender-based violence, are forced to beg, dance at events and religious functions, or, even sell sex.
- Their vulnerability to fatal diseases can be extreme in the conditions they work in.
- Thus they have a higher prevalence of HIV-AIDS, tuberculosis as well as a whole host of other sexually transmitted infections.
- According to a recent UNAIDS report, the HIV prevalence among transgenders is 3.1% (2017).
- This is the second highest amongst all communities in the country.
- But, only about 68% of the people are even aware that they are infected, which is worrying.
- High instances of substance abuse and low levels of literacy only complicate matters.

### What are the measures in this regard?

- **Education** - Higher education institutions provide quota and give special consideration to transgender people.
- But only a few utilise these provisions as the school education of most transgender people either remains incomplete or non-existent.
- The lack of basic schooling is a direct result of bullying and, hence, they are forced to leave schools.



- Notably, schools largely remain unequipped to handle children with alternate sexual identities.
- **Voting** - Some voters were not getting registered as they refused to declare themselves as male or female - the two options available in registration forms.
- This was especially a significant issue for the local body elections in constituencies which are reserved for women.
- This was brought to the notice of the Election Commission (EC) in 2009, as a result of which appropriate directions were issued to all provinces.
- They were instructed to amend the format of the registration forms to include an option of “others”.
- **Supreme Court** - In National Legal Services Authority Vs. Union of India (2014), the apex court recognised transgenders as the “Third Gender”.
- It was observed that “recognition of transgenders as a third gender is not a social or medical issue, but a human rights issue”.
- **Health** - HIV services for the community are rapidly improving in a targeted manner after the SC verdict.
- E.g. National Aids Control Organisation (NACO) reported that 2,40,000 hijras were provided with HIV prevention and treatment services in 2015, compared to 1,80,000 the previous year.
- **Law** - The Transgender Persons (Protection of Rights) Bill, 2016, has been passed in the Rajya Sabha. It is now pending in the Lok Sabha.
- Besides these, a number of activists are working at the grassroots for the welfare of the community.

#### What lies ahead?

- Transgender community warrant special attention from not only the state machinery, but from the society at large.
- A multi-pronged approach is needed in the form of
  - i. mass awareness campaigns
  - ii. generating avenues for dignified employment
  - iii. gender sensitisation
  - iv. affirmative action
- These are essential to complement the efforts of the EC and the judiciary, in ensuring a meaningful and inclusive democracy.

## 5. EDUCATION

### 5.1 Learning Outcome-based Curriculum Framework - Choice Based Credit System

#### Why in news?

Delhi University is in the process of revising all of its undergraduate programmes along the lines of UGC’s Learning Outcome-based Curriculum Framework (LOCF).

#### What is the LOCF?

- The LOCF specifies what graduates are expected to know, understand and be able to do at the end of their programme of study.
- LOCF approach makes the student an active learner and the teacher a good facilitator.
- The idea is to decide the desired outcome within the framework of the current *Choice Based Credit System* (CBCS) for undergraduate and postgraduate programmes.
- The outcomes will be determined in terms of skills, knowledge, understanding, employability, attributes, attitudes, values, etc.
- The curriculum will have to be designed to obtain these outcomes.
- In this line, in 2018, UGC issued a public notice followed by a direction to all central institutions.

- It directed them to form subject-specific committees for implementing the Learning Outcomes-based Curriculum Framework.

#### **What are the earlier changes?**

- The coming change (LOCF) will be the fifth in the last 9 years at the Delhi University (DU).
- In 2010, the undergraduate programme switched from the traditional annual mode to the semester mode.
- In 2013, this was changed to Four Year Undergraduate Programme (FYUP) which again switched back to semester mode in 2014.
- In the year after that (2015), the Choice Based Credit System (CBCS) was introduced.

#### **What are the concerns?**

- Teachers at Delhi University (DU) are concerned about the frequent changes in the undergraduate curriculum.
- Each of the “reforms” was announced without warning, and implemented the very next year.
- They were introduced with the objective of improving the quality of education and scaling up DU’s world ranking.
- But the outcome, as critics point out, has been the opposite.
- Each change has disrupted the functioning of the system, and caused confusion and trauma among students.

#### **What are the shortfalls in LOCF change?**

- The committees formed to recommend changes in the 2019-20 curriculum (in line with LOCF) have some major limitations.
- The subject-specific committees formed by DU were given only 3 months to submit their reports; not all stakeholders were consulted.
- Also, all departments have been asked to assign this work to their three “best teachers”.
- But no criteria were decided to assess and rank teachers for this purpose.
- Besides, LOCF is to be implemented immediately, and there is inadequate time for preparation.
- Importantly, the CBCS pattern of the undergraduate programme itself is said to be faulty.
- So the committees now are supposed to bring changes in the curriculum within this faulty framework.

#### **What are the main features of the CBCS?**

- The marks or percentage based evaluation system obstructs the flexibility for the students to study the subjects/courses of their choice.
- It also restricts their mobility to different institutions.
- UGC wanted to replace this system with the Choice Based Credit System (CBCS).
- Besides the core subjects, CBCS offers opportunities to explore and learn other subjects for holistic development of an individual.
- E.g. the Generic Elective (GE) course has to be compulsorily taken from an unrelated discipline/subject
- Students can also undergo additional courses and acquire more than the required credits and adopt an interdisciplinary approach to learning.

#### **What are the drawbacks in CBCS?**

- The three major problems involved in CBCS are:
  - i. repetition of papers
  - ii. highly heterogeneous classes
  - iii. creation of situations in which students don’t acquire much knowledge about one particular subject
- In some cases, the same papers are offered as Core (compulsory) papers as well as general elective.
- So students make choices not to add to their knowledge, but mainly to lessen their burden.

- Moreover, students of different disciplines opting for a GE of a particular discipline creates a class of students who are very different from each other.
- In such cases, teachers find it difficult to handle a subject as students differ in their understanding, exposure, knowledge, aptitude, etc.
- E.g. teaching a Commerce Generic to a Mathematics student is different from teaching it to an English literature student
- So the lack of synchronization in interdisciplinary syllabus formulation has made teaching-learning more difficult.
- In all, without a re-look at the CBCS framework, changes in the curriculum through LOCF will end up being another ineffective exercise.

## 5.2 Link between Education and Nutrition

### What is the issue?

- Draft New Education Policy (NEP) 2019 seeks to reform India's education sector by providing a greater impetus to childhood learning and development.
- It recommends the introduction of an extensive programme for young children called Early Childhood Care and Education (ECCE).

### What is ECCE?

- Draft NEP proposes to implement the ECCE through a strategic approach that focusses on developing an excellent **curricular and pedagogical framework** for early childhood education by NCERT.
- This is to be delivered through a significantly expanded and strengthened system of early childhood educational institutions.
- An efficient delivery mechanism would be ensured through professionally trained educators.
- To make ECCE universal, the NEP recommends its inclusion in the Right to Education Act, 2009.

### What does the survey say?

- The **National Achievement Survey (NAS) 2014** results recognises the existence of a learning crisis in the current system.
- It is conducted by the **Ministry of Human Resource Development** covering 1.1 lakh schools, the national average percentage score for Class III students in language and mathematics equalled 64 per cent and 66 per cent respectively showcasing a **serious learning deficit**.

### Why does a learning crisis occur?

- A learning crisis occurs when the learning outcomes of a child are not commensurate with the expected educational qualification.
- According to the draft NEP, the learning crisis is rooted in the **gaps in childhood care and education**, which form the foundation of learning and school preparedness.
- A robust **infrastructure to provide children foundational basics** in their early years is a need of the time.

### What is the need to invest in early childhood education?

- The draft policy states that over 85% of cumulative brain development occurs prior to the age of six.
- Investment of a rupee in early childhood education reaps a **10-fold benefit** in the future. Undoubtedly, the draft NEP is a right step in this direction.

### What is the need to concentrate on nutrition?

- Any attempt to address the learning deficit without looking at nutrition factor is likely to be illusory.
- **Nutritional deficiencies impact** the mental, physical and cognitive development of a child, lower their immunity and can have serious implications on learning outcomes.

- Under-nutrition pertains to a **high economic cost** in terms of both compromised learning outcomes and productivity losses.
- **National Family Health Survey** (2015-16) data show dismal trends,
  1. Stunted children (low height-for-age) at 38.4%
  2. Wasted children (low weight-for-height) at 21%
  3. Underweight children (low weight-for-age) at 35.8%
- India faces a high incidence of under-nutrition.
- A double-edged sword of a **high learning deficit and the burden of under-nutrition** is faced by India's 158.79 million **children in the 0-6 years age group**.

#### Why is there a link between education and nutrition?

- There is a strong correlation between well-nourished children and educational achievements.
- **Draft NEP** - Provides a framework for foundational literacy and numeracy to young children.
- **Integrated Child Development Scheme** - To provide adequate nutritional support through a balanced diet, supplements and physical activities complementing the efforts of the draft NEP.
- **Sustained investments** in the child's foundational stage today would yield **long-term benefits** in the form of creating a healthy and productive working population of tomorrow.

### 5.3 Pitfalls in Navodaya Vidyalaya Model

#### What is the issue?

Navodaya Vidyalayas once considered to be a major innovation has now lost its purpose.

#### What was the significance of NV schools?

- Union government launched the Navodaya Vidyalayas (NVs) in the mid-1980s, they were presented as a major innovation in social policy in that they were intended to serve rural children.
- They are run by Navodaya Vidyalaya Samiti, New Delhi, an autonomous organization under Ministry of Human Resource Development.
- JNVs are fully residential and co-educational schools affiliated to Central Board of Secondary Education (CBSE), New Delhi, with classes from VI to XII standard.
- JNVs are specifically tasked with finding talented children in rural areas of India and providing them with an education equivalent to the best residential school system, without regard to their families' socio-economic condition.

#### How NV's revolutionized rural education?

- Enrolment to NV's Grade 6 was based on an entrance test, with 80 per cent reservation for children belonging to villages located in a district.
- NCERT conveyed its doubts about the reliability and validity of a selection procedure dependent on a test among 11-year olds.
- The government went ahead and started setting up NVs across the country
- NVs were promoted as "pace-setting" schools, implying that they would serve as a model for other schools in the district.
- Soon after the scheme was launched, coaching centers sprang up in every district to help children succeed in the NV enrollment test.
- NVs offered a congenial institutional ethos where policies could be showcased.
- The implementation of the three-language formula in NVs included exchanging the entire Grade 9 cohort across linguistic regions for the entire session.

#### What are critical administrative pitfalls in NV?

- NV's facilities and funds were way ahead and they were not governed by the state directorate.

- After a few years of inception, the NVs faced a big dilemma, should they serve as models of child-centered education in rural areas or prepare village children for national-level contests for seats in prestigious institutions of medicine and engineering.
- A decade ago, the pressure to follow the latter route began to increase within the bureaucracy.
- Proposals to provide coaching to the senior secondary level students were mooted.
- NGOs like Dakshana were given permission to select children with the best potential and coach them.
- Grilling the selected round the year without break bore fruit, exacerbating the familiar stress of exams on children and teachers.
- From the beginning, NVs had emulated the urban public school model and there was little concern to develop a new vision for rural children.

#### **What are the consequences of this?**

- The one-size fits-all template of secondary education in India has exacerbated the pressures that adolescents routinely face and feel, leading many to feel lonely, depressive and suicidal.
- Suicides before and after higher secondary exams are reported every year across India, coaching institutions have also joined this trend.
- In the NV case, nearly half of the reported 49 cases over the last five years are from marginalized groups.
- The administration places the blame on teachers who are themselves overburdened, the absence of trained counsellors adds to the problem.
- Most schools justify putting children under pressure by referring to parental pressures.
- The recent reports about suicides in NVs demonstrate that they no longer exemplify the search for an alternative.

#### **5.4 Importance of research in UG curriculum**

##### **What is the issue?**

There are growing demands that research should be made part of UG curriculum in India.

##### **What is the background?**

- India has made considerable strides in achieving a near-perfect enrolment rate in primary education.
- But it has failed to give higher education as much attention.
- As a consequence, Gross Enrolment Ratio in higher education is 25.8%, against China's 48.44% and the U.S.'s 88.84%.

##### **What is the importance of research in higher education?**

- In India, about 80% of the students enrolled in higher education are concentrated in undergraduate (UG) programmes.
- Research and application-oriented education can substantially enhance the quality of UG education.
- Several studies on such programmes have shown a positive impact on students such as –
  1. Enhanced learning through mentorship
  2. Increased retention
  3. Increased enrolment in graduate education
  4. More prowess in critical thinking
  5. Creativity and problem solving
  6. Intellectual independence
  7. Understanding of research methodologies
- Research at the UG level increases the aptitude for research-oriented career options as well as the employability of students.



- The faculty can also gain by sharing their research ideas with students, receive valuable feedback as well as help in the form of assistantship and apprenticeship.
- Additionally, research also helps the faculty enhance their teaching abilities and content by upgrading knowledge.
- It can also help solve the problem of shortage of faculty, as more students will likely opt for doctoral and post-doctoral studies and teach in their home country.
- Thus, research and teaching should ideally go together in any sound higher education system.

### **What are the measures taken by the government?**

- The government has also floated two ambitious projects towards internationalising higher education in India - 'Study in India' and 'Institutes of Eminence'.
- The "Study in India" is an innovative initiative to attract students from our partner countries in South Asia, South-East Asia, Middle East and Africa to come and experience the very best of academic learning from the top institutions in India.
- This will be achieved through systematic brand-building, identifying quality institutions for receiving the students, creating suitable infrastructure and facilitation structures.
- Under the Institute of Eminence, 10 private and 10 public universities are to be selected.
- The selected institutes shall be regulated differently from other deemed to be universities so as to evolve into institutions of world class in a reasonable time period.
- Both these measures will need institutes to become world class and carry out high-quality research on campuses.
- Only then will competent faculty as well as doctoral students from across the world come to India.
- Internationalisation of campuses is important if India wants to be in the global university ranking lists.
- But this will not happen without encouraging an ecosystem that promotes high-quality research.

### **What should be done?**

- Research remains a significant weakness in India's higher education system.
- It has been traditionally restricted to specialised institutes such as the Tata Institute of Fundamental Research (TIFR), Indian Institute of Science (IISc) etc.,
- Also, there is hardly any interaction between these institutes and teaching universities.
- Thus, Investment in education should be at least 6% of GDP to upgrade infrastructure, labs and resources, which are essential to carry out high-quality research.
- The University Grants Commission and other regulatory bodies will have to come out with a priority list of reputable journals.
- This will reduce the problem of bogus journals and publications.
- Research institutes such as TIFR and IISc should mentor some of the well-performing universities and colleges till they become aware of the nuances of conducting fair and high-quality research.
- Once capable, these trained institutes can then help the second rung of colleges and so on.
- Also, there should be planned ways to embed research in UG curriculum.
- The UGC should make it compulsory for students to submit at least a 5,000-word research paper that should be assessed in the same way as serious research journals.
- Also, students need to be made aware of the value of research from an early stage to recognise the true value of higher education.
- The status quo in education has resulted in education that is not only substandard but also fails to open inquiring minds to the world of research.
- Thus, India must be innovative in its approach if its wants to reap the benefits of its demographic dividend.



## 5.5 India in 'Programme for International Student Assessment'

### Why in news?

Indian government has recently decided to take part in the Programme for International Student Assessment (PISA).

### What is PISA?

- The PISA is a competency-based test to assess the quality of education systems across the world.
- It assesses the learning levels of 15-year-old students in reading, mathematics, science, collaborative problem solving and money literacy.
- The Organisation for Economic Cooperation and Development (OECD) conducts PISA every three years.

### What is the recent decision?

- India boycotted PISA, blaming "out of context" questions for India's dismal performance in PISA-2009 where it bagged the 72nd rank among 74 participating countries.
- India cited socio-cultural disconnect between the questions and Indian students' learning.
- With OECD having agreed to tailor its assessment questions to the Indian context, India is now open to joining it.
- The Human Resource Development (HRD) Ministry of India has signed a pact with the OECD.
- PISA in 2021 will be administered across all schools in Chandigarh and all Navodaya Vidyalayas and Kendriya Vidyalayas in the country.
- Questions in the test will be contextualised according to the Indian setting to help students understand them better.
- The CBSE and NCERT will be part of the process and activities leading to the actual test.

### What is the significance?

- As per UNESCO data, India has one of the lowest public expenditure rates on education per student.
- India spends \$264 per student per year compared to \$1,800 spent by China.
- The Annual Status of Education Report (ASER) 2018 report also highlights falling reading and arithmetic learning levels among the secondary school-goers.
- So India's participation in PISA allows for international comparisons of important learning outcomes.
- PISA's outcome is considered the gold standard for evaluating the education system.
- The outcomes of the test will be used to do more teacher training programmes and curricular reforms in India.
- Learnings from the participation will help introduce competency based examination reforms in the school system and help move away from rote learning.

## 5.6 Annual Status of Education Report (ASER) – 2018

### Why in news?

Annual Status of Education Report 2018, released recently, finds some improvements in primary education.

### What is the background?

- The Annual Status of Education Report (ASER) is being released by a non-governmental organisation Pratham since 2005.
- Each year's report has been presenting a dismal picture of primary education in India.
- The reports focus on children aged between 6 years and 14 years in rural India.
- It maps the schooling status of and the impact of primary education on a child's ability to complete basic reading and arithmetic tasks.

- Despite enacting Right to Education in 2010, which has mandated free and compulsory education for each child between the age of 6 and 14 years, learning outcomes remained poor.

### What does the latest report reveal?

- For the first time since India adopted RTE, reading abilities of Class V students in government schools have improved and their basic mathematical abilities have started growing faster.
- For instance, the proportion of government school students in Class V, who can read a Class II-level text has risen from 41.7% in 2016 to 44.2% this year.
- This ratio had been declining from 53.1% in 2008.
- Similarly, 27.3% of students in Class III can now read a Class II text, up from 21.6% in 2013.
- India has also moved further ahead on gender parity, wherein the proportion of girls in the age group of 11-14 years who stayed out of school declining from 6% in 2010 to 4.1% in 2018.
- Moreover, it is the first time that the proportion of children not enrolled in schools has fallen below 3%.
- Also, among states, the reading ability among Class V students in Kerala jumped 10 percentage points in 2018 from that in 2016.
- In Himachal Pradesh, the growth is nearly 8 percentage points and in Chhattisgarh and Odisha it is around 7 percentage points between 2016 and 2018.
- Still, data from states such as Jharkhand, West Bengal, Gujarat, Rajasthan and Tamil Nadu shows a marginal dip in the same criterion for the same cohort.

### What are the concerns?

- Despite these developments, the broader trend is still worrying.
- The basic reading and mathematics abilities of children in Class VIII continue to slowly decline.
- For instance, among Class VIII students attending government schools, the proportion that can read a Class II text has continued to decline from 83.6% a decade ago to 69% in 2018.
- The proportion is similar when it comes to mathematical abilities.
- The picture is slightly more encouraging at the Class III level, where there has been gradual improvement since 2014.
- However, even in 2018, less than 30% of students in Class III are actually at their grade level, that is, able to read a Class II text and do double-digit subtraction.
- The performance in private schools is better than government schools.
- In fact, in private schools, reading and mathematical abilities for students in both Class V and Class VIII have shown improvement.
- However, the performance difference is not great as learning deficit is present across both government and private schools.
- Traditionally, students in private schools have fared better than their government school counterparts, but that's a relative situation.
- For example, while 40% of Class VIII students in government schools can do simple division, the figure is only 54.2% in private schools.

### The ABCs of the report

▶ Only **50.3%** of all Class V students can read texts meant for Class II

▶ Reading ability among such students has **jumped 10 percentage points** in Kerala, 8 percentage points in Himachal Pradesh and 7 percentage points in Chhattisgarh and Odisha since 2016

▶ The learning deficit is prevalent across **government and private schools**

▶ The percentage of private school enrolment in 6-14 age group has been around **30%** in the last five years

▶ The dependence on private schools is much higher than the national average in states such as **Manipur** (70.4%) and **Haryana** (55.3%)

▶ Over 180 million students are in elementary schools; adding secondary levels, the figure is **240 million**



- Private school students are believed to have better family background, both in economic and education front, which serves as a key differentiator.
- This means the improvements in educational achievements are not broad-based.
- In particular, higher primary (class VI to Class VIII) have not shown enough improvements.
- Thus, the report shows the prevalence of learning deficit and the poverty of basic reading and arithmetic skills among students in Indian schools.

#### **Why is learning level in schools important?**

- The quality of the learning level bears directly on India's future workforce, its competitiveness and the economy.
- India's demographic dividend depends on the learning level of students.
- Since children at the higher primary level is closest to joining the labour market or the next level of education, they need adequate foundational skills such as literacy and numeracy.
- Thus, it can be revealed from the latest report that India continues to stare at a crisis and hence need concerted efforts to be taken at the earliest.

#### **5.7 Kasturba Gandhi Balika Vidyalayas - Supaul Incident**

##### **What is the issue?**

Several girls were recently brutally thrashed in their school compound, in Supaul, Bihar, by local boys for opposing their sexual advances.

##### **What happened?**

- The boys are from the same village where the KGBV (Kasturba Gandhi Balika Vidyalaya) is located.
- Reportedly, the girls were attacked because they resisted vulgar messages conveyed on their hostel walls by the boys.
- They threatened to harm the girls and finally did it, and the girls got badly injured.
- The girls had earlier complained to the school authorities regarding this but nothing came of it.

##### **What is the KGBV scheme?**

- The Kasturba Gandhi Balika Vidyalaya (KGBV) scheme forms a successful chapter of SSA.
- Residential schools like the KGBV were set up all over India under the Sarva Shiksha Abhiyan (SSA).
- KGBV schools aim at giving rural girls who had dropped out of school, before ending the primary stage, a second chance.
- Instead going through the primary stage again, Kasturba schools offer a full-time residential opportunity to start at grade 6 level and finish grade 8 when everyone else does.
- Kasturba schools have made notable success and progress in achieving this goal, despite extremely modest financial support.
- KGBVs specifically retained the girls they admit from marginalised sections.
- These include the Schedule Castes, Scheduled Tribes, the minorities and upper castes below the poverty line.
- Moreover, a common element among the girls in the recent incident is poverty.
- Their parents prefer to let them stay at a poorly funded hostel because conditions at home are more worse.
- Their parents value the opportunity in these rural residential schools which they cannot otherwise afford.

##### **What are the policy shortfalls?**

- The official website of the Supaul district presents an impressive list of measures taken by the police to ensure security and peace.
- But these measures did not suffice to help those 10 to 14 year-old girls.
- This is not the first time that a KGBV has faced a security breach.

- As it happens in all schemes meant for the poorest sections, the infrastructure and services are minimal and KGBVs are largely insecure.
- Until a few years ago, the state government ran some of the KGBVs with help from the Mahila Samakhya.
- It is a reputed women's empowerment programme, which imparted efficiency and institutional capacity to the KGBVs under its care.
- But sadly, KGBVs have lost their special status now and, the larger umbrella of SSA has been shrinking, both financially and spirit-wise.
- Compromised provision for basic needs like food, healthcare and security has restrained many KGBVs' progress, especially in northern India.
- Poorly trained staff and vulnerability of employment have also weakened the scheme.
- There is lack of motivation and inadequate funds to keep up with inflation.

#### What lies ahead?

- KGBVs certainly serve the poor, and play a role in improving gender parity.
- They will remain in demand and will need a longer-term plan and infrastructure.
- Temporary arrangements like supply of smart boards and digital devices may not do.
- Financial and pedagogic inputs will have to be radically enhanced for schooling to have effects on poverty.

### 5.8 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:
  - i. provision of free land
  - ii. deduction in taxable income to companies for contributions towards boosting higher education
  - iii. 10-year multiple entry visas for foreign research scholars

iv. Rs.1,000 crore scholarship fund (with tax exemption for corporate sector contributions)

- However, these recommendations were not implemented.

### What is the way forward?

- There is an urgent need for policy intervention in the higher education sector.
- A thorough re-examination of budgetary resources for higher education is essential.
- This should include aspects of loans, grants and philanthropy in higher education sector.
- Universities and related funding should be designated a priority sector to encourage banks to offer credit.
- Particularly, leadership in philanthropy is central to enabling an institutional vision.
- Corporate Social Responsibility could provide a larger scope in this regard.

## 5.9 The “Institutes of Excellence” Sham

### What is the issue?

- The designation of universities as “Institute of Eminence” has been marred with controversies and irrationality in approach.
- This has made the entire “higher education reform process” look like a big sham and has clearly eroded the credibility of the initiative.

### 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 2<sup>nd</sup> under HRD Ministry’s National Institutional Ranking Framework (NIRF)} also didn’t get the tag.

### What are the financial aspects related to the conferment of IoE 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 Ed-Sector Policy Changes

### What is the issue?

- The Union HRD Ministry has drafted two legislations recently - The "HECI Bill and the RTE (amendment) Bill".
- Both seem to lack quality thinking and foresight to better the ed-sector.

### What are the two bills about?

- **HECI** - Draft bill for "Higher Education Commission of India" (HECI) for replacing "University Grants Commission" (UGC) has been released.
- It has now been put to public consultation and received more than 10,000 suggestions/comments from various stakeholders.
- **RTE** - Right to Education (Amendment) Bill, 2018, was passed by the Lok Sabha recently and is now before the Rajya Sabha.
- It seeks to eliminate the no-detention policy and reintroduce testing for Classes V and VIII students to stem the degradation of education quality.
- **Why** - A number of reports and data validate our concerns of plummeting standards in education, which triggered a need for a thorough policy shift.
- The recent bill has been proposed in this context, but they at best seem short-sighted with little clarity.

### What are the issues with the HECI Bill?

- National Knowledge Commission Report (2006) and the Yashpal Committee on Higher Education (2009) did recommend a new regulator to replace UGC.
- But many concerns have been flagged by stakeholders on the HECI Bill, as it seems to want to replace UGC with a more flawed set up.
- The proposed bill will lead to over-centralisation and enhance political interference as Union HRD ministry is envisioned as the fund disposal authority for universities.
- Further, the Bill allows the Chairperson of the new Commission to be a member of the Central government (which was explicitly banned in UGC).
- The bill also transgresses the autonomy of higher educational institutions by allowing micromanagement on aspects like syllabi.
- The new over-arching body does not involve the States sufficiently and or accommodate the diverse needs of the country.
- Therefore, instead of this half-hearted measure, the government would have been better off plugging the loopholes in the UGC.

### What is the proposed RTE (amendment) majorly premised on?

- The Right to Education (RTE) Bill 2018 proposes to do away with the current policy that children cannot be detained till they complete Class VIII.
- This gives States the option of holding regular examinations either at the end of Class V or Class VIII, or both, and failures can also be detained if necessary.
- This would potentially push out many children who are unable to meet standards because of their lack of access to quality education.
- Notably, the no-detention policy was to be implemented together with continuous assessment for identify learning deficiencies and correcting them.

- However, as the system has failed to provide continuous assessment, there was a constant deterioration of education quality.
- While the policy rollback was to stem this trend, this can lead to students becoming discouraged and precipitate in higher dropout rates.

#### **Was No-detention policy a failure?**

- The no-detention policy is successful in the sense that it has effectively stemmed the dropout rate in enrolments to high school.
- However, if the aim is to improve learning outcomes, then multiple other aspects of the RTE are to have been focused on.
- Besides maintaining a good pupil-teacher ratio (PTR), proper infrastructure like all-weather buildings, barrier-free access in schools are to be ensured.
- Further, separate toilets for boys and girls is another pertinent measure to improve qualitative standards enshrined in the RTE.
- Also, other infrastructure aspects like libraries, playgrounds need to improve from the current dismal state of affairs.

#### **How is funding affecting RTE?**

- Poor funding is a major reason for the dismal implementation of RTE.
- Further, quality-related interventions accounted for only 9% of the total approved RTE budget in 2016-17.
- Also, funding for “Sarva Shiksha Abhiyan”, which is the main vehicle to implement RTE, has remained much below the resource estimated need.
- Interestingly, better off states like Kerala that properly budget and spend the allocated amount, plan to continue with the no-detention policy.

### **5.11 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.

## 6. HEALTH

### 6.1 Addressing H1N1 Influenza Outbreak

#### Why in news?

In a short span the number of influenza A (H1N1) cases and deaths reported from India has been increased.



### **What are the concerns of H1N1?**

- Influenza (H1N1) virus is the subtype of influenza A virus that was the most common cause of human influenza (flu).
- Influenza viruses infect the cells in the nose, throat and lungs.
- The virus enter one's body when he inhale contaminated droplets or transfer live virus from a contaminated surface to your eyes, nose or mouth.
- Influenza complications include:
  1. Worsening of chronic conditions, such as heart disease and asthma.
  2. Pneumonia.
  3. Neurological signs and symptoms, ranging from confusion to seizures.
  4. Respiratory failure.
- H1N1 flu is also known as swine flu, it is called swine flu because in the past, the people who caught it had direct contact with pigs.
- That changed several years ago, when a new virus emerged that spread among people who hadn't been near pigs.
- From 2009 till 2010 World Health Organization (WHO) declared the new strain of swine-origin H1N1 as a pandemic.

### **What is the status of H1N1 in India?**

- The H1N1 virus, which caused a pandemic in 2009, has since become a seasonal flu strain globally, including in India, and causes fewer deaths.
- But recently it has been found that in a short span of 55 days (till February 24) this year, the number of influenza A (H1N1) cases and deaths reported from India reached an alarming 14,803 and 448, respectively.
- While Rajasthan and Gujarat had the highest number of deaths, at 137 and 88, respectively, Delhi recorded seven deaths despite recording around the same number of cases as Gujarat.
- The number of cases reported till February 24 is nearly the same as that recorded in the whole of 2018 (14,992).
- At about 450, the number of deaths till February 24 is nearly half the total reported in 2018 (1,103).
- The actual number of cases and deaths this year is likely to be higher as West Bengal has not reported the data to the Integrated Disease Surveillance Programme.

### **What are the issue with government's action?**

- Union Health Ministry had reviewed the preparedness and action taken by States to deal with influenza cases when the number of H1N1 cases and deaths stood at 6,701 and 226, respectively.
- Despite the number of cases and deaths more than doubling in a short span the Ministry has made no additional effort to contain the spread.
- It has issued a guidance "recommending" vaccines for health-care workers, and deeming them "desirable" for those above 65 years of age and children between six months and eight years.
- Surprisingly, people with pre-existing chronic diseases, who are most susceptible to H1N1 complications according to the WHO, have been ignored.

### **What measures are needed?**

- With H1N1 becoming a seasonal flu virus strain in India even during summer, it is advisable that health-care workers and others at risk get themselves vaccinated.
- Despite the sharp increase in cases and deaths, the vaccine uptake has been low.
- Besides vaccination, there needs to be greater awareness so that people adopt precautionary measures such as frequent handwashing, and cough etiquette.

## 6.2 RTS,S or Mosquirix - World's First Malaria Vaccine

### Why in news?

A pilot program testing a new malaria vaccine, RTS,S, or Mosquirix, began in the African country of Malawi.

### What is Malaria?

- Malaria is a potentially life-threatening parasitic disease.
- It is caused by the parasites -
  - i. Plasmodium vivax (P.vivax)
  - ii. Plasmodium falciparum (P.falciparum)
  - iii. Plasmodium malariae (P.malariae)
  - iv. Plasmodium ovale (P.ovale)
- The parasite gets transmitted by the female Anopheles mosquito.
- In the human liver, it can mature, multiply, re-enter the bloodstream, and infect red blood cells, which can lead to disease symptoms.

### What is the RTS,S vaccine?

- The RTS,S vaccine is the first, and to date, the only, vaccine that has demonstrated that it could significantly reduce malaria in children.
- RTS,S is a scientific name given to this malaria vaccine candidate and represents its composition.
- It aims to trigger the immune system to defend against the first stages of malaria.
- This is when the parasite enters the human host's bloodstream through a mosquito bite and infects liver cells.
- The vaccine is designed to prevent the parasite from infecting the liver.
- The vaccine has been developed by GSK (former GlaxoSmithKline), which is donating about 10 million doses of the product for the pilot.
- It was created in 1987 by GSK, and was subsequently developed with support from the Bill and Melinda Gates Foundation.
- In clinical trials, the vaccine was found to prevent approximately 4 in 10 malaria cases, including 3 in 10 cases of life-threatening severe malaria.

### What is the pilot programme?

- The WHO welcomed the pilot project in Malawi of administering the malaria vaccine to children below the age of 2 years.
- Malawi will be followed by Kenya and Ghana.
- In the selected areas in the three countries, the vaccine will be given in four doses.
- Three doses will be given between 5 and 9 months of age, and the fourth dose around the child's second birthday.
- A total of 3,60,000 children across the three African countries will be covered every year with the vaccine.
- GSK will assess the results and also work with WHO and PATH to secure the vaccine's sustained global health impact.
- Once the pilots have been completed, the WHO will review the results and come out with its recommendations for the use of the vaccine.

### How significant is this?

- Malaria is certainly a major global public health challenge.
- According to the WHO, malaria remains one of the world's leading killers, claiming the life of a child every 2 minutes.
- Most of these deaths are in Africa, where more than 2,50,000 children die from the disease every year.

- Children under the age of 5, and poorest children among them, are at greatest risk from its life-threatening complications.
- Worldwide, malaria kills 4,35,000 people a year, most of them children.
- Moreover, with global warming on the rise, there are predictions of vectors such as mosquitos seeing an explosive rise the world over.
- These include areas where they are traditionally not found.
- The malaria vaccine thus has the potential to save tens of thousands of lives, especially of the children.

### What is the case with India?

- India ranks very high in the list of countries with a serious malaria burden.
- Odisha (40%), Chhattisgarh (20%), Jharkhand (20%), Meghalaya, Arunachal Pradesh, and Mizoram (5-7%) bear the brunt of malaria in India.
- These states, along with the tribal areas of Maharashtra and Madhya Pradesh, account for 90% of India's malaria burden.
- In 2018, around 3,99,000 cases of malaria and 85 deaths due to the disease were reported in the country.
- But there is a contention that India may be recording only just 8% of the actual number of malaria cases.
- Although it is a notifiable disease, it is only voluntary notification as there are no penalties for doctors or hospitals not doing so.
- 60% to 80% of patients in the urban areas are treated by private doctors or health establishments, most of whom do not notify cases.

#### PATH

- PATH is an international non-profit team of innovators.
- It advises and partners with public institutions, businesses, grassroots groups, and investors to tackle serious global health problems, including malaria.
- Under its Malaria Vaccine Initiative (MVI), PATH works with various stakeholders towards the development of a malaria vaccine.

### 6.3 Measles Outbreak in New York, US

#### What is the issue?

- New York recently declared a public health emergency and ordered mandatory vaccinations for measles in a part of its Brooklyn town.
- This has led to concerns over the resurgence of measles in New York and elsewhere.

#### What is measles?

- Measles is a highly contagious viral disease.
- It typically begins with a high fever. Several days later a characteristic rash appears on the face and then spreads over the body.
- Among serious complications, 1 in 20 patients gets pneumonia.
- 1 in 1,000 gets brain swelling, possibly leading to seizures, deafness or intellectual disability.
- While it's rare in the U.S., about 1 in every 1,000 children who get measles dies.
- **Spread** - Measles is transmitted via droplets from the nose, mouth or throat of infected persons.
- So it spreads by coughing or sneezing, and someone can spread the virus for 4 days before the rashes appear.
- The virus can live for up to 2 hours in the air or on nearby surfaces.
- 9 of 10 unvaccinated people who come into contact with someone with measles will catch it.
- **Vaccine** - Known as the MMR vaccine, it protects against measles, mumps and rubella.
- Two shots are required, one around the first birthday and a second between age 4 and 6.
- Full vaccination is 97% effective at preventing measles.



### **What is the recent outbreak in the US?**

- There were 285 measles cases in the New York city since September, 2018.
- In the US, there have been 465 cases of measles so far in 2019, two-thirds of them in New York state.
- This compares to 372 cases in the U.S. for all of last year.
- Besides New York, there have been outbreaks this year in Washington state, California, Michigan and New Jersey.
- The disease was declared eliminated in the U.S. in 2000, but evidently, cases have been rising in recent years.
- This means that it is currently not being spread domestically.
- Possibly, unvaccinated Americans travelling abroad, or foreign visitors in America, are bringing in the virus.

### **How is it elsewhere?**

- Measles is far more common around the world; the World Health Organization (WHO) said measles claimed 110,000 lives in 2017.
- The WHO reports that there had been a 30% increase in measles cases in recent years.
- E.g. a huge outbreak in Madagascar has caused more than 115,000 illnesses and more than 1,200 deaths since September, 2018
- Common tourist destinations like England, France, Italy and Greece had measles outbreaks last year.
- Nearly 83,000 people contracted measles in Europe in 2018, the highest number in a decade.

### **How vulnerable are children in the U.S.?**

- Most of the reported illnesses are in children; roughly 80% of those affected are at age 19 or younger.
- Overall about 92% of U.S. children have gotten the combination vaccine.
- But 1 in 12 children in the U.S. do not receive the first dose on time.
- In some places vaccination rates are far lower than the national average.
- E.g. an outbreak in Washington state is linked to a community where only about 80% of children were properly vaccinated

### **What are the challenges to vaccination?**

- The current spread is partly the result of misinformation that makes some parents avoid the crucial vaccine.
- [In the late 1990s, a study linked MMR vaccine to autism but it was found to be a fraud.
- Later research found no risk of autism from the vaccine.]
- Moreover, some people cannot be immunized for medical reasons including infants and people with weak immune systems.
- Vaccination against a list of contagious diseases is required to attend school in the U.S.
- But 17 states allow some type of non-medical exemption for personal, moral, religious or other beliefs.
- E.g. some in New York's Orthodox Jewish communities have some religious principles against taking vaccination
- Lawmakers are learnt to be debating on ending such personal or philosophical exemptions.

## **6.4 Acute Encephalitis Syndrome in Bihar - Litchi Connect, Malnutrition**

### **Why in news?**

- The outbreak of acute encephalitis syndrome (AES) in Bihar has led to close to 350 cases and around 100 deaths.
- While the causes of AES are still researched, the association with hypoglycaemia and litchi fruit has drawn attention.

### What is AES?

- Acute Encephalitis Syndrome (AES) is a broad term involving several infections, and it affects young children.
- AES is not a disease; it is a syndrome.
- Under its umbrella comes the hypoglycaemia, Japanese Encephalitis, Herpes meningitis, Rice syndrome, cerebral malaria, scrub typhus, etc.
- All of them are grouped under AES as they have a classical triad of sudden onset of fever, convulsions and loss of consciousness.

### How prevalent is AES?

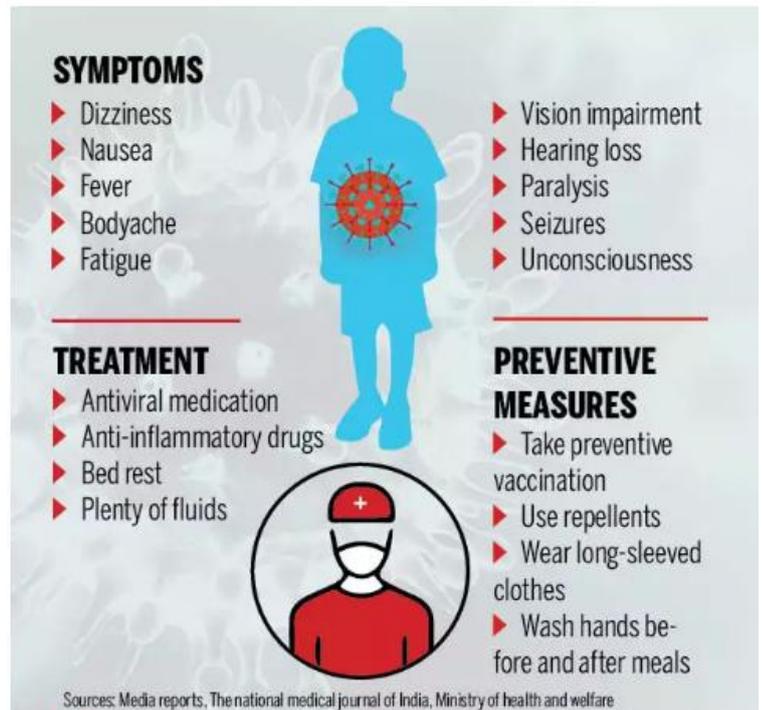
- The first AES case was recorded in 1995 in Muzaffarpur, Bihar.
- Eastern Uttar Pradesh too sees frequent outbreaks.
- There is no fixed pattern, but a year with high temperature and scanty rain usually witnesses high cases.
- Last year, there had been very few cases (in Muzaffarpur) because the general pattern of a few days of high temperature followed by rain showers was there.
- There were 143 deaths in 2013 and 355 in 2014, which dropped to 11 in 2017 and 7 in 2018.
- But this year, the heat has been prolonged with no spells of rain.

### What causes AES?

- The syndrome can be caused by viruses, bacteria or fungi.
- In India, the most common cause is the virus that causes Japanese encephalitis (JE).
- Health Ministry estimates attribute 5-35% of AES cases to the JE virus.
- In Bihar, the Directorate of Health Services claimed that the JE virus had caused only two of the total 342 AES cases this year.
- The syndrome is also caused by infections such as scrub typhus, dengue, mumps, measles, and even Nipah or Zika virus.
- In the latest outbreak in Muzaffarpur, the cause is yet to be clinically identified in most of the children.

### How is hypoglycaemia linked to AES?

- Hypoglycaemia (low blood sugar) is a commonly seen sign among AES patients, and the link has been the subject of research for long.
- The combination of AES with hypoglycaemia is unique to Muzaffarpur, Vietnam and Bangladesh.
- A 2014 study in Muzaffarpur suggested that hypoglycaemia was the trigger that led to diagnosis of encephalitis.
- So, Hypoglycaemia is not a symptom but a sign of AES.
- With 98% of AES patients in Bihar also suffering hypoglycaemia, doctors are attributing deaths to the latter.
- In Bihar, convulsions in children (which is AES) are found in combination with hypoglycaemia.



**SYMPTOMS**

- ▶ Dizziness
- ▶ Nausea
- ▶ Fever
- ▶ Bodyache
- ▶ Fatigue

**TREATMENT**

- ▶ Antiviral medication
- ▶ Anti-inflammatory drugs
- ▶ Bed rest
- ▶ Plenty of fluids

**PREVENTIVE MEASURES**

- ▶ Take preventive vaccination
- ▶ Use repellents
- ▶ Wear long-sleeved clothes
- ▶ Wash hands before and after meals

Sources: Media reports, The national medical journal of India, Ministry of health and welfare

### What is Encephalitis?



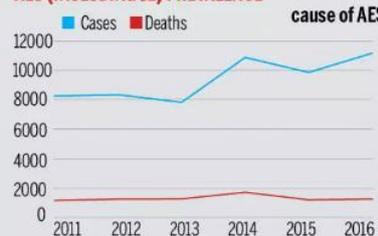
Acute Encephalitis Syndrome (AES) is a disease characterized by high fever, altered consciousness mostly in children below 15 years of age

#### DISEASE OUTBREAK

At least 108 children have lost their lives in Bihar's Muzaffarpur due to AES since early June

Causative agents of AES include a wide range of viruses, bacteria, fungus, parasites, chemicals & toxins

#### AES (INCLUDING JE) PREVALENCE



JEV is the most common cause of AES in India



### What is the litchi connect?

- Early researches have drawn parallel between cases in Bihar's Muzaffarpur and in Vietnam's Bac Giang province.
- In both places, there were litchi orchards in the neighbourhood.
- Methylene cyclopropyl glycine (MCPG), also known as hypoglycin A, is known to be a content of litchi fruit.
- Undernourished children who ate litchi during the day and went to bed on an empty stomach presented with serious illness early the next morning.
- When litchi harvesting starts in May, several workers spend time in the fields.
- There, it is common for children to feed on fallen litchis and sleep without food.
- The toxin in litchi (MPCG) lowers blood sugar level during night, and these children are found unconscious in the morning.
- Blood glucose falls sharply causing severe brain malfunction (encephalopathy), leading to seizures and coma, and death in many cases.
- However, this remains a subject of debate, and the possible association needs to be documented.

### What role does malnutrition play?

- If toxins from litchi were causing hypoglycaemia, then these cases should have remained consistent each year.
- Also, it should have affected children of all socio-economic strata.
- But in contrast, this year, all deaths have been recorded in the lower income groups.
- While well-nourished children eating litchi remain unaffected even if they go to bed on an empty stomach, the under-nourished ones were at grave risk.
- This is because under-nourished children lack sufficient glucose reserve in the form of glycogen.
- Also, the production of glucose from non-carbohydrate source is unsafe as it is unsustainable and thus stopped midway.
- This leads to low blood sugar level, giving way for further health complications.
- In all, even if litchi is a triggering factor, the real cause for adverse effects is said to be malnutrition.
- So, while the cause of AES is still being researched, hypoglycaemic AES may be caused by malnutrition, heat, lack of rain, and entero-virus.

### What makes Bihar and UP so vulnerable?

- Malnutrition is high in both states, and malnourished children are prone to infection.
- As per Health Ministry data, UP and Bihar together account for over 35% of child deaths in the country.
- National Family Health Survey-4 data show that in 2015-16, 48% children aged less than 5 in Bihar were stunted, which is the highest in India.

#### Litchi

- Lychee, (*Litchi chinensis*), also spelled litchi or lichi, is an evergreen tree of the soapberry family (*Sapindaceae*).
- Lychee is native to Southeast Asia.
- Lychee is of local importance throughout much of Southeast Asia and is grown commercially in China and India.
- They require very little pruning and no unusual attention, though they should have abundant moisture around the roots most of the time.
- The trees come into production at 3 to 5 years of age.

#### Dextrose

- Dextrose is the name of a simple sugar that is made from corn and is chemically identical to glucose, or blood sugar.
- Dextrose is often used in baking products as a sweetener, and can be commonly found in items such as processed foods and corn syrup.
- For medical purposes, it is dissolved in solutions that are given intravenously, which can be combined with other drugs, or used to increase a person's blood sugar.
- As dextrose is a "simple" sugar, the body can quickly use it for energy.
- Simple sugars can raise blood sugar levels very quickly, and they often lack nutritional value.



- Also, heat, humidity, unhygienic conditions and malnutrition which are unique to these areas, together contribute to the rise in AES.
- Incidence is higher in litchi fields around which malnourished children live.

#### **What are the measures taken?**

- In 2014, 74% of sick children were saved through a simple intervention by infusing 10% dextrose within 4 hours of the onset of illness.
- [Infusing dextrose is necessary to completely stop the attempt by the body to produce glucose from non-carbohydrate source.]
- Also, the prevention strategy of ensuring that no child goes to bed without eating a meal was adopted from 2015.
- This ensured a sharp drop in the number of children falling sick.
- The Bihar government introduced free vaccines at all primary health centres. The current coverage is 70%.
- The central and state governments have also conducted awareness campaign asking people not to expose their children to sun.
- Also, ensuring a proper diet and increased fluid intake were insisted.
- Besides these, early hospital referral and standard treatment for convulsions, high fever and vomiting can save lives.

### **6.5 Global Stats on Measles Elimination**

#### **Why in the news?**

World Health Organization has declared that Sri Lanka has eliminated Measles.

#### **What is Measles?**

- Measles is a serious and highly contagious disease.
- It can cause debilitating or fatal complications, including encephalitis, severe diarrhoea and dehydration, pneumonia, ear infections and permanent vision loss.
- The disease is preventable through two doses of a safe and effective vaccine.
- In 2017, over 109,000 deaths occurred from measles all around the world.
- **Rubella**, more commonly known as German measles, can have severe consequences during pregnancy.
- An infection just before conception and in early pregnancy may result in miscarriage, foetal death or congenital defects known as congenital rubella syndrome (CRS).
- A woman infected with the rubella virus early in pregnancy has a 90% chance of passing the virus to the foetus.

#### **What is the status of global measles vaccination?**

- A global report by WHO says since 2000, over 21 million lives have been saved through measles immunisation.
- For several years, the global coverage with the first dose of measles vaccine has stalled at 85%.
- This is far short of the 95% needed to prevent outbreaks, and leaves many people, in many communities, susceptible to the disease.
- Second dose coverage stands at 67%.
- Globally, there are concerns about vaccination gaps that are allowing the disease to resurface in areas where it is not very common.

#### **What is the case with Sri Lanka?**

- Sri Lanka is the fifth country in WHO's Southeast Asia region to eliminate measles.
- The other four countries are Bhutan, Maldives, DPR Korea and Timor-Leste.

- Sri Lanka's success follows its persistent efforts to ensure maximum coverage with two doses of measles and rubella vaccines being provided in the childhood immunisation programme.
- The vaccination coverage in the country has been consistently high – over 95% with both the first and second doses provided to children under the routine immunisation programme.
- Additionally, mass vaccination campaigns with a measles-rubella vaccine have been held periodically to plug immunisation gaps, the last one in 2014.
- The country has a strong surveillance system and all vaccine-preventable diseases are an integral part of the communicable disease surveillance system.

### What is the performance of India in this regard?

- India currently gives a measles rubella vaccine in its universal immunisation programme to tackle both measles and rubella.
- The latest Global Measles and Rubella Update, says India reported 47,056 measles cases and 1,263 rubella cases during April 2018- April 2019.
- India, as part of the global initiative, has targeted elimination of measles and control of rubella by 2020.
- Rubella control is achieved when a country reduces the number of rubella cases by 95% as compared to the number of cases in 2008.
- India has initiated the world's largest Measles-Rubella (MR) Campaign targeting vaccination of 410 million children and adolescents aged between 9 months and 15 years.
- The MR campaign began in February 2017, and as of November 2018, 135 million children have been vaccinated in 28 states/UTs.
- Under the programme, two doses of measles and rubella vaccines are to be given at ages 9-12 months and 16-24 months.

## 6.6 Nipah Virus Case in Kerala

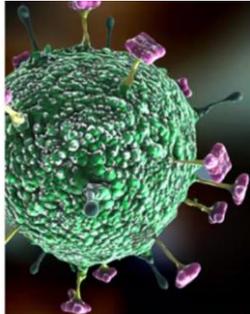
### Why in news?

A youth from Ernakulam district in Kerala has tested positive for the Nipah virus infection.

### What is the Nipah virus infection?

- **Cause** - The natural host of the Nipah virus are fruit bats of the Pteropodidae family and Pteropous genus, widely found in South and South East Asia.
- However, the actual source of the current infection is not yet known.
- Scientists are currently working on finding the epidemiological link of the outbreak.
- **Effect** - Nipah virus causes a so far incurable infection in human beings, which can sometimes be fatal.
- Patients either show no symptoms of the infection, thereby making it difficult to detect.
- Otherwise, patients develop acute respiratory problems, or encephalitis that often becomes fatal.
- The World Health Organization (WHO) says the infection has been found to be fatal in 40% to 75% of the infected patients.
- There is **no treatment** available as of now, either for humans or animals, nor any vaccine.
- **Transmission** - The infection is generally transmitted from animals to human beings, mainly from bats and pigs.
- Human-to-human transmission is also possible, and so is transmission from contaminated food.

<b>SYMPTOMS</b>	
	Fever
	Headache
	Drowsiness
	Disorientation
	Mental confusion
	Coma
	Potentially death



After exposure and incubation period of 5-14 days, illness presents with 3-14 of fever and headache followed by other symptoms

<b>TREATMENT</b>	
No specific treatment for Nipah Virus	
Primary treatment is intensive supportive care	

Source: WHO & Centers for Disease Control and Prevention, US



### What are the previous instances?

- Nipah virus infections were first identified in 1999 in Malaysia.
- From then on infections have been detected quite frequently in Bangladesh.
- **Kerala** - There have been a few incidents of infection in India earlier, apart from the 2018 outbreak in Kerala.
- The 2018 outbreak was confined to two districts of Kerala, Kozhikode and Malappuram.
- Studies have revealed that a particular kind of fruit bat, Pteropus spp, was most likely the source of human infection in 2018.
- Research suggested that this particular strain might have been circulating in the local bat population.
- The newly detected case in Kerala is believed to have actually been a result of intensified preventive and containment efforts after last year's outbreak.
- The increased awareness and vigilance in the community has helped in early detection this time.
- **Elsewhere in India** - The first outbreak was in 2001 in Siliguri, West Bengal.
- More than 30 people were hospitalised with suspected infection then.
- Another outbreak happened in 2007 in Nadia of West Bengal, with over 30 cases of fever with acute respiratory distress and/or neurological symptoms.
- Notably, five of them turned out to be fatal.

### Who are the potentially at risk?

- Transmission to 18 contacts last year and the two health-care workers this year has been only through the human-to-human route.
- As of now, the current outbreak is likely localised, like last year's.
- More people showing symptoms are being screened and so are people in physical contact with them.
- Those with exposure to body fluids (saliva, urine, sputum) of infected patients had higher risk for asymptomatic infections (not showing overt symptoms).
- Those who only had physical contact with the infected patients had relatively lesser risk.

### What are the measures taken?

- The National Institute of Virology (NIV) advised extreme care for healthcare workers and caregivers.
- These include providing double gloves, fluid-resistant gown, goggles, face shields, closed shoes and similar other protective gear.
- Currently, steps are being taken to prevent the spread of the disease by tracing the contacts, setting up isolation wards and public engagement.

## 6.7 Targeted interventions – Ending TB epidemic

### What is the issue?

There is a need to provide rights-based interventions for TB patients instead of mere surveillance technologies.

### What are the concerns with technological interventions?

- Tuberculosis (TB), being a curable and preventable disease, is becoming the leading cause of adult deaths in most of the global south, which kills nearly two million people a year.
- The United Nations recently made a declaration, through which heads of state and government have reaffirmed their commitment to end the global TB epidemic by 2030.
- However, emergence of surveillance technologies has threatened to detract from an effective response to TB that is anchored in human rights and has a human touch.
- For example, Directly Observed Treatment, short course (DOTS) strategy requires patients to report every day to a health authority, who watches them swallow their tablets.

- However, in recent times, governments use a strategy of video, tablets, phones and drones to carry the old DOTS strategy into the technology era.
- India also planned recently to implant microchips in people in order to track them and ensure they complete TB treatment.
- The response through these interventions seems to be not with and for people who have TB but rather against them.

#### What should be the targeted areas?

- **Providing new treatment** - New guidelines by the WHO recommend the use of bedaquiline and delamanid against drug-resistant TB, which are proved to be effective.
- However, only about 30,000 people have received these new drugs, though over 500,000 people get sick with drug-resistant TB every year.
- Exorbitant prices for these drugs is one of the reasons for the exclusion of vast majority of people from accessing it.
- Thus, International institutions, donors and countries need to focus and collaborate on the urgent production and distribution of affordable generics of bedaquiline and delamanid.
- **Engaging community health-care workers** – They can lead the response by bringing responsive care to those regions, where the reach of traditional health-care systems is very low.
- For that, they should be equipped with proper training and dignified conditions of employment.
- WHO should focus on recommendations around this cadre of workers and donors should focus funding to programmes that make the most of them.
- **Ensuring accountability** - Community-based structures such as “clinic committees” ensure accountability while also fostering partnership and trust between communities and their health-care systems.
- Grassroots civil society and community-based organisations also ensure accountability.
- Such organisations are indispensable and would thrive on comparatively small amounts of funding.

#### What needs to be done?

- The Indian government has made an aggressive resolve to end tuberculosis (TB) by 2025, 10 years ahead of the WHO’s goal.
- Eliminating TB needs an approach focusing on creating health systems that foster trust, partnership and dignity.
- Thus, instead of mere surveillance technology, any strategy to eliminate TB should regard people with TB not as subjects to be controlled but as people to be partnered with.

### 6.8 Health Index 2019 - NITI Aayog

#### Why in news?

The second edition of NITI Aayog’s Health Index was recently released in its report titled ‘Healthy States, Progressive India: Report on Rank of States and UTs’.

#### What is the index on?

- The Index ranks the States and Union Territories based on 23 health-related indicators which include –
  - i. neonatal mortality rate
  - ii. under-five mortality rate
  - iii. proportion of low birth weight among new-borns
  - iv. progress in treating tuberculosis and HIV
  - v. full immunisation coverage
  - vi. improvements to administrative capability and public health infrastructure
  - vii. proportion of districts with functional Cardiac Care Units

viii. proportion of specialist positions vacant at district hospitals

- The report has ranking in three categories - larger States, smaller States and Union Territories, to ensure comparison among similar entities.
- The Health Index does not capture other related dimensions, such as non-communicable diseases, infectious diseases and mental health.
- It also does not get uniformly reliable data, especially from the growing private sector.

#### What are the report highlights?

- Kerala continued to top the list for the best performing State in the health sector among the 21 large States.
- Kerala was followed by Andhra Pradesh, Maharashtra, Gujarat and Punjab, Himachal Pradesh, Jammu and Kashmir, Karnataka and Tamil Nadu.
- Andhra Pradesh and Maharashtra have had the additional distinction of making incremental progress from the base year.
- Uttar Pradesh retains the worst performer tag in the index.
- Uttar Pradesh continued to be at the bottom of the list with its score falling to 28.61; Kerala got a score of 74.01.
- Other States at the bottom of the list are Bihar (32.11), Odisha (35.97) and Madhya Pradesh (38.39).
- Among the UTs, Chandigarh jumped one spot to top the list with a score of (63.62).
- It is followed by Dadra and Nagar Haveli, Lakshadweep, Puducherry, Delhi, Andaman and Nicobar and Daman and Diu (41.66).
- Overall, only about half the States and UTs showed an improvement in the overall score between 2015-16 (base year) and 2017-18 (reference year).
- Among the 8 Empowered Action Group States, only 3 States (Rajasthan, Jharkhand and Chhattisgarh) showed improvement in the overall performance.

#### What does the trend imply?

- Some States and Union Territories are doing better on health and well-being even with a lower economic output.
- In contrast, others are not improving upon high standards, and some are actually slipping in their performance.
- In the assessment during 2017-18, a few large States showed less encouraging progress.
- This reflects the low priority their governments have accorded to health and human development since the first edition of the ranking for 2015-16.
- The disparities are very evident in the rankings, with the populous and politically important Uttar Pradesh being in the bottom of the list.

Top 5 and bottom 5 states in overall performance in 2018 and 2017

Top states (2018)	Top states (2017)	Bottom states (2018)	Bottom states (2017)
Kerala	Kerala	Uttar Pradesh	Uttar Pradesh
Andhra Pradesh	Punjab	Bihar	Rajasthan
Maharashtra	Tamil Nadu	Odisha	Bihar
Gujarat	Gujarat	Madhya Pradesh	Odisha
Punjab	Himachal Pradesh	Uttarakhand	Madhya Pradesh

NOTE: Health index-2018 has the base year of 2015-16 and reference year of 2017-18; while health index-2017 has the base year of 2014-15 and reference year of 2015-16  
Source: NITI Aayog

## 6.9 Life Expectancy - World Health Statistics Overview 2019

### Why in news?

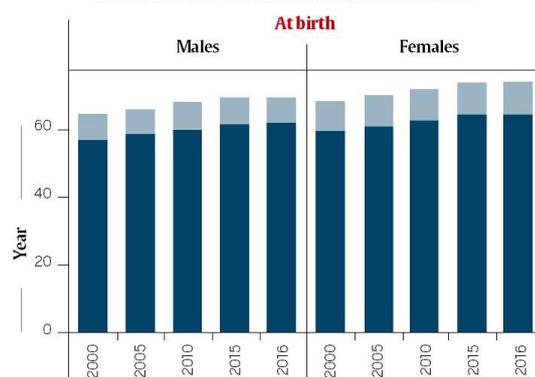
The World Health Organization (WHO) recently released the World Health Statistics Overview 2019.

### What are the highlights?

- For men and women combined, average life-expectancy has increased by 5½ years since the turn of the century.

- It has increased from 66.5 years in 2000 to 72 years in 2016.
- On the other hand, “healthy” life expectancy (number of years lived in full health) increased from 58.5 years in 2000 to 63.3 years in 2016.
- In 2019, more than 141 million children will be born - 73 million boys and 68 million girls.
- Based on recent mortality risks the boys will live, on average, 69.8 years and the girls 74.2 years, which is a difference of 4.4 years.
- Likewise, life expectancy at age 60 years is also greater for women (21.9 years) than men (19.0 years).
- Overall, women outlive men everywhere.

**GLOBAL LIFE EXPECTANCY AND  
HEALTHY LIFE EXPECTANCY, 2000-2016**



- Whether it's homicide, road accidents, suicide, cardiovascular disease, men are doing worse than women.
- Global suicide mortality rates were 75% higher in men than in women in 2016.
- Death rates from road injury are more than twice as high in men as in women from age 15.
- Mortality rates due to homicide are 4 times higher in men than in women.
- **Country-wise discrepancy** - There is 18.1-year gap in life expectancy between poorest and richest countries.
- The report also indicates that the life expectancy gap is narrowest where women lack access to health services.
- Maternal deaths contribute “more than any other cause” to reducing female life expectancy.
- Here too, the risk of maternal death is hugely different between high-income and low-income countries.
- Notably, one in 41 women dies from a maternal cause in a low-income country.
- In contrast, only one in 3,300 women die from a maternal cause in a high-income setting.
- In more than 90% of low-income countries, there are fewer than 4 nursing and midwifery personnel per 1000 people.

### What are the possible reasons?

- The report attributes the discrepancy between men and women to differing attitudes to healthcare between them.
- E.g. in countries with generalised HIV epidemics, men are less likely than women to take an HIV test
- Hence men are less likely to access antiretroviral therapy and more likely to die of AIDS-related illnesses than women.
- The same principle applies for tuberculosis sufferers, with male patients less likely to seek care than women.
- So men are much more likely to die from preventable and treatable non-communicable diseases.

## 6.10 Under-Five Mortality and Low Birth Weight - Lancet Global Health

### Why in news?

The Lancet Global Health journal recently published the results of studies on under-five mortality and low birth weight.

### How is under-five mortality rate?

- The deaths among children under five years in India was higher than in any other country in 2015.
- India has reduced annual mortality among children under five.
- It is down from 2.5 million in 2000 (90.5 per 1,000 live births) to 1.2 million in 2015 (47.8 per 1,000 live births).
- However, it was still the highest in the world.



- Among the states, the highest mortality rate, in Assam at 73.1 per 1,000, was more than 7 times that in Goa's 9.7.
- Among the regions, the mortality rate ranged from a low of 29.7 per 1,000 (South) to 63.8 (Northeast).
- **Globally**, there are large disparities in the child mortality rate between richer and poorer states.

**UNDER-FIVE MORTALITY RATE IN 2015**  
(DEATHS PER 1,000 LIVE BIRTHS)

<b>ALL INDIA</b>	<b>47.81</b>
<b>BY REGION</b>	
Northeast	63.76
Central	60.55
East	49.25
North	35.15
West	31.79
South	29.68
<b>STATES, HIGHEST 5</b>	
Assam	73.12
MP	67.07
Odisha	64.13
Meghalaya	61.68
UP	61.15
<b>STATES, LOWEST 5</b>	
Goa	9.72
Kerala	12.50
Tamil Nadu	21.71
Maharashtra	24.07
Delhi	24.46

**What is the low birth weight scenario?**

- **India** - Every newborn must be weighed; yet worldwide, there are no records for the birth weight of nearly one-third of all newborns.
- India is among 47 countries which had insufficient data.
- These include 40 low- and middle-income countries that account for almost a quarter of all births worldwide.
- The researchers said they were unable to arrive at national estimates for India as only partial data were available.
- The national estimate and time trend for India was not reported.
- The National Family Health Survey (2005-06) was included in the analysis.
- But for the latest NFHS (2015-16), only data for a single year met the inclusion criteria and these partial data were used.
- Nevertheless, the estimated prevalence of low birth weight in South Asia has decreased from 32.3% in 2000 to 26.4% in 2015.
- There is optimism that India, in view of its large population, will have made an important contribution to this decline.
- Notably, India has made progress in improving newborn care by building 834 newborn care units in the last decade.
- Moreover, in 2011, The Indian Statistical Institute had reported that nearly 20% of newborns have low birth weight in India.
- Besides, the Union Ministry of Health and Family Welfare reports that the prevalence of low birth weight was between 15% and 20%.
- **Globally**, one in every 7 babies [20.5 million babies (14.6%)] was born with low birth weight i.e. less than 2.5 kg, in 2015.
- The prevalence in 2015 was lower than the 17.5% (22.9 million babies with low birth weight) in 2000.
- However, over 90% of the low-weight babies in 2015 were born in low- and middle-income countries.
- In high-income countries in Europe, North America, and Australia and New Zealand, there has been no progress in reducing low birth weight rates since 2000.
- However, prevalence is low in most of these countries.
- One of the lowest rates of low birth weight in 2015 was estimated in Sweden (2.4%).
- It is around 7% in some high-income countries including the USA (8%), the UK (7%), Australia (6.5%), and New Zealand (5.7%).

**SOME PROGRESS, BUT MILES TO GO**

**14.6%**

Prevalence of low birth weight babies worldwide in 2015

17.1%

Prevalence worldwide in 2000

26.4%

Prevalence of low birth weight in South Asia in 2015

32.3%

Prevalence in South Asia in 2000; researchers believe India contributed significantly to reduction

- The regions making the fastest progress are those with the highest numbers of low birth weight babies.
- E.g. Southern Asia and Sub-Saharan Africa recorded a yearly decline in prevalence of 1.4% and 1.1%, respectively, between 2000 and 2015.

#### What does it call for?

- **Under-five mortality** - The UN Millennium Development Goals (MDG) set in 2000 was to reduce the under-five mortality rate in 2015 to one-third of the 1990 figure.
- For India, that would have meant reducing the under-five mortality rate to 39 deaths per 1,000 live births.
- In India, most under-five deaths were due to preterm complications.
- But preventable infectious diseases too featured prominently as causes of death in higher-mortality states.
- India can accelerate reduction of under-five mortality rates by scaling up vaccine coverage and improving childbirth and neonatal care.
- **Low birth weight** - The study highlights that national governments are doing too little to reduce low birth weight.
- There is little change over 15 years, even in high-income settings.
- Here, low birth weight is often due to prematurity as a result of high maternal age, smoking, etc.
- Caesarean sections not medically indicated and fertility treatments that increase the risk of multiple births are also the causes.
- The study thus noted that annual decline will need to more than double to meet the global target of a 30% reduction between 2012 and 2025.
- The study calls for immediate action to tackle the underlying causes of low birth weight.

#### 6.11 Addressing Undernutrition in India

##### What is the issue?

- There is decline in infant and under-five mortality rates in India along with a simultaneous increase in undernutrition.
- This calls for adopting a holistic approach in child healthcare and addressing the root causes for undernutrition.

##### What is the undernutrition scenario?

- Through the interaction of the indices of height, weight and age, undernutrition takes the form of -
  - i. stunting (low height-for-age)
  - ii. wasting (low weight-for-height)
  - iii. underweight (low weight-for-age)
- As opposed to macroeconomic indicators, social development indicators change gradually over a longer period of time.
- Accordingly, the results of these interventions are reflected with a lag.
- Despite an understanding on this fact, the incidence of undernutrition in children in India is high.
- The proportion of children under 5 years of age in the stunted and underweight category has witnessed only a marginal decline in the previous decade.
- On the other hand, wasting and severe wasting have increased significantly.

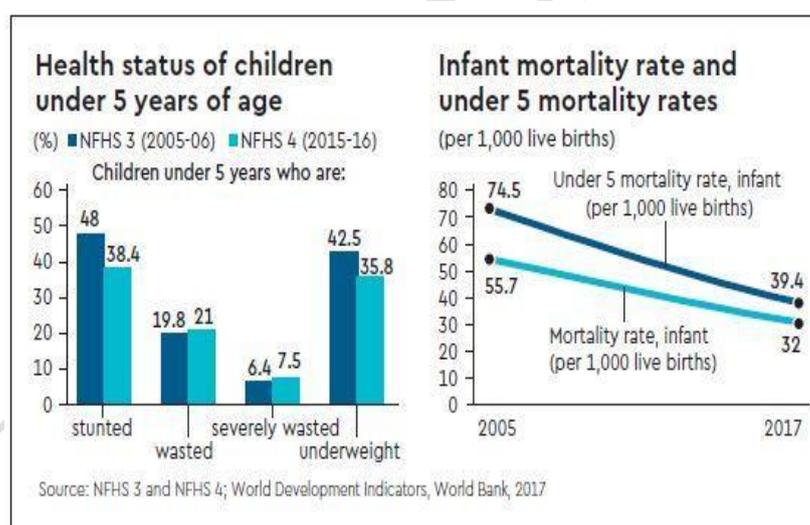
##### What is the infant mortality scenario?

- Historically, childbirth has been dangerous for both women and infants, despite largely preventable causal factors.
- But, the government interventions in recent years in healthcare in terms of budget allocation, healthcare schemes and health outcomes have helped significantly.

- Sustained efforts at addressing the causal factors of high infant mortality rate (IMR) have resulted in its consistent decline from 55.7 (2005) to 32 (2017).
- The percentage of institutional deliveries has nearly doubled from around 38% (2005-06) to 78% (2015-16) through initiatives such as Janani Suraksha Yojana.
- Interventions in neonatal (first 28 days of birth) and post-neonatal healthcare (first 28 days of birth to 1 year) have played a pivotal role in bringing down child mortality.
- Furthermore, schemes such as the National Rural Health Mission and the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy have helped much.
- India is thus moving closer to the Sustainable Development Goals (SDGs) target of ending preventable deaths of infants and mothers by 2030.
- Meanwhile, the commensurate decline in under-five mortality rate (U5MR) has taken place at a visibly faster pace than IMR.
- U5MR for India is now almost at par with the global average of 39.
- This is a result of measures and efforts in immunisation coverage and other factors.

### What do these imply?

- Clearly, on one hand, IMR and U5MR are declining, and on the other, the burden of undernutrition in children in absolute numbers is on the rise.
- Undernutrition certainly indicates the much-to-be-desired nutritional status of the country.
- The nascent stages of policy intervention towards addressing mortality rates have prioritised the survival of children.
- It reflects the principle of "first 'survive' and then 'thrive'", as advocated by the World Health Organisation (WHO).



### What is the policy shortfall?

- The government policy has focused on significant causal factors of IMR and U5MR, like postnatal healthcare.
- However, other important factors like nutritional status of adolescent girls (future mothers) and prenatal nutrition have received scant attention.
- But notably, nutritional status runs in a viscous intergenerational cycle.
- The adolescent girls with poor nutritional status later become undernourished pregnant women.
- They, in turn, are likely to give birth to children who are stunted, wasted or underweight.

### What lies ahead?

- A lower IMR and U5MR means that the total population of surviving children has increased in absolute numbers.
- As a consequence, the total proportion of undernourished children has also increased in absolute numbers.
- The next logical step would thus involve shifting focus of government policy towards tackling the incidence of undernutrition.
- Any attempt to reduce undernutrition in India should address the root causes.
- Policy intervention should now focus on bringing down the incidence of undernutrition in adolescent girls, pregnant women and young children.

## 6.12 Primary Health Care - Lessons from Kerala

### What is the issue?

- Proper systems in Universal primary health care are crucial in India for achieving Universal Health Coverage, one of the SDGs.
- The experience of Kerala in transforming primary care has lessons for the country in achieving the Astana Declaration goals.

### What is the Astana Declaration?

- In October 2018, at Astana, Kazakhstan, world leaders declared their commitment to 'Primary Care'.
- The Astana Declaration aims to meet all people's health needs across the life course.
- This would be through comprehensive preventive, promotive, curative, rehabilitative services and palliative care.
- A representative list of primary care services are provided in this, which includes but not limited to -
  - i. vaccination
  - ii. screenings
  - iii. prevention, control and management of non-communicable and communicable diseases
  - iv. care and services that promote, maintain and improve maternal, newborn, child and adolescent health
  - v. mental health
  - vi. sexual and reproductive health

### What is Kerala's experience in this regard?

- The 'Aardram mission' in Kerala aims at creating "People Friendly" Health Delivery System in the state.
- The approach is need-based and aims at treating every patient with 'dignity'.
- In 2016, Kerala had, as part of the Aardram mission, attempted to re-design its primary care.
- In the revamped primary care, Kerala tried to provide the services enlisted in the Astana declaration and more, with mixed results.
- These services cannot be provided without adequate human resources.
- It is nearly impossible to provide them with the current Indian norm of one primary care team for a population of 30,000.
- So Kerala tried to reduce the target population to 10,000, but even this turned out to be too high to be effective.
- It thus suggests that providing comprehensive primary care would require at least one team for 5,000 populations.
- This would mean a six-fold increase in the cost of manpower alone.

### What does this call for?

- **Fund** - Most successful primary care interventions allocate not more than 2,500 beneficiaries per team.
- But the supply of more human resources would generate demand for services.
- So there would be a corresponding increase in the cost of drugs, consumables, equipment and space.
- So the commitment to provide comprehensive primary care would be meaningful only with a substantial increase in fund allocation.
- **Training** - Providing the entire set of services is beyond the capacity of medical and nursing graduates without specialised training.
- Practitioners in most good primary care systems are specialists, often with postgraduate training.
- The Post Graduate Course in Family Medicine, which is the nearest India has to such a course, is available in very few institutions.

- Kerala has addressed this challenge through short courses in specific areas.
- E.g. management of diabetes mellitus, hypertension, chronic obstructive pulmonary disease, and depression
- India has to build its capacity in this regard if it is to offer services as is planned in many States.
- **Data** - Providers have to assume responsibility for the health of the population assigned to them and the population should trust them.
- Both are linked to capacity, attitude and support from referral networks and the systemic framework.
- It will not be possible unless the numbers assigned are within manageable proportions.
- So access to longitudinal data on individuals will be helpful in achieving the link.
- Thus, dynamic electronic health records and decision support through analysis of data are essential.
- **Private sector** - The private sector provides primary care in most countries though it is paid for from the budget or insurance.
- In India, more than 60% of primary care is provided by the private sector.
- It can provide good quality primary care if there are systems to finance care and if it is prepared to invest in developing the needed capacities.
- Devising and operating such a system (more fund management than insurance though it can be linked to insurance) is needed.

### 6.13 Towards a Comprehensive Healthcare System

#### What is the issue?

India's 'public health' system should become more comprehensive and can no longer function within the shadows of its 'health services' system.

#### What is a healthcare system?

- The public health system looks at the social ecology and determinants focusing on optimising wellness.
- Healthcare services, on the other hand, primarily focus on preventing morbidity and mortality.
- A comprehensive healthcare system will seamlessly bridge the above two.
- In India, public health and health services have been synonymous, hampering the growth of a comprehensive public health system.

#### Why is a public health system crucial?

- A stark increase in population growth, along with rising life expectancy, provides the burden of chronic diseases.
- Tackling this requires an interdisciplinary approach.
- An individual-centric approach within healthcare centres does little to promote well-being in the community.
- Seat belt laws, food and drug safety regulations, and policies for tobacco and substance use as well as climate change and clean energy are all intrinsic to health.
- But they are not necessarily the responsibilities of healthcare services. A robust public health system becomes vital here.
- A well organised public health system with supporting infrastructure strives to prevent catastrophic events and public health tragedies.
- E.g. the 2017 Gorakhpur tragedy in Uttar Pradesh, 2018 Majerhat bridge collapse in Kolkata, air pollution in Delhi, Punjab narcotics crisis

#### What are the drawbacks in India?

- **Institutions** - India's public health workforce comes from an estimated 51 colleges that offer a graduate programme in public health.
- This number is lower even at the undergraduate level.

- In stark contrast, 238 universities offer a Master of Public Health (MPH) degree in the U.S.
- **Workforce** - India also lacks a diverse student population which is necessary to create an interdisciplinary workforce.
- In the U.S., public health graduates come from engineering, social work, medicine, finance, law, architecture, and anthropology.
- [Public health tracks include research, global health, health communication, urban planning, environmental and behavioural sciences, behavioural economics, healthcare management, financing.]
- **Curriculum** - The diversity is further enhanced by a curriculum that enables graduates to become key stakeholders in the health system.
- Strong academic programmes are critical to harness the potential that students from various disciplines would bring, where India needs to improve.
- **Investments** in health and social services tend to take precedence over public health expenditure in India.
- Benefits from population-level investments are usually long term but sustained.
- As it tends to accrue much later than the tenure of most politicians, there is reluctance in investing in public health as opposed to other health and social services.
- But the impact of saving valuable revenue through prevention is indispensable for growing economies like India.
- **Health communication**, an integral arm of public health, aims to disseminate critical information to improve the health literacy of the population.
- The World Health Organisation calls for efforts to improve health literacy, an independent determinant of better health outcome.
- India certainly has a serious problem with health literacy and it is the responsibility of public health professionals to close this gap.
- Also, legislation is often shaped by public perception, rather than being informed by research.
- **Evaluation system** - Many of the national programmes on health fail due to improper implementation.
- A system of evaluating national programmes is essential for ensuring proper outcome and saving time and money.

#### What could be done?

- A sound public health system is critical to overcome some of the systemic challenges in healthcare.
- A central body like the council for public health may be envisaged to work with other agencies to promote population-level health.
- These may include public works department, narcotics bureau, water management, food safety, sanitation, urban and rural planning, housing and infrastructure.
- The proposed council for public health should also work closely with academic institutions.
- This is to develop curriculum and provide license and accreditation to schools to promote interdisciplinary curriculum in public health.
- The proposed comprehensive insurance programme Ayushman Bharat caters to a subset of the population.
- Beyond this, systemic reforms in public health could shift the entire population to better health.
- With rising healthcare costs, there is also the need to systematically make healthcare inclusive to all.

### 6.14 Enforcing Basic Rights

#### What is the issue?

- The outbreak of acute encephalitis syndrome (AES) in Bihar led to close to 350 cases and around 100 deaths.
- The incident highlights the systemic failure of health care in the country and more importantly, calls for a discourse on the basic rights of citizens.



### What are basic needs?

- Needs are different from wants; while the former is an unavoidable necessity, the latter is a wish.
- The determination of needs is done by a more objective criterion unlike wants which are driven by subjective criteria.
- Basic needs are that without which people would be denied of a minimally decent life.
- Non-fulfillment of basic needs can cause great harm, even kill people. E.g. lack of adequate supply of water, food and air

### What are basic rights?

- A right is something that is owed to people; it is not a favour offered.
- Basic rights flow from basic needs such as physical security or subsistence.
- In simple terms, basic rights are claims on the state to provide citizens with goods and services that satisfy their basic needs.
- Significantly, basic rights are a shield for the defenceless against the most damaging threats to their life.
- The basic rights that could possibly be prioritised as among the firsts are:
  1. right to physical security - socially guaranteed when the state provides a professional police force
  2. right to minimum economic security and subsistence - includes clean air, uncontaminated water, nutritious food, clothing and shelter
  3. right to primary health care
  4. right to free public expression of helplessness and frustration, if deprived of basic rights

### What role does the State have?

- When something is identified as a basic right, it puts the state under a duty to enable its exercise i.e. the State becomes its guarantor.
- Elementary justice requires that before anything else, the state does everything at its disposal to satisfy all basic needs of its citizens.
- This particularly applies to those who cannot fend for themselves.
- Credible threats to the basic rights should be reduced by the government by establishing institutions and practices to assist the vulnerable.
- This, in turn, requires proper budgetary allocation.
- These demands, therefore, incorporate the rights -
  - i. to make one's vulnerability public
  - ii. to be informed about the acts of commission and omission of the government regarding anything that adversely affects the satisfaction of basic needs
  - iii. to critically examine and hold state officials publicly accountable

### What is the way forward?

- The basic rights must be viewed primarily as positive.
- In other words, basic rights should be rights not against interference from the State (negative rights) but to the provision of something by the State.
- Just as individuals are punished for legal violations, the government must be held legally accountable for the violation of these basic rights.
- The systematic violation of basic rights must be treated on a par with the breakdown of constitutional machinery.
- To sum up, like the constitutional principle of a basic structure, it is time to articulate an equally robust doctrine of basic rights.

## 6.15 Self-Care Health Interventions - WHO Guidelines

### Why in news?

The World Health Organisation (WHO) has recently launched its first guidelines on self-care interventions for health.

### What is self-care?

- Self-care would mean the ability of individuals, families and communities to access health care with or without the support of a health-care provider.
- This may include promoting health, preventing disease, maintaining health, and coping with illness and disability.
- The practice of self-care has been there for long.
- But now, increasingly, there are new diagnostics, devices and drugs that are transforming the way common people access care.
- Self-care interventions are thus gaining more importance now than before.

### What are the recent WHO guidelines on?

- In its first volume, the WHO guidelines focus on sexual and reproductive health and rights.
- Some of the interventions include -
  - i. self-sampling for human papillomavirus (HPV) and sexually transmitted infections
  - ii. self-injectable contraceptives
  - iii. home-based ovulation predictor kits
  - iv. human immunodeficiency virus (HIV) self-testing
  - v. self-management of medical abortion
- Self-care neither replaces high-quality health services nor are they a shortcut to achieving universal health coverage.
- Instead, the guidelines look at the scientific evidence for health benefits of certain interventions that can be done outside the conventional sector.

### What is the need for self-care?

- Millions of people, including in India, face the twin problems of acute shortage of healthcare workers and lack of access to essential health services.
- WHO reports that over 400 million across the world already lack access to essential health services.
- Also, around 1 in 5 of the world's population could be living in settings that are experiencing humanitarian crises.
- Reportedly, there will be a shortage of about 13 million health-care workers by 2035.
- So, self-care offers the possibility to meet the health care needs with or without reliance on health-care workers.

### What is the WHO's observation?

- Self-help would mean different things for people living in very diverse conditions.
- For people of the upper strata who have easy access to healthcare facilities, self-help would mean convenience, privacy and ease.
- In contrast, for those living in conditions of vulnerability and lack access to health care, self-help becomes the primary, timely and reliable form of care.
- These include people who are negatively affected by gender, political, cultural and power dynamics and those who are forcibly displaced.
- Given this, the WHO recognises self-care interventions as a means to expand access to health services.
- So soon, the WHO would expand the self-help guidelines to include other self-care interventions.
- These could include prevention and treatment of non-communicable diseases.

- WHO is also establishing a community of practice for self-care, and will be promoting research and dialogue in this area.

#### **Where does India stand in this regard?**

- India has some distance to go before making self-care interventions for sexual and reproductive health freely available to women.
- Home-based pregnancy testing is the most commonly used self-help diagnostics in this area in India.
- Interventions also include self-managed abortions using approved drugs that can be had without the supervision of a healthcare provider.
- E.g. morning-after pills taken soon after unprotected sex, mifepristone and misoprostol taken a few weeks into pregnancy
- While the morning-after pills are available over the counter, the other two are scheduled drugs that need prescription from a medical practitioner, thus defeating the very purpose of the drugs.
- The next commonly consumed drug to prevent illness and disease is the pre-exposure prophylaxis (PrEP) for HIV prevention.
- India is yet to come up with guidelines for PrEP use and to include it in the national HIV prevention programme.
- The WHO has approved the HIV self-test to improve access to HIV diagnosis in 2016.
- But despite this, the Pune-based National AIDS Research Institute in India is still in the process of validating it for HIV screening.
- One of the reasons why people shy away from getting tested for HIV is the stigma and discrimination associated with it.
- In this context, the home-based testing provides the much-needed privacy.
- India has in principle agreed that rapid HIV testing helps to get more people diagnosed and opt for treatment, thus reducing transmission rates.

#### **6.16 Report on Economic Impacts of Antimicrobial Resistance**

##### **Why in news?**

The *Interagency Coordination Group on Antimicrobial Resistance* (IACG) has brought out a report on economic impacts of antimicrobial resistance.

##### **What is the report for?**

- Antimicrobial resistance (AMR) refers to a condition of antibiotics becoming inefficient against a wide range of pathogenic bacteria.
- It is emerging as a global public health concern and is acknowledged by policymakers as a major health crisis.
- But the economic impacts of AMR are not taken into account by many.
- The IACG report titled “No Time to Wait: Securing The Future From Drug Resistant Infections” brings attention to the financial implications of AMR.

##### **What are the highlights?**

- In about 3 decades from now, uncontrolled AMR will cause global economic shocks on the scale of the 2008-09 financial crisis.
- Nearly 10 million people are estimated to die annually from resistant infections by 2050.
- The health-care costs and the cost of food production will spike as a result of this.
- On the other hand, the income inequality will widen too.
- In the worst-case scenario, the world will lose 3.8% of its annual GDP by 2050 on this account.
- Alongside, 24 million people will be pushed into extreme poverty by 2030.



- For high- and mid-income nations, the price of prevention, at \$2 per head a year, is extremely affordable.
- For poorer countries, the price is higher but still modest compared to the costs of an antibiotic disaster.
- The ICAG thus calls for the nations to acknowledge this eventuality, and act to fight against it.

#### Where does India stand?

- India first published almost 9 years ago the broad outlines of a plan to fight antimicrobial resistance.
- But the difficulty has been in implementing it, given the twin challenges of antibiotic overuse and underuse.
- On the one hand, many Indians still die of diseases like sepsis and pneumonia because they do not get the right drug at the right time.
- On the other hand, a poorly regulated pharmaceutical industry means that antibiotics are freely available to the affordable ones.

#### Interagency Coordination Group on Antimicrobial Resistance

- In 2016, the United Nations General Assembly adopted the Political Declaration of the High-level Meeting on Antimicrobial Resistance.
- It called for the establishment of the Interagency Coordination Group on Antimicrobial Resistance (IACG).
- The IACG's mandate is to provide practical guidance for approaches needed to ensure sustained, effective global action to address AMR.
- It is also tasked to report back to the UN Secretary-General in 2019.
- The IACG Secretariat is hosted by WHO, with contributions from FAO (Food and Agriculture Organization) and the World Organisation for Animal Health (OIE).

#### What is to be done?

- Some immediate steps could include measures such as phasing out critical human-use antibiotics in the animal husbandry sector, such as quinolones.
- The only way to postpone resistance is through improved hygiene and vaccinations, and it demands a multi-stakeholder approach.
- It is a challenging task as India still struggles with low immunisation rates and drinking water contamination.
- So besides regulators, it needs the involvement of the private industry, philanthropic groups and citizen activists.
- Private pharmaceutical industries must take it upon themselves to distribute drugs in a responsible manner.
- Philanthropic charities must fund the development of new antibiotics, while citizen activists must drive awareness.
- The emerging challenge is a serious one, as once crucial antibiotics are lost to humankind, they may be lost for decades.

### 6.17 Promoting E-pharmacies

#### What is the issue?

Entry of e-pharmacies will bring down the price of medicine for Indian patients.

#### What are E-pharmacies?

- Nearly 8.4 lakh pharmacists run the brick and mortar pharmacies in neighbourhoods across India.
- E-pharmacies operate through websites or smartphone apps on the Internet with the convenience of home delivery of medicines to one's doorstep.
- They offer medicines for sale at a discount of at least 20% when compared to traditional pharmacists.
- For scheduled drugs, patients can submit photographs of prescriptions while placing orders.
- However, despite operating in India for at least four years now, the legal status of these e-pharmacies is not clear because the government is yet to notify into law draft rules that it published in 2018.

#### What are the views against e-pharmacies?

- The fiercest opponents of e-pharmacies are trade associations of existing pharmacists and chemists.



- They argue that their livelihoods are threatened by venture capital backed e-pharmacies and also the employment that the sector generates.
- They also argue that e-pharmacies will pave the way for drug abuse and also the sale of sub-standard or counterfeit drugs, thereby threatening public health.

#### **What are the barriers for the entry of e-pharmacies?**

- A free market is efficient only if all sellers are competing with each other to offer the lowest price to the customer.
- Entry of e-pharmacies will promote competition which will have the effect on lowering the price of medicine for Indian patients.
- However, over the last decade, trade associations of pharmacists are providing platforms for cartelisation where pharmacists are basically rigging the market.
- Pharmacists prefer to enter into agreements with each other to fix the price at which they will sell medicines to patients.
- This has resulted in an artificial inflation of medicine prices, making pharmacists to gain higher profits at the cost of the patient who now has to pay higher prices.
- Also, regional trade associations require pharmaceutical companies to apply for a no-objection-certificate (NOC) before they appoint new stockists in a region to sell a particular drug.
- This has the effect of artificially restricting competition in certain markets because more stockists mean more competition.
- By creating such artificial, extra-legal barriers to the free trade of medicines within India, these trade associations create huge distortions in the Indian market.

#### **What does the competition commission of India say in this regard?**

- The CCI in its recent policy note pointed out that unreasonably high trade margins contribute to high drug prices in India.
- It also noted that self-regulation by trade associations contributes towards high margins for them.
- This is because these trade associations control the entire drug distribution system in a manner that mutates competition.
- Hence, the CCI proposed that more e-pharmacies should be encouraged.
- Electronic trading of medicines via online platforms, with appropriate regulatory safeguards, can bring in transparency.
- It can also spur price competition among platforms and among retailers, as has been witnessed in other product segments.

### **6.18 Depression in workplaces**

#### **What is the issue?**

Companies in India should recognise the problem of depression among its staff and put in place policies to help them.

#### **What is the status of mental health issues in workplaces?**

- The number of workers, severely depressed or vulnerable to taking their lives, is increasing in India.
- India is on the verge of a mental health epidemic with employees across the corporate sector bearing the brunt of it.
- Depression among employees is a big cause of lost productivity.
- 50% of India's workforce suffers from some form of stress and of these, as much as 8% are showing a high tendency to commit suicide.

#### **What are the causes for depression?**

- Most of the people across the country are depressed by work, money and family issues.
- Many people suffer from extreme stress as a consequence of pressure related to jobs.

- A recent study by Assocham concluded that more and more professionals were experiencing workplace fatigue, sleep disorders and a general feeling of ‘poor health’.
- It also says that companies or HR departments rarely make any attempt to gauge employees from their mental health perspective.
- Seniors in supervisory roles are also ill-equipped to cope with or respond to such scenarios.
- According to a Wall Street Journal report, Indian millennials spend more time at work than their counterparts in 25 other countries.
- Indian workplace is highly competitive with very little or no sensitivity towards the mentally unfit or those who have issues with performance.
- However, employees might not be keen to seek treatment, fearing that it would jeopardise their career and even personal life.
- Thus, corporate India needs to rethink in terms of the work style, work hours and opportunities at workplace.

#### **What should be done?**

- Companies in India have to frame policy that deals with the mental health status of an employee with an overall guideline from the government.
- According to the WHO guidelines, common signs of depression include -
  1. Difficulty in concentrating
  2. Difficulty in making decisions
  3. A visible change in performance
  4. Inconsistent productivity
  5. Increasing errors and diminished work quality
  6. Overly sensitive reactions
- Within the workplace, if the conversation becomes uncomfortable for the employee, he or she should be referred to a more clinically trained person.
- Every employer must introspect his/her organisation regarding inadequate health and safety policies, poor communication and management practices, low control over one’s area of work and low levels of support for employees as laid down by WHO.
- Thus, Corporate India must detect and recognise depression among its staff, intervene at the right time, support them with all kinds of programmes and help them to be productive.

### **6.19 Trade Margin Cap on Anti-Cancer Drugs**

#### **Why in news?**

The National Pharmaceutical Pricing Authority (NPPA) has imposed a trade margin cap on 42 non-scheduled anti-cancer drugs.

#### **What are scheduled and non-scheduled drugs?**

- “Scheduled drugs” or “Scheduled formulations” are those medicines which are listed out in the Schedule I of Drug Price Control Order (DPCO) and on which price controls are applicable.
- Since 2013, scheduled drugs consist of the “Essential Medicines” declared so by the Government through its National List of Essential Medicines (NLEM).
- Any formulation based on combination of any one of the drugs appearing under NLEM can be subject to price fixation.
- In other words, NLEM forms the basis of deciding on the “Scheduled drugs”.
- On the other hand, non-scheduled formulations are medicines that are not under price control of NPPA.
- In this case, the Drug Prices Control Order, 2013 allows manufacturers to increase the MRP by 10% annually.



- So while essential medicines are subject to absolute price controls in the form of ceiling prices, the non-essential/non-scheduled medicines are subject to a managed price increase.

**What is NPPA's present order?**

- Currently, 57 anti-cancer drugs are under price control as scheduled formulations.
- Now, 42 non-scheduled anti-cancer medicines have been selected for price regulation, with MRP reduction up to 87%.
- These would cover more than 70 formulations and around 390 brands.
- Trade margins are capped at 30% of the MRP, or conversely a 43% mark-up on the price to the stockist (price at which manufacturers supply to retailers).
- The manufacturers of these 42 drugs have been directed not to reduce production volumes of brands under regulation.

**National Pharmaceutical Pricing Authority**

- National Pharmaceutical Pricing Authority (NPPA) was constituted through a Government of India Resolution in 1997.
- It is an attached office of the Department of Pharmaceuticals (DoP), Ministry of Chemicals & Fertilizers.
- It works as an independent regulator for pricing of drugs and also ensures availability and accessibility of medicines at affordable prices.
- It implements and enforces the provisions of the Drugs (Prices Control) Order in accordance with the powers delegated to it.

**Why is it significant?**

- Being non-scheduled, these 42 life-saving drugs do not fall under the ambit of price control.
- The NPPA has thus invoked its extraordinary powers in public interest, under Para 19 of the Drugs (Prices Control) Order, 2013, for this move.
- As per this, the Government may fix the ceiling price or retail price of any drug, whether scheduled or non-scheduled or a new drug, for such period as it may deem fit.
- NPPA'S move is thus a new paradigm of regulation by the pharma industry.

**How will it benefit?**

- According to the NPPA, the rationalisation of trade margins will lead to an MRP reduction of 50-75% in the case of 124 brands.
- In the case of another 121 brands, the reduction will be 25-50% and up to 87% in some cases.
- The price rationalisation move is expected to benefit 22 lakh cancer patients in the country.
- This is likely to result in annual savings of approximately Rs. 800 crores to the consumers.
- Notably, the average out of pocket expenditure for cancer patients is 2.5 times that for other diseases.
- Out of pocket expenses in India account for nearly 70% of total healthcare expenses.
- Significantly, cancer care forces even middle-class households into debt and economic distress.

**7. OTHER ISSUES**

**7.1 UN World Happiness Report 2019**

**Why in news?**

United Nations World Happiness Report for 2019 was released recently.

**What is the report on?**

- The report ranks 156 countries by how happy their citizens perceive themselves to be.
- A sample of individuals from each country is asked to score their happiness on a 1-10 scale.
- The variation in country scores is then attempted to be explained statistically with the six variables:
  1. GDP per capita

2. social support
3. healthy life expectancy
4. freedom to make life choices
5. generosity
6. freedom from corruption

- The report has been released by the Sustainable Development Solutions Network (SDSN) at the United Nations.
- It is published ahead of the International Day of Happiness marked on March 20th.

#### What are the highlights?

- Finland was the happiest nation followed by Denmark, Norway, Iceland, and Netherlands.
- The next five in the top 10 are Switzerland, Sweden, New Zealand, Canada, and Austria in order.
- Australia replaced Israel in the 11th spot, followed by Costa Rica.
- The United States came in 19th place.
- The last spot for the least happy nation, 156, went to South Sudan.

#### Where does India stand?

- Indians have emerged as one of the unhappiest peoples on earth in the Happiness Report.
- India ranks itself at 140 in happiness out of 156 countries. In other words, it is at the bottom 10% of all countries.
- India is just at the 50% rank for corruption, and at the bottom 58% for generosity.
- Unsurprisingly, India is at the bottom 25% for per-capita GDP and longevity.
- It, however, ranks better for freedom, being within the top 27%.
- Even favourable aspects for Indians such as strong social/family support had come out poorly in the rankings.
- In global terms, India's unhappiness is considerably worse in the ranking than other countries of South Asia and China, and South Africa, and far worse than Latin America.
- India comes out at the bottom in South Asia in the 2019 report.
- Moreover, there has been a steady deterioration in Indians' happiness scores in recent years.
- On the change in the happiness score over 2015-19, India's score deteriorated the most in South Asia.

**TABLE 1: RANKING HAPPINESS AND COMPONENTS, 2019**

Country*	Happiness	Social support	Freedom	Corruption	Generosity	Longevity	GDP per capita
Finland	1	2	5	4	47	27	22
Brazil	32	43	84	71	108	72	70
China	93	108	31	--	133	34	68
Bhutan	95	68	59	25	13	104	95
Nepal	100	87	67	65	46	95	127
South Africa	106	63	85	102	89	123	77
Bangladesh	125	126	27	36	107	90	119
Sri Lanka	130	80	55	111	35	54	79
India	140	142	41	73	65	105	103

\*Number of countries varies between 155 and 158 over different annual reports.  
Source: World Happiness Report, 2015 & 2019, United Nations.

#### Sustainable Development Solutions Network

- The UN Sustainable Development Solutions Network (SDSN) has been operating since 2012 under the auspices of the UN Secretary-General.
- The SDSN mobilizes global scientific and technological expertise to promote practical solutions for sustainable development.
- These include the implementation of the Sustainable Development Goals (SDGs) and the Paris Climate Agreement.

## 7.2 World Population Projections 2019

### Why in news?

The United Nations recently released the 'World Population Projections 2019' report.

### What are the highlights?

- **World population** - The report projects the world population to reach some 9.7 billion by 2050.
- However, it says that the overall growth rate will continue to fall.

- The next 30 years will see the population add 2 billion people to today's 7.7 billion.
- Half of the projected increase in the global population up to 2050 will be concentrated in just 9 countries.
- This is led by India and followed by Nigeria, Pakistan, Democratic Republic of the Congo, Ethiopia, Tanzania, Indonesia, Egypt and the US.
- Many of the fastest growing populations are in the poorest countries.

• **Fertility rates**—The fertility rates are falling worldwide.

• The average number of births per woman globally, from 3.2 in 1990, fell to 2.5 by 2019.

• To avoid decline in a national population, a fertility level of 2.1 births per woman is necessary (in the absence of immigration).

• **Age composition** - In 2018, for the first time, persons aged 65 years or over worldwide outnumbered children under age five.

• Projections indicate that by 2050, there will be more than twice as many persons above 65 as children under five.

• By 2050, one in six people in the world will be over age 65 (16%), up from one in 11 in 2019 (9%).

• By 2050, the number of persons aged 65 or over will also surpass the number of adolescents and youth aged 15-24.

• The number of persons aged 80 years or over is projected to triple, from 143 million in 2019 to 426 million in 2050.

• **Life expectancy** - The overall life expectancy will increase from 64.2 years in 1990 to 77.1 years in 2050.

• However, life expectancy in poorer countries is projected to continue to lag behind.

• Today, the average lifespan of a baby born in one of the least developed countries will be some 7 years shorter than one born in a developed country.

• The main reasons cited are high child and maternal mortality rates, conflict and insecurity, and the continuing impact of the HIV epidemic.

• **Dwindling populations** - The populations of 55 countries are projected to decrease by 1% or more between 2019 and 2050.

• The largest relative reductions in population size (loss of around 20% or more) over this period are expected in Bulgaria, Latvia, Lithuania, Ukraine, and the Wallis and Futuna Islands.

• The key reasons are sustained low levels of fertility, and, in some places, high rates of emigration.

• **Migration** - Migration flows have become a major reason for population change in certain regions.

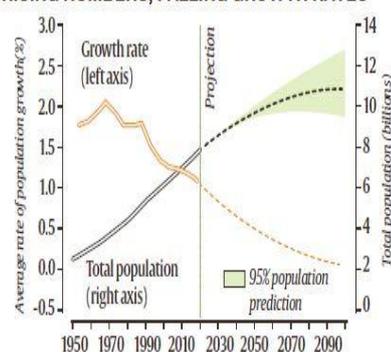
• Bangladesh, Nepal and the Philippines are seeing the largest migratory outflows resulting from the demand for migrant workers.

• Myanmar, Syria and Venezuela are the countries where the largest numbers are leaving because of insecurity or conflict.

**THE CHANGING ORDER (POPULATIONS IN mn)**

Rank	2019	2050	2100
1.	China (1,434)	India (1,639)	India (1,450)
2.	India (1,366)	China (1,402)	China (1,065)
3.	US (329)	Nigeria (401)	Nigeria (733)
4.	Indonesia (271)	US (379)	US (434)
5.	Pakistan (217)	Pakistan (338)	Pakistan (403)
6.	Brazil (211)	Indonesia (331)	Congo (362)
7.	Nigeria (201)	Brazil (229)	Indonesia (321)
8.	Bangladesh (163)	Ethiopia (205)	Ethiopia (294)
9.	Russia (146)	Congo (194)	Tanzania (286)
10.	Mexico (128)	Bangladesh (193)	Egypt (225)

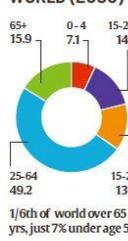
**RISING NUMBERS, FALLING GROWTH RATES**



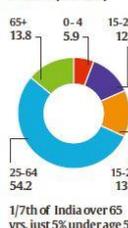
Source for all data: World Population Projections 2019: Highlights, released by United Nations Population Division

**MORE ELDERLY, FEWER KIDS**

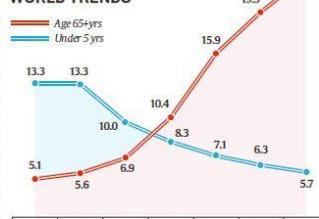
**WORLD (2050)**



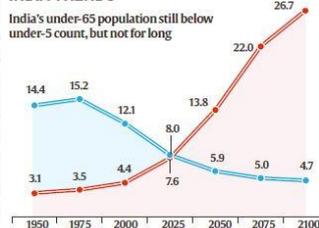
**INDIA (2050)**



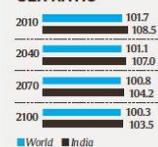
**WORLD TRENDS**



**INDIA TRENDS**



**SEX RATIO**



Graphs compare males per 100 females each year. The gap is projected to close between genders over the years, as well as between the world and India.

**WHEN INDIA OVERTAKES CHINA**  
(Populations in million)

Year	India	China
2018	1,353	1,427
2019	1,366	1,434
2020	1,380	1,439
2021	1,393	1,444
2022	1,407	1,448
2023	1,419	1,452
2024	1,432	1,455
2025	1,445	1,458
2026	1,457	1,460
2027	1,469	1,462
2028	1,481	1,463

- **Sex ratio** - Males are projected to continue to outnumber females until the end of the century, but the gap will close eventually.

#### How will India's population be?

- India is projected to surpass China as the world's most populous country in the next 8 years i.e. by around 2027.
- India is expected to add nearly 273 million people between 2019 and 2050.
- It will remain the most populated country through the end of the current century.
- **Over-65 population** - In India, children under age five still outnumber the over-65 population.
- But the over-65 population is projected to overtake the under-five group between 2025 and 2030.

#### How is India in comparison with China?

- India's population has ballooned from around 555 million in 1970 to close to 1,300 million now, a 146% expansion.
- In comparison, China's population grew at about half that pace (73%), during the same period.
- This was largely on account of undemocratic decisions such as one-child policy in China.
- China saw its total fertility rate decline from 6.30 in 1965-70 to 5.41 in 1970-75 after the two-child policy was introduced.
- It fell further after the one-child policy was implemented and currently stands at 1.69.
- In contrast, in India, the total fertility rate declined from 5.7 in 1965-70 to 4.85 in 1970-75 and is currently at 2.24.
- However, there are wide variations across States with 1.6 in Tamil Nadu and West Bengal and at 3.3 in Bihar and 3.1 in Uttar Pradesh.
- The fertility rate in the rural areas is much higher than in the urban areas.
- An encouraging factor is that the median age of India's population will be 28.43 years in 2020 compared to 38.4 years in China.

#### How will migration trend be?

- The UN report shows migration to 'countries with a falling ratio of working-age people to those above 65' will be steady.
- This is because such economies open up to workers to sustain economic production.
- Japan has the lowest such ratio, followed by Europe and the Caribbean.
- In over three decades, North America, Eastern and South-eastern Asia will join this group.
- India will have a vast number of young people and insufficient natural resources left for exploitation.
- Preparing for the changes and opportunities that migration offers will depend on a skills revolution.

#### What are the challenges ahead for India?

- India's growing population poses more challenges than opportunities.
- The country will have to invest in -
  - i. augmenting the education and healthcare system
  - ii. grow more food
  - iii. provide more housing
  - iv. sharply increase drinking water supply
  - v. add capacity to basic infrastructure, such as roads, transport, electricity and sewage
- To fund all such expansion, the nation needs to raise resources through taxation and other means.
- Even if less than 5 million people are entering the workforce every year, employing them at a decent wage is a challenging task.

### 7.3 Sample Registration System Survey

#### What is the issue?

- The Sample Registration System (SRS) survey data compiled by the Registrar General of India (RGI) for 2017 was released recently.
- While the total fertility ratio (TFR) of India, in both rural and urban areas, is declining, which is good news, the sex ratio is worsening.

#### What is SRS?

- The Government of India, in the late 1960s, initiated the Sample Registration System (SRS).
- SRS aims to provide reliable estimates of birth and death rates for the States and also at All India level.
- At present, the Sample Registration System (SRS) provides reliable annual data on fertility and mortality at the state and national levels for rural and urban areas separately.
- In this survey, the sample units, villages in rural areas and urban blocks in urban areas are replaced once in ten years

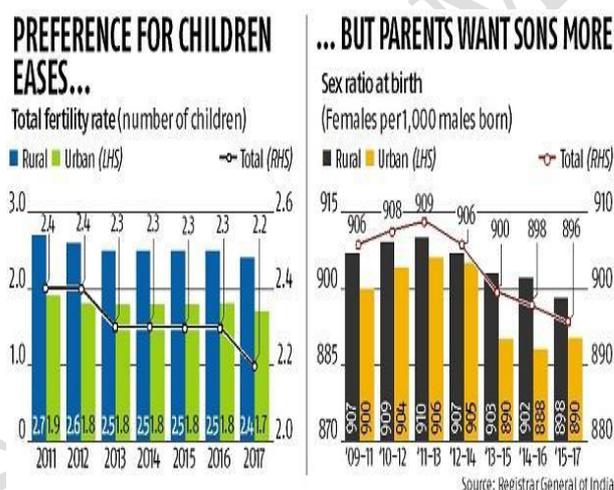
#### What are the highlights?

- **Birth rate** - The birth rate is the total number of live births per 1,000 in a population in a year or a particular period.
- The Crude Birth Rate (CBR) at the national level during 2017 stands at 20.2, registering a decline of 0.2 points over 2016 (20.4).
- [The crude birth rate is called "crude" because it does not take into account the age or sex differences among the population.]
- The maximum CBR has been reported in Bihar (26.4) while Kerala in the south recorded the lowest (14.2).
- In both rural and urban India, the birth rate has gone down by 1.3 points and 0.6 points, respectively.
- **Death rate** - The Crude Death Rate (CDR) at the national level stood at 6.3 in 2017.
- Chhattisgarh (7.5) recorded maximum CDR and Delhi (3.7), minimum CDR.
- The female death rate has declined by 0.5 points and male, by 1.0 points.
- Due to better health care, the all India level death rate has declined from 14.9 to 12.5 during 1971 to 1981.
- Thereafter, it has declined from 9.8 to 6.3 during 1991 to 2017.
- It has registered a decline of 0.7 points in the last 5 years.
- **Sex ratio** - Sex ratio indicates the number of females per 1000 males.
- The already skewed sex ratio in India further plunged from 898 in 2014-2016 to an all-time low of 896 in 2015-17.
- In the Population Census of 2011, it was 940 females per 1000 males.
- During the 2017 SRS survey, Chhattisgarh reported the highest sex ratio at birth (SRB) of 961.
- Haryana recorded the lowest sex ratio at birth of 833.
- **Fertility rate** - The total fertility ratio (TFR) is the number of children expected to be born per woman during her entire span of reproductive period.
- India's total fertility rate (TFR) has fallen to 2.2 in 2017 which is just above the WHO recommended replacement level of 2.1.
- The total fertility ratio (TFR) of India, in both rural and urban areas, is declining, which is a positive development.
- Factors such as improvement in education levels, especially among women, and access to healthcare and contraception for women has contributed to this.
- **IMR** - The Infant Mortality Rate (IMR) registered a marginal decline of 1 point from 34 in 2016 to 33 in 2017.
- Madhya Pradesh (47) has recorded maximum IMR, and Kerala (10) recorded the minimum.

- IMR for the country has come down to 33 per 1000 live births in 2017 from 42 in 2012.
- In 2017, about 47% of the deaths were institutional and 53% received medical attention other than in institutions.
- There is a decline in rural IMR, indicating better chances of survival among rural young ones as compared to urban.
- In rural India, the decline has been to the tune of 9 points from 46 in 2012 to 37 in 2017.
- In, urban India, the decline is from 28 in 2012 to 23 in 2017.
- Both the gender have shown decline in the 2012-17 period.
- However, one out of 30 infants at the National level, one in every 27 infants in rural areas and one in every 43 in urban areas, still die within one year of life.

### What is the key concern?

- As per an analysis, the declining sex ratio means 117 lakh girls are missing in the country.
- This is unfortunate, as the SRB (sex ratio at birth) had been improving over the past few years.
- It was 909 females for every 1,000 men in the 3 years ending 2013.
- More worrying, the SRB is lower in urban areas at 890 which is much lower than the 898 in rural areas.
- The SRB has risen in states like Uttar Pradesh, Bihar, Maharashtra and Gujarat that were traditionally seen as less progressive states.
- However, a state like Kerala that traditionally had a high SRB has seen a big dip from 974 to 948.
- While the fall in fertility rate is welcome, combined with the decline in the SRB, this means there will be a continued fall in fertility rates in India.
- Therefore, over the next couple of decades, India may have to be dealing with a big dependency problem.



### What lies ahead?

- The sex ratio skew hints at increasing illegal sex determination and related termination of pregnancy, despite the laws to stop this.
- A crackdown in Punjab (a state with one of the worst SRBs in the country) resulted in 60 sex-determination centres being caught so far this year.
- So, the government must realise that the Beti Bachao, Beti Padhao programme needed to be re-targeted.
- It is now focused primarily on the poor and in rural areas; the problem is equally large in urban areas and among the not-so-poor as well.

## 7.4 Dealing with Population Growth - Assessing State Control

### What is the issue?

- There are various demands in recent days for state control on population, on the grounds of a perceived “population explosion” in the country.
- However, the true picture is different that calls for support rather than control, to make population growth an opportunity.

### What is the true population scenario?

- The Economic Survey 2018-19 refutes the above claims of “population explosion”.
- The Survey notes that India is set to witness a sharp slowdown in population growth in the next two decades.



- The fact is that by the 2030s, some States will start transitioning to an ageing society.
- [Generally, nations slowly move toward a stable population as fertility rates fall, which is the case now in India.
- The fertility rates fall over time with an improvement in social and economic development indices.]

#### **What are the demands on state control?**

- There were demands -
  - i. to all political parties to enact population control laws
  - ii. to annul the voting rights of those having more than two children
  - iii. for the government to enact a law where the third child should not be allowed to vote and enjoy facilities provided by the government
- The demand for state controls on the number of children a couple can have is not a new one.
- It takes lead from the perception that a large and growing population is at the root of a nation's problems.
- This is because, with population growth, more and more people chase fewer and fewer resources.

#### **Is state control a wise measure?**

- Population growth is seen as a problem that needs to be 'controlled'.
- But in reality, population is a thriving resource, the life blood of a growing economy.
- Given this, a state control approach will undo all the good work that has been done and lead to a weaker and poorer health delivery system.
- In this light, the implications of state control approach are deep and wide.
- This is because the argument is based purely on numbers and a rule that, it would seem, applies to all sections equally.
- However, in contrast, such an approach would, in effect, have in place a kind of discrimination, worse than physical attacks or social prejudice.
- This is so because it breaks the poor and the weak bit by bit, and in a very subtle way.
- [A citizen will be denied his or her basic rights if he or she is born as the third child.]

#### **How does state control affect the poor?**

- Family health, child survival and the number of children a woman has are closely related to the health and education levels of the parents, especially the woman.
- So, the poorer the couple, the more the children they tend to have. This is because, when it comes to the poor,
  - i. child survival is low
  - ii. son preference remains high
  - iii. children lend a helping hand, and support the economic and emotional needs of the family
- The National Family Health Survey-4 (2015-16) notes that women in the lowest wealth quintile have an average of 1.6 more children than women in the highest wealth quintile.
- Similarly, the number of children per woman declines with a woman's level of schooling.
- Women with no schooling have an average 3.1 children, compared with 1.7 children for women with 12 or more years of schooling.
- These reveal the depth of the connections among health, education and inequality.
- Evidently, those having little access to health and education are caught in a cycle of poverty, leading to more and more children.
- So, state control on the number of children could burden the weakest more.

#### **What are the alternative measures?**

- **NPP 2000** - A forward-looking National Population Policy (NPP) was introduced in 2000 when Atal Bihari Vajpayee was the Prime Minister.
- The key feature was the government's commitment to citizens' voluntary and informed choice and consent in reproductive health care services.
- This came along with a "target free approach" in administering family planning services.
- This is a position reiterated by various governments, including the present government.
- **Lifecycle framework** - A similar "lifecycle framework" was proposed by the earlier Health Minister, J.P. Nadda.
- It looks to the health and nutrition needs of mother and child well after the pregnancy and childbirth period too.
- It covers right from the time of conception till the child grows, carrying on till the adolescent stage and further.
- This argument is not about denying services but about offering choices and a range of services to mother and child.
- It comes with a clear understanding that the demographic dividend can support growth and drive opportunity for all only when the population is healthy.

#### What should be done?

- The damage done when mishandling issues of population growth is long lasting.
- Today, as many as 23 States and UTs, including all the States in the south region, already have fertility below the replacement level of 2.1 children per woman.
- So, 'support' rather than population 'control' works better at this juncture.
- Family Planning programme in India should be target free and voluntary in nature.
- People should be let free to choose a family planning method best suited to them as per their reproductive right.

### 7.5 UNESCAP Report - 'Survey 2019: Ambitions Beyond Growth'

#### Why in news?

A report titled "Survey 2019: Ambitions Beyond Growth" on SDGs was recently released by the UN Economic and Social Commission for Asia and the Pacific (UNESCAP).

#### What are SDGs?

- The UN defines 17 Sustainable Development Goals (SDGs) as a universal call to action.
- The broad objectives are to end poverty, protect the planet and ensure that all people enjoy peace and prosperity.
- These include targets such as "No poverty", "Zero hunger", "Good health and well-being", "Quality education" and "Gender equality".

#### What are the report highlights?

- **Concerns** - Rising financial instability, household debts, non-performing assets and trade wars can put growth at risk.
- Malaysia, Thailand and the Republic of Korea have rising household debts; and China has fast expanding corporate debts.
- All these will further hurt poverty eradication programmes.
- The emergence of non-bank online consumer loans has also generated new risks, with higher default rates than mortgage loans.



- **Investment** - An additional annual investment of \$1.5 trillion would allow countries in the Asia-Pacific region to achieve the SDGs by 2030.
- This is equivalent to a dollar per person per day.
- The report notes that the price tag for achieving the SDGs is within reach for many countries.
- Their fiscal space and potential to leverage private investment allow for this achievement.
- Nevertheless, the investment gap is widest in countries which can least afford to narrow it.

#### What are the suggested measures?

- The report argues that keeping the old paradigm of prioritising GDP growth at all costs is neither feasible nor desirable.
- Too much focus on economic growth will lead to unsustainable growth, and will perpetuate inequality and environmental degradation.
- To address this, the UNESCAP proposes a balanced investment package which includes:
  - i. \$669 billion to support basic human rights and develop human capacities
  - ii. \$590 billion to achieve clean energy for all and to live in harmony with nature
  - iii. \$196 billion for improved access to transport, information and communications technology (ICT), and water and sanitation
- This is equivalent to 5% of the combined GDP of Asia-Pacific developing countries in 2018.
- Closing the investment gap calls for North-South, South-South and triangular cooperation.
- There is also a strong need for strengthened multilateral financing mechanisms to accelerate the pace of sustainable development.
- Innovative financial instruments such as green bonds and promoting new investor classes can help.
- These could bring in the massive \$51 trillion in assets managed by the private financial sector in the developing Asia-Pacific region.
- In addition, there is considerable potential to raise tax revenues in the region.

#### What is the remark on education?

- The Asia-Pacific region significantly increased education access and average schooling years over the past several decades.
- But quality remains an issue as ever before.
- 92 million children in the region fail to obtain basic literacy and numerical skills even after completing primary school - World Bank, 2018.
- Globally, \$129 billion was wasted annually due to the disconnect between schooling years and acquisition of basic skills alone - UNESCO, 2014.
- The UNESCAP report thus highlights that significant savings could be achieved through greater emphasis on education quality and outcomes.
- With an efficiency frontier approach, Asia-Pacific developing countries on average could save more than 30%, without compromising on education performance.
- In this context, strengthening teaching quality and teacher training is key to achieving better educational results.

#### What is the case with India?

- The report flags concern regarding India's rising non-performing asset.
- This could potentially derail the country's efforts to achieve the SDGs.
- According to the C Rangarajan committee report, India has around 363 million people living in poverty.
- Given this, the report emphasises that India needs to spend around 10% of its GDP.
- In other words, India needs to spend nearly \$2 per day per person to remove poverty.

- Despite the poll promises, with rising fiscal deficit year after year, it will be difficult for political parties to provide direct cash support.
- Growth in India would necessitate creation of enough jobs for those joining the labour force.
- This is essential to prevent people being trapped in low-skilled, low-income and low-value work, which could further lead to poverty.

## 7.6 Prison Statistics India 2016 - NCRB

### What is the issue?

- The Prison Statistics India 2016 report was published by the National Crime Records Bureau (NCRB) some time back.
- The lack of certain categories of information in the report calls for the NCRB to be more prompt and open in releasing data.

### What are the report highlights?

- **Prison population** - The report notes that at the end of 2016, there were close to 4,33,000 people in prison.
- Of these, 68% were undertrials, or people who are yet to be found guilty of the crimes they are accused of.
- India's under-trial population remains among the highest in the world.
- More than half of all undertrials were detained for less than 6 months in 2016.
- This suggests that the high proportion of undertrials in the overall prison population may be the result of unnecessary arrests and ineffective legal aid during remand hearings.
- **Preventive detention** - Another concern is the rise in the number of people held under administrative (or 'preventive') detention laws in Jammu and Kashmir.
- There has been a 300% increase, with 431 detainees in 2016, compared to 90 in 2015.
- Administrative, or 'preventive', detention is being used by authorities to unfairly detain persons without charge or trial and circumvent regular criminal justice procedures.
- **Prisoner release** - A new and important addition to the report is the data on number of prisoners eligible to be released and actually released.
- In 2016, out of the nearly 1,500 undertrials found eligible for release under Section 436A, only 929 were released.
- [Section 436A of the Code of Criminal Procedure allows undertrials to be released on a personal bond.
- This is possible if they have undergone half of the maximum term of imprisonment they would have faced if convicted.]
- Research by Amnesty India has found that prison officials are frequently unaware of this section and unwilling to apply it.
  - In 2017, the Law Commission of India had recommended that undertrials who have completed a third of their maximum sentence for offences attracting up to 7 years of imprisonment be released on bail.
  - The NCRB could consider including the number of such undertrials in its upcoming report for informing the policy on the use of undertrial detention.]
- **Unnatural deaths** - Unnatural deaths doubled between 2015 and 2016, from 115 to 231.
- **Mental health concerns** - About 6,000 individuals with mental illness were in jail in 2016.
- The rate of suicide among prisoners has also increased by 28%, from 77 in 2015 to 102 in 2016.
- The National Human Rights Commission in 2014 stated that on average, a person is one-and-a-half times more likely to commit suicide in prison than outside.
- This is an indicator of the magnitude of mental health concerns within prisons.
- Moreover, the report mentions that there was only one mental health professional for every 21,650 prisoners, in 2016.

- Only 6 States and one Union Territory had psychologists/psychiatrists.
- Odisha, U.P. and M.P., the 3 States with the most prisoners with mental illness, did not have a single psychologist or psychiatrist.

### What are the shortcomings in the report?

- **Demographic details** - The NCRB failed to include demographic details of religion, and the Scheduled Caste and Scheduled Tribe status of prisoners.
- But these demographic details, which were consistently published for the last 20 years, are crucial to understand India's prison population.
- It had, notably, been instrumental in revealing the overrepresentation of Muslims, Dalits and Adivasis among under-trials in prisons.
- [The 2015 report noted that Muslims, Dalits and Adivasis accounted for 55% of the under-trial population.
- This was despite the fact that they made up only 50% of the convict population and 38% of the total Indian population.]
- **Prison visits** - The 2016 prison statistics do not mention the number of prison visits by official and non-official visitors.
- [The non-official visitors include district magistrates and judges, social workers and researchers.]
- The number of "unnatural" deaths in prisons underlines the relevance of prison visits.
- The details on this aspect can be used to provide some information on independent monitoring of prisons.
- This is essential to uncover torture and other forms of ill-treatment, increase transparency and balance the power asymmetry in prisons.
- **Mental health concerns** - The report does not provide information on whether the reported mentally affected prisoners were diagnosed with mental illness before entering prison.
- The resultant lack of clarity thus makes it difficult to determine whether prison conditions worsened their plight.

## 7.7 Concerns with Contractual Work in India

### What is the issue?

Sanitation workers in India represent a wider phenomenon of exploitative contractual work in the country.

### What happened recently?

- Kishan Lal, 37, a sanitation worker in contract, died inside an underground drain in the nation's capital.
- When he did not come out, the police and fire department were called but they could not find him.
- The National Disaster Response Force then found his body after an 8-hour search.
- Newspapers reported asphyxiation as the cause of death but notably he had no safety kit with him.

### How has contract working evolved?

- The term 'contract worker' was earlier used only in the context of private sector employment as the government alone gave 'permanent' appointments.
- But economic reforms introduced under the 1991 liberalisation changed this condition.
- From the early 1990s, government jobs could also be given on contract.
- 'Contract worker' is now a term widely attributed to many, the scope of which has greatly expanded over recent decades.
- But depending on who the contractor is, there could be vast differences in the experience of work under a contract.

### What is the caste-connect in sanitation?

- Among sanitation workers, thousands in each major city are serving on contract.



- Observations reveal a strong relation between caste and contract work in the sphere of sanitation as most of them belong to the Scheduled Caste (SC) category.
- Surveys indicate a small proportion of other castes in permanent sanitation staff.
- But it is reported that these non-SC permanent functionaries often get proxy workers from SC backgrounds to do the actual work.

#### **What leads to their exploitation?**

- **Terms of contract** - In the case of sanitation, contract work means gross vulnerability and exploitation.
- The contracts are loosely-worded and the terms offer few safeguards for the workers.
- So a contractor feels free to enhance his own share of the contract with impunity, by taking away the worker's share.
- **Safety norms** - The government in the case of sanitation is often the municipality.
- It shows little sustained interest in imposing stringent norms for provision of equipment, including those for safety, necessary for sewer cleaning.
- Moreover, sanitation workers on contract work for small-time contractors who have absolutely no idea of the worker's role.
- So the contractor takes the liberty to exploit the worker, defying all barriers and checks for worker's safety.
- **Training** - Sanitation involves complex work, requiring both knowledge and training; but it is not recognised by the contractors.
- The bond that exists between caste and sanitation do not allow them to acknowledge the need for training.

#### **What are the general concerns in contractual working?**

- **Regulations** - There are shortfalls in government playing the supposed role of regulating the functioning of the contracts.
- It does not work out the details for different sectors and departments.
- Government has been following the general policy of privatisation as a matter of faith, in sanitation sector too.
- **Quality** - With lack of proper regulation, contractual working has made an impact on the quality of services.
- This is particularly worrying in areas directly related to welfare such as sanitation, health and education.
- Even in functions such as data gathering, which are crucial for economic planning and decisions, the contractual workforce has proved detrimental to quality.
- Little attempt has been made to study how contractual work has affected reliability in the postal services, railways and accounts.

#### **Why does it remain substandard?**

- The service conditions of contract workers are totally different from those serving as permanent staff, but they are expected to deliver higher quality.
- It has become evident that contractual work in professions such as teaching discourages motivation to improve one's performance.
- It's because contractual functionaries see no definite prospect of a career or future in the same profession.
- Also, their wage is much too small to sustain the growth of substantial professional commitment.
- So they continue to perform below the standards and the quality remains poor.
- All these call for the government to make a fresh review of the working of the contractual system and bring in appropriate policy changes.

## 7.8 Blackface - An Offensive American Stereotype

### What is the issue?

Recent controversies in the U.S. centred on blackface depictions have brought to light the continuing racial prejudices in the American society.

### What is a black face?

- It is a form of theatrical make-up used predominantly by non-black people to represent a caricature of a black person.
- It is often used as a part of Halloween costumes, despite strong opposition from the black community.

### What are the recent happenings?

- Gucci (an upscale brand) pulled from stores a clothing material after it was pointed out on social media it resembled blackface.
- The sweater covered most of a white model's face, with a cut out mouth ringed with red to give the appearance of oversized lips.
- Ralph Northam, the Democrat Governor of Virginia, had apologised after a picture from his 1984 medical school yearbook surfaced.
- It showed two men, one in blackface, and the other white. There were demands for Northam's resignation.
- These controversies have ironically come in February (2019) observed as Black History Month in the US.
- Besides, blackface has made frequent appearances in day-to-day American life too.



### What is the historical significance?

- **Blackface minstrelsy** - Blackface is a form of theatrical depiction of black characters by white performers that was part of the American tradition of popular entertainment known as minstrelsy.
- Minstrel show/minstrelsy is an American theatrical form, popular from the early 19<sup>th</sup> to the early 20<sup>th</sup> century, that was founded on the comic enactment of racial stereotypes.
- White men darkened their faces to create caricatures of black people, including exaggerated features like large mouths, lips and eyes, woolly hair and coal-black skin, and wore torn clothes.
- Minstrel shows depicted blacks as lazy, ignorant, superstitious, hypersexual, and prone to thievery and cowardice.
- **Jim Crow laws** - Thomas Dartmouth 'Daddy' Rice, one of the best known figures on the 19th century American stage, created the blackface character Jim Crow.
- The popularity of Rice's caricature led to black men being referred to as "Jim Crow".
- Eventually, laws enacted in the 19th and 20th centuries to enforce racial segregation in the Southern United States became known as "Jim Crow laws".
- **Brand** - By the middle of the 19th century, an entire subindustry of minstrel songs and music, make-up, costumes, and stereotyped character templates had been created.
- Soon many books, movies, etc emerged, featuring white actors in blackface.
- The first depictions of Walt Disney's Mickey Mouse featured the character in blackface.
- Blackface spread to many countries beyond the US, and the tradition survived in the UK until the early 1980s.



### Is it a racist phenomenon?



- Certainly, at the heart of blackface depictions lies racial stereotyping.
- It is a mocking, deeply offensive, racist portrayal of black people because the origins of blackface in minstrel shows are based on depictions that showed slavery was not that bad.
- It projected slaves of that time were having a good time, singing, dancing and telling jokes.
- Minstrelsy served as a justification for state violence against black people and to deny them citizen's rights.
- It was called "blackface", and it made African-Americans sad and angry.
- So even though some people may say it was just in good fun, underlying racial history cannot be denied and so the practise of doing it occasion like Halloween, cannot be encouraged.

*When it comes to blackface, intentions doesn't matter. Because the whole thing is rooted in white supremacy.*

- In modern times, blackface continues to suggest that black people are appropriate targets for ridicule and mockery.