



SOCIAL ISSUES

Classroom Study Material 2020
(September 2019 to September 2020)


SOCIAL ISSUES

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1. ISSUES RELATED TO WOMEN

Facets of women empowerment and related issues:

- **Issues related to Economic Empowerment:** As per Global Gender Gap Report, 2020:
 - Women constitute only 22% of the labour force in India, compared with 82% of men.
 - The female estimated earned income in India is mere one-fifth of the male income (among the world's lowest).
 - Women representation on company boards in India is also very low at mere 13.8%.
- **Political Empowerment:** Women in India held just 25.2% of parliamentary (lower-house) seats in 2019.
- **Educational attainment:** In India, 66% of women are literate compared with 82% of men.
- **Imbalanced sex ratio:** A combination of son and small family-size preferences and the availability of prenatal sex determination technologies have resulted in imbalanced sex ratios.
 - Despite sex-selective abortions being illegal since 1996, the sex ratio at birth has remained persistently high at 110 male births per 100 females since 2000.
- **Crimes against women: increased** 7.3 per cent from 2018 to 2019. Majority of cases under crime against women were registered under '**cruelty by husband or his relatives**'. Women in India face domestic violence due to a variety of reasons including:-
 - **Orthodox & Patriarchal mindset:** which leads to male domination and control over women, male privilege and women's subordinate status in society.
 - **Changing socio- economic relations** particularly in urban areas such as higher income of a working woman than her partner, abusing and neglecting in-laws, dowry demands etc. may lead to violence.

1.1. BEIJING DECLARATION AND PLATFORM FOR ACTION (BPFA)

Why in news?

The year 2020 marks the twenty-fifth anniversary of the Fourth **World Conference on Women and adoption of the Beijing Declaration and Platform for Action (1995) (Beijing + 25)**.

About Beijing Declaration and Platform for Action (1995)

- BPfA was adopted in Fourth World Conference on Women (1995). It sets **strategic objectives and actions for advancement of women** and achievement of gender equality in 12 critical areas of concern.
- **1995 Fourth World Conference on Women, held in Beijing**, was one of the largest gatherings of the United Nations, and a critical turning point in the world's focus on **gender equality and the empowerment of women**.
 - **United Nations has organized four world conferences (WC)** on women. Three others are First WC in Mexico City (1975), Second WC in Copenhagen (1980) and Third WC in Nairobi (1985).
 - Worldwide progress in implementation of BPfA is reviewed every five years by **Commission on the Status of Women (CSW)**.
 - **CSW** is a functional commission of **UN Economic and Social Council (ECOSOC)** and principal global intergovernmental body exclusively dedicated to promotion of gender equality and women empowerment.
- The platform is **not a legally binding document**, but rather a guide for the U.N. governments and non-governmental organizations.
- It for the first time facilitated the "**persistent discrimination against and violation of the rights of the girl child**", getting included as a separate critical area of concern addressing issues such as **child marriage, female infanticide, genital mutilation and prenatal sex selection**.

12 critical areas of concern

- Women and the environment
- Women in power and decision-making
- The girl child
- Women and the economy
- Women and poverty
- Violence against women
- Human rights of women
- Education and training of women
- Institutional mechanisms for the advancement of women
- Women and health
- Women and the media
- Women and armed conflict

India's major achievements in the promotion of empowerment of women since the adoption of the Beijing Declaration and Platform for Action

- **Setting up Nodal Ministry of Women and Child Development (MoWCD)**, to give the much-needed impetus to the holistic development of women and children.
 - Two Statutory Commissions have been established to safeguard the constitutional and legal rights of women and Children, namely:
 - ✓ **National Commission for Women (NCW)**
 - ✓ **National Commission for Protection of Child Rights (NCPCR)**
- **Enactment of Enabling Legislations:** such as, The Criminal Law (Amendment), Act 2013, The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013, The Protection of Women from Domestic Violence Act (2005), The Dowry Prohibition Act, (1961) The Prohibition of Child Marriage Act (2006) The Protection of Children from Sexual Offences Act, (2012), The Pre-Conception and Pre-Natal Diagnostic Techniques Act (PC&PNDT) 1994.
- **Programme and Schematic Intervention:** GoI, has been implementing number of schemes and programmes for creating an enabling environment for women and also children. Such as,
 - **Integrated Child Protection Scheme (ICPS)**,
 - **Indira Gandhi Matritva Sahyog Yojana (IGMSY)** for pregnant and lactating women to improve their health and nutrition status,
 - **Support to Training & Employment programme for Women (STEP)** scheme to ensure sustainable employment and income generation.
 - **Ujjawala scheme** is implemented for prevention of Trafficking and Commercial Sexual Exploitation
- **Mechanisms for Convergence:** Convergence is the key to effective implementation of Ministry's programmes. **For example:** To improve Child Sex Ratio and empowering the Girl Child (**Beti Bachao Beti Padhao**) a joint schematic initiative of Ministry of Health & Family Welfare, Human Resource Development with MoWCD.
- **Gender Budgeting Initiatives:** GoI introduced a Gender Budget Statement as part of the Union Budget, as an important tool for reporting allocations for women and provides an indication of the funds flowing to them. To institutionalise this Gender Budgeting Cells (GBCs) in all Ministries / Departments was set up.
- **National Policy for the Empowerment of Women 2001:** Aimed at bringing about advancement, development and empowerment of women in all spheres of life through creation of a more **responsive judicial and legal system** sensitive to women and mainstreaming a gender perspective in the development process.
- **High Level Committee on Status of Women (HLC) in 2012, was constituted** to understand the status of women since 1989 and to evolve appropriate policy intervention based on a contemporary assessment of women's needs.

1.2. REPRODUCTIVE RIGHTS

Why in News?

Recently, Cabinet has approved **Medical Termination of Pregnancy (Amendment) Bill, 2020** for amending Medical Termination of Pregnancy Act, 1971.

What are reproductive rights?

- These are the rights of individuals to decide whether to reproduce and have reproductive health. This may include an individual's right to plan a family, terminate a pregnancy, use contraceptives, gain access to reproductive health services, learn about sex education in public schools, and gain access to reproductive health services.
- **Significance of Reproductive right for women**
 - **As a Human right:** Being able to make decisions about own bodies and lives is a basic human rights.
 - **Importance for maternal healthcare:** Access to contraception, birth control and safe and hygienic abortion services and timely and well spaced pregnancies are crucial to reduce maternal mortality rate and ensure maternal and newborn health.
 - ✓ **Maternal Mortality Rate** (proportion of maternal deaths per 1,00,000 live births reported) of India was **122 in 2015-17**.
 - **Women's social and economic advancement:** Women's ability to obtain and effectively use contraceptives has a positive impact on their education and workforce participation, as well as on subsequent outcomes related to income, family stability, mental health and happiness, and children's well-being.

Issues related to Reproductive rights in India

• Issues Medical Termination of Pregnancy (MTP) Act, 1971

- **Denial of Reproductive rights to Unmarried women:** It does not contain provisions for unmarried women seeking abortion in case of contraceptive failure.
- **Upper limit of 20 weeks:** Under the act, termination of pregnancy beyond 20 weeks needs approval of the court. This is problematic since a number of foetal abnormalities are detected after 20 weeks and recent medical techniques allow for safe removal of a foetus at a relatively advanced state of pregnancy.
 - ✓ Also there have been some cases where the 20-week mark passed due to delay in courts or low awareness among young girls, leaving many, including rape survivors, with unwanted pregnancies.

• Challenges in public health system: It

faces a range of issues, including low public investment, poor infrastructure, including medical and diagnostic facilities, and inadequately skilled human resources etc.

- **Societal pressures:** There exists a social stigma related to abortion and contraception and sex education are taboo topics in India. Unmarried women have limited to access birth control due to such pressures.
- **Patriarchal structure:** It affects women's agency to make free reproductive choices and also leads to women undergoing unsafe abortions and sterilizations to avoid unwanted pregnancies.

In this regards the Cabinet has recently approved **Medical Termination of Pregnancy (Amendment) Bill, 2020** for amending Medical Termination of Pregnancy Act, 1971.

Salient features of proposed amendments

- **Enhancing the upper gestation limit from 20 to 24 weeks** for termination of pregnancy.
 - Even the limit of **24 weeks for termination of pregnancy will not apply in cases of substantial foetal abnormalities** diagnosed by the Medical Board.
- **Ensuring dignity and confidentiality of women seeking termination:** Name and other particulars of a woman whose pregnancy has been terminated shall not be revealed except to a person authorized in any law for the time being in force.
- **Relaxing the contraceptive-failure condition** for “any woman or her partner” (including unmarried women) from the present provision for “only married woman or her husband”, allowing them to medically terminate the pregnancy up to 20 weeks.

Other steps that can be taken

- **Training ASHA workers** to provide accurate information about reproductive rights of women and to assist women in making informed choices regarding their reproductive health.
- Ensuring that **Primary health centers (PHCs)**, have the necessary staff, training, equipment and drugs to provide basic services related to reproductive health and abortion, as well as referral linkages to higher-level facilities.
- **Encouraging role of men in family planning** to ensure that women do not face the burden alone.

Current Situation in India

- **India is a signatory to numerous international conventions**, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); the International Covenant on Civil and Political Rights (ICCPR); the International Covenant on Economic, Social and Cultural Rights (ICESCR); and the Convention on the Rights of the Child (CRC), all of which recognize reproductive rights.
- **Fundamental rights under the Constitution of India**, such as the right to equality and non-discrimination (Articles 14 and 15) and the right to life (Article 21), include the rights to health, dignity, freedom from torture and ill treatment, and privacy.
- **India's National Population Policy** guarantees women voluntary access to the full range of contraceptive methods.
- **Judicial Recognition of Reproductive Rights as Fundamental and Human Rights:** The Supreme Court of India and several state high courts have made important strides in recognizing the denial of reproductive rights as violations of women's and girls' fundamental and human rights. From time to time courts have established women's and girls' legal rights to reproductive healthcare and autonomy to make reproductive choices free of coercion.
- **Schemes such as Janani Suraksha Yojana (JSY) and Pradhan Mantri Matru Vandana Yojana** are aimed at ensuring reproductive health.
- **Medical Termination of Pregnancy (MTP) Act, 1971:** The act provides certain grounds on which abortion is allowed including foetal abnormalities, physical and mental injury to the mother and failure of contraceptive methods. The act also sets criteria for approval of abortion at different stages of pregnancy.

- **Revising the minimum age of marriage for women**, to limit early pregnancies and ensuring that women are capable of making informed reproductive choices.
 - The government has recently set up a task force to examine the issues pertaining to the age of marriage, motherhood and imperatives of lowering maternal mortality rate.

1.2.1. SURROGACY BILL

Why in news?

Recently, the Cabinet approved the **Surrogacy (Regulation) Bill** after incorporating the recommendations of a Rajya Sabha Select Committee.

Provisions of the Surrogacy (Regulation) Bill, 2019

- **Prohibition of Commercial Surrogacy**- which includes surrogacy or its related procedures undertaken for a monetary benefit or reward (in cash or kind) exceeding the basic medical expenses and insurance coverage.
 - It also prohibits surrogacy for producing children for sale, prostitution or other forms of exploitation.
 - But the bill allows **Altruistic Surrogacy**, where no such other monetary compensation is paid to the surrogate mother.
- **Other purposes where surrogacy is allowed**- include for intending couples who suffer from infertility, for any condition or disease specified through regulations.
- **Lays out various eligibility criteria-**
- **Who can opt for surrogacy-**
 - **Any Indian couples or couples of Indian origin** who have a medical condition (could be either or both members of the couple) which necessitates gestational surrogacy.
 - **Women who are widows or divorcees** (between the age of 35 to 45 years)
- **The eligibility criteria for the couples -**
 - Aged between 23 to 50 years old (wife) and 26 to 55 years old (husband),
 - Do not have any surviving child (biological, adopted or surrogate) (This does not include a child who is mentally or physically challenged or suffers from life threatening disorder or fatal illness)
- **For surrogate mother-** who should be a –
 - **a willing woman**
 - Married woman having a child of her own,
 - 25 to 35 years old
 - Surrogate only once in her lifetime
 - Possess a certificate of medical and psychological fitness for surrogacy
- **Establishment of Authorities-** Both the central and state governments shall appoint **one or more appropriate authorities**, including the **National and State Surrogacy Boards**.
 - Apart from regulation of surrogacy clinics, they will enforce standards, investigate any breach of the provisions of the Bill and recommend modifications to the rules and regulations.

About Surrogacy

Surrogacy is the practice whereby one woman carries the child for another with the intention that the child should be handed over after birth. Such a surrogacy arrangement may be-

- **Altruistic surrogacy**- where the couple does not pay the surrogate mother any compensation other than the medical and insurance expenses related to the pregnancy.
- **Commercial surrogacy**- here compensation (in cash or kind) paid to the surrogate mother, which exceeds the reasonable medical expenses associated with the pregnancy.

Surrogacy in India

- India has emerged as a surrogacy hub for couples from other countries. A study conducted in July 2012, put the surrogacy business at more than \$400 million with more than 3000 fertility clinics all in India.
- **Concerns** regarding surrogacy in India-
 - exploitation of surrogate mothers due to poverty and lack of education
 - abandonment of children born out of surrogacy,
 - rackets involving intermediaries importing human embryos and gametes.

Issues that remain

- **Still leaves out a number of stakeholders**- including live in partners, homosexual couples and single men and women.
- **Banning commercial surrogacy may not be the solution-**
 - A total ban on commercial surrogacy may push the industry underground and render surrogate mothers even more vulnerable.
 - Further efforts should have been focussed on addressing the concerns of exploitation not banning the source of livelihood for many poor women. Focus should have been on improve her work conditions, make the process safe and secure for her, improve the terms of her contract for her.

- **Insurance cover:** 36 months for the Surrogate Mother to take care of all her medical needs emergency conditions/complications.
- **Appeals:** Intending couple or the surrogate mother can file an appeal with the state government within 30 days from the rejection of the surrogacy application.
- **Parentage and abortion of surrogate child:** A child born out of a surrogacy procedure will be deemed to be the biological child of the intending couple.
 - An abortion of the surrogate child requires the written consent of the surrogate mother and the authorisation of the appropriate authority. This authorisation must be compliant with the Medical Termination of Pregnancy Act, 1971.
 - Further, the surrogate mother will have an option to withdraw from surrogacy before the embryo is implanted in her womb.
- It specifies a range of **offences and penalties** for other contraventions of the provisions of the Bill.

1.3. WOMEN AND DIGITAL LITERACY

Why in news?

Recently, Facebook launched the **'We Think Digital'** programme in partnership with the **National Commission for Women (NCW) and Cyber Peace Foundation** to provide digital literacy training to 1,00,000 women across seven states.

About the programme

- It seeks to **provide digital literacy training to 1,00,000 women** across seven states in Uttar Pradesh, Assam, West Bengal, Madhya Pradesh, Gujarat, Jharkhand, and Bihar.
- Its **objective** is to create digital leadership amongst women and help them use technology to **empower, enable** them to make smart choices and be secure from online risks.
- The programme will focus on **digital literacy and citizenship**, addressing issues around **privacy, safety, and misinformation**.

Understanding digital literacy

- It has been defined as **the ability of individuals and communities to understand and use digital technologies** for meaningful actions within life situations.
- Any individual who can operate computer/laptop/tablet/smart phone and use other IT related tools is being considered as **digitally literate**.
- It has three aspects:
 - Finding and consuming digital content;
 - creating digital content;
 - communicating or sharing.

Status of digital literacy among women

- **Digital gender gap** in India is huge, as less than a third of India's total internet users are female i.e. 29 %.
- Globally in developing countries the number of women using the internet is **12% less than men**.

Reasons for low digital literacy amongst women

- **Social conditioning:** Women often did not make use of ICTs meant to empower them because of several obstacles such as lack of self-confidence, low self-esteem, illiteracy, averseness in use of modern technology resulting in low exposure and awareness.
- **Affordability:** Mostly due to poverty and lack of resources, they are unable to afford computer and internet services readily. Given that women on average earn 25% less than men globally, high internet prices discriminate disproportionately against women.
- **Digital skills & education:** Women face several barriers such as lack of competence in use of equipment, lack of training facilities etc.
- **Grim status in Rural Sphere:** Women in rural India face multiple issues for gaining digital literacy, such as lack of education, awareness, accessibility and often restrictions/resistance **because of their gender**.
 - A study conducted in rural Tamil Nadu (2000), showed that the majority of women did neither own the infrastructure nor did they know about the internet enabled computer facilities available at kiosks in their villages.
- **Online safety:** Mostly, Police and courts are still not equipped to handle ICT-mediated violence and harassment cases. Legislation to protect the privacy of data and communications is also not implemented in true spirit, bringing an overall aversion from the digital services.

Why digital literacy and digital inclusion is significant for women?

- **Access to financial services (economic empowerment):** Knowledge of and access to these digital services such as **mobile money services** can empower women to start small businesses and give them greater control over their money and savings. This has positive implications for their communities as **women globally reinvest about 90% of their income into their households**.
 - **For example: M-Pesa mobile money service in Kenya** has gained much traction in development circles M-Pesa, as it has uplifted 2% of Kenya's households out of poverty. The results are most compelling for female beneficiaries.
- **Activism and participation in campaigns against gender inequality:** Women's ability to connect and mobilise via social media and the internet is increasingly vital to the success of campaigns against gender inequality.
 - **#DelhiGangRape** resulted in anti-rape provisions being built into India's Criminal Code,
 - **#sendeanlat** ('tell your story') has generated national discussions on violence against women in Turkey.
 - **#metoo** movement, brought the issue of workplace sexual harassment to the fore globally.
- **Access to information, connection and liberation:** The internet means access to a wealth of information, women's ability to communicate with each other freely, regaining a sense of agency in their own education as they teach themselves new skills.
 - At times, it may be deemed inappropriate for girls and women to ask questions regarding **sensitive subjects like reproductive health, sex, religion, politics, and societal norms**. Internet has a wide range of resources that can provide women with information about their health and well-being.
- **Access to educational resources:** Using plethora of **free learning resources online**, women can supplement their education, learn new skills etc.
- **To fight social discrimination through digital inclusion:** A study on mobile phone ownership and usage by women in India, found that households where women had mobile phones reported **lower tolerance for domestic violence** and higher women's autonomy in mobility and economic independence.
- **To counter cyber threat:** With the advent of laptops, smartphones and online learning, there is an urgent need to give girls the tools to be safe in this online environment, as new challenges, such as cyberbullying, make it critical to equip girls with the relevant skills and digital awareness.

Measures

- Multiple initiatives have been started by the Government of India to help the people in rural areas and women in particular to gain digital literacy.
 - **National Digital Literacy Mission (NDLM)**.
 - **'Digital Saksharta Abhiyan' (DISHA)**, launched in 2014 with a target of reaching out to 42.50 lakh people
 - **'Pradhan Mantri Gramin Digital Saksharta Abhiyan' (PMGDISHA)** in 2017 with a special focus on covering 6 crore rural households by March 2019.
 - **Beti Bachao Beti Padhao, e - Sakhi, and Mahila E-Haat** among others.
- **Many NGOs and Corporates** have joined to develop use of local languages to access the internet and use of voice and videos for the illiterate.
- **Private-Public partnerships** are also at play in building digital literacy, bridging the gender gap and empowering mothers digitally - giving rise to **'Digi-Moms'**.

Conclusion

India must view "digital-gender-divide" as "digital-gender-opportunity", as it will present a tangible opportunity for women to tackle longstanding challenges of gender inequalities, including access to employment, income, education and health services.

1.4. THE MUSLIM WOMEN (PROTECTION OF RIGHTS ON MARRIAGE) ACT, 2019

Why in news?

President gave assent to the **Muslim Women (Protection of Rights on Marriage) Act 2019**. It will replace the **1986 Muslim Women (Protection of Rights on Divorce) Act**, enacted after the Shah Bano Case.

Major Provisions of the 2019 Act

- It invalidates the practice of instant triple talaq (talaq-e-biddat) as void and illegal.

- It also makes instant **triple talaq a criminal offence** with imprisonment up to three years and fine.
- It also provides to **make the offence cognizable**, if information relating to the commission of an offence is given to the Police, by the married Muslim woman upon whom talaq is pronounced or by any person related to her by blood or marriage (A cognizable offence is one for which a police officer may arrest an accused person without warrant.).
- The Act also provides **scope for reconciliation** without undergoing the process of **Nikah Halala** if the two sides agree to stop legal proceedings and settle the dispute.
- **Allowance:** A Muslim woman, against whom talaq has been declared, is entitled to seek subsistence allowance from her husband for herself and for her dependent children. The amount of the allowance will be determined by the **Magistrate**.
- **Custody:** A Muslim woman, against whom such talaq has been declared, is entitled to seek custody of her minor children. The manner of custody will be determined by the **Magistrate**.

About the Shah Bano Case

- The Shah Bano case was a **milestone** in the Muslim women's search for justice and the beginning of the **political battle over personal law**.
- A 60-year-old woman went to court asking maintenance from her husband who had divorced her. The court ruled in her favour. Shah Bano was **entitled to maintenance** from her ex-husband under **Section 125 of the Criminal Procedure Code**
- However, the then government enacted the **Muslim Women (Protection of Rights on Divorce) Act, 1986**. It gave, Muslim woman the right to maintenance **for the period of iddat (about three months) after the divorce**, and shifted the onus of maintaining her to her relatives or the Wakf Board.
- The Act was seen as **discriminatory** as it denied divorced Muslim women the right to basic maintenance which women of other faiths had recourse to under secular law.

Arguments in favour of the Act

- **Need for a stringent law:** Supreme Court judgment of 2017 had recognised the **discriminatory nature** of triple talaq. The Muslim Women (Protection of Rights on Marriage) Act 2019 offers Muslim **women recourse and access to protection of the law from the practice of arbitrary instant divorce**.
 - Without a concrete law in place the hard-won cause of **gender justice for Muslim women** would not be actualised.
- **Deterrence:** Making it an offence, it will **deter** resorting to triple talaq, and provide redress for women in the form of a **subsistence allowance and custody of children, besides getting the erring husband arrested**.
- **Triple talaq has never been sanctioned even in Islamic scriptures:** Triple talaq had received disapproval from the highest quarters in Islam, and **many Muslim countries following sharia laws have chosen to reform it** one way or another — including making it penal in many cases. Thus the **legislation brings India at par with other Muslim majority states** including Pakistan and Bangladesh.

Changes made from the Original Bill of 2017

- The Act makes the **offence cognisable** only if the woman, or one related to her by blood or marriage, against whom triple talaq has been pronounced, files a police complaint.
- Second, **the offence has been made compoundable**, that is, the parties can settle the matter between themselves.
- And third, it provides **that a magistrate may grant bail to the husband after hearing the wife**.
These amendments will not only **restrict the scope for misuse by preventing third parties from setting the criminal law in motion against a man** pronouncing instant triple talaq against his wife, they will also leave open the **possibility of the marriage continuing** by allowing bail and settlement.

Various forms of Talaq/Separation

Instant triple talaq (talaq-e-bidat) was challenged in the court. In the practice of **talaq-e-biddat**, when a man pronounces talaq thrice in a sitting, or through phone, or writes in a talaqnama or a text message, the divorce is considered immediate and irrevocable, even if the man later wishes to reconcile.

- The only way for the couple to go back to living together is through a **Nikah Halala**, and then return to her husband.
- The practice of **talaq-e-biddat** has been viewed as abhorrent in theology but upheld as valid by law.

“Talaq-ul-sunnat”: Under this, once the husband pronounces talaq, the wife has to observe a three-month iddat period during which the husband can arbitrate and re-conciliate with the wife. In case of cohabitation between the couple, during these three months, the talaq is revoked.

- However, when the period of iddat expires and the husband does not revoke the talaq, the talaq is irrevocable and final.
- It is considered to be the ideal form of dissolution of marriage contract among Muslims.

Nikah Halala: refers to practice under which a divorced Muslim woman has to marry another man and consummate the marriage and get a divorce. Only then can she be eligible to remarry her former husband.

- **Move towards gender equality:** Personal laws of other religious communities, Hindus and Christians, have addressed some concerns relating to gender equality in matters of inheritance and polygamy. This legislation, hence presents an opportunity to **put in place a civil code** that steeped in equality—**across faiths and gender.**

Arguments against the Act

- **Criminalising a civil wrong:** Questions have been raised if wrongdoings in matters of marriage and divorce, should lead to prosecutions and jail terms.
- **Issue of proportionality:** The Act violates constitutional rights as it stipulates **three-year jail term for guilty Muslim men** while non-Muslim men get only **one** year of jail term for a similar offence.
- **Issue of implementation:** The is difficult to implement, especially in cases of oral triple divorce given by husbands when no one other than the couple was present, as discharging the burden of proof will be a massive task for the prosecution.
- **Rise in divorces and abandonment:** Issues remain as no husband on his return from jail is likely to retain the wife on whose complaint he had gone to prison.

Conclusion

- The passage of the Muslim Women (Protection of Rights on Marriage) Act, 2019 criminalising triple talaq is a moment of great import for gender equality and justice and for India's legislative history.
- However, a **sound legal framework to deal with all issues arising from instant talaq** needs to be revisited on the basis of the outcome of social response.
- The government should **ask the Law Commission to review all personal/civil laws** to address the gender inequities that persist in civil and personal laws across the board as **India needs a non-sectarian, gender-neutral law that addresses desertion of spouses.**

1.5. MENSTRUAL LEAVE

Why in news?

Zomato announced a new paid period leave policy for employees.

What is the need for menstrual leave?

- **Age-old taboo:** The policy will be instrumental in tackling an age-old taboo in India by **generating awareness and open discussions** on the issue.
 - According to UNICEF, 71 percent of young women in India remain unaware of menstruation until their first cycle.
- **Addressing the associated shame or stigma:** The policy is intentioned at providing women the freedom to tell people on internal groups, or emails that they are on period leave i.e. normalization of the issue and across the board acceptance for the issue.
- **Spillover to the unorganized sector:** Increased debate and conversation on the issue at national level could lead to recognition of menstrual leave in unorganized sector.
- **Women's Right:** Workplaces need to accommodate for biological differences between co-workers and it is women's right to have provisions in accordance with that.
 - This is not a choice that women make every month, so if someone finds it difficult to be at the work for conditions not under their control then they should have the **right to rest without being penalized** in any way.
- **Reassertion of reproductive rights:** Women and girls are often excluded from decision-making due to their lower literacy levels and social standing within the family. The policy has the potential to make all women conscious of their reproductive rights irrespective of direct effect of policy on them.

Menstrual Leave discourse in India

- The **State of Bihar** has had **two extra days of casual leave per month** for women government employees to take time off for periods since 1992.
- In 2017, the **digital media company Culture Machine**, which has offices in five cities in India, put in place a menstrual leave policy independent of vacation and sick days.
- **Menstruation Benefit Bill, 2017**(Tabled in Lok Sabha in 2018)
 - The Bill seeks to provide women **working in the public and private sectors two days of paid menstrual leave every month** as well as better facilities for rest at the workplace during menstruation.
 - The benefits would also be extended to female students of Class VIII and above in government recognized schools.
 - It caters to **girls and women across sector/industry/profession/job roles** and not just for women engaged in white collar work.

- **Availability of associated infrastructure and menstrual products:** Provision of sanitary napkins and adequate facilities for sanitation and washing could come into limelight as a result of this policy discussion.

Why talking about menstruation is considered a taboo in India?

- Culturally in many parts of India, **menstruation is still considered to be dirty and impure**. Further, **women are prohibited from participating in normal life while menstruating**. She must be “purified” before she is allowed to return to her family and day to day chores of her life.
- Superstitious and unscientific notions on menstruation have led to following:
 - The **cultural shame attached to menstruation** and **shortage of menstrual products** (as many as 88% of women who get periods in India resort to using unsafe sanitary methods) stop menstruating women from going to school and working.
 - Consequently, it is very **difficult to have an open discussion** about it as **people seem to get extremely uncomfortable** and prefer to discuss it behind closed doors.

What are the unintended consequences that the policy may generate?

- **Justify lower salaries and hiring bias:** Additional costs associated with extra paid leaves might discourage companies from hiring women employees and also impact their salaries.
 - For example, a research found that 1.1-1.8 million women lost their jobs in 2018-19 across 10 major sectors owing to the Maternity Benefit (Amendment) Act 2016 which doubled the paid maternity leave from three to six months.
- **Negative effect on the Gender Equality debate:** The explicit term “period leave” creates a demarcation, thereby allowing it to be taken in context where it is used to differentiate between men and women.
- **Reinforcing the prevalent stereotyping:** The policy risks reinforcing the stereotypes of labeling women as ‘needing extra protection and extra time off’, which in turn might reinforce biases in hiring, promotion and compensation.
- **Negative effect on privacy:** Asking women to inform their employers they’re on their periods forces women to let go of their menstrual privacy. This can be construed as a shade of benevolent patriarchy.
 - Similar to any other health-related information, it should be a person’s right to decide how open they would like to be about their issues.

Case in point: Japan

- Japan’s 1947 Labor Standards Law inducted the provision of **seirikyuka, or “menstrual leave,”** for painful periods.
- A study shows that from 1960–1981, the number of Japanese women **using the national period leave policy declined to 13% from 20%**, as they increasingly opted to take their regular sick days over facing social stigma from their coworkers.
- This highlights how policy as a singular measure is not enough. As despite the prevalence of the policy for more than 70 years, the associated stigma was not addressed adequately.

Way Forward

As a society, it is our job to make sure that we overcome the aforesaid challenges and make room for one’s biological needs while not lowering the bar for the quality of our work.

The menstrual leave policy could be structured in such a way that overcomes these challenges. For example, giving all employees enough paid sick leave to account for periods or employers can be encouraged to institute work-from-home policies that allow employees to work remotely for a fixed number of days in a month. These two options can be explored alongside provision of comfortable spaces within the office premises.

1.6. GENDER DIMENSIONS OF THE COVID-19 PANDEMIC

Why in news?

COVID 19 Lockdown and social-distancing norms are likely to have an outsized impact on women.

Indian Women’s vulnerability to COVID-19’s impacts

Impact of the COVID-19 pandemic has been amplified by **pre-existing gender differences** in outcomes across endowments (health & education), agency, safety and economic opportunity. Some key findings in this regard are:

- **Livelihood and Job Security:**
 - Oxfam India estimates the **economic loss** from women losing their jobs during the pandemic at about \$216 billion, around 8% of the GDP. This clouds women’s already poor economic outlook.

- According to the ILO, **81% of Indian women work in the informal economy**. The informal sector is the **worst hit** by the coronavirus-imposed economic slowdown. The economic costs of the lockdown may be disproportionately borne by women in the end.
- The need for social distancing has also temporarily **disrupted the functioning of self-help groups (SHGs)** that have been credited with improving women's well-being and empowerment.
- **Feminisation of Poverty**: Many women are at risk of a permanent exit from the labour market. The end result will be the **feminization of income poverty**. Research from the World Bank suggests the pandemic will drive more than 12 million Indians into poverty. Women are **likely to be over-represented among the new poor**.
- **Enhanced Social Inequities**: The impact of the virus is **exacerbating India's deep-rooted social inequities**, including **unsafe work environment** and the **burden of domestic responsibilities**, which have **kept many women away from work**.
 - **Migrant Women**: Many of the millions of migrant workers forced to flee cities for their rural homes with little notice were women. They have **safety concerns, with travel a risk** for many.
 - COVID-19 is shifting other **household dynamics**, too.
 - ✓ Domestic responsibilities that women bear, like cooking and cleaning, have escalated.
 - ✓ As women in Indian families **tend to eat last and the least**, financial strain and food shortages affect women's nutrition more than men. **Gender inequality in food security** will increase further following the loss of employment income.
- **Increase in instances of Domestic Violence**: There has been a **more than two-fold rise in complaints of domestic violence** since the lockdown. The UNFPA warns that the pandemic could reduce world progress against gender-based violence by one-third. Factors contributing to increase in domestic violence include:
 - **Lockdowns imposing stricter control on mobility**: It puts women in abusive relationships at extremely high risk of damage from **physical, sexual and emotional abuse**.
 - **Disturbances in relationships**: due to stay-at-home rules, physical distancing, economic uncertainties, and anxieties caused by the pandemic.
 - **Disruptions in support systems**: Healthcare providers and police are overwhelmed and understaffed, local support groups are paralyzed or short of funds and domestic violence shelters are closed or full.
- **Health**
 - Women may face specific constraints to access health services. According to government data, **55% of women report not using public health services**. **Out-of-pocket health expenditures are higher for women than for men in most developing countries**.
 - **Key services** such as maternal health, vaccination, sexual and reproductive health etc. **get interrupted** during public health emergencies, with negative consequences for women.
 - **Exposure to infection through work and care**: In India, women are at higher risk of contracting the virus because they are **overrepresented in the health-care sector** including as part of the **frontline health staff** (e.g. nurses, community health workers, birth attendants).
 - **Nutrition**: With the schools shut down, children's education is likely to suffer, along with an increase in malnourishment due to **disruption of mid-day meal**. The situation will **worsen for girls** as they are **more dependent on the mid-day meal programs** given the gendered nature of nutrition provision in households with limited resources.
- **Other aspects**
 - **The Additional Burden of Care**: One of the primary reasons that women leave the workforce or do not enter it in the first place is their unpaid caregiving responsibilities at home. Longstanding patriarchal social norms and cultural expectations have put the burden of caring for children, the elderly, and the household on Indian women.
 - **Social Distancing and digital education**: Girls' education will be disadvantaged - as only **29% of Internet users in India are female**, and there's a tendency for families with limited means to give preference to boys for schooling.

Policy response- Way Forward

The pandemic calls for greater consultations between the Ministry of Finance and the Women and Child Ministry to understand the differential impacts of COVID-19 on women and effective policy measures to address them. Some immediate steps that the government may adopt include:

- **Extend MGNREGS to urban areas to help the urban poor:** Given the large-scale unemployment in urban areas and the hardships of the large number of migrant workers who are still in urban centres, MGNREGS should be extended to the urban areas to create jobs for the urban poor.
 - This will be **especially beneficial for a large number of women**, particularly domestic workers, who will fail to find employment as middle-class women stay at home and focus on unpaid care work.
- **Expand the ambit of MGNREGS to include handicrafts/folk arts:** Women play an important role in preserving handicrafts and art but have been completely left out of the relief package.
 - For instance, an artisan can teach her skill to children under MGNREGS. Including crafts and folk arts under MGNREGS will achieve the **twin objectives** of providing **income support to poor women** and **preserving Indian handicrafts and arts**.
- **Support to Women's SHGs:** To revive women's SHGs, the government should **support industries like the food processing sector and textiles and garments sector** (another sector where women account for the bulk of the workers) which are the **main buyers of SHG products**.
 - The announcement of expanding the limit of collateral-free lending to Women's Self Help Groups (SHGs) from Rs 10 lakhs to Rs 20 lakhs is another welcome step but the **main problem before SHGs is demand shortage**.
- **Special provisions for pregnant and nursing mothers:** Government's COVID-19 relief package had no special provisions for pregnant and lactating mothers who are enduring immense hardship under the lockdown.
 - Under the Maternity Benefit Programme, pregnant women and lactating mothers already receive a cash transfer of Rs 6000 in three instalments. The government could enhance this amount and provide special rations for pregnant and lactating women.
 - Some states like Jharkhand have started a **24/7 maternity/pregnancy helpline** to help access necessary medical assistance during the lockdown. This initiative should be implemented at the national level.
- **Support to women facing domestic violence:** The UN urged all governments to make the prevention and redress of violence against women a key part of their national response plans for COVID-19, and outlined several actions that can be taken to improve the situation-
 - Increase investment in online services and civil society organizations,
 - Make sure judicial systems continue to prosecute abusers to ensure that incidents of violence against women and girls are given **high priority with no impunity for perpetrators**,
 - Set up emergency warning systems in pharmacies and groceries,
 - Declare shelters as essential services,
 - Create safe ways for women to seek support, without alerting their abusers,
 - Avoid releasing prisoners convicted of violence against women in any form,
 - Scale up public awareness campaigns, particularly those targeted at men and boys.

Steps Taken by the Government to help victims of Domestic Violence during the pandemic

- **Channelizing One Stop Centres:** MoW&CD, instructed to ensure that One Stop Centres, which provide legal and psycho-social help to survivors of gender-based violence, are linked with local medical teams, police and the National Legal Services Authority (NALSA).
- The **National Commission for Women** launched a WhatsApp number making it easier for women to ask for help, alongside a helpline and email option.
- **State's Initiatives:**
 - The Uttar Pradesh police launched an initiative in March, **"Suppress corona, not your voice"** asking battered women to call a helpline number to enable women police officers to reach them following a complaint
 - **"Mpower 101"** helpline was launched in Mumbai to report domestic abuse
- NGOs like **Stree Mukti Sanghatan** are helping women via free counselling and use the online facility for reporting the crime
- **Judicial interventions:**
 - **Delhi high court** directed the state and Centre to take measures to protect women from domestic violence.
 - **Jammu & Kashmir high court**, taking Suo moto cognizance of domestic violence cases during the lockdown, offered a slew of directions including creating a special fund and designating informal safe spaces for women like grocery stores and pharmacies, where they could report domestic violence/abuse without alerting the perpetrators.

Laws in India that deal directly with domestic violence:

- **The Protection of Women from Domestic Violence Act, 2005:** Key provisions of the act are:
 - **The definition of domestic violence** includes not just physical, but also verbal, emotional, sexual and economic violence.

- “Domestic relationship” includes married women, mothers, daughters and sisters.
- It not only protects women who are married but **also protects women in live-in relationships**, as well as family members including mothers, grandmothers, etc.
 - ✓ The Supreme Court has upheld that the Domestic Violence Act **will apply even after divorce**.
 - ✓ It has also **struck down the words “adult male”** from the pertinent provision in the Act to lay down that a woman can also file a complaint against another woman, accusing her of domestic violence
- Under this law, **women can seek protection against domestic violence**, financial compensation and they can get maintenance from their abuser in case they are living apart.
- It provides **the Right to Secure Housing** i.e. right to reside in the matrimonial or shared household, whether or not she has any title or rights in the household. This right is secured by a residence order, which is passed by a court.
- A magistrate can pass a **protection order** under the Act to ensure the abuser doesn't contact or get close to the survivor.
- It provides for breach of protection order or interim protection order by the respondent as a **cognisable and non-bailable offence**.
- It provides for appointment of protection officers and NGOs to provide assistance to the woman for medical examination, legal aid and safe Shelter.
- It enshrines principles of the **Convention on the Elimination of All forms of Discrimination Against Women (CEDAW), which India ratified in 1993**.
- **The Dowry Prohibition Act:** This is a criminal law that punishes the taking and giving of dowry. Under this law, if someone takes, gives or even demands dowry, they can be imprisoned for six months or they can be fined up to Rs 5,000.
- **Section 498A of the Indian Penal Code:** This is a criminal law, which applies to husbands or relatives of husbands who are cruel to women.

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2. ISSUES RELATED TO CHILDREN

2.1. POCSO ACT

Why in news?

Also, the Central government has notified the **Protection of Children from Sexual Offences (POCSO) Rules, 2020** which gives effect to amendments made to POCSO Act in 2019.

What is POCSO Act?

The Act seeks to protect children from offences such as sexual assault, sexual harassment, and pornography.

Salient features of the Act

- **Defines a child as any person below eighteen years of age**
- **Gender neutral Act:** meaning the act deals with crimes of such nature done to both male or female child.
- **Provides for mandatory reporting of sexual offences**, keeping with the best international child protection standards.
- **Police cast in the role of child protectors during the investigative process:** The police personnel receiving a report of sexual abuse of a child are given the responsibility of making urgent arrangements for the care and protection of the child.
- **Provisions for the medical examination** of the child in a manner designed to cause **as little distress as possible**
- **Provision of Special Courts:** that conduct the **trial in-camera** and without revealing the identity of the child, in a **child-friendly manner**.
- **Timely disposal of cases:** A case of child sexual abuse **must be disposed of within one year** from the date the offence is reported.
- **Recognition to a wide range of form of sexual abuse against children:** as punishable offences,.
- **People who traffic children for sexual purposes are also punishable** under the provisions relating to abetment in the Act. The Act prescribes stringent punishment graded as per the gravity of the offence, with a maximum term of rigorous imprisonment for life, and fine.

Fundamental principles to be followed in POCSO cases

- Right to life and survival
- The best interests of the child
- The right to be treated with dignity and compassion
- The right to be protected from discrimination
- The right to be informed
- The right to be heard and to express views and concerns
- The right to effective assistance
- The right to privacy
- The right to be protected from hardship during the justice process
- The right to safety
- The right to compensation

Key Provisions of the Protection of Children from Sexual Offences (POCSO) Rules, 2020

- **Mandatory police verification of staff** in any institution housing children or coming in regular contact with children like schools, care homes, sports academies etc.
- **State Governments to formulate a child protection policy** based on the principle of zero-tolerance to violence against children, which shall be adopted by all institutions, organizations, or any other agency working with, or coming in contact with children.
- **Sensitization of official and Awareness:** Central Government and State Governments shall
 - **Provide periodic training** (like sensitization workshops etc.) to all persons, coming in contact with the children, to sensitize them about child safety and protection.
 - **Orientation programme and intensive courses for police personnel and forensic experts** for building their capacities in their respective roles on a regular basis.
 - Prepare **age-appropriate educational material and curriculum for children**, informing them about personal safety, emotional and mental wellbeing, reporting mechanisms including Childline helpline services (toll free number-1098) etc.
- **Reporting of child pornography: Any person who has received any pornographic material** involving a child or any information regarding such pornographic material **shall report** the contents.

Need for amendments in the POCSO Act

- **High number of cases:** According to National Crime Records Bureau data, **Cases registered under POCSO rose by 4.4 percent in 2016 over 2015.**
 - In **93.6% cases of aggravated penetrative sexual assault on children, the perpetrator was known to the victim.** The most common perpetrators were family members/friends/neighbours/other known persons.

- **Low reporting of crimes against boys:** As per NCRB data, **only 2.8% of all the instances of sexual crimes** against children in 2017 **were reported to be committed against boys**, indicating that most cases remain undisclosed.
- **Elimination of Child pornography:** There was a need felt to make rules for prescribing the manner in which pornographic material involving a child can be deleted, destroyed or reported.
- **Lack of provisions to protect children from assault in times of natural calamities and disasters**

About POCSO Amendment Act 2019

- **Increases the minimum punishment** (including death penalty) for penetrative sexual assault, aggravated penetrative sexual assault.
 - The earlier amendment allowed the death penalty only in cases of sexual assault of girls below 12 years but now **it will be applicable to boys also**.
- Adds **assault resulting in death of child**, and **assault committed during a natural calamity**, or in any similar situations of violence into **Aggravated penetrative sexual assault**.
- **Tightened the provisions to counter child pornography.** While the earlier Act had punishment for storing child pornography for commercial purposes, the amendment includes punishment for possessing pornographic material in any form involving a child, even if the accused persons have failed to delete or destroy or report the same with an intention to share it.
 - The Act defines child pornography as any visual depiction of sexually explicit conduct involving a child including photograph, video, digital or computer-generated image indistinguishable from an actual child.

Other Initiatives taken by Government for protection of Children

- **Child Protection Services (CPS):** It is a **centrally sponsored** scheme (erstwhile Integrated Child Protection Scheme) for supporting the children in need of care and protection (CNCP).
- **The Criminal Law (Amendment) Act, 2013:** was enacted for effective deterrence against sexual offences. Further, the Criminal Law (Amendment) Act, 2018 was enacted to prescribe even more **stringent penal provisions including death penalty for rape of a girl below age of 12 years**.
- **Investigation Tracking System for Sexual Offences:** It is an **online analytic tool for police called** has been launched to monitor and track time-bound investigation on sexual assault cases in accordance with the Criminal Law (Amendment) Act, 2018.
- **National Database on Sexual Offenders:** It has been launched to facilitate investigation and tracking of sexual offenders across the country by law enforcement agencies.
- Other steps:
 - A **cyber-crime portal has been launched** for citizens to report obscene content.
 - In order to improve investigation, steps have been taken to strengthen DNA analysis units in Central and State Forensic Science Laboratories.
 - Guidelines have been notified for collection of forensic evidence in sexual assault cases and the standard composition in a Sexual Assault Evidence Collection Kit.

2.2. CHILD LABOUR

Why in news?

Convention No. 182- Worst Forms of Child Labour Convention, 1999, of the International Labour Organization (ILO), has become the first international labour standard ever to **achieve universal ratification** (i.e. all 187 member countries of ILO have now ratified it).

About ILO's Convention no. 182

- It calls for the **prohibition and elimination of the worst forms of child labour**, which includes deployment of children in-
 - **all forms of slavery:** such as the sale and trafficking of children, debt bondage and serfdom and forced recruitment of children in **armed conflict**;
 - **prostitution**, or pornography;
 - **illicit activities**, such as production and trafficking of drugs;
 - any work which is likely to harm their **health, safety or morals**.
- It is one of the ILO's eight Fundamental Conventions and was adopted in a meeting in Geneva in 1999.
- As ratification rates increased and countries adopted laws and policies, including relating to minimum age to work, the incidence of child labour and its worst forms has dropped by almost **40 per cent between 2000 and 2016**.

About Child Labour

- As per ILO, the term “**child labour**” is defined as work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development. It includes **work that:**

- is **mentally, physically, socially or morally dangerous and harmful to children;** and/or
- Interferes with their schooling** by: depriving them of the opportunity to attend school; obliging them to leave school prematurely; or requiring them to attempt to combine school attendance with excessively long and heavy work.

- A combination of many factors gives rise to child labour, such as poverty, social norms condoning it, lack of decent work opportunities for adults and adolescents, migration, and emergencies.

Status of Child Labour in India

- India accounts for close to **7.3 per cent** of around 152 million children worldwide engaged in child labour.
- According to census data of 2011, around 10.1 million children were engaged in child labour in India.
- 80% of working children live in India's villages**, where most of them work in agriculture.
- Children between 14-17 years engaged in hazardous work account for 62.8% of the India's child labour workforce, 10% of these are hired in family enterprises.
- Uttar Pradesh, Bihar, Rajasthan, Maharashtra, and Madhya Pradesh are the states with maximum child labourers.
- Despite various efforts, **certain challenges** hinder India's progress towards eradicating child labour:
 - Ineffective enforcement of laws** due to limited administrative capacity.
 - Some of the **industries exclusively depend on child labor** due to their short stature such as mica mining, bangle-making, beedi-making etc.
 - Inadequate tracking and rehabilitation of children post rescue.
 - In low income families, parents and guardians often view their children as “**source of income**”.
 - Poor quality of public education** in India limits future employment opportunities for children, forcing them to engage in menial labour at a young age.
 - India's vast **informal economy** makes it easier for contractors and middlemen to exploit children.

India's efforts against child labour

Constitutional Provisions

- Article 23** prohibits the trafficking in human beings and forced labour.
- Article 24** prohibits the employment of children below the age of fourteen years in factories.
- Article 39(e)** makes it a duty of the State to prevent the children from entering into jobs, unsuited to their age.

Legislations

- Child Labour Amendment (Prohibition and Regulation) Act, 2016:** It regulates the employment of children and does not allow children below the age of 14 to work except as a child artist and in a family business.
- The Factories Act, 1948:** It prohibits the employment of children below the age of 14 years.
- The Mines Act, 1952:** It prohibits the employment of children below 18 years of age in a mine.
- The Juvenile Justice (Care and Protection) of Children Act, 2000:** It made it a crime, punishable with a prison term, for anyone to procure or employ a child in any hazardous employment or in bondage.
- The Right of Children to Free and Compulsory Education Act, 2009:** It mandates free and compulsory education to all children aged 6 to 14 years.

Schemes

- National Child Labour Project (NCLP) Scheme:** It seeks to eliminate all forms of child labour through Identification and withdrawal of all children in the Project Area from child labour.

International Labour Organization (ILO)

- ILO is a **tripartite U.N. agency**, formed in 1919 that brings together governments, employers and workers of its member states, to set labour standards, develop policies and devise programmes promoting decent work for all women and men.

- India is a **founder member** of the ILO.

The **eight ILO fundamental Conventions** are:

- No. 29:** The Forced Labour Convention, 1930
- No. 87:** The Freedom of Association and Protection of the Right to Organise Convention, 1948
- No. 98:** The Right to Organise and Collective Bargaining Convention, 1949
- No. 100:** The Equal Remuneration Convention, 1951
- No. 105:** The Abolition of Forced Labour Convention, 1957
- No. 111:** The Discrimination (Employment and Occupation) Convention, 1958
- No. 138:** The Minimum Age Convention, 1973
- No. 182:** The Worst Forms of Child Labour Convention, 1999
- India has ratified **6 out of 8** of these conventions (all except convention number **87** and **98**).

- **PENCIL Portal:** was launched for effective implementation of NCLP.

Active role played by NGOs

- NGOs sensitize stakeholders to end this social evil, and make locals more vigilant to report instances of child labour at businesses. They also work for their rehabilitation.
- Many civil society organizations such as **BachpanBachaoAndolan** founded by Nobel laureate Kailash Satyarthi, **Kailash Satyarthi Children's Foundation**, **Save the Children**, etc. have worked to protect children from this menace.

International conventions

- The ratification of **ILO Conventions 182 and 138** reflect on India's commitment towards the elimination of child labour.

Way Forward

- There should be an **exhaustive and identical definition of child labour** for all the industries and working establishment.
- **Rigorous implementation of penal provisions** of the statutes is needed.
- **Rehabilitative and reformative activities** should be conducted for the children who are found working in hazardous institutions. Provision should be made for ensuring that their mental, emotional and physical health is attained after they are saved from hazardous institutions
- Focusing on grassroots strategies to **mobilize communities and sensitize trade organisations** against child labor to increase reporting of such instances.
- Child labor can be controlled by economic development and making **quality education affordable** across all levels.

Impact of COVID-19 on child Labour

There is a rising concern that COVID-19 pandemic may reverse the progress made in controlling child labour. Millions of children are under the risk of being pushed into child labour due to reasons such as:

- **Rising poverty:** Impact of the crisis on employment opportunities, supply chains in agriculture sector etc will suppress incomes for industrial labour and farmers.
 - According to the World Bank, in India, 12 million people have a chance of slipping below the poverty line due to pandemic-related job losses. Research has indicated that **one percentage point increase in poverty leads to about 0.7 percent percentage point increase in child labour**.
 - Households might be forced to sending their children into child labour due to their increased economic vulnerability, shortage of food supplies and trap of debt bondage.
- **Increasing informality:** Post-Pandemic, capital-intensive small enterprises are likely to decline which may result into increase in self-employment producing work especially conducive to child involvement.
- **Dilution of labour laws by some states to mitigate economic effects of COVID-19:** Many employers may exploit these changes to hire “cost-effective” child labour as they have lower bargaining power and are mostly unable to press for their rights.
 - For example, relaxation of rules related to site inspection will open channels for employment of children.
- **Factors that may drive children away from schools and into child labour:**
 - **Declining remittances from migrant workers** due to lockdown measures and business closures from COVID-19 might push children, especially in rural areas, into agricultural labour.
 - **Credit crisis and reduction in household income and savings** might reduce household investment in schooling.
 - **Temporary closure of schools** disproportionately affects education of children with illiterate parents.
 - **Discontinuation of mid-day meals** can increase dropout rates.
 - **Digitization of education** has led to exclusion of children in households with no access to the internet or digital devices.
- **Compounding shocks to health:** The rising number of deaths from COVID-19 is trailed by growing numbers of children left without one or both parents making them particularly vulnerable to child labour, trafficking and other forms of exploitation.
- **Pressure on public budgets:** Governments have taken substantive steps to improve social assistance which results into diminishing child labour. With larger budgetary constraints, due to COVID-19 pandemic, these steps may decline in future.

There is a need to implement a series of measures ranging from universal free distribution of ration, livelihood support, regeneration of rural economy, renewed and more rigorous efforts for child protection, education for all children, and strengthening public health care infrastructure.

3. OTHER VULNERABLE SECTIONS

3.1. TRIBAL HEALTH AND NUTRITION

Why in news?

Union Tribal Affairs Minister e-launched Tribal Health & Nutrition Portal “Swasthya”.

Status of tribal population in India

- According to 2011 census, the tribal population in India is over 104 million which is spread across 705 tribes and accounts for **8.6% of country’s population**.
 - More than 90% of tribal people live in **rural areas**.
- M.P. has highest tribal population followed by Maharashtra, Odisha and Rajasthan.
- The socio-economic condition of tribals:
 - **Livelihood status** - 40.6% of tribals live below poverty line vis-a-vis 20.5% non tribals.
 - **Lack of Basic amenities**- The 2011 census data shows that access to tap water, sanitation facilities, drainage facilities and clean cooking fuel is much lower among the tribal population.
 - **Education gap**-There is also a stark gap in educational status as 41% of STs are illiterate.
 - **Sex ratio** among tribals is 990/1000 as compared to national average of 933/1000.

About Swasthya Portal

- It is an e-portal on tribal health and nutrition which will be providing all health and nutrition related information of the tribal population of India in a single platform.
 - It will curate innovative practices, research briefs etc. collected from different parts of India to facilitate the exchange of evidence, expertise and experiences.
- **Other initiatives launched:**
 - **National Overseas Portal and National Tribal Fellowship Portal** to bring greater transparency and easy information to Scheduled Tribe (ST) students.
 - Online Performance Dashboard **“Empowering Tribals, Transforming India”** under Digital India to work towards empowering STs and will bring efficiency and transparency.
 - e-newsletter on health and nutrition- **ALEKH**.

Tribal Health status

- **Disease burden:** Tribals suffer from a triple burden of diseases
 - **Malnutrition and communicable diseases:** Tribal population share a disproportionate burden of communicable disease like malaria, tuberculosis, HIV, hepatitis, viral fevers etc. e.g. tribals account for 30% of malaria cases and 60% of malaria related mortality, 50% of adolescent tribal girls are underweight, low body mass index and stunting in tribals is more than nontribal population.
 - **Genetic disorders and lifestyle diseases**- like hypertension, diabetes, respiratory diseases etc. Also, genetic disorder in form of sickle cell anemia ranges from 1-40%. G-6-PD red cell enzyme deficiency is reported in tribes like Adiyani, Irula, Paniyan, Gonds.
 - **Mental illness and addictions**- According to NFHS-3, 72% of tribal men in the age of 15-54 use tobacco as compared to 56% of non-tribal men.
- **Other Indicators** - The performance related to life expectancy, maternal mortality, adolescent health, child morbidity, mortality and under five mortality is below national average by 10-25%. Fore.g.:
 - life expectancy of tribals is 63.9 compared to national average of 67 years,
 - under 5 mortality rate is 74 as against national average of 62
 - 50% Adolescent ST girls are underweight and BMI below less than 18.5.
 - About **80 per cent of tribal children are undernourished and suffering from anaemia**. While **40 per cent of under five tribal children in India are stunted**.

Reasons for poor health among tribals

- **Unhygienic and primitive practices:** The chief causes of maternal and infant mortality were found to be **unhygienic and primitive practices for parturition and no specific nutritious diet** with iron, calcium and vitamins is consumed by women.
- **Lack of Health Infrastructure:** Though tribals are heavily dependent on public health services but there is a shortfall of public health centres, sub-centres, community health centres by 27-40% in about half of the states. This has resulted in low access and coverage, low outputs and outcomes in tribal health status.
- **Lack of Human resource:** There are severe shortages in health human resources in terms of PHC doctors (33% shortfall), CHC specialists (84% shortage), health workers, nursing staff, ASHA workers and locally

trained youth. The isolated locations with minimal facilities create unwillingness among the health workers.

- **Financing of Tribal Health:** The tribal sub plan (TSP), though started with the noble goal of complementing existing finances for tribal policies, has shown a lackadaisical response. The tribal affairs ministry has no information regarding TSP allocations of various states. Also, there is lack of accounting of actual tribal health expenditure.
- **Lack of Awareness and mistrust on modern medicine:** The tribals are amenable to western systems of medicine. Hence, **vaccination and immunization of Infants and children have been inadequate** among tribal groups.
- **Issues in Governance Structure-** Lack of population level data, centralized policy formulation and implementation, near absence of tribals from the process, weak state level intervention etc. has accentuated dismal health conditions among tribals.

Way forward

- **Health Services to Remote Populations:** Mobile medical camps to improve outreach in remote tribal populations would play a major role and will make availability of drugs, diagnostic facilities to tribals in remote area.
- **Transportation for Expectant Mothers:** Tribal populations generally have to deal with lack of resources in tough terrains. Provision of emergency transportation for pregnant tribal women to health facilities for obstetric care is one of the major necessities of the tribal women.
- **Health Workers from Tribal Communities:** As tribal populations find it difficult to navigate through the complexities of medical facilities, health workers from tribal communities may become the link between the healthcare facilities and tribal communities.
- **Other measure such as:** Creation of National Tribal Health Council and Tribal health research cell, raising awareness of health issues, upgrading infrastructure and capacity building.

3.2. THE TRANSGENDER PERSONS (PROTECTION OF RIGHTS) ACT, 2019

Why in News?

The Transgender Persons (Protection of Rights) Act, 2019 was recently passed by the Parliament and subsequently the National Council for Transgender Persons was constituted.

Issues faced by the transgender community in India

As per the Census of 2011, Transgender population in India is 4.9 lakh. The highest proportion (about 28%), has been identified in Uttar Pradesh followed by Andhra Pradesh, Maharashtra, Bihar, Madhya Pradesh and West Bengal. The transgender community in India faces a myriad of issues like-

- **Social exclusion:** due to factors such as-
 - **Discrimination** by their own family members and society leading to barriers in accessing public spaces and shelter.
 - **Lack of access to educational opportunities:** as Indian schools remain unequipped to handle children with alternative sexual identities.
 - **Lack of employment opportunities** due to hiring biases, on-the-job discrimination, wage inequalities and thus they are forced into professions like prostitution and begging for livelihood.
 - **Barriers in accessing health care services**, because of the lack of treatment awareness, and incidences of disrespect, harassment and violence. The community is highly vulnerable to sexually transmitted diseases like HIV AIDS and Mental health.
 - **Legal hurdles** in possessing identity documents.
- **Discrimination in the legal and policy discourse:** They face discrimination in family and civil laws. For example, The Hindu Marriage Act, 1955 and Hindu Succession Act, 1956 specifically mentions sons and daughters but there is no mention of inheritance rights for transgenders.
 - Also, officials in governance regime have low understanding about the distinction between gender identity and sex characteristics and there was a need of a body to work and engage with the system.
- **Prone to multiple forms of violence:** including child abuse, sexual violence, hate crimes etc.

Key Provisions of the Act

- **Definition of a transgender person:** The Act defines a transgender person as one whose gender does not match the gender assigned at birth. It includes trans-men and trans-women, persons with intersex variations, gender-queers, and persons with socio-cultural identities, such as kinnar and hijra.
- **Prohibition against discrimination:** The Act **prohibits 8 types of discrimination** against a transgender person, including
 - denial of service or unfair treatment in relation to: education; employment; healthcare;
 - access to goods, facilities opportunities available to the public;
 - right to movement and right to reside, rent, or own property;
 - opportunity to hold public or private office; and
 - access to a government or private establishment which has custody of a transgender person.
- **Recognition of Identity:** It provides for the **right to self-perceived gender identity**. A certificate of identity as a transgender person can be issued by the **District Magistrate**. A revised certificate can also be obtained after **Sex Reassignment Surgery (SRS)**.
- **Offences and penalties:** It recognizes the following offences against transgender persons. Penalties for these offences vary between six months and two years, and a fine.
 - forced or bonded labour (excluding compulsory government service for public purposes),
 - denial of use of public places,
 - removal from household, and village,
 - physical, sexual, verbal, emotional or economic abuse.
- **National Council for Transgender Persons** will be setup with representatives from the government, transgender community and experts in the field. It will advise the government on formulating policies for the community, and monitor the implementation, and address grievances, among others.
- **Welfare measures by the government:** Government must take steps for their rescue and rehabilitation, vocational training and self-employment, create schemes that are transgender sensitive, and promote their participation in cultural activities.
- **Health care:** The government must take steps to provide health facilities to transgender persons including **separate HIV surveillance centre and sex reassignment surgeries**. The government shall review medical curriculum to address health issues of transgender persons and provide comprehensive medical insurance schemes for them.

Other provisions to protect the community

- **Constitutional Safeguards under** Articles 14, 15, 19 and 21 ensures right to equality, and prohibits discrimination on the grounds of sex, race, caste, religion or place of birth.
- **The Supreme Court Judgments on Transgender Rights:** The Supreme Court in **NALSA Judgement, 2014** recognised a transgender person's right to self-identification as male, female or the third gender. It also
 - acknowledged right to choose one's gender identity under article 21 of the Constitution.
 - directed the state to provide reservations for them in public education and employment.
 - Directed government to include 'Third gender' in all official documents/forms.
 - suggested that a **commission to protect rights of this community** must be setup just like the National Commission for SC/STs
 - directed the state to make special provisions regarding HIV sero-surveillance for transgender persons and provide appropriate health facilities
 - directed the state to frame social welfare schemes for their all-round development

State Level Initiatives:

- **Kerala** became the first state to formulate a **transgender policy in 2015** which is aimed at ending the discrimination and bringing the third sex to the mainstream. The state has also set up a **transgender justice board** to deal with their complaints
- **Maharashtra** is the second state in India to set up a welfare board and the first, to set up a **cultural institute** dedicated to the transgender community.
- **Tamil Nadu** has established Tamil Nadu Transgender Welfare Board (TGWB) and has also been providing welfare schemes for socio-economic upliftment of the community.

Issues with the Act

- **No right to self-identification.** Act removes the provisions for a District Screening Committee and leaves the power to issue the Certificate with the District Magistrate.
- **No review mechanism:** The Act does not provide a mechanism for appeal or review of decision, if a transgender person is denied a Certificate of Identity by the District Magistrate.
- It **does not make provisions for affirmative action** in employment or education despite the Supreme Court mandate in NALSA Judgement.

- Although Act provides for welfare measures and healthcare provisions, which is a step forward, but **medical professionals lack knowledge of transgender bodies.**

Conclusion

- This Act can bring a change in the way people perceive and treat transgenders if implemented effectively. Also, if issues mentioned above if are dealt with, it will result in better implementation of this Act which can go a long way in protecting the rights of transgenders.
- This Act reflects the essence of Article 14, 19 and 21 as transgenders will face better treatment contrary to what they have been subjected to over the years.
- An immediate progress should be made in propagating about the transgenders rights. Incentives should be given to Non-Government Organizations for spreading awareness and also for uplifting current situation of transgenders.
- **A multi-prolonged approach with focus on gender Sensitisation** is needed to eliminate the social stigma associated with the transgender community. This **must be started from the school level** to accept the transgender community integral component of societal life.

National Council for Transgender persons (NCT)

Composition: The NCT will consist of:

- **Chairperson** (ex-officio) - Union Minister for Social Justice
- **Vice- Chairperson** (ex-officio) - Minister of State for Social Justice
- **Other members-**
 - Representatives of the department of pensions, NITI Aayog, and the National Human Rights Commission.
 - **Representatives from five states or Union Territories (on a rotational basis)**
 - **Five members from the transgender community and**
 - **Five experts from non-governmental organisation.**
 - **Joint secretary-level members** from the Ministries of Health, Home, Minority Affairs, Education, Rural Development, Labour And Law

Functions:

- **To advise** the central government on the formulation of policies, programmes, legislation and projects with respect to transgender persons.
- **To monitor and evaluate** the impact of policies and programmes designed for achieving equality and full participation of transgender persons.
- **To review and coordinate** the activities of all the departments of Government and other Governmental and non-Governmental Organisations which are dealing with matters relating to transgender persons
- **To redress grievances** of transgender persons
- **To perform such other functions** as prescribed by the Centre.

Concerns regarding the body:

- **Less horizontal and vertical representation:**
 - The council has inadequate community representation for a population of **4.88 lakh.**
 - Indigenous problems of the unrepresented states and of uneducated and poor section of community might also not get adequate representation.
- **Lack of transparency:** Parameters for selecting members are not disclosed to the general public.
- The notification contains no provision for **establishing coordination between the National Council with the Transgender Development Boards** set-up post the NALSA judgement in various states.

3.3. BONDED LABOUR

Why in news?

The Supreme Court recently asked the Bihar government not to ignore the problem of bonded labour amid COVID-19 lockdown.

About Bonded Labour

- Bonded Labour System in India is characterized by a **long-term relationship** between employer and employee, which is usually solidified through a loan or social obligation, and is embedded intricately in India's socio-economic culture marked by class/caste relations.
- The **Bonded Labour System (Abolition) Act, 1976** defines bonded labour as an employer employee relationship, where any one of the below given causes lead to any one of the consequences.

Causes	Consequences
<ul style="list-style-type: none"> • Advance obtained (in cash or in kind) • Customary or social obligation • Obligation devolving by succession • For any economic consideration • Birth in any particular caste 	<ul style="list-style-type: none"> • No wages or payment of nominal wages • Forfeit freedom of employment • Forfeit freedom of movement • Forfeit right to sell at market value any products of their labour

- Also, any one of the consequences alone is also considered bonded labour within the meaning of the Act.
- The scope of this **definition has been widened by the Supreme Court** of India in several judgments, whereby it declared that-
 - Advance or other economic consideration is not a necessary component to constitute bonded labour.
 - Forced labour includes **payment of wages below minimum wages**.
- **Current situation:** India identified at least 135,000 bonded workers in its 2011 census, while the Walk Free Foundation put the number at 8 million in its 2018 Global Slavery Index.

Major causes of India's Bonded Labour Problem-

- **Legacy of caste-based discrimination:** Most of bonded labourers are members of Scheduled Castes and Scheduled Tribes or Other Backward Classes.
 - Tribals who have suffered a gradual erosion of accessibility to traditional livelihood systems, often fall trap to exploitative debt relations leading to loss of land and bondage to non-tribals.
- **Colonial past:** British transported millions of Indians across continents to work as indentured labourers in a system that entailed fixed-term contracts of intensive labour, usually for three to five years, with no option to change the employer or terms of employment
- **Vast poverty, inequality and inadequate education system:** limit employment opportunities for poor and vulnerable sections of the society. This creates a vicious cycle of bondage whereby next generations are trapped to perform unpaid or forced labour.
- **Unjust social relations:** It is a common practice in rural India to demand unpaid labour in exchange of clearing debts. Especially where labor of their children is guaranteed against the loans taken by their parents.
- **Lack of technological modernization in industries** increases the need of cheap labour which is often acquired by exploitative means.
 - In India Bonded Labor is more prevalent in certain sectors such as agriculture, brick kilns, Stone Quarries, Crushers and Mines, Power Looms and Cotton Handloom etc.
 - Various devices such as the use of power, persistent loans, hiring of migrant workers through middlemen/contractor, systems of advances and one-time settlement of payments are used to trap workers.

India's efforts to tackle the issue of bonded labour

- **Article 23 of the Indian Constitution:** prohibits traffic in human beings and begar and other similar forms of forced labour and declares it as a punishable offence.
- **The Bonded Labour System (Abolition) Act, 1976:** The objective of the Act is to provide for the abolition of bonded labour system with a view to preventing the economic and physical exploitation of the weaker sections of the society.
 - **Bonded Labour System (Abolition) Rules, 1976** were formulated under the act to provide detailed provisions for eliminating bonded labour.
- **Centrally Sponsored Plan Scheme for Rehabilitation of Bonded Labour:** The scheme provides rehabilitation assistance to people affected by bonded labor and has been in operation since 1978.

COVID-19 and Bonded labour

- **Effects of Extend lockdown:** Closure of Industries provided middlemen and contractors an opportunity to exploit unemployed informal workers by offering assistance in exchange of future unpaid labour.
- **Dilution of labour laws by some states to revive economic activity:** Labour laws like the Minimum Wages Act and Industrial Disputes Act are being liberalized to attract investments. Such moves may deteriorate working conditions in the future, paving the way for bonded labour.
- **Effects of mass migration:** Migrant labours in their hometowns might be forced into debt and predatory interest rates for their daily subsistence. This will trigger decades of inter-generational bondage and wage-less labour.
- **Impact of rising unemployment on children:** They might be forced out of school to bear the burden of sustaining their families and coerced to work in manufacturing units.

- It was revised in 2016 to enhance the rehabilitation package to 1 lakh in ordinary situations and upto 3 Lakhs in extreme cases of deprivation or marginalization.
- Other acts which regulate working conditions, ensure that a worker is compensated adequately for his/her work and deal with forced labour are-
 - The Child and Adolescent Labour (Prohibition and Regulation) Act, 1986
 - Contract Labour (Regulation & Abolition) Act, 1970
 - The Scheduled Castes And The Scheduled Tribes (Prevention Of Atrocities) Act, 1989
 - Employee Compensation Act, 1923
 - The Juvenile Justice (Care And Protection Of Children) Act, 2015
 - Minimum Wages Act, 1948
- **Section 374 of the Indian Penal Code:** specifies punishment for people who unlawfully compel any person to labor against the will of that person.
- The Supreme Court in the Writ Petition- **Public Union for Civil Liberties v. State of Tamil Nadu & Others** requested the **National Human Rights Commission (NHRC)** to get involved in the monitoring of the implementation of the Bonded Labour System (Abolition) Act, 1976.
 - The NHRC took up the monitoring of implementation of the Act in early 1998 and has also conducted numerous workshops to spread awareness about the issue.
- Indian government in its **15-year vision** has committed to rescue and rehabilitate more than 10 million bonded laborers by 2030.
- India has ratified **International Conventions and agreements** such as-
 - International Labour Organisation's (ILO's) Abolition of Forced Labour Convention, 1957
 - ILO's Forced Labour Convention, 1930
 - Universal Declaration of Human Rights (1948)

Concerns that remain

- **Poor enforcement of the legislations** leading to low conviction rates
- **Under-resourced and ill-equipped police force** to handle cases with required sensitivity.
- **Existence of deep societal and economic inequities** that perpetuate the cycle of bonded labour.
- **Lack of awareness among workers** about their legal and constitutional rights.
- **Delays in rehabilitative measures and lack of skill-training and employment opportunities** for released labourers which forces them to return to exploitative working conditions.

Way forward

- **Public awareness and education:** through media campaigns and workshops.
- **Productive and income generating schemes:** must be formulated in advance to prevent labourers from falling back upon the system of bonded labour after their release.
 - These schemes should be chosen after duly consulting the concerned labourers and NGOs involved in their emancipation and rehabilitation.
- **Working on a priority basis** in areas vulnerable for the system of bonded labour and for the rehabilitation of already released labourers.
- **Effective and speedier grievance redressal machinery** should be established for proper disposal of cases pertaining to bonded labour.
- **Training programme** for sensitizing officials dealing with bonded labourers.
- **Strict enforcement** of the welfare and labour legislations.
- **Inter-state coordination mechanisms** for migrant workers, including workplace improvements and linking them to social security schemes.
- **Creating a database of bonded labourers** for tracking their progress post rehabilitation.

4. DEMOGRAPHY

Key date related to Demographic Changes in India in Coming Years

- **Demographic dividend phase:** India is expected to witness a significant **increase in the share of working age population**. Its demographic dividend is expected to peak around 2041, when the share of working-age population will hit approx. 59 per cent.
- **Lower fertility rates:** Population growth in India is set to slow in the next two decades with national TFR to be below replacement level by 2021.
 - **Reduced burden of childcare** can enable more women to enter the workforce, leading to a further increase in labour supply.
- **Larger share of elderly dependent individuals in the later stages:** Share of population over age of 60 in India projected to increase to 20% in 2050 (8.6% in 2011).
- **Inter-State/ intra-State differences in Fertility:** These disparities will lead to increase in migration from high fertility zones to low fertility zones.
 - The size of working-age population will start to decline in 11 out of the 22 major states during 2031-41, including in the southern states, Punjab, Maharashtra, West Bengal and Himachal Pradesh.
 - On the other hand, working-age population will continue to rise through 2041 in states lagging behind in the demographic transition, particularly Bihar, Uttar Pradesh, Madhya Pradesh and Rajasthan.
- **Decline in share of India's young population** (people aged between 0-19 years): It has already started to decline and is projected to drop from as high as 41 per cent in 2011 to 25 per cent by 2041. The proportion of elementary school-going children, i.e. 5-14 age group, will also witness **significant declines**.

4.1. DEMOGRAPHIC CHANGES IN INDIA

Why in news?

A new analysis published in **The Lancet** has projected that the world population will peak in 2064.

Demographic Trends of India Highlighted by the report

- At the current rate of growth, **India's population is likely to peak by 2048** at about 1.61 billion and then decline to 1.09 billion by 2100.
- India's TFR is forecasted to have a continued **steep decline till 2040**, reaching 1.29 in 2100 (2.3 in 2016).
 - Reasons for this trend include enhanced **female educational attainment** and access to contraception.
- India is projected to have the **largest working-age population** (20–64 years) in the world by 2100.
- India has **second largest immigration forecasts** (in absolute numbers) in 2100 after USA.
- **Implications of such trends-**
 - **Positive implications for the environment**, climate change, and food production, but possible **negative implications** for labour forces, economic growth, and social support systems.
 - Need for **policies to adapt** to continued low fertility, while sustaining and enhancing female reproductive health, in the years to come.

Total fertility rate (TFR)

- It refers to total number of children born or likely to be born to a woman in her life time if she were subject to the prevailing rate of age-specific fertility in the population.
- TFR of about 2.1 children per woman is called **Replacement-level fertility (RLF)**.
- TFR lower than RFL leads to a decline in a country's population.

Suggested Policy Changes to reflect upcoming Demographic Trends

- **Harnessing the Demographic dividend:**
 - Developing human resources through appropriate **education and skill development**.
 - Occupational **health and environmental health programme** to ensure that working population remains healthy and productive.
 - Diplomatic efforts for negotiating **favorable policies on migration** in the global arena.
- **Striving towards gender parity:**
 - Improved access to **higher education for women**
 - Ensuring **equal pay and safe workplace**
 - Overcoming **social barriers** such as Son Meta-Preference

- **Strengthening social infrastructure for elderly population:**

- Requirement of greater **spending on pensions and geriatric healthcare** with focus on management of non-communicable diseases.
- Developing opportunities for elderly people to **participate in economic and social activities** and contribute to the national development, such as increasing the age of retirement.
- Meeting **needs of the widowed women**, since life expectancy in women is higher than in men.

- **Handling interstate and rural to urban migration:**

- Ensuring uniformity among states through **targeted population control programmes** in high fertility regions.
- Adequate **arrangements for migrant populations** including affordable housing, employment opportunities, education, health care etc.

- Developing **employment opportunities in rural areas** through skill development, promotion of Micro and small industries etc.
- Tackling rapid urbanization and industrialization and their negative environmental impacts through stringent pollution norms and investment in renewable energy.

- **Consolidation of elementary schools:** will be needed in order to keep them viable. Schools located within 1-3 kms radius of each other can be chosen for this purpose to ensure no significant change in access.

Conclusion

- Population policy should be **continuously revised to reflect changes in demography and social conditions**. With projected declines in fertility rates and overall population in the near future, India needs to move ahead from its primary focus on population control measures.
- A **holistic policy** is required that protects our demographic assets while preparing for challenges lying ahead such as the skewed female and child sex ratio, migration, geriatric care etc.

Related news: Two Child norms for population control

Why in news?

Several states such as **Assam**, Maharashtra, Madhya Pradesh and Rajasthan have introduced a two-child norms which prohibits persons having more than two children from obtaining government jobs

Rationale behind Two Child Policy

A two-child policy would help to **control the fertility at rapid pace** and hence **control the population growth** as has been done in China through its One Child Policy. It works on the principle that **denial of social and economic benefits can force prospective parents to limit the children** in order to continue to avail the benefits.

Issues associated with two-child norm

- **Population is already on a declining trend:** Recent demographic trends indicate that population growth is already slowing in India with **key driver of this trend being the steady decline in India's total fertility rate (TFR)** since the mid-1980s.
- **Violation of human rights:** The two-child policy is regressive and violates the principle of voluntary informed choice, human rights and rights of the child.
- **Impact on status of women and girl child:** Imposing a two-child norm will **add to the burden on women**, by way of **sex selective practices and forced sterilizations** due to son meta preference and patriarchal mindsets.

Initiatives for Family Planning/Population Control in India

- **Mission Parivar Vikas:** for substantially increasing access to contraceptives and family planning services in 146 high fertility districts with Total Fertility Rate (TFR) of 3 and above in seven high focus states.
- **Family Planning – Logistics Management Information System (LMIS):** A dedicated software to ensure smooth forecasting, procurement and distribution of family planning commodities across all the levels of health facilities.
- **The National Family Planning Program** has introduced the Injectable Contraceptive in the public health system under the “Antara” program.
- **Family Planning Communications Campaign**
- **Scheme for ASHAs to ensure spacing in births**
- **National Population Policy (NPP) in the year 2000.** Its objectives are:
 - **Immediate:** To address the **unmet needs for contraception**, health care infrastructure and to provide integrated service delivery for basic reproductive and child health care.
 - **Medium-term:** To bring the TFR to replacement levels by 2010, through vigorous implementation of inter-sectoral operational strategies.
 - **Long-term:** To achieve a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development, and environmental protection.

- A study, conducted between 2001 and 2004 to explore the consequences of two-child norms in five states (Andhra Pradesh, Haryana, MP, Odisha and Rajasthan), found an **increase** in cases of desertion and bigamy, neglect and death of female infants, cases of pre-natal sex determination and induced abortion of female foetus, child given away for adoption etc.
- **Against right to equality:** Withdrawal of any benefits from families with more than 2 children will be contrary to the development of the third child and will also violate the right to equality enshrined in the constitution.
- **Social impacts:** A study conducted in five states shows that **the two-child norm was responsible for the largest number of disqualified candidates in panchayat elections.** Of these, Dalits, Adivasis and OBCs formed an overwhelming 80%. This **contravenes the 73rd amendment**, which aims to give political representation to people from marginalised communities in democratic processes.

The future population growth of India would be largely driven by the population momentum and the rising life expectancy. A further slowing down of the momentum will require raising the age of marriage, delaying the first pregnancy and ensuring spacing between births. Also there is a need to implement this wisdom and focus on health, education and livelihood for all. A stabilised population will be an obvious outcome of such comprehensive socio-economic development

4.2. INTERNAL MIGRATION

Why in news?

The recent exodus of large number of migrants (in some parts of the country) to reach their hometowns has highlighted the prevalent migrant problem.

Who are these migrants?

- **Seasonal Migrants:** Economic Survey of India 2017 estimates that there are 139 million seasonal or circular migrants in the country.
- They dominate the **low-paying, hazardous and informal market jobs** in key sectors in urban destinations, such as construction, hotel, textile, manufacturing, transportation, services, domestic work etc.
- Seasonal or circular migrants have markedly different labor market experiences and integration challenges than more permanent migrants but precise data and systematic accounting of their experiences are unavailable.

Migrant

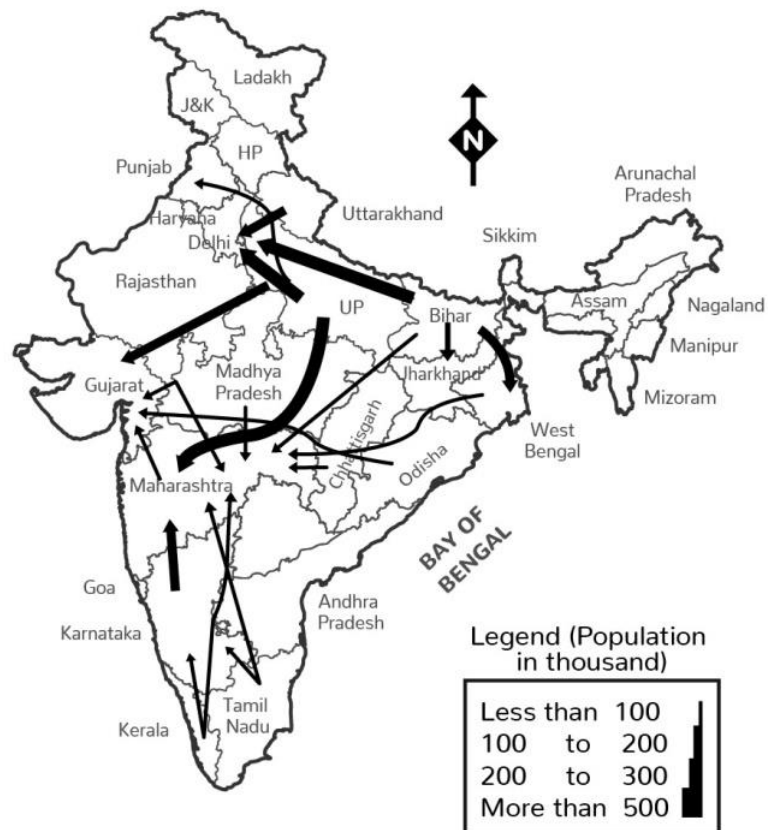
- The Census defines a migrant as a **person residing in a place other than his/her place of birth** (Place of Birth definition) or one who has changed his/ her usual place of residence to another place (change in usual place of residence or UPR definition).
- The number of internal migrants in India was **450 million** as per the most recent **2011 census**.

Why Internal Migration happens?

- **Unemployment in hinterland:** An increasing number of people do not find sufficient economic opportunities in rural areas and move instead to towns and cities.
- **Marriage:** It is a common driver of internal migration in India, especially among women.
- **Pull-factor from cities:** Due to better employment opportunities, livelihood facilities etc cities of Mumbai, Delhi, and Kolkata are the largest destinations for internal migrants in India.

Issues related to Internal Migration

- **Non-portability of entitlements** for migrant labourers (such as the Public Distribution System) which further gets aggravated due to **absence of identity documentation**.



- **Absence of reliable data:** The current data structure **lacks** realistic statistical account of **their number** and an understanding of the **nature of their mobility**.
 - Data on internal migration in India is principally drawn from two main sources – Census and the surveys carried out by the National Sample Survey Office.
 - ✓ One of the main lacunae of both the Census and NSS surveys is their failure to adequately capture seasonal and/or short-term circular migration.
 - A **large majority** of migrants hail from historically **marginalized groups such as the SCs and STs**, which adds an additional layer of vulnerability to their urban experiences.

- **Exploitation by Employers and Contractors (Middlemen):** in the form of Non-payment of wages, physical abuse, accidents. The existing legal machinery is not sensitive to the nature of legal disputes in the unorganized sector.
- **Lack of Education:** The issue of lack of access to education for children of migrants further aggravates the intergenerational transmission of poverty.
- **Housing:** Migration and slums are inextricably linked, as labor demand in cities and the resulting rural-to-urban migration creates greater pressures to accommodate more people.
- **Social Exclusion:** Since the local language and culture is different from that of their region of origin they also face harassment and political exclusion.
 - Due to migrant's mobile nature, they don't find any place in the manifestos of trade unions.
- **Stuck in the cycle of poverty:** Most migrants are generationally stuck in a vicious cycle of poverty. (See infographic.)

Additional issues due to COVID-19

- **Uncertainty and desperation:** The crisis has further fueled uncertainty. This has resulted in many migrants leaving by foot, or on overcrowded buses and vans.
- **Lack of Quarantine facilities:** Absence of adequate medical infrastructure like testing facilities, quarantine facilities could drastically aggravate the situation.
- **Disrupting the Agricultural Cycle:** Many seasonal migrants usually head home just before June in preparation for the sowing season.
- **Apprehensions from source regions:** For example, there are already reports of people in villages in West Bengal who don't want these workers coming back, particularly from Maharashtra and Kerala.
- **Increasing unemployment:** According to ILO, about 400 million people working in the informal economy in India are at risk of falling deeper into poverty. Loss of jobs will result in loss of livelihoods of these migrants.



What can be done?

- **Universal foodgrain distribution:** There are 585 lakh tonnes of grains stored in Food Corporation of India godowns, which could be proactively distributed.
- **Direct cash transfers:** Mechanisms could be evolved to deliver cash directly into the hands of people, instead of routing it through bank accounts.
- **Inter-state coordination committee** could be formed to ensure safe passage of migrants to their villages.
- **Legal cell at the central and state levels** could be created to protect wages. As there have been claims of non-payment of wages, forced leaves and retrenchments.

Internally Displaced People: Internal Migration due to disasters

- India had the **highest number of new disaster displacements** (five million) in the world in 2019 as per the **Global Report on Internal Displacement, 2020**.
 - These were the result of a combination of increasing hazard intensity, high population exposure, conflicts and high levels of social and economic vulnerability.
 - 590,000 people live in **internal displacement as a result of disasters in India**. New disaster displacements were a result of various cyclones like Fani, Vayu, Bulbul etc along with south west monsoon and droughts in various parts.
- IDPs are different from refugees in that, having not crossed a border, they are not typically covered by international refugee protections. They remain subjected to national laws, and as such are afforded less protection.

- **Mapping of migrant workers:** There is a need to create a database to map migrant workers scattered across the country.
 - Government is planning to map migrant workers which would be first comprehensive exercise to map migrant workers scattered across sectors.

Conclusion

The challenges of the migrant problem are complex, also lack of recognition for migrants is still to be fully addressed. But if policy makers are able to recognize migrant workers as a dynamic part of a changing India, migration instead of being part of the problem will start becoming part of the solution.



फाउंडेशन कोर्स सामान्य अध्ययन

प्रारंभिक एवं मुख्य परीक्षा 2021

इनोवेटिव क्लासरूम प्रोग्राम

• प्रारंभिक परीक्षा, मुख्य परीक्षा और निबंध के लिए महत्वपूर्ण सभी टॉपिक का विस्तृत कवरेज

• मौलिक अवधारणाओं की समझ के विकास एवं विश्लेषणात्मक क्षमता निर्माण पर विशेष ध्यान

• एनीमेशन, पॉवर प्वाइंट, वीडियो जैसी तकनीकी सुविधाओं का प्रयोग

• अंतर - विषयक समझ विकसित करने का प्रयास

• योजनाबद्ध तैयारी हेतु करंट ओरिएंटेड अप्रोच

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5. HEALTH

Health for All: A healthy productive population is an enabler for sustainable development and hence it is critical that the Government remains committed to improve public health delivery, reduce health inequities and ensure affordable health care for all. Though India has made substantial progress, there are areas which require policy interventions to attain the goals of accessible, affordable and quality health care.

Status of Health in India

- **Health expenditure:**
 - **General Government expenditure on health** as percentage of GDP in 2019-20 was 1.6% (up from 1.5% in 2018-19).
 - **Out-of-Pocket Expenditure (OOPE) as a percentage of Current Health Expenditure** fell down to 58.7% in 2016-17 from 60.6% in 2015-16.
 - **Population with health insurance coverage:** About 14% of the rural population and 19% of the urban population had health expenditure coverage.
 - **Source of hospitalisation expenditure:** Rural households primarily depended on their 'household income/savings' (80%) and on 'borrowings' (13%) for financing expenditure on hospitalisation. The figure is 84% and 9% respectively for Urban households.
- **Life Expectancy:** As per the 2019 Human Development Report released by **United Nations Development Programme (UNDP)**, between 1990 and 2018, **life expectancy at birth increased by 11.6 years** in India.
- **Child Health:** As per estimates developed by the UN Inter-agency Group for Child Mortality Estimation-
 - **Under-five mortality rate (U5MR)** (deaths of children less than 5 years per 1,000 live births) has declined from 126 in 1990 to 34 in 2019, with a Annual rate of reduction (ARR) of 4.5 per cent in the time period 1990-2019.
 - **Infant mortality rate** (deaths of children less than 1 year per 1,000 live births) has declined from 89 in 1990 to 28 in 2019.
 - **Neonatal mortality rate** (deaths of children within a month per 1,000 live births) has declined from 57 in 1990 to 22 in 2019.
- **Status of Immunisation among children aged 0-5 years:**
 - About 97% of children across the country received at least one vaccination — mostly BCG and/or the first dose of Oral Polio Vaccine at birth, but two out of five children (40%) do not complete their immunisation programme.
 - Among States, Manipur (75%), Andhra Pradesh (73.6%) and Mizoram (73.4%) recorded the highest rates of full immunisation.
 - In Nagaland, only 12% of children received all vaccinations, followed by Puducherry (34%) and Tripura (39.6%).
- **Maternal Health:**
 - **Institutional deliveries:** In rural areas, about 90% childbirths were institutional (in Government/private hospitals) and in urban areas it was about 96%.
 - **Pre and Post Natal Care:** Among women in the age-group 15-49 years, about 97% of women took pre-natal care and about 88% of women took post-natal care.
 - **Maternal Mortality Rate** (proportion of maternal deaths per 1,00,000 live births reported) of India has **declined from 130 in 2014-2016 to 122 in 2015-17.**
- **Profile of ailments:** About 31% of the hospitalised cases had infectious diseases followed by injuries (around 11%), cardio-vascular (around 10%) and gastro-intestinal (around 9%).

5.1. COVID-19 AND INDIA'S HEALTHCARE SECTOR

Why in news?

The COVID-19 crisis has highlighted glaring gaps in India's healthcare sector. At the same time, it offers a window to restructure and strengthen India's healthcare infrastructure.

More on news

In the **Global Health Security Index**, which measures pandemic preparedness for countries based on their ability to handle the crisis, India ranked 57, lower than the US at 1, the UK at 2, Brazil at 22, and Italy at 31, highlighting India's vulnerability.

Major healthcare issues highlighted during COVID 19

- **Availability of basic infrastructure:**
 - India has **8.5 hospital beds per 10,000 citizens, one doctor for every 1,456 citizens** (WHO's prescribed norm is 1:1000) and **1.7 nurses per 1,000 people** (WHO's prescribed norm is 3:1000).
 - Lack of adequate number of ventilators in hospitals needed for patients with severe COVID-19 infection.
 - Availability of limited accredited diagnostic labs delays testing and consequent understanding of disease progression.
- **Uneven distribution of healthcare workforce:** Most of the workforce practice in metropolitan or tier I or tier II cities, creating personnel deficiencies in small towns and villages.
- **Denial of healthcare:** Private hospitals are reportedly **denying treatments** to the poor along with the cases of **overcharging** patients despite accounting for about 62 percent of the total hospital beds as well as ICU beds and almost 56 percent of the ventilators.
 - This has been seen in Bihar, which has witnessed an almost complete withdrawal of the private health sector which has nearly twice the bed capacity of public sector.
- **Negative perception of medical career:** The stories of shortages of PPE leading to health workers getting infected, and health workers getting attacked by infuriated patients and relatives etc. may create a negative perception towards medical career in India in long run.
- **Gaps in urban health services and urban planning:** The coronavirus epidemic has disproportionately affected the urban areas and has highlighted that many large urban conglomerations lack public health services, especially the sub-urban regions.
- **Dysfunctional state of Integrated Disease Surveillance Programme (ISDP):** It was **launched in 2004 to strengthen** decentralized laboratory-based IT enabled **disease surveillance system for epidemic prone diseases** to monitor disease trends and to detect and respond to outbreaks in early rising phase through trained Rapid Response Team (RRTs). But it continues to **struggle for manpower and resources and has failed to create a robust and decentralized data collection system** involving the district health system across states.
- **Gaps in Care of Non-COVID-19 patients:** Extreme focus on containment of COVID-19 infection is likely to result in missed opportunities for timely diagnosis and treatment of other chronic diseases.
- Other issues:-
 - **India's dependence on imports for pharmaceutical products like Active Pharmaceutical Ingredients (APIs)**
 - **Disbelief in alternative/traditional medicines for treatment** due to lack of research in AYUSH treatments, lack of precise standards for herbal formulations etc.
 - **Lack of focus on preventive healthcare:** Of all healthcare spending, only 7% was spent on preventive healthcare, while more than 80% was spent on treatment and cure as of FY17.

Opportunities and Way Forward

The response to the pandemic offers an opportunity to bring about structural changes in India's health policy:

Near and medium-term measures

- **Reducing the chances of hospital-acquired (nosocomial) infections.**
- **Ensuring that COVID-19 does not cause denial of hospital services** for non-COVID patients.
- **Disruption of immunisation as well as other programmes should be addressed** at the earliest, to avoid preventable deaths in the future.
- **Ensuring supply of affordable medicines:** PMBJP (Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana) outlets can to be leveraged.
- **Use of technology:** For instance, Aarogya Setu app helps in contact tracing.
- Union Ministry of Health is currently working with partners to establish an **"Interfaith Corona Coalition"** to engage religious communities in action against COVID-19.

Long-term measures

- **Upgradation of Public health services:** by enhancing health budgets and adequate recruitment in public health systems.

- **Primary healthcare must be given importance:** All public health activities required for epidemic control – including testing, early detection of cases and various other preventive measures are being carried out by Primary Healthcare Centres.
 - However, the proportion of the Union health budget allocated for the National Health Mission, which is focused on supporting primary and secondary health care, was reduced to 49% in 2020-'21 from 56% in 2018-'19. The **declining trend for support to PHC must be reversed.**
- **Improving robustness of Pharma Supply Chain:** India needs to diversify its sources of raw materials as well as destinations for products.
- **Revamping urban health services:** There is an urgent need to launch a massive programme for revamping of urban health services focussed on primary healthcare, along with major upgradation of urban living conditions, especially in “non-notified” slums which must be recognised as integral to the city.
- **Innovative approaches:** such as converting train coaches into isolation wards, mobile hospitals etc.
- **Creation of Central Bed Bureau:** as recommended by SC in 1997 to ease the pressure for emergency beds. The Bureau should be equipped with wireless or other communication facilities to find out where an emergency patient can be accommodated.
- **Promoting preventive healthcare:** The huge and expanding network of Health and Wellness Centres (HWCs) within the Ayushman Bharat programme could become centres of health promotion as well as disease prevention. These could also act as for hub of community level monitoring.
- **Boosting private sector investment** in social sector infrastructure through public-private partnership mode.

Measures taken for Health in the Atmanirbhar Bharat Abhiyan package

Steps taken so far for COVID-19 containment

- **Covid-19 Emergency Response and Health System Preparedness Package** of Rs. 15 000 crore for state governments and Union Territories, to be used to develop Covid-19 hospitals, buying personal protective equipment, setting up of laboratories, procurement of essential medical supplies, medicines and consumables for Covid-19 patients.
- **Leveraging Information Technology:** Rolling out of e-Sanjeevani Tele Consultation Services, capacity building through Virtual learning modules namely iGOT platform and Arogya Setu app for self-assessment and contact tracing.
- **Amendment to Epidemic Diseases Act** to protect Health Workers from public harassment.
- **Ensuring adequate provision** for Personal Protective Equipment (PPE).

Other Health Reforms and Initiatives announced in the package

- **Increased investments in Public Health:** Public Expenditure on Health will be increased including investments in grass root health institutions. For example, ramping up investment in Health and Wellness Centres in both rural and urban areas.
 - Preparing India for any future pandemics:
 - Maintaining Infectious Diseases Hospital Blocks **in all districts of the country.**
 - **Strengthening of lab network and surveillance by creating Integrated Public Health Labs in all districts along with block level Labs and Public Health Unit to manage pandemics.**
- **Encouraging projects like National Institutional Platform for One health by ICMR.**
- **Implementation of National Digital Health Blueprint for fulfilling National Digital Health Mission.**

5.1.1. ROLE OF ASHAS DURING PANDEMIC

Why in news?

The ASHAs in Jharkhand, known as “Sahiyas”, have been supporting delivery of health care services to the last mile, especially in the tribal areas during COVID-19.

About Accredited Social Health Activists (ASHAs)

- ASHAs are a community-based functionary under **National Rural Health Mission (NRHM).**
- ASHA is the **first port of call for any health-related demands** of deprived sections of the population, especially women and children, who find it difficult to access health services.

Differences between ANM, AWW and ASHA

India has three cadres of Community Health Workers.

- **Auxiliary Nurse-Midwife (ANM)**, based at a sub-center and visits villages in addition to providing care at the subcenter.
- **Anganwadi Worker (AWW)**, who works solely in her village and focuses on provision of food supplements to young children, adolescent girls, and lactating women.
- **Accredited Social Health Activist (ASHA)**, Instituted as Part of **National Rural Health Mission**, who focus on promotion of immunizations and institutional-based deliveries, for which they receive a performance-related fee.



- ASHA must be **primarily a woman resident of the village- 'Married/ Widow/Divorced'** and preferably in the age group of 25 to 45 yrs.
- She should be a literate woman with **formal education up to Eighth Class**. This may be relaxed only if no suitable person with this qualification is available.
- **Anganwadi workers and Auxiliary Nurse Midwife (ANM)** will act as resource persons for the **training of ASHA**.
- **Major duties of ASHAs:**
 - She counsels women on **birth preparedness, importance of safe delivery**, breastfeeding and complementary feeding, immunization, contraception and prevention of common infections.
 - ASHA takes steps to **create awareness and provide information** to the community on determinants of health such as **nutrition, basic sanitation & hygienic practices**.
 - She works with the **Village Health & Sanitation Committee** of the Gram Panchayat to develop a comprehensive village health plan.
 - ASHA **provides primary medical care** for minor ailments such as diarrhea, fevers, and first aid for minor injuries.

Role of ASHAs during COVID-19

- **Awareness:** Community awareness through inter-personal communication through uptake of **preventive and control measures** including social distancing, **addressing myths and misconceptions**, supporting installation of Aarogya Setu app at the community level etc.
- **Surveillance:** Support ANM/Supervisor in house to house surveillance regarding uptake of medical services in urban and rural areas, addressing **psychosocial care** and stigma and discrimination.
- **Maternal Health:** Ensuring **continued care to maternal and new-born health in rural areas**.
- **Tracing, tracking and detection:** ASHAs and ANMs are acting as frontline workers in **household surveys with questionnaires** on symptoms on probable cases and report them to chief medical officers.
 - The ASHAs also played major role in **tracking 30.43 lakh migrant returnees** in two phases in Uttar Pradesh (UP), one of the hubs of laborer's in India.
- **Creation of quarantine centers:** ASHAs have assisted the Panchayati Raj Department in development of the community quarantine centers, in buildings like Anganwadi centres and primary schools.

Challenges faced by ASHAs during the Pandemic

- **Lack of protective gear and other support:** Despite being tasked with conducting door to door surveys in lockdowns, there have been instances where they have been given least preference in providing with protective gears, transportation and food.
- **Professional Stigma:** Several ASHA workers face threats of eviction and **aggression from neighbours**.
- **No social security:** ASHA workers have almost no access to social security such as health benefits, leaves, etc. as they are "**volunteer workers**".
- **Low social status:** A huge portion of ASHAs belong to Lower Castes, are poor and are not very highly educated. People look down on them and frequently disobey their requests of social distancing.
- **Gender based problems:** Lockdowns and constant presence of men at home have affected interactions between ASHA and women.
- **Lack of training:** regarding formal information on COVID-19.

Way Forward

- **Immediate measures:** Provision of surveillance tools and protective gear to strengthen preparedness by ensuring adequate training and use of safety gear (PPEs) to help ASHAs undertake their tasks more effectively.
- Providing **financial incentives or non-performance-based incentives**.
- **Community support:** There is also an opportunity to improve and leverage the role, and convergence with self-help groups and other community groups.
- **Better pay, health insurance** to ASHA workers, especially those affected by COVID-19.

5.2. ANGANWADI WORKERS

Why in News?

Madhya Pradesh government has issued an order restricting anganwadi workers from being employed for duties not relating to the Integrated Child Development Services.

About Anganwadi workers

- Anganwadi Worker (AWW) is a community based frontline honorary worker of the Integrated Child Development Services (ICDS) Programme.
- She acts as an agent of social change, mobilizing community support for better care of young children, girls and women.
- They are paid a monthly honorarium as decided by the Government from time to time. In addition many States/UTs are also giving monetary incentives to these workers out of their own resources.

Problems Faced by Anganwadi Workers

- **Inadequate honorarium:** Majority of the AWW belong to the below poverty-line category and the honorarium provided to them barely covers their basic expenditures.
- **Lack of social security benefits:** The workers do not have permanent jobs with comprehensive social security benefits like other government staff.
- **Excessive record maintenance:** The AWW have to maintain total multiple registers including survey register, immunization register, ANC register, referral register, dairy cum visit book etc. which is a tedious task.
- **Work overload:** The workload of the Anganwadi staff is heavy considering number of responsibilities.

Logistic supply related issues: The Anganwadi workers face several problems related to logistics supply delay including medicine, medical kit etc

- **Poor Infrastructure:** The building facilities in terms of space and nature of construction are unsatisfactory with many of them not having basic drinking and sanitation facilities.
- **Lack of cooperation from community:** Their respective communities have an apathetic attitude towards their work due to which community participation or help is negligible.

Way Forward

- Along with honorarium, some performance based incentives and other social security benefits like pension schemes should be provided to AWW.
- Communities should be sensitized to help Anganwadi workers so that their work load can be managed.
- **Digital solutions** should be implemented for the maintenance of records.
- Up gradation of Infrastructure of AWCs should be done on priority basis.
- The responsibilities of the AWWs must be rationalized and additional assistance must be provided with additional responsibilities.

Anganwadi Services is a component of Umbrella ICDS Scheme of Ministry of Women and Child Development alongwith: PM Matru Vandana Yojana; POSHAN Abhiyan; Scheme for Adolescent girls; Child Protection Scheme and National Creche Scheme

- The beneficiaries under the Scheme are children in the age group of 0-6 years, pregnant women and lactating mothers.
- It offers a package of six services, viz.
 - Supplementary Nutrition
 - Pre-school non-formal education
 - Nutrition & health education
 - Immunization
 - Health check-up and
 - Referral services
- Three of the six services namely Immunization, Health Check-up and Referral Services delivered through Public Health Infrastructure under the Ministry of Health & Family Welfare.

5.3. AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA (PM-JAY)

Why in News?

Centre's flagship Ayushman Bharat health insurance programme has completed two years.

Performance of PM JAY

- **Consolidation of health insurance schemes:** With a significantly larger risk-cover than what was offered as part of the earlier Rashtriya Swasthya Bima Yojana (RSBY), a consolidation at the level of health insurance schemes is already happening across Indian states.
 - Reportedly, using the AB-PMJAY opportunity, Karnataka has merged seven existing health insurance schemes into one, while Kerala has dovetailed three different healthcare schemes.
- **Expanded beneficiary base:** 11 states/UTs have expanded AB-PMJAY or the state variant to the point of universal or almost universal coverage.
- **Strong monitoring:** AB-PMJAY involves a robust information technology infrastructure overseeing transactions and locating suspicious surges across the country.
 - Many hospitals have been blacklisted and the constantly evolving fraud-control system will play a major role in streamlining the scheme as it matures.
 - Fraud was detected at 341 hospitals in 16 Indian states during the first year of the Ayushman Bharat scheme's implementation.

Concerns regarding the scheme

- **Widening inequity:** Analysis of available disaggregated data in the public domain indicates that, barring a few states like Chhattisgarh in the case of AB-PMJAY, most top performers are the richer states.
- **Low control over private health-care market:** due to reasons such as-
 - The Clinical Establishment Act, 2010 with the mandate to register and regulate health facilities have failed miserably in regulating the private sector in ten states and Union Territories, where it was implemented.

Achievements of Ayushman Bharat PM-JAY since 2018

- 32 States and UT implemented the scheme.
- 1.26 crore hospital treatments (52% provided by private hospitals)
- 23,311 hospitals empaneled (45% private)
- 12.6 crore e-cards issued
- 1,25,454 portability cases

About Ayushman Bharat Pradhan Mantri Jan Arogya Yojana

- It is a centrally sponsored scheme where the cost of implementation is **shared between Central and State Governments**.
 - It is one of the components of the **Ayushman Bharat scheme** which was launched in 2018 to achieve the vision of Universal Health Coverage (UHC), other component being **Health and Wellness Centres (HWCs)**.
- It **subsumed** the on-going centrally sponsored scheme **Rashtriya Swasthya Bima Yojana (RSBY) and Senior Citizen Health Insurance Scheme (SCHIS)**.
- **Implementing Agency:** National Health Authority (NHA)
- **Objective:** Providing health insurance cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 10.74 crores poor and vulnerable families (approximately 50 crore beneficiaries).
- **Key Features**
 - **No cap on the family size**
 - The households included are based on the deprivation and occupational **criteria of Socio-Economic Caste Census 2011 (SECC 2011)** for rural and urban areas respectively.
 - Provides **cashless and paperless access to services for the beneficiary at the point of service** in any (both public and private) empanelled hospitals across India.
 - Covers up to 3 days of pre-hospitalization and 15 days post-hospitalization expenses such as diagnostics and medicines.
 - States are **free to choose the modalities for implementation** and can implement the scheme through insurance company or directly through the Trust/ Society or mixed model.

Significance

- Reduction of Out of Pocket (OOP) expenditure
- Increased access to quality health and medication
- Enabling affordability and accountability in the health system
- **Improvement in quality of life** through timely treatments, improvements in health outcomes, patient satisfaction, improvement in productivity and efficiency, job creation
- **Strengthen public health care systems** through infusion of insurance revenues
- **Creation of new health infrastructure** in rural, remote and under-served areas
- **Help India progressively achieve Universal Health Coverage (UHC) and Sustainable Development Goals (SDG)**

- The absence of standard treatment guidelines (STGs) and protocol and irrational practices can increase the cost of care and overall budget for the scheme.
- **Budgetary allocation:** The amount allocated to PMJAY in two subsequent annual budgets (2018–2019 and 2019–2020) is also proportionately much lower to cover the targeted 40% of the population of the country.
- **Absence of Private Healthcare Infrastructure:** Registry of Hospitals in Network of Insurance (ROHINI) data suggests that only 3% of private hospitals are eligible for the Ayushman Bharat scheme.
 - On average, there are only 1.28 empanelled hospitals per one lakh population that can provide healthcare to patients under the scheme. Further, empanelled hospitals lack the infrastructure required to treat patients.
- **Quality control:** It was observed that low volumes of certified hospitals are currently empanelled under PM-JAY. Out of 18,019 empanelled hospitals, only 603 were quality accredited or certified.
- **Key data missing:** However, there was no data available on the NHA website or in the public domain about which surgeries had been performed the most.
- **Other challenges** include enrolment of ghost beneficiaries, impersonation in connivance with cardholders and hospital, conversion of OPD patient into an IPD patient, deliberate blocking of higher priced package, treatment of diseases which a hospital is not equipped for, doctors performing unnecessary procedures, hospitals charging fees even though it's a cashless scheme etc.

Way forward

- **Real time data:** It should be available in the public domain for researchers to analyse, and make recommendations to plug gaps in the scheme. Similarly, state-level data on the status of health and wellness centres needs to be in the public domain too.
- **Adding Health to concurrent list:** Right now, the central government spends under one-third of the total government expenditure on health. As AB-PMJAY expands, the Finance Commission's recommendation to shift health to the Concurrent List should be implemented so that along with more funds to be efficiently disbursed to the private sector, the centre has some regulatory teeth as well.
- **Exclude Government hospitals:** The Indian Medical Association (IMA) said government hospitals should be removed from the ambit of the Centre's Ayushman Bharat health insurance scheme, as services there are already free of cost.
- **Equitable distribution:** The government needs to ensure that benefits of Ayushman Bharat are distributed equitably between well-off and poorer states who may need it the most.
- **Accreditation:** Hospitals needs to be accredited by the National Accreditation Board for Hospitals (NABH), which certifies that hospitals are providing a certain quality of care according to the standards prescribed by it.
- **Strict action** should be taken against hospitals indulging in **unethical practices**.

<p>India's efforts towards Universal health coverage (UHC)</p> <p>As part of the 2030 Agenda for Sustainable Development, India has committed to try to achieve UHC by 2030. Besides PM-AJAY, efforts taken by India towards UHC include-</p> <ul style="list-style-type: none"> ● Increasing public health expenditure: National Health Policy 2017 proposes to raise public health expenditure to 2.5% of the GDP by 2025. It also seeks to strengthen health infrastructure and human resource. ● Affordable Healthcare- Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) was launched to provide quality medicines at affordable prices to the masses "Jan Aushadhi Medical Store" 	<p>What is Universal health coverage (UHC)?</p> <ul style="list-style-type: none"> ● UHC embodies three related objectives: <ul style="list-style-type: none"> ○ Equity in access to health services - everyone who needs services should get them, not only those who can pay for them; ○ The quality of health services should be good enough to improve the health of those receiving services; and ○ People should be protected against financial-risk, ensuring that the cost of using services does not put people at risk of financial harm. ● It is a catalyst for socio-economic development and a key contributor to equity, social justice inclusive economic growth and ending extreme poverty and has an important impact on other SDGs like Goal 1 (end poverty), Goal 4 (quality education), Goal 5 (gender equality), Goal 8 (decent work and economic growth), Goal 9 (infrastructure), Goal 10 (reduce inequality) etc. <p>Key barriers to UHC achievement</p> <ul style="list-style-type: none"> ● Lack of public expenditure ● Poor infrastructures and availability of basic amenities. ● Out of pocket payments and high expenditures. ● Shortages and maldistribution of qualified health workers. ● Prohibitively expensive good quality medicines and medical products. ● Low access to digital health and innovative technologies etc.
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- **Preventive Healthcare-**
 - Health and Wellness Centers (HWCs) at the primary level under Ayushman Bharat is a progression towards promotive, preventive, curative, palliative and rehabilitative aspects of Universal Healthcare.
 - Special emphasis on Yoga, Ayurveda and Fitness and building more than 125,000 wellness centers have helped to promote preventive healthcare, helping in controlling life style diseases such as diabetes, blood pressure, depression etc.
 - Steps like banning of e-cigarettes, greater awareness through Clean India campaign and immunization campaigns.
- **Improvements on the supply side-**
 - The **National Nutrition Mission** to improve nutritional status of mother and child.
 - **Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)**- Setting up of AIIMS like Institutions and Upgradation of Government Medical College Institutions.
- **Implementation in mission mode-** For e.g. National Strategic Plan for TB Elimination has set a target of 2025 for TB elimination.

5.4. DIGITAL HEALTH

Why in news?

Recently, the **National Digital Health Mission (NDHM)** was launched by the Ministry of Health & Family Welfare (MoHFW), in a pilot mode in six Union territories.

Background

- The genesis of a new digital health infrastructure in India came about in the **National Health Policy (NHP), 2017** which proposed a new **National Digital Health Authority** and envisaged creation of a **digital health technology eco-system** aimed at developing an integrated health information system.
- Based on the NHP, 2017, NITI Aayog proposed a visionary digital framework - **National health stack (NHS)** in 2018.
- In July, 2019 the **National Digital Health Blueprint (NDHB)** of the mission was prepared by a panel of MoHFW to create a framework for the NHS.

Benefits associated with a Digital Health Infrastructure

- **Inclusive Healthcare:** Technological interventions such as telemedicine can bridge the **urban-rural healthcare divide** and achieve **portability** not just for the beneficiaries but also for practitioners.
- **Better utilization of data:** NDHM would facilitate convergence of data and a comprehensive feedback loop between researchers, policymakers, and providers.
 - **Modern big data analytics and machine learning tools** can utilize the data for health care cost estimation, business opportunities in healthcare market, medical research and preventive healthcare.
- **Effective implementation of schemes and policies:** Access to health data will enable government to strengthen implementation of health programmes and policies through **geography and demography-based monitoring and decision making**.
- **Enabling citizens to make informed decisions:** Through correct information and sources, citizens can overcome challenges such as finding the right doctors, seeking appointment, payment of consultation fee etc. to avail the best possible healthcare.
- **Improved health care services:** The integrated ecosystem will also enable better continuum of care, faster reimbursements and effective health interventions. A digital health ecosystem will also help in improving **consumer experience** and **accountability** of healthcare providers
- **Reduced risks for government and healthcare providers:** by improved price discovery mechanism and better fraud detection.



- **Boost to Medical tourism:** A national digital ecosystem can attract a globally competitive healthcare insurance and service provision industry with potential increase in medical tourism.

About National Digital Health Mission (NDHM)

NDHM is a **voluntary healthcare programme** that aims to reduce the gap among stakeholders such as doctors, hospitals, citizens etc by connecting them in an **integrated digital health infrastructure**.

Key Features of NDHM

- **Building blocks or digital systems:**
 - **HealthID** - a repository of all health-related information of a person, such as medical tests, previous prescriptions, diagnosis, treatments etc. It can be created **voluntarily** by every Indian citizen.
 - **DigiDoctor** - a single, updated repository of all doctors enrolled in nation with relevant details such as name, qualifications, specializations, registration number, years of experience, etc
 - **Health Facility Registry (HFR)** - a single repository of all the health facilities (both public and private) in the country.
 - **Personal Health Records (PHR)** - an electronic record of health-related information on an individual that can be drawn from multiple sources while being managed, shared, and controlled by the individual.
 - **Electronic Medical Records (EMR)** - a digital version of a patient's chart which contains the patient's medical and treatment history from a single health facility.
 - **Consent Manager and Gateway** - The exchange of health information is enabled by the consent manager and gateway where Health records can only be issued / viewed with patient consent.
- **National Health Authority**, attached office of MoHFW, will **design, build, roll-out and implement** the NDHM.
- **Federated Architecture:** The **Government of India will own, operate and maintain the core building blocks** of NDHM such as Health ID, Digi-Doctor and HFR.
 - All other building blocks will be designed to be operated in a federated model that factors **regional, state-level and institution-level** platforms and systems to function independently but in an interoperable manner.
 - Components, like **PHR and EMR** solutions can be developed by **private players**, in line with the official guidelines issued by the government.
- **NDHM sandbox** has been setup to enable any **software to integrate** with the digital building blocks and **test their compliance** to the guidelines and digital health standards.
- NDHM will be developed by adopting **India Enterprise Architecture Framework (IndEA)** notified by MeitY.
 - IndEA is a set of citizen-centric, efficiency-focused and event-driven architectural patterns, reference models and standards for designing Enterprise Architectures.

Challenges

- **Federal nature of Healthcare:** Health in India is responsibility of the States which leads to fragmentation of policy formulation, implementation and regulation.
- **Digital divide:** Digital systems can lead to exclusion of digitally illiterate and unconnected remote, hilly and tribal areas.
- **High cost of developing digital infrastructure:** Providing unique ID and encoding data for the use of medical professionals along with developing and securing data network is a costly process.
- **Huge requirement of skilled labour:** India faces shortage of skills in areas such as cyber security, business analysis, clinical resources and software development and systems engineering.
- **Inadequate primary health system:** It faces myriad of issues such as poor data collection, use of obsolete technology, shortage of healthcare facilities, shortage of staff etc.
- **Apprehension among healthcare providers:** due to fear of litigation, use of new technology, increased administrative burden etc.
- **Privacy, security and sovereignty issues:** Health IDs will contain sensitive personal data which can be accessed by a third party. With involvement of private players from across the globe, safeguarding of medical data will become essential.

Other MoHFW's Initiatives related to digital health

- **E-Sanjeevani platform:** It enables two types of telemedicine services viz. Doctor-to-Doctor (eSanjeevani) and Patient-to-Doctor (eSanjeevani OPD) Tele-consultations.
 - More than 1,50,000 tele-consultations have been completed till date, enabling patient to doctor consultations from the confines of their home.
- **e-Hospital:** It is an ICT based Hospital Management System specifically meant for the hospitals in Government Sector.
- **MeraSpatal:** It is a patient feedback system for the services received at the hospital.
- **e-Shushrut:** It is a hospital Management Information System developed by C-DAC.

- **Electronic Vaccine Intelligence Network (eVIN):** It is an indigenously developed technology system in India that digitizes vaccine stocks and monitors the temperature of the cold chain through a Smartphone application.
- **National Health Portal (NHP):** It aims to establish a single point access for authenticated health information for citizens, students, healthcare professionals and researchers. Users can access detailed information pertaining to health related issues.

Way Forward

- **Ensuring transparency to increase user confidence:** To increase acceptance of new technology, processes involved in utilization of health data should be made transparent and easy to understand.
- **Maintaining Technical Sovereignty:** by fostering indigenous innovation in health-tech through public and private research institutions and start-ups.
- **Specialized systems** can be designed to reach out to the "unconnected", digitally illiterate, remote, hilly and tribal areas. **Telemedicine** will help in reaching out to such groups to provide them with services of experts.
- **Developing a standardized system for medical record maintenance:** It will ensure uniformity and ease portability of such records. Healthcare professionals should be trained accordingly.
- **Using the experience of Ayushman Bharat—Pradhan Mantri Jan Arogya Yojana (AB-PMJAY):** It has successfully used the available public digital infrastructure to provide end-to-end services such as paperless payments.
- **Drawing strict privacy guidelines:** Data confidentiality, cyber security and ethics are significant for innovation and real-world use of Digital healthcare. Hence, formulation of guidelines on health data of individuals should be protective of rights of patients. In this regards the National Health Authority (NHA) has published a **Draft Health Data Management Policy**.

Draft Health Data Management Policy

Objectives

- To **safeguard digital personal health data** and increase awareness of the importance of data privacy.
- To create a system of digital personal and medical health records which are **easily accessible** to individuals and health service providers and is purely **voluntary** in nature.
- To ensure **national portability** in the provision of health services.
- To **leverage the information systems** existing in the Indian health sector.

Key Features

- **Rights of data principals** (the individual to whom the personal data relates): Citizens have the following rights regarding their health data-
 - Confirmation and access to their personal data
 - Correction and erasure of information
 - Restrict or object to disclosure of any data
 - Data portability
- **Consent framework:** It incorporates the following principles in relation to processing of personal or sensitive personal data by data fiduciaries-
 - Data fiduciaries can collect or process personal or sensitive personal data only with the **valid consent** of the data principal.
 - **Consent can be withdrawn at any time** and ease of such withdrawal should be comparable to the ease with which consent was given.
- **Privacy Notice:** A clear **privacy notice** to be given to data principals prior to the collection and further processing of health data or at the **time of any changes** in privacy policies or procedures.
- **Allocation of Health ID:** Citizens can request for the creation of a Health ID at no cost which may be authenticated using Aadhar number or any other document of identification.
 - Citizens have the **option of opting-out of the NDHE and de-linking** their personal data, **cancelling their Health ID**, and requiring the **removal of any personal data** linked with such ID.
 - The creation of a Health ID, Health Practitioner ID or Health Facility ID shall collect only such data as may be **essential to identify and authenticate** a data principal, health practitioner or health facility.
- **Privacy principles to be followed by data fiduciaries:**
 - Accountability and Transparency
 - Privacy by Design (proactively embedding privacy into the design and operation)
 - Choice and Consent Driven Sharing with lawful and clear identification of collection, purpose use and storage
 - Maintenance of updated, complete and accurate data
 - Empowerment of Data Principal
 - Reasonable Security Practices and Procedures like **Data Protection Impact Assessment** for new technologies, Maintenance of **records and strict audit trail** of all activities

- Any personal data or sensitive personal data of the data principal **shall not be published, displayed or posted publicly** by any person or entity.
 - **Anonymised or de-identified data** in an aggregated form can be made available for the purpose of facilitating health and clinical research, academic research, archiving, statistical analysis, policy formulation etc.
- **Grievance redressal:** Any inquiries or complaints about the processing of personal data may be raised to the Data Protection Officer or Grievance Officer.

5.5. NATIONAL VACCINATION STRATEGY

Why in news?

As the COVID-19 vaccine is being developed and is under human trials, there has been debate on need for National Vaccination Strategy.

Need for a National Vaccination strategy in light of COVID 19

- **Lack of selection criteria:** A uniform selection criteria for a procurement and selection of vaccines does not exist at state levels.
- **Delay in regular vaccination:** due to restrictions on movement, lack of information or fear infection.
- **Lack of health workers:** Many health workers are unavailable because of restrictions on travel, or redeployment to COVID response duties, as well as a lack of protective equipment.
- **Delayed delivery of regular vaccines:** UNICEF has reported a substantial delay in planned vaccine deliveries due to the lockdown measures and the ensuing decline in commercial flights and limited availability of charters.
- **Low preference to adult vaccination:** Healthy adults are harder to reach through public health system and hence vaccination of this age group becomes difficult.
- **No priority list:** There is also no specific time frame or the order of priority for the vaccination of public if the COVID vaccine gets ready.

Way forward:

WHO provides a model strategy for achieving better immunization outcomes:

- **National team:** A capable national team—supplied with sufficient resources and authority—to excellently manage each country's national immunization program
- **Strategies to identify undervaccinated and unvaccinated** persons and regularly provide them with the vaccines they need.
 - An information system that identifies and tracks each person's vaccination status can be developed.
- **Operational level funding:** Assurance that sufficient and adequately appropriated funds reach the operational level of the programme regularly.
- **Vaccinator and manager skills:** Regular and systematic capacity building, skills development and supportive supervision for vaccinators and district managers.
- **Modern vaccine supply chain:** Modernized vaccine supply chains and management to ensure the correct amounts of the right potent vaccines are available at each vaccination session.
- **Accurate information system:**
- **Life course vaccination:** Expanded routine immunization schedules that cover people's entire lives and not only their childhood.

Initiatives for Vaccination in India:

- **Mission Indradhanush (MI)** was launched in December 2014 and aims at increasing the full immunization coverage to children to 90%.
 - It targets to immunize all **children below two years of age either unvaccinated, or are partially vaccinated as well as all pregnant women.**
 - It includes seven vaccine preventable diseases namely Diphtheria, Pertussis, Tetanus, Childhood Tuberculosis, Polio, Hepatitis B and Measles.
 - In addition to this vaccine for Japanese Encephalitis, Haemophilus influenza type B, inactivated polio vaccine, Rotavirus and Rubella are also being provided in selected states.
 - **Intensified Mission Indradhanush (IMI) 2.0:** was recently rolled out for **enhanced focus on left outs, dropouts, and resistant families and hard to reach areas and urban, underserved population and tribal areas.**
- **Electronic Vaccine Intelligence Network (eVIN)** system was launched that digitizes the entire vaccine stock management, their logistics and temperature tracking at all levels of vaccine storage.
- **National Cold Chain Management Information System (NCCMIS)** to track the cold chain equipment inventory, availability and functionality.

- **Community support:** Shared responsibility for immunization delivery between communities and the immunization programme to reach uniformly high coverage through high demand and quality services.

Related News: Vaccine Hesitancy

Why in news?

Recently, in a study published in The Lancet, **India ranked the highest among countries where people believed vaccines to be effective** with 84.26 per cent believing so in 2019.

About Vaccine Hesitancy

- As per **WHO**, Vaccine Hesitancy is defined as “reluctance or refusal to vaccinate despite the availability of vaccines” and is influenced by factors such as complacency, convenience and confidence.
- **Implications:** Comeback of vaccine-preventable diseases like measles, pertussis, diphtheria and polio, challenges in epidemic control strategies etc.

Vaccine Hesitancy in India

- Although India has been ranked highest with regard to people’s perception towards effectiveness of vaccines, **vaccine hesitancy has been a concern in India.**
 - With the measles and rubella campaign underway in India, **reports of parents refusing to vaccinate their children have surfaced** and such trends can **disrupt India’s ongoing immunization efforts.**
- **Reasons for vaccine hesitance in India:**
 - **Lack of parental consent before the vaccine is given** to children at schools
 - **Misinterpretation of common side effects after immunization:** Post-immunization adverse events, especially the rare occurrence of a child’s death, trigger apprehensions about vaccine quality and safety shaping community perceptions.
 - **Inadequacy and inequities of the public health system** resulting in reduced community trust.
 - **Religious suspicions and rumors**

Measures needed to tackle Vaccine Hesitancy

- **Systematic assessment of the factors affecting uptake:** WHO is developing a set of tools to support programmes and partners to measure and address the reasons for under-vaccination, and to track consistent and comparable data over time.
- **Improving and sustaining uptake:** In most cases, interventions should be dialogue based and directly targeted to a specific under-vaccinated population group.
 - **By engaging collaboratively** with health workers, caregivers/parents, and their families and communities, one can generate the insights to develop better quality health services, systems, policies, and communication strategies that support and enable recommended vaccination behaviours.
- **Need to address misinformation:** With social media playing a crucial role in spreading vaccine disinformation, the commitment by Facebook to “reduce distribution” of vaccine misinformation might be helpful against vaccine deniers.

5.6. NATIONAL MEDICAL COMMISSION

Why in news?

Recently, National Medical Commission (NMC) was constituted which replaces Medical Council of India (MCI).

About National Medical Commission (NMC)

- NMC has been setup under **National Medical Commission Act (NMC Act), 2019** which repealed the Indian Medical Council Act, 1956.
 - It was **recommended by Prof. Ranjit Roy Chaudhury committee (2015).**

- **Composition:** NMC will consist of 25 members, appointed by the central government. A Search Committee will recommend names to the central government for the post of Chairperson, and the part time members.

Other key features of NMC Act

- **Act seeks to provide for a medical education system which ensures:**
 - availability of adequate and high-quality medical professionals,
 - adoption of the latest medical research by medical professionals,
 - periodic assessment of medical institutions, and
 - an effective grievance redressal mechanism
- Under the Act, central government will constitute a **Medical Advisory Council**. It will be the primary platform through which the states/union territories can put forth their views and concerns before the NMC.
- There will be a **uniform National Eligibility-cum-Entrance Test for admission to under-graduate and post-graduate** super-speciality medical education in all medical institutions regulated under the Act.
- There would be a **common final year undergraduate examination called the National Exit Test** for the students graduating from medical institutions to obtain the license for practice. This test will also serve as the basis for admission into post-graduate courses at medical institutions under the Act.

- **Members of NMC**
 - Chairperson (must be a medical practitioner),
 - Presidents of the Under-Graduate and Post-Graduate Medical Education Boards,
 - Director General of Health Services, Directorate General of Health Services,
 - Director General, Indian Council of Medical Research, and
 - five members (part-time) to be elected by the registered medical practitioners from amongst themselves from states and union territories for a period of two years.
- **Functions of NMC**
 - framing policies for regulating medical institutions and medical professionals,
 - assessing the requirements of healthcare related human resources and infrastructure,
 - ensuring compliance by the State Medical Councils of the regulations made under the Act,
 - framing guidelines for determination of fees for up to 50% of the seats in private medical institutions and deemed universities which are regulated under the Act.
- It **supervises following autonomous boards** setup under the Act.
 - **Under-Graduate Medical Education Board and Post-Graduate Medical Education Board** to set standards and regulate medical education at undergraduate level and postgraduate level respectively.
 - **Medical Assessment and Rating Board** for inspections and rating of medical institutions and
 - **Ethics and Medical Registration Board** to regulate and promote professional conduct and medical ethics and also maintain national registers of (a) licensed medical practitioners and (b) Community Health Providers (CHPs).
- NMC may grant a **limited license to certain mid-level practitioners** who may prescribe specified medicines in primary and preventive healthcare.

Positive aspects of NMC

- **Transparency:** Members of NMC will have to **declare their assets** at the time of assuming office and when they leave. They will also have to submit a conflict of interest declaration.
- **Independent working:** Members will have to **serve a two-year cooling-off period** after their tenure. This could be waived by the government if required. MCI members could be re-nominated or re-elected. NMC chairperson and others members nominated **cannot be renominated**.
- **Separation of functions:** Unlike MCI which has been criticised **for concentration and centralisation of all regulatory functions** in one single body, NMC has four autonomous boards under it.
- **Non-opaque functioning:** Medical Assessment and Rating Board under NMC will give rating to all medical colleges which will be available in public domain.

Concerns with NMC

- **Lesser elected representatives:** Compared to the 70% figure of elected representatives in the MCI, only 20% members of the NMC will be elected representatives.
- **Against federal setup:** MCI's decisions were **not binding on state medical councils**, NMC's ethics board exercises jurisdiction over state medical councils on compliance related to ethical issues.
- **Limited representation of states:** Previously, all the State governments had representation in MCI while in the NMC, **only few States in rotation will have representation**. States' representation is primarily in the medical advisory council which is only advisory body.
- **Greater control of executive:** While action could be taken against the MCI president only on the direction of a court, NMC Act **enables the central government to remove the chairperson or any other member** of the NMC.
- **Absence of independent appellate body:** Central government is the appellate authority for almost all decisions taken by the commission and also, Centre has the **power to give the commission and boards policy directions**.
- **Absence of diverse stakeholders:** Two-thirds of the members in the NMC are medical practitioners. Expert committees have recommended that the regulator should consist of **more diverse stakeholders** in order to reduce the influence of medical practitioners in regulating medical education and practice.
- **Fee regulation:** NMC will be "framing guidelines" for determining fees on 50% of seats in private colleges. NITI Aayog Committee (2016) was of the opinion that a **fee cap would discourage the entry of private colleges**, thus, limiting the expansion of medical education in the country.

Conclusion

Despite limitations, NMC is a step forward, considering MCI was grappling with allegations of corruption, opaque functioning, conflict of interest, lack of emphasis on medical ethics. Also, it failed to achieve objective of ensuring adequate healthcare professionals and controlling cost of medical education. NMC is expected to **ensure probity in medical education, simplify procedures, enhance quality education and provide wider access** to people for quality healthcare.

5.7. MENTAL HEALTH

Why in news?

Recently, the first comprehensive estimates of disease burden attributable to mental health was prepared by the **India State-Level Disease Burden Initiative** and published in the *Lancet Psychiatry*.

What constitutes Mental Health of an individual?

WHO defines mental health as a **state of mental well-being** in which people cope well with the many stresses of life, can realize their own potential, can function productively and fruitfully, and are able to contribute to their communities.

Status of Mental Health issues in India

- **Large number of cases:** In 2017, there were 197.3 million people with mental disorders in India, comprising 14.3% of the total population of the country. (**One among every seven people in India had a mental disorder**, ranging from mild to severe.)
- **Contribution to total disease burden:** Mental disorders contributed 4.7% of the total disability adjusted life years (DALYs) in India in 2017, compared with 2.5% in 1990.
- **Leading cause of Years Lived with Disability (YLD):** Mental disorders were the leading cause of YLDs in India, contributing 14.5% of the total YLDs in 2017.
- **Distribution across states:**
 - **Mental disorders that manifest predominantly during adulthood** was generally higher in the more developed southern states than in the less developed northern states,
 - **Mental disorders with onset predominantly in childhood and adolescence** was generally higher in the northern states than in southern states.
 - **Prevalence of depressive disorders** was highest in Tamil Nadu followed by Andhra Pradesh, Telangana and Kerala.
- **Gender related disorders:**
 - The contribution of **depressive disorders and eating disorders** to the total DALYs was substantially **higher in females than in males**.
 - Whereas the contribution of **autism spectrum disorders and Attention Deficit/Hyperactivity Disorder (ADHD)** was significantly **higher in males than in females**.
- **Age related disorders:**
 - Among the mental disorders that manifest predominantly **during adulthood**, the highest disease burden in India was caused by depressive and anxiety disorders, followed by schizophrenia and bipolar disorder.

DALY and YLD

- **One DALY is one lost year of "healthy" life.** The sum of these DALYs across the population, or the burden of disease, is a measurement of the gap between current health status and an ideal health situation where the entire population lives to an advanced age, free of disease and disability.
- **DALYs are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lived with Disability (YLD) for people living with the health condition or its consequences.**

Challenges related to tackling mental health issues in India

- **Poor implementation of mental health services** in India with a high treatment gap for mental disorders, poor evidence-based treatment, and gender-differentials in treatment.
- **Shortage of mental health personnel** with two mental health workers and 0.3 psychiatrists per 100000 population, which is much lower than the global average.
- **Discriminatory attitude of health workers** towards people with mental illness
- **Demand-side barriers** such as low perceived need for care, paucity of knowledge of mental disorders, and stigma attached to mental disorders.
- **Paucity of research in India** on risk factors for mental disorders.
- **Lack of population-level data** on the prevalence of many mental disorders across the states of India.

- Among the mental disorders that have their onset predominantly **during childhood and adolescence**, the highest disease burden was caused by **Idiopathic Developmental Intellectual disability (IDID)**, followed by conduct disorder and autism spectrum disorders.

Implications of depreciating Mental Health

- **Psycho-Social impacts:**
 - **Increase in substance abuse:** To deal with the stressors, **people may resort to different negative ways of coping**, including use of alcohol, drugs, tobacco etc.
 - **Increased risks of discrimination and violence:** related to gender, children and caste.
 - **Rise in morbidity and suicides** linked to mental health.
- **Economic impacts:** Short-term costs include hospital expenses while long-term costs include the lost income that could have been earned by the person, tax that the government lost from that income, among other things.
- **Impact on brain health:** Social isolation, reduced physical activity and reduced intellectual stimulation may affect brain health development **in young children and adolescents and cognitive decline and dementia in the older population.**

Analysis of the causes

- **Modernisation and urbanisation:** **The higher prevalence of depressive and anxiety disorders in southern states** could be related to the higher levels of modernisation and urbanisation in these states among other factors.
 - There is also a **positive relationship between depressive disorders and suicide death rates** at the state level, with suicide death rates also being higher in the southern states than in the northern ones.
- **Gender discrimination:** The observed **higher prevalence of depressive and anxiety disorders in females** could be related to gender discrimination, violence, sexual abuse, antenatal and postnatal stress, and adverse socio-cultural norms.
- **Influence of media:** A significantly **higher prevalence of eating disorders in females** apart from genetic and biological factors is also probably linked with socio-cultural factors, social media, and peer pressure to diet.
- **Genetic and hormonal factors** could be the reasons for **higher prevalence of Autism spectrum disorders and ADHD in males.**
- **Old age issues:** The **high prevalence of depressive disorders in older adults** could be due to various factors, including chronic illness, social isolation and inadequate social support, and elder abuse.

Government initiatives

- **National Mental Health Programme:** launched in 1982, keeping in view the heavy burden of mental illness in the community, and the absolute inadequacy of mental health care infrastructure in the country to deal with it. It **has 3 components:**
 - Treatment of Mentally ill
 - Rehabilitation
 - Prevention and promotion of positive mental health.
- **National Mental Health Policy:** introduced in 2014 to promote mental health, prevent mental illness, enable recovery from mental illness, promote destigmatization and desegregation.
- **Mental Healthcare Act:** Launched in 2017, to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons during delivery of **mental healthcare** and services.
- **National Health Mission and National Adolescent Health Programme** include components to address mental health of children and adolescents.
- **Ayushman Bharat initiative:** launched in 2018 aims to provide comprehensive primary health care and health insurance coverage for non-communicable diseases including mental disorders, which could contribute to reducing the adverse effect of mental disorders at the population level.

What needs to be done to tackle mental health issues effectively?

- **Integrated approach** to detect, treat, and manage patient needs related to mental and physical health is urgently needed in India because people with mental disorders die prematurely and have excess disability.
- **Strengthening the role of communities and families** in addressing mental health by reducing stigma and discrimination, raising awareness, and promoting inclusion.
- **Building resilience amongst adolescents and young children:** through School-based mental health programmes.

- **Scaling up Digitally-mediated therapy and telepsychiatry** to provide mental health services in remote and inaccessible areas. For eg- NIMHANS runs a successful telepsychiatry intervention in Karnataka.
- **Community-based interventions:** such as **Atmiyata's community-based volunteers** in Maharashtra and Gujarat, **SCARF's mental health mobile vans** in Tamil Nadu, and **VISHRAM** in vidarbha, that used community health workers for the first line of treatment
- **Promotion of physical activity, Yoga and mindfulness techniques** to supplement mental health.

Effect of COVID-19 on Mental Health

- According to a survey conducted by the Indian Psychiatry Society, within a week of the start of the lockdown, the **number of reported cases of mental illness in India had risen by 20%.**
- **People most at risk:** An **estimated population of 150 million people is at risk of developing mental illness** that includes first responders and frontline healthcare workers, COVID patients and survivors, children and adolescents, women, elderly, people with pre-existing mental health issues, unorganised sector workers, migrants and differently abled people.
- **Factors related to COVID-19 responsible for causing/enhancing psychological and emotional distress among Indian Population:**
 - **Isolation due to Government policies:** of social distancing, quarantines, travel restrictions, and cancellations of schools and large gatherings.
 - **Fear of the infection/death:** People, especially **elderly** and **people with pre-existing health conditions**, are afraid of infection, dying or not having access to appropriate care.
 - **Economic factors:** The pandemic has severely hit the business cycles and economy. People mainly in the unorganised sector are under constant fear of losing their businesses, jobs, or savings.
 - **Social factors:**
 - ✓ **Stigma and discrimination** against health care workers, people who tested positive, elderly and people with existing health conditions.
 - ✓ **Mental health of Children and adolescents** has been affected by family stress, social isolation, with increased abuse, disrupted education and uncertainty about their futures.
 - ✓ **Additional burden on Women:** As per a survey recorded by UN, 66% of Indian women reported being stressed due to additional duties of caregiving such as home-schooling and taking care of older relatives along with increased cases of violence towards them.
 - **Role of media:** Continuous consumption of negative news, frequent misinformation and rumours about the virus etc. can severely affect mental health of individuals.
 - **Disruption in mental health care services** and psychosocial support delivered at the community level
 - **High burden on frontline workers: Police and healthcare workers** are faced with extreme workloads, difficult decisions, risks of becoming infected and spreading infection to families and communities, and witnessing deaths of patients.

Initiative taken for mental health during COVID 19

- MoHFW also issued Guidelines "**Minding our minds during the COVID-19**" to deal with mental health issues.
- **Manodarpan, an initiative by Ministry of Human Resource Development as part of Atma Nirbhar Bharat Abhiyan**, to provide psychological support and counselling to students, teachers and families for mental health and emotional well-being.

5.8. VIOLENCE AGAINST HEALTHCARE WORKERS AND CLINICAL ESTABLISHMENTS

Why in news?

Recently the **Epidemic Diseases (Amendment) Bill, 2020** was passed by parliament to protect healthcare service personnel and property including their living/working premises **against violence during epidemics**. It repeals the **Epidemic Diseases (Amendment) Ordinance** that was promulgated in April 2020.

Background

- As per Indian Medical Association Study, **75% of health professionals face such violence** throughout their career out of these **50% - 60% violence takes place in ICU and emergency services division**.
- **Currently, such violent acts are dictated by Indian Penal Code, 1860** with imprisonment upto 7 years. Health professionals are also protected under various state laws.
- **Consequences of such instances** range from injuries or loss of lives of healthcare personnel to large-scale destruction of essential healthcare infrastructure also leading to disruption of healthcare services.

Reasons for violence and damage in clinical establishments

- **Low patient satisfaction:** due to factors such as-
 - **Poor doctor-population ratio:** The doctor-population ratio in India is **1:1456** against the WHO recommendation of **1:1000**. This leads to overcrowding, long waiting time to meet doctors, multiple visits to get investigations done as well as consult doctors etc.
 - **Rising cost of healthcare:** The **private sector** often attracts ire for exorbitant costs and exploitative practices.
 - **Poor patient–doctor communication:** due to factors such as use of jargon by doctors, arrogant behaviour, condescending attitude etc.
- **Low health literacy:** This often leads to unreal expectations from doctors, myths and false accusations even in cases of death due to a previous illness.
- **Lack of security:** Violence is easily orchestrated in Indian healthcare establishments partly because security staff in both the government and private sectors is non-existent due to lack of funds.
- **No stringent laws:** Several States have enacted special laws to offer protection to doctors and other medical personnel in the past. However, the penal provisions contained in these laws are not stringent enough to deter mischief mongering.
 - They **generally do not cover harassment at home** and workplace and are focused more on physical violence only.

The Epidemic Diseases Act 1897

- The Act **came into effect amidst the outbreak of the bubonic plague in Bombay** in the 1890s.
- It is India's solitary law that has been historically used as a **framework for containing the spread of various diseases** including cholera and malaria.
- The law **authorises the Central and state governments** to take "exceptional measures and prescribe regulations" to be observed by the citizens to contain the spread of a disease.
 - Section 2 of the Act states that **State Government may take measures and prescribe regulations** for the inspection of persons travelling.
- It also provides **penalties for disobeying** any regulation or order made under the Act.
- However, it **does not define** "dangerous", "infectious", or "contagious diseases", and an "epidemic".
- This Act was **applied by states to impose lockdowns** during COVID-19 pandemic.

How does the Epidemic Diseases (Amendment) Act, 2020 address this issue?

Epidemic Diseases (Amendment) Act, 2020 which **amends the Epidemic Diseases Act, 1897** and protects healthcare workers in the times of an epidemic through following provisions:

- **Covers all healthcare providers:** The bill defines healthcare service personnel as a person who is at risk of contracting the epidemic disease while carrying out duties related to the epidemic, including doctors, nurses, paramedical workers and community health workers etc.
- **Defines acts of violence:** It includes any of the following acts committed against a healthcare service personnel:
 - harassment impacting living or working conditions,
 - harm, injury, hurt, or danger to life,
 - obstruction in discharge of his duties,
 - loss or damage to the property or documents of the healthcare service personnel.
- **Stringent Punishment:** The violence is punishable with imprisonment between three months and five years, and a fine between Rs 50,000 and two lakh rupees, which can be **compounded by the victim with the permission of court**.
 - In case of **grievous harm**, it is punishable with imprisonment between six months and seven years, and a fine between one lakh rupees and five lakh rupees.
 - These offences are **cognizable and non-bailable**.
- **Compensation:** Convicted Persons will also be liable to pay compensation to the healthcare service personnel whom they have hurt.
- **Timely Investigation and Trial:** The **investigation must be completed within 30 days** from the date of registration of the First Information Report and inquiry or **trial should be concluded within one year**.
- **The burden of proof** for the offence falls on the guilty.

Conclusion

- Although the bill acts as deterrent to some extent, it is applicable only during epidemics, hence there is a need to bring a **comprehensive law to address the issue of violence on healthcare workers permanently**.
 - **The Prevention of Violence against doctors, medical professionals and medical institutions Bill, 2019** should be passed which consists of provisions such as to provide able and timely assistance to the victims of medical negligence or mismanagement, establish a District Wise Committee to aid and advice such victims **for taking recourse to an appropriate forum for a suitable relief**.
- Also, developing an adequately resourced, widely distributed and well managed healthcare system is essential to reducing the level of public dissatisfaction.

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6. NUTRITION AND SANITATION

The Global Nutrition Report 2020 highlighted following trends in India:

- **Global Nutrition Targets:** India will miss targets for all four nutritional indicators i.e. target on **stunting, anaemia, overweight & exclusive breastfeeding**.
- **Stunted and wasted:** In India **37.9% of children under 5 years are stunted and 20.8% are wasted**, compared to the Asia average of 22.7% and 9.4% respectively.
 - Inequalities are evident for stunting, with stunting prevalence being 10.1% higher in rural vs urban areas.
- **Underweight:** Between 2000 and 2016, rates of underweight (low weight for age) have decreased from 66.0% to 58.1% for boys and 54.2% to 50.1% in girls.
 - However, this is still high compared to the average of 35.6% for boys and 31.8% for girls in Asia.
- **Overweight:** As of 2015, the national prevalence of under-five overweight is 2.4%, which has increased slightly from 1.9% in 2006.
- **Adult nutrition:** India's adult population faces a malnutrition burden.
 - 51.4% of women of reproductive age have anaemia
 - 9.1% of adult men have diabetes, compared to 8.3% of women.
 - 5.1% of women and 2.7% of men have obesity.

Global Nutrition Targets

In 2012, the World Health Assembly Resolution endorsed a Comprehensive implementation plan on maternal, infant and young child nutrition. It specified a **set of six global nutrition targets that by 2025 aim to:**

- achieve a 40% reduction in the number of children under-5 who are **stunted** (low height for age);
- achieve a 50% reduction of **anaemia** in women of reproductive age;
- achieve a 30% reduction in **low birthweight**;
- ensure that there is no increase in childhood **overweight**;
- increase the rate of **exclusive breastfeeding** in the first 6 months up to at least 50%;
- reduce and maintain childhood **wasting** (low weight for height) to less than 5%.

6.1. HUNGER

Why in news?

Global Hunger Index (GHI) was released recently.

GHI and India

- India has slipped from 95th rank in 2010 to **102nd in 2019** on the Global Hunger Index (GHI).
- India has demonstrated **improvement in under 5 mortality rates**.
- India's **child wasting rate is extremely high at 20.8 percent**, the highest wasting rate of any country. **India's child stunting rate, 37.9 percent, is also categorized as very high**.
- In India, **just 9.6 percent of all children between 6 and 23 months of age are fed a minimum acceptable diet**.
- The report also highlights that **despite of "Clean India" campaign open defecation is still practiced**. This situation jeopardizes the population's health and consequently children's growth and development as their ability to absorb nutrients is compromised.

About Global Hunger Index

- The Global Hunger Index (GHI) is a tool designed to comprehensively measure and track hunger at the global, regional, and country levels. High-income countries are not included in the GHI
- The GHI has been released by **Welthungerhilfe** (lately in partnerships with Concern Worldwide) since 2000.
- The GHI ranks countries on a 100-point scale, with 0 being the best score (no hunger) and 100 being the worst, although neither of these extremes is reached in actuality.

Policy Recommendation to address hunger

- **Prioritize resilience and adaptation among the most vulnerable groups and regions:** Governments must invest in vulnerable communities in the Global South, such as small-scale farmers, to develop and carry out context-specific adaptation strategies that will strengthen food and nutrition security and food sovereignty.
- **Better prepare for and respond to disasters:** Governments must increase investments in disaster prevention and disaster risk reduction, especially in vulnerable regions prone to extreme weather events. This includes investing in early warning and response systems, forecast-based financing mechanisms, and adapted infrastructure.

- **Take action to mitigate climate change:** All countries, particularly high-income countries, must urgently meet their commitments to Agenda 2030 and the Paris Agreement. They must implement more ambitious measures, such as decarbonizing their energy sector, building green infrastructure, and boosting carbon sequestration.
- **Transform food systems:** Governments must promote sustainable production systems, consumption of nutritious foods, and reduction of food loss and waste.
 - The State of Agriculture report published by FAO finds that globally, around 14 per cent of the world's food is lost after harvesting. Around 60 per cent of the total micronutrients are lost because of wastage of fruits, vegetables, and animal-based products at various levels after harvest.
- **Address inequalities:** Measures to reduce poverty and existing inequalities are key to building resilience to the effects of climate change among the most vulnerable people. Therefore, governments must significantly increase investments in rural development, social protection, health services, and education.

6.1.1. FOOD SECURITY

Triple burden of Malnutrition

Why in news?

The United Nations Children's Fund (UNICEF) has released its 'State of the World's Children' report titled "Children Food and Nutrition- Growing Well in a Changing World".

What is triple burden of malnutrition?

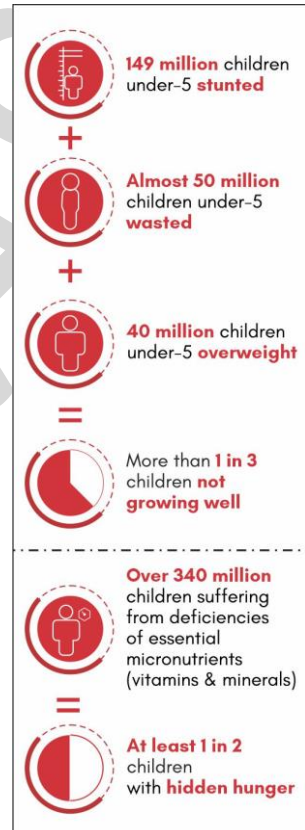
- **Undernutrition**
 - **Stunting:** Children are defined as stunted if their height-for-age is below the WHO Child Growth Standards median. It is a clear sign that children in a country are not developing well – is both a symptom of past deprivation and a predictor of future poverty.
 - **Wasting:** Low weight-for-height indicates in most cases with acute starvation and/or severe disease. Contrary to common belief, most wasted children around the world live in Asia and not in emergency settings.
- **Hidden hunger** is a lack of vitamins and minerals which harms children and women. Iron deficiency reduces children's ability to learn and iron deficiency anaemia increases women's risk of death during or shortly after childbirth.
- **Child overweight** can lead to early onset of type-2 diabetes, stigmatization and depression, and is a strong predictor of adult obesity, with serious health and economic consequences.

Drivers of the triple burden of malnutrition:

- **Broken Food systems:** Food systems (all the elements and activities involved in the production, processing, distribution, preparation and consumption of food) are failing to provide children with the diets they need to grow healthy.
- **Globalization is shaping food options and choices:** 77% of processed food sales worldwide are controlled by just 100 large firms.
- **Urbanization:** In cities, many poor children live in '**food deserts**', facing an absence of healthy food options, or in '**food swamps**', confronted with an abundance of high-calorie, low-nutrient, processed foods.
- **Poverty:** **Poor families tend to select low-quality food** that costs less. Because of poverty and exclusion, the most disadvantaged children face the greatest risk of all forms of malnutrition.
- **Climate shocks,** loss of biodiversity, and damage to water, air and soil are worsening the nutritional prospects of millions of children and young people, especially among the poor.

Policy Recommendations to tackle the triple burden

- **Empower families, children and young people to demand nutritious food:** Stimulating demand for nutritious foods means not only educating consumers on the benefits of healthy diets, but also leveraging cultural and social aspirations.
- **Drive food suppliers to do the right thing for children:** Demand alone is not enough; healthy food must be available, affordable, safe and convenient. Governments must create a level playing field for all producers and suppliers and help ensure that their actions align with children's best interests.



- **Build healthy food environments for all children:** The personal and external food environments are where children and their caregivers interact with the food system. While the forces of supply and demand shape food environments, **context-appropriate actions** such as mandatory front-of-pack labelling and protection against exploitative marketing practices can help create food environments that are conducive to nutritious diets for children.
- **Mobilize supportive systems to scale up nutrition results for every child:** As well as food systems, **four other key systems** must be mobilized to deliver nutrition services, improve nutrition practices and achieve nutrition outcomes at scale.
 - The **health; water and sanitation; education; and social protection systems** must all deliver interventions in a coordinated fashion.
 - A **systems approach to children's nutrition** can help ensure that children and families have access to healthy diets and that children receive the nutrition services they need to develop to their full potential.
- **Collect, analyse and use good-quality data and evidence regularly to guide action and track progress:** Data collection methods and frequency must be transformed to expand what we know about the diets and nutrition of children, adolescents and women at every stage of life. Data systems must become responsive and a culture of data-sharing and transparency must be developed.

6.2. SWACHH BHARAT MISSION (GRAMIN) [PHASE II]

Why in News?

Ministry of Jal Shakti recently launched the **second phase of Swachh Bharat Mission (Gramin)**.

Significance of Proper sanitation for nutrition

- **Poor sanitation leads to undernutrition and stunting in children:** through following pathways-
 - **Diarrhoea:** It is both a cause and consequence of undernutrition. It prevents children from achieving normal growth and weight gain, while undernutrition increases the frequency and duration of diarrhoeal events.
 - **Environmental Enteropathy:** This disease provokes a number of changes to the intestines, which prevent the normal absorption of food, vitamins and minerals. Environmental enteropathy is thought to be a major risk factor for stunting.
 - **Parasitic, intestinal worms:** such as schistosomes (contracted through bathing in, or drinking contaminated water) and helminths (transmitted through soil contaminated with faeces) cause blood loss and reduced appetite, both of which negatively affect a child's nutritional status.
- Thus proper sanitation can reduce undernutrition and stunting in children by preventing diarrhoeal and parasitic diseases, and damage to intestinal development.
 - According to the World Health Organization, roughly 50% of all malnutrition is associated with repeated diarrhoea or intestinal worm infections as a direct result of inadequate water, sanitation and hygiene.
 - **Elimination of open defecation,** are associated with a 4 to 37 percent reduction in stunting in rural settings and with a 20 to 46 percent reduction in urban settings according to WHO.

Swachh Bharat Mission (SBM) – Gramin

- **SBM- Gramin is a sub mission** of SBM and is being implemented by **Ministry of Jal Shakti**.
- It has following objectives –
 - Bring improvement in the general quality of life by promoting cleanliness, hygiene and eliminating open defecation.
 - Accelerate sanitation coverage in rural areas to achieve Swachh Bharat Vision.
 - Motivate communities and Panchayati Raj Institutions to adopt sustainable sanitation practices and facilities through awareness creation and health education.
 - Encourage cost effective technology
 - Develop community managed sanitation systems focusing on scientific solid waste management.
 - Create significant positive impact on gender and promote social inclusion by improving sanitation especially in marginalized communities
- **SBM (G) Phase I Success Report - More than 10 crore individual toilets** were constructed since the launch of SBM and, as a result, rural areas in all states declared themselves as having achieved ODF status as on October 2, 2019.

About Swachh Bharat Mission (Gramin) [Phase II]

- SBMG Phase-II will be implemented from **2020-21 to 2024-25** in mission mode with a total estimated outlay of Rs.1,40,881 crores.

- **Fund sharing pattern** between Centre and States will be 90:10 for North-Eastern States and Himalayan States and UT of J&K; 60:40 for other States; and 100:0 for other Union Territories, for all the components.
- It will use a novel model of convergence between different verticals of financing and various schemes of Central and State Governments to saturate the sanitation facilities for achieving the **Open Defecation Free (ODF) Plus** villages.
- **Components of SBMG Phase II**
 - Construction of Individual Household Latrines and Community Sanitary Complexes
 - Retrofitting of toilets
 - Works for **solid waste management**:
 - ✓ **Bio-degradable waste management**: It involves Composting at household and community level and using GOBAR-dhan (Galvanizing Organic BioAgro Resources–dhan) scheme to convert bio-waste into biogas and bio slurry to provide economic and resource benefits to farmers and households.
 - ✓ Plastic waste management
 - Works for **liquid waste management**: Greywater and Faecal Sludge Management
- **Guiding principles for Implementation**:
 - Ensuring that no one is left behind
 - Community assets for SLWM to be prioritized and financed
 - Utilisation of existing SLWM infrastructure wherever possible
 - SLWM activities related to Reuse to be promoted
 - Convergence with other schemes:
 - ✓ **Jal Jeevan Mission** for greywater management
 - ✓ Finance Commission funds for co-financing of assets
 - ✓ **MGNREGS** for dovetailing of funds and functionaries
 - ✓ Ministry of Skill Development & Entrepreneurship for skill development of field functionaries
 - ✓ **National Rural Livelihood Mission (NRLM)** for involving SHGs as vehicles for Behaviour Change Communication
 - ✓ **New National Biogas and Organic Manure Programme (NNBOMP)** scheme and **Sustainable Alternative Towards Affordable Transportation (SATAT)** Scheme for GOBAR-Dhan projects
 - Use of business models/Creating self-sustainable revenue models
 - Operation and maintenance as an obligatory component of planning
 - **Encouragement of technologies** with low operation and maintenance costs
 - Flexibility to States and Clustering of villages for maximum economic efficiency
 - **Priority to villages on the banks of Ganga** and other water bodies

Significance of SBMG Phase II

- **Enhanced funds**: Gram panchayats across the country will have access to more funds and guidelines to use these funds more efficiently.
- **Sustaining gains**: made under the first phase of the programme in terms of toilet access and usage.
- **Ensuring effective solid and liquid waste management (SLWM)** in every Gram Panchayat of the country.
- **Generating employment** and providing **impetus to the rural economy** through the construction of household toilets and community toilets
- **Efficient use of funds**: through convergence of government schemes, use of new technologies etc.
- **Moving beyond construction of toilets**: towards efficient solid and waste management.

Constraints

- Non-availability of water
- Issues regarding the operation and maintenance
- Non-segregation of waste, inadequate infrastructure for collection, transportation and processing of segregated waste, decentralized treatment of waste, lack of on-site, discharge of untreated effluent into rivers etc.
- Sustaining the change in behaviour patterns among people

Way forward

10 Year Rural Sanitation Strategy (2019-2029), released by Ministry of Jal Shakti, focuses on sustaining the **sanitation behaviour change** and increasing access to solid and liquid waste management, through provisions such as-

- **Potential collaborations** with development partners, civil society and inter-government partnerships. It also highlights innovative models for sanitation financing.
- **State-specific strategies on menstrual hygiene management**, including menstrual waste management, which may be supported under the ODF plus strategy.

- **Role of Gram Panchayats:** Segregation of waste at the source in villages will be a major push of the strategy, especially in relation to handling plastic waste. Gram panchayats are also to play a key role in ensuring the operation and maintenance of sanitation infrastructure.
- **A district-level training management unit (TMU)** will be set up to provide oversight and support to gram panchayats (GPs) so that they ensure the operation and maintenance of sanitation infrastructure. The GPs are also supposed to conduct rapid assessment of water and sanitation gaps.
- **Financing strategy:** While government funding is the primary source of financing in the sanitation sector, the strategy mentioned in the framework also suggests alternative self-financing by gradual leveraging of community resources in the form of tariffs for ODF plus activities.

**Related News: ODF, ODF+ and ODF++
Why in News?**

A report by the **Parliamentary Standing Committee on Urban Development** noted that the progress of work on **Open Defecation-Free Plus (ODF+)** and **ODF++ under Phase 2** of the Swachh Bharat Mission (Urban) has been slow.

Difference between ODF, ODF+ and ODF++

- According to MoHUA, the cities that had been **certified ODF at least once**, on the basis of the ODF protocols, **are eligible to declare themselves as SBM-ODF+ & SBM-ODF++**.

ODF	ODF+	ODF++
<ul style="list-style-type: none"> • The ODF protocol states that “A city/ward is notified as ODF city/ward if, at any point of the day, not a single person is found defecating in the open.” 	<ul style="list-style-type: none"> • The ODF+ protocol says that a city, ward or work circle could be declared ODF+ if, “at any point of the day, not a single person is found defecating and/or urinating in the open, and all community and public toilets are functional and well-maintained.” 	<ul style="list-style-type: none"> • The ODF++ protocol adds the condition that faecal sludge/septage and sewage (FSS) is safely managed and treated, with no discharging and/or dumping of untreated faecal sludge/septage and sewage in drains, water bodies or open areas.
<ul style="list-style-type: none"> • ODF focuses solely on toilets. 	<ul style="list-style-type: none"> • ODF+ focuses on toilets with water, maintenance and hygiene. 	<ul style="list-style-type: none"> • ODF++ focuses on toilets with sludge and septage management.

Status of ODF + and ODF ++

- Under Phase 1 of SBM (U), close to **65.81 lakh individual household toilets** had been constructed against the targeted 59 lakh and **5.89 lakh seats of community / public toilets** were constructed against the target of 5.08 lakh seats.
- **Waste processing** has gone up more than three times, **to 60% currently.**
- Sanitation (Eradication of Open Defecation in all ULBs)
 - 35 States/UTs declared ODF in their urban areas
 - 4137 ULBs certified ODF out of 4320 cities declared ODF
 - 1276 cities ODF +
 - 411 cities ODF ++ means that less than 10 per cent cities are certified as ODF++ so far.
 - 100% scientific Solid Waste Management in all ULBs
- Also, work on three protocols under the next phase of **Swachh Bharat Mission (Urban-2)** — **ODF+, ODF++ and Water Plus** — is to be completed by 2024.
- **Water Plus:** Announced in 2019, it aims to **sustain toilets by treating and reuse of water.**

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7. EDUCATION

Status of Education in India

- **Mean years of schooling and expected years of schooling:** As per the 2019 Human Development Report released by **United Nations Development Programme (UNDP)**, between 1990 and 2018, mean years of schooling increased by 3.5 years and expected years of schooling increased by 4.7 years in India.

The 75th round of National Sample Survey (NSS) conducted by National Statistical Office (NSO) gathered the following data regarding **Literacy Rates, Enrollment, attendance and drop outs for persons of age 3 to 35 years** in India:

- **Literacy Rates in India**
 - Literacy rate among persons of age 7 years and above was 77.7%.
 - Nearly 10.6 % of the persons of age 15 years and above in India had completed level of education graduate and above.
- **Enrollment Status:** Engagement in domestic activities by females and engagement in economic activities by males was cited as the main reason for currently not attending education. While lack of interest in education was cited as the primary reason for never enrolling in any educational institute by both males and females
- **Status of School Education:**

Enrollment Status	percentage
never enrolled	M: 11.0 F: 16.6
enrolled in the past academic year and currently not attending	M: 42.3 F: 41.8
enrolled in the current academic year and currently not attending	M: 0.4 F: 0.4
currently attending	M: 46.2 F: 41.2

Level	Gross Attendance Ratio (GAR)	Dropout rates
Primary	M: 101.9 F: 100.4	M: 8.5 F: 11.6
Upper Primary/Middle	M: 94.7 F: 94.1	M: 16.9 F: 18.3
Secondary	M: 87.4 F: 85.1	M: 20.4 F: 19.2
Higher Secondary	M: 70.3 F: 65.9	M: 10.1 F: 9.0

- **Status of Higher Education:** As per **All India Survey of Higher Education (AISHE)** for the year 2018-19-
 - **Enrolment in Higher Education: Gross Enrolment Ratio (GER)** in higher education in India has risen marginally from **25.8% in 2017-18 to 26.3% in 2018-19**, with men constituting 26.3% and women 26.4%.
 - **Number of Institutions of Higher Education:** Number of universities (from 903 in 2017-18 to 993 in 2018-19) & total higher educational institutions has increased.
 - **Narrowing gender gap:** Nearly 51.36% of enrolled are male & 48.64% are female, indicating narrowing gender gap in higher education.
 - **Social Backwardness:** SC & ST student enrolment is 14.89% & 5.53% respectively. Among minorities, 5.23% students belong to Muslim category and 2.32% to other minority communities.
 - **College density** i.e. number of colleges per lakh eligible population varies from **7 in Bihar to 53 in Karnataka as compared to All India average of 28**.
 - Only 2.5% Colleges offer **Ph.D. programme** & 34.9% Colleges offer Post Graduate Level programmes.
 - **Pupil Teacher Ratio (PTR)** in Universities & Colleges is 29 if regular mode enrolment is considered.

7.1. NEW EDUCATION POLICY 2020

Why in news?

Union Cabinet has approved the New Education Policy (NEP) 2020.

Background

- In May 2016, 'Committee for Evolution of the New Education Policy' under the Chairmanship of Late **T.S.R. Subramanian**, Former Cabinet Secretary, submitted its report. Based on this, the Ministry of Human Resource Development (MHRD) prepared 'Some Inputs for the Draft National Education Policy, 2016'.

- In June 2017 a ‘Committee for the Draft National Education Policy’ was constituted under the **Chairmanship of Dr. K. Kasturirangan**, which submitted the **Draft National Education Policy, 2019**.
- NEP 2020 has been formulated after an unprecedented process of consultation that involved nearly over 2 lakh suggestions from 2.5 lakhs Gram Panchayats, 6600 Blocks, 6000 ULBs, 676 Districts.
- The new policy aims to pave way for transformational reforms in school and higher education systems in the country. **This policy will replace the 34-year-old National Policy on Education (NPE), 1986.**

Evolution of Education Policy

- University Education Commission (1948-49)
- Secondary Education Commission (1952-53)
- Education Commission (1964-66) under Dr. D.S. Kothari
- National Policy on Education, 1968
- 42nd Constitutional Amendment, 1976- **Education in Concurrent List.**
- National Policy on Education (NPE), 1986
- NPE, 1986 Modified in 1992 (Program of Action, 1992)
- T.S.R. Subramaniam Committee Report (2016)
- Dr. K. Kasturirangan Committee Report (2019)

Vision of the New Education Policy 2020

- An education system that contributes to an equitable and vibrant knowledge society, by providing high-quality education to all.
- Develops a deep sense of respect towards the fundamental rights, duties and Constitutional values, bonding with one’s country, and a conscious awareness of one’s role and responsibilities in a changing world.
- Instils skills, values, and dispositions that support responsible commitment to human rights, sustainable development and living, and global well-being, thereby reflecting a truly global citizen.

Key Provisions of NEP 2020

The global education development agenda reflected in the **Goal 4 (SDG4) of the 2030 Agenda for Sustainable Development, adopted by India in 2015** - seeks to “ensure inclusive and equitable quality education and promote lifelong learning opportunities for all” by 2030. Such a lofty goal will require the entire education system to be reconfigured to support and foster learning, so that all of the critical targets and goals (SDGs) of the 2030 Agenda for Sustainable Development can be achieved.

This National Education Policy 2020 is the **first education policy of the 21st century** and aims to address the many growing developmental imperatives of our country. This Policy proposes the revision and revamping of all aspects of the education structure, including its regulation and governance, to create a new system that is aligned with the aspirational goals of 21st century education, including SDG4, while building upon India’s traditions and value systems. NEP aims for India to have an education system by 2040 that is second to none, with equitable access to the highest-quality education for all learners regardless of social or economic background.

7.1.1. SCHOOL EDUCATION

Dimensions	
<p>Early Childhood Care and Education (ECCE)</p>	<p>Present Status and issues: Quality ECCE is not available to crores of young children, particularly children from socio-economically disadvantaged backgrounds.</p> <p>Key Provisions under NEP 2020</p> <ul style="list-style-type: none"> • Universal Access for children of 3-6 years: bring the hitherto uncovered age group of 3-6 years (crucial stage for development of mental faculties of a child) under school curriculum. • ECCE will be delivered through Anganwadis and pre-schools that will have teachers and Anganwadi workers trained in the ECCE pedagogy and curriculum. • Pre-school sections covering at least one year of early childhood care and education will be added to Kendriya Vidyalayas and other primary schools, particularly in disadvantaged areas. • NCERT will develop a National Curricular and Pedagogical Framework for Early Childhood Care and Education (NCPFECCE) for children up to the age of 8. • Implementation to be jointly carried out by Ministries of HRD, Women and Child Development (WCD), Health and Family Welfare (HFW), and Tribal Affairs.
<p>Attainment of Foundational Literacy and Numeracy</p>	<p>Present status and issues: Large proportion of students currently in elementary school - estimated to be over 5 crore in number - have not attained foundational literacy and numeracy, i.e., the ability to read and comprehend basic text and the ability to carry out basic addition and subtraction.</p>

	<p>Key Provisions under NEP 2020</p> <ul style="list-style-type: none"> • National Mission on Foundational Literacy and Numeracy by MHRD: Under it, States/UTs will prepare an implementation plan for attaining universal foundational literacy and numeracy in all primary schools for all learners by grade 3 by 2025. • National Book Promotion Policy is to be formulated to ensure the availability, accessibility, quality, and readership of books across geographies, languages, levels, and genres. • National Repository of high-quality resources on foundational literacy and numeracy will be made available on the Digital Infrastructure for Knowledge Sharing (DIKSHA).
<p>Curtailing Dropout Rates and Ensuring Universal Access to Education at All Level</p>	<p>Present Status: The Gross Enrolment Ratio (GER) for Grades 6-8 was 90.9%, while for Grades 9-10 and 11-12 it was only 79.3% and 56.5%, respectively - indicating that a significant proportion of enrolled students drop out after Grade 5 and especially after Grade 8.</p> <ul style="list-style-type: none"> ○ As per the 75th round household survey by NSSO in 2017-18, the number of out of school children in the age group of 6 to 17 years is 3.22 crore. <p>Key Provisions under NEP 2020 Policy aims to achieve 100% GER in preschool to secondary level by 2030. Following are the initiatives to achieve this:</p> <ul style="list-style-type: none"> • Providing effective and sufficient infrastructure so that all students have access to safe and engaging school education. • Open and Distance Learning (ODL) Programmes offered by the National Institute of Open Schooling (NIOS) and State Open Schools will be expanded and strengthened with special emphasis on Socio-Economically Disadvantaged Groups (SEDGs). • Tracking students as well as their learning levels through counsellors or well-trained social workers.
<p>Curriculum and Pedagogy</p>	<p>Present status: Our educational system is of General Education in nature. Development of technical and vocational education is quite unsatisfactory. So our education is unproductive. Hence number of educated unemployed persons is increasing day by day.</p> <p>Key Provisions under NEP 2020</p> <ul style="list-style-type: none"> • Restructuring school curriculum and pedagogy in a new 5+3+3+4 design <ul style="list-style-type: none"> ○ 5 years of the Foundational Stage (covering ages 3-8): 3 years of Anganwadi/pre-school + 2 years in primary school in Grades 1-2 ○ 3 years of the Preparatory Stage (covering ages 8-11): Grades 3, 4, 5. ○ 3 years of the Middle Stage (covering ages 11-14): Grades 6, 7, 8. ○ 4 years of the High Stage (covering ages 14-18): Grades 9, 10, 11, 12. • Reduced curriculum content to its core essentials to enhance essential learning and critical thinking. • Experiential learning will be adopted in all stages, including hands-on learning, arts-integrated and sports-integrated education. • Freedom of choosing a variety of subject combination: no rigid separation among 'curricular', 'extracurricular', or 'co-curricular', among 'arts', 'humanities', and 'sciences', or between 'vocational' or 'academic' streams. • Introduction of contemporary subjects such as Artificial Intelligence, Design Thinking, Holistic Health, Organic Living, Environmental Education, Global Citizenship Education (GCED), etc.. • Vocational education through 10-day bagless period sometime during Grades 6-8 where students will intern with local vocational experts such as carpenters, gardeners, potters, artists, etc. • National Curricular Framework for School Education will be developed by the NCERT.
<p>Student Assessment</p>	<p>Present status and issues:</p> <ul style="list-style-type: none"> • The current nature of secondary school exams, including Board exams and entrance exams - and the resulting coaching culture of today - are doing much harm. • These exams also force students to learn a very narrow band of material in a single stream, rather than allowing the flexibility and choice. <p>Key Provisions under NEP 2020</p> <ul style="list-style-type: none"> • School examinations in Grades 3, 5, and 8 which will be conducted by the appropriate authority. • Board exams for Grades 10 and 12 will be continued but redesigned. • National Assessment Centre, PARAKH (Performance Assessment, Review, and Analysis of Knowledge for Holistic Development), will be set up as a standard-setting body under MHRD.

	<ul style="list-style-type: none"> • Holistic Progress Card with 360-degree, multidimensional report that reflects the progress as well as the uniqueness of each learner in the cognitive, affective, and psychomotor domains. It will also include self-assessment, peer assessment, and teacher assessment • National Testing Agency (NTA) to serve as a autonomous testing organization to conduct entrance examinations for undergraduate and graduate admissions and fellowships in higher education institutions.
Multilingualism and the power of language	<p>Present status and issues:</p> <ul style="list-style-type: none"> • The medium of instruction particularly in science subjects is English. So rural students who are not well versed in English, cannot study science properly in English. • Indian languages are still underdeveloped and standard publications are not available in Indian language. <p>Key Provisions under NEP 2020</p> <ul style="list-style-type: none"> • Medium of instruction up till grade 5, and preferably till Grade 8 and beyond, will be home language/ mother-tongue/ local language. • 'The Languages of India' a fun project/ activity on to be taken by every student under the 'Ek Bharat Shrestha Bharat' initiative. • Three languages formula with greater flexibility. • All classical languages (Sanskrit, Tamil, Telugu, Kannada, Malayalam, Odia) will be widely available in schools as options. In addition, Pali, Persian, and Prakrit will also be widely available as options. • Indian Sign Language (ISL) will be standardized across the country.
Equitable and Inclusive Education-Provisions for Socio-Economically Disadvantaged groups -SEDGs	<p>Present status and issues: According to U-DISE 2016-17 data, about 19.6% of students belong to Scheduled Castes at the primary level, but this fraction falls to 17.3% at the higher secondary level. These enrolment drop-offs are more severe for Scheduled Tribes students (10.6% to 6.8%), and differently abled children (1.1% to 0.25%), with even greater declines for female students within each of these categories.</p> <p>Key Provisions under NEP 2020</p> <ul style="list-style-type: none"> • Setting up of <ul style="list-style-type: none"> ◦ Gender Inclusion Fund for female and transgender students ◦ Special Education Zones (SEZs)- Large populations from SEDGs to be declared SEZs. • Children with disabilities will be enabled to fully participate in the regular schooling process from the foundational stage to higher education. • Every state/district will be encouraged to establish "Bal Bhavans" as a special daytime boarding school, to participate in art-related, career-related, and play-related activities. • Free school infrastructure can be used as Samajik Chetna Kendras to promote social, intellectual, and voluntary activities. • Special mechanisms for children belonging to tribal groups to receive quality education • Fee waivers and scholarships will be offered to meritorious students from all SEDGs • Additional Schools- Setting-up of additional JNVs and KVs in aspirational districts/SEZs
Robust Teacher Education and Recruitment	<ul style="list-style-type: none"> • New and comprehensive National Curriculum Framework for Teacher Education (by 2021) • By 2030, the minimum degree qualification for teaching will be a 4-year integrated B.Ed. degree. • NTA testing for admission to B.Ed. • Setting-up of National Mission for Mentoring with a large pool of outstanding senior/retired faculty • Teacher Eligibility Tests (TETs) for all teachers across Foundational, Preparatory, Middle and Secondary stage in both public and private schools. • More autonomy to teachers in choosing aspects of pedagogy in classroom teaching • National Professional Standards for Teachers (NPST) will be developed by the National Council for Teacher Education by 2022. • Restructuring of NCTE- National Council for Teacher Education (NCTE) to be restructured as a Professional Standard Setting Body (PSSB) under General Education Council (GEC).
School Governance	<p>Present status and issues: While government efforts has helped to ensure near-universal access to primary schools, it has also led to the development of numerous very small schools leading to following challenges:</p> <ul style="list-style-type: none"> • They are economically suboptimal and operationally complex to run. Teachers often teach multiple grades and subjects at a time, in which they may have no prior background; • The isolation of small schools also has a negative effect on education and the teaching-learning process. • Small schools also present a systemic challenge for governance and management.

	<p>Key Provisions under NEP 2020</p> <ul style="list-style-type: none"> Schools can be organized into complexes or clusters which will be the basic unit of governance and ensure availability of all resources including a strong professional teacher community. Schools will develop School Development Plans (SDPs). These plans will then become the basis for the creation of School Complex/Cluster Development Plans (SCDPs) The twinning/pairing of one public school with one private school will be adopted across the country, so that such paired schools may learn from each other, and also share resources, if possible.
<p>Standard-setting and Accreditation for School Education</p>	<p>Present status and issues: At present, all main functions of governance and regulation of the school education system are handled by a single body, i.e., the Department of School Education or its arms. This leads to</p> <ul style="list-style-type: none"> conflict of interests and excessive centralized concentration of power ineffective management of the school system, inability to curb the commercialization and economic exploitation of parents by many for-profit private schools <p>Key Provisions under NEP 2020</p> <ul style="list-style-type: none"> Clear, separate systems for policy making, regulation, operations and academic matters. Independent State School Standards Authority (SSSA) to be set up by States/UTs. School Quality Assessment and Accreditation Framework (SQAAF) to be developed by SCERT. Public and private schools (except the schools that are managed/aided/controlled by the Central government) will be assessed and accredited on the same criteria. For a periodic ‘health check-up’ of the overall system, a sample-based National Achievement Survey (NAS) of student learning levels will be carried out by the proposed new National Assessment Centre, PARAKH.

7.1.2. HIGHER EDUCATION

Some of the major problems currently faced by the higher education system in India include:

- a severely **fragmented** higher educational ecosystem;
- less emphasis on the development of cognitive skills** and learning outcomes;
- rigid separation of disciplines**, with early specialisation and streaming of students into narrow areas of study;
- limited access** particularly in socio-economically disadvantaged areas, with few HEIs that teach in local languages
- limited teacher and institutional autonomy**;
- inadequate mechanisms for merit-based career management** and progression of faculty and institutional leaders;
- lesser emphasis on research** at most universities and colleges, and lack of competitive peer-reviewed research;
- suboptimal governance** and an **ineffective regulatory system**; and
- large affiliating universities** resulting in low standards of undergraduate education.

This policy envisions a complete overhaul and re-energising of the higher education system to overcome these challenges and thereby deliver high-quality higher education, with equity and inclusion. **The policy’s vision includes the following key changes to the current system:**

<p>Institutional Restructuring & Consolidation</p>	<ul style="list-style-type: none"> All higher education institutions to be consolidated into three types of institutions: <ul style="list-style-type: none"> Research Universities - equal focus on research and teaching Teaching Universities - primary focus on teaching with significant focus on research Autonomous degree-granting colleges - almost exclusive focus on teaching Affiliation of colleges is to be phased out in 15 years and a stage-wise mechanism is to be established for granting graded autonomy to colleges. Over a period of time, it is envisaged that every college would develop into either an Autonomous degree-granting College, or a constituent college of a university. By 2040, all higher education institutions (HEIs) shall aim to become multidisciplinary institutions. There shall, by 2030, be at least one large multidisciplinary HEI in or near every district.
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	<ul style="list-style-type: none"> The aim will be to increase the Gross Enrolment Ratio in higher education including vocational education from 26.3% (2018) to 50% by 2035.
Holistic Multidisciplinary Education	<ul style="list-style-type: none"> The policy envisages undergraduate education with flexible curricula, creative combinations of subjects, integration of vocational education and multiple entry and exit points with appropriate certification. An Academic Bank of Credit is to be established for digitally storing academic credits earned from different HEIs so that these can be transferred and counted towards final degree earned. Multidisciplinary Education and Research Universities (MERUs), at par with IITs, IIMs, to be set up as models of best multidisciplinary education of global standards. The National Research Foundation will be created as an apex body for fostering a strong research culture and building research capacity across higher education.
Regulation	<ul style="list-style-type: none"> Higher Education Commission of India (HECI) will be set up as a single overarching umbrella body for entire higher education, excluding medical and legal education. HECI to have four independent verticals - <ul style="list-style-type: none"> National Higher Education Regulatory Council (NHERC) for regulation, General Education Council (GEC) for standard setting, Higher Education Grants Council (HEGC) for funding, National Accreditation Council (NAC) for accreditation. Public and private higher education institutions will be governed by the same set of norms for regulation, accreditation and academic standards.
Internationalization of HEIs	<ul style="list-style-type: none"> Internationally relevant curricula, meaningful opportunities for social engagement, quality residential facilities and on-campus support, etc. An International Students Office at each HEI hosting foreign students will be set up to coordinate all matters relating to welcoming and supporting students arriving from abroad. High performing Indian universities will be encouraged to set up campuses in other countries, and similarly, selected universities e.g., those from among the top 100 universities in the world will be facilitated to operate in India. A legislative framework facilitating such entry will be put in place, and such universities will be given special dispensation regarding regulatory, governance, and content norms on par with other autonomous institutions of India. Research collaboration and student exchanges between Indian institutions and global institutions will be promoted. Credits acquired in foreign universities will be permitted, where appropriate as per the requirements of each HEI, to be counted for the award of a degree.
Equity and Inclusion	<p>Steps to be taken by Governments</p> <ul style="list-style-type: none"> Earmark suitable Government funds for the education of SEDGs Set clear targets for higher GER for SEDGs Enhance gender balance in admissions to HEIs Enhance access by establishing more high-quality HEIs in aspirational districts and Special Education Zones containing larger numbers of SEDGs <p>Steps to be taken by all HEIs</p> <ul style="list-style-type: none"> Mitigate opportunity costs and fees for pursuing higher education Provide more financial assistance and scholarships to SEDGs Make curriculum more inclusive Ensure sensitization of faculty, counsellor, and students on gender-identity issue Strictly enforce all no-discrimination and anti-harassment rules

7.1.3. OTHER MAJOR PROVISIONS

Financing Education	<ul style="list-style-type: none"> The Centre and the States will work together to increase the public investment in Education sector to reach 6% of GDP. Policy calls for promotion and support for private philanthropic activity in education sector
Technology in education	<ul style="list-style-type: none"> An autonomous body, National Educational Technology Forum (NETF), will be created to provide a platform for the free exchange of ideas on the use of technology to enhance learning, assessment, planning, administration. Appropriate integration of technology into all levels of education will be done to improve classroom processes, support teacher professional development, enhance educational access for disadvantaged groups.
Adult Education	<ul style="list-style-type: none"> Policy aims to achieve 100% youth and adult literacy.

	<ul style="list-style-type: none"> • Use of schools/ school complexes beyond school hours and public library spaces for adult education courses. • Quality technology-based options for adult learning such as online courses, satellite-based TV channels and ICT-equipped libraries and Adult Education Centres, etc. will be developed.
Online Education and Digital Education	<ul style="list-style-type: none"> • A comprehensive set of recommendations for promoting online education in order to ensure preparedness with alternative modes of quality education whenever and wherever traditional and in-person modes of education are not possible, has been covered. • A dedicated unit for the purpose of coordinating building of digital infrastructure, content and capacity building will be created in the MHRD for both school and higher education.
Professional Education	<ul style="list-style-type: none"> • All professional education will be an integral part of the higher education system. Stand-alone technical universities, health science universities, legal and agricultural universities etc will aim to become multi-disciplinary institutions.
Promotion of Indian Languages, Arts, and Culture	<ul style="list-style-type: none"> • Strong departments and programmes in Indian languages, comparative literature, creative writing, arts, music, philosophy, etc. will be launched and developed across the country, and degrees including 4- year B.Ed. dual degrees will be developed in these subjects. • Outstanding local artists and craftsman will be hired as guest faculty to promote local music, art, languages, and handicraft, and to ensure that students are aware of the culture and local knowledge where they study. • Every higher education institution and even every school or school complex will aim to have Artist(s)-in-Residence to expose students to art, creativity, and the rich treasures of the region/country. • High-quality programmes and degrees in Translation and Interpretation, Art and Museum Administration, Archaeology etc will also be created. • For each of the languages mentioned in the Eighth Schedule of the Constitution of India, Academies will be established consisting of scholars and native speakers to determine simple yet accurate vocabulary for the latest concepts, and to release dictionaries on regular basis.

7.1.4. ANALYSIS OF NEW EDUCATION POLICY-2020

Significance of the Policy

Some of the **major recommendations and policy changes** in the NEP-2020 can be viewed as below.

- **More focus on vocational studies and skill education even in school level:** According to Indian Labour Report, in India only 4 % of the young labour force receives formal vocational education and 6 % in the informal sector. Skill capabilities of the people will help the country to **keep more competitive and developed**. Propagating vocational education with special recognition will **make our youths more employable** and create **opportunities for self-employment** too.
- **Allocation of 6% of the GDP in Education sector:** Indian education is far behind the global standard. **India spends 4.6% of its total GDP on education and ranks 62nd in total public expenditure on education per student**. At this crucial juncture, the NEP's 6% target is a welcome move. It is also in **sync with NITI Aayog's target** to improve education quality in the country.
- **Restructuring of School education:**
 - Provisions such as including Anganwadi/pre-school, the ECCE within the ambit of formal schooling and extension of Mid-day meals and the breakfast facilities to ECCE segment etc. would help achieve a **nutritious and educated India**.
 - **Internships and experiential learning** opportunity provided in the curriculum will **give a flip in harnessing the critical thinking, creativity and innovativeness** of the learners.
 - **Examination reforms** shall be brought in laying weightages not much on the rote learning but on application of knowledge as a part of holistic development of the learners.
- **The three language formula for school education:** The learning of the students in mother tongue or local language will become faster and it will provide **avenues to familiarize the various cultural diversities** of the country and at the same time these Indian languages shall remain relevant and vibrant.
 - In fact, all the languages are closely linked with the arts and culture of the speaking community and as such, NEP-2020 spells various activities for **preserving the local arts and culture** associated with the languages. It is an opportunity for the proper **preservation of the endangered languages** too.
- **Transformation of regulatory system of the higher education in India:** With the establishment of a single regulatory body called HECI, there shall no longer be multiple regulatory body for running courses in HEIs. **Special focus is also given to curb the commercialization of education** by formulating multiple mechanism with checks and balances.

- **Multiple Entry and Exit at undergraduate level:** This flexibility could be **good motivation to the students** to pursue the course and complete it conveniently without the issues of dropouts and at the same time the GER in tertiary education may also be improved. Such an option is **quite suitable for vocational studies** too as they have various job roles at different levels of the course **enhancing the avenues for employability** at multiple levels.
- **Campuses of Indian Universities in Foreign Countries:** Collaborations among the institutions shall bring quality and excellence in higher learning. Indians now shall be getting **global level quality education at affordable cost**. However, Government needs to **formulate stringent rules and regulation** for better quality and price and overall check and balances on the operation of foreign universities in India.

Implementation Challenges & Issues with the NEP 2020

- **Funding:** NEP talks about spending 6% of GDP on education. However, such an increase in funding has been proposed earlier but not achieved. This policy also does not elaborate how to raise this fund.
- **Multilingualism:** NEP recommending mother tongue/regional language the medium of instruction till Grade 5—even beyond if this can be done—ignores several realities. With **inter-state migration for employment**, and **India's large diversity of languages**, regional language will hobble some students' learning. It is particularly problematic in light of the **right of the people to move from one state to another** since the inter-state movement shall result in the change of the local language and the mode of education.
- **Vocational Education:** Stress on vocational training from the preparatory stage, many fear, would lead to students from marginalised backgrounds dropping out early to take up jobs. This may also impede a more holistic learning.
- **Legal complexities:** The policy has also been criticised due to the legal complexities surrounding the applicability of **two operative policies namely The Right to Education Act, 2009 and the New Education Policy, 2020**. Certain provisions such as the age of starting schooling will need to be deliberated upon, in order to resolve any conundrum between the statute and the recently introduced policy in the longer run.
- **Federal Setup:** In a federal system like India, where **education is a concurrent subject**, any educational reform can be implemented only with support from the States, and the Centre has the giant task of building a consensus on the many ambitious plans. As an example, the proposed national assessment body or **PARAKH** and its realization requires active cooperation of as many as 60 education boards across the country.
- **Fear of Commercialisation and privatisation of education:**
 - **Fear of Privatisation:** Many experts argue that NEP, in the name of philanthropic schools and PPP, is laying the roadmap for entry of private players in education, which will further commercialise education and the existing inequalities will be exacerbated.
 - The NEP suggests that admission to all higher education programmes should be based on standardised test scores conducted by the National Testing Authority. This encourages coaching classes and rote memorisation, further eroding the value of examinations and assessments conducted by the schools, colleges, and universities.
- **Lack of detailed thinking may affect the NEP's vision.** For instance, it has proposed a four-year undergraduate programme. A similar experiment in Delhi university failed a few years ago. The then HRD minister had to withdraw the four-year course, which was implemented without proper thinking, leading to much confusion among students and teachers.
- **Ground realities:** Experiential learning, for instance, through project work requires significant financial resources for procuring project materials and setting up tinkering labs. A pedagogy that ingrains critical thinking requires the assessment of answers to long-form questions. Such activities simply need more teachers, while the reality on the ground is that school systems face chronic and persistent teacher shortages. The bulk of schools pay salaries which are unlikely to attract too many good applicants, and most will certainly worry about the cost of acquiring the 4-year B.Ed. degree for a job that may not be remunerative enough.

Implementing NEP 2020- Way Forward

NEP is multi-faceted and multi-levelled. Policies often fall short of getting implemented due to several pitfalls. Therefore, we need to look into what approaches we should consider making NEP operational.

- Policies often fail due to **conflicting goals and a complete disconnect with previous policies**. The new NEP is a major departure from the previous education policies and addresses their most critical limitations and fault lines. But there is visible continuity in terms of realising universal access to quality education to enable

citizens to make India a developed country and a major economy in the world. This **continuity, built into the new NEP**, is certainly a great advantage for its successful execution.

- **Setting the right priorities** is another important step of successful implementation of any policy. There are two key players in the implementation of NEP – the **Ministry of Education** at the Centre and the **stakeholders, which includes state governments, schools and academic institutions**.
 - Ministry of Education will play a pivotal role in the implementation of NEP from the point of providing direction, funding, governance, regulation, and review.
 - Both the players have to set the priorities right and these priorities should be based on both the **short-term and long-term needs of educational institutes**, funding requirements and **realistic deadlines** for achieving the set goals.
- The **Ministry of Education and HECI need to work in tandem with the states** and the educational institutes by collaboratively setting realistic and achievable targets and by tracking progress against critical policy priorities.
- **Attitudinal changes:** Many of the changes that NEP sets out to achieve require **attitudinal changes** by adopting effective teaching-learning processes, academic and administrative procedures. Educational institutes have ample autonomy in NEP to make the education holistic and multi-disciplinary by merely incorporating changes in the institutional functioning without a nudge from anyone.
- **Distinctly outlining the chain of command for implementation** to avoid duplication and overlap of efforts. The **leadership role is paramount** here as they should also be good team players and risk-takers. These leaders need to be self-driven with enthusiasm and high integrity. Absence of such people in policy implementation will lead to a sure policy failure.
- **Define the key performance indicators**, both for the officials in the Ministry of Education mandated to work on NEP implementation and also the stakeholders. It is vital that there is a **periodic review of their performance indicators** with a view to **plug inefficient processes** that impede the policy from being turned into results in a time-bound manner.
- The need to have a **well-thought-out plan with well laid out long-term goals**, its stepwise implementation through short-term goals and periodic evaluation, data-driven review and also legislative reforms cannot be undervalued in the effective implementation of NEP.

7.2. EDUCATION AS A PUBLIC GOOD

Why in News?

- The administration of Jawahar Lal Nehru University hiked hostel fee due to deficit of funds in running them. This triggered a debate whether Education is a public good or a private good.
- The Draft National Education Policy also stresses on making education equity based.

Why Education should be a public good?

What is a Public Good?

The concept of public goods is central to economic analysis of the role of government in the allocation of resources.

Public goods are defined by two characteristics:

- 1) **Non-excludability:** It is not possible to exclude non-payers from consuming the good.
- 2) **Non-rivalry in consumption:** Additional people consuming the good do not diminish the benefit to others.

- **Education as a service:** Education is one of the **vital services** that a modern state is expected to provide to its people. It is a service that every welfare democracy is obliged to give in the most accessible form.
- **Education as a Human right:** Article 26 of the **Universal Declaration of Human Rights**, adopted at the UN General Assembly in 1948, declared that “everyone has the right to education” states that “**education shall be free, at least in the elementary and fundamental stages**” and “elementary education shall be compulsory”, and that ‘education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms’.
- **Knowledge economy:** By 2030-2032 we will be the third largest economy at over ten trillion. India’s ten trillion economy will not be driven by natural resources, but by knowledge resources. Quality education will be a key part of the transition to the knowledge economy that is currently underway in parts of India but needs to encompass the entire country

- **Equality:** Competition in education or in job markets is fair only when the competitors are of equal strength which cannot be achieved by privatizing the education.
- **Demographic dividend:** India is one of the youngest nations in the world comprising huge chunk of population in **favorable demographic phase**. Affordable and accessible education will make India realize its potential.
- **Dignified living:** Nearly **one-fifth of the population of India is below poverty line** and making education as a public good provides them a way out to learn and earn their living in a dignified way. Education should be seen as tool to development against deprivation and cannot be treated as a commodity, where market forces create the demand for certain types of education (Eg: Artificial Intelligence)
- **Scope of increasing public Financing:** Since presently **India spends only 2.7% of GDP towards education**.
- **Low Enrollment ratio in Higher education:** India's gross enrollment ratio in higher education is only 26.3% in 2018-19.
- **Philanthropic endowments:** Even the unique Ivy League universities (a group of eight schools such as Harvard) were created because of generous philanthropic endowments which functions more like a public institution today.

Arguments against making Education as a public good:

- **Financial constraints:** E.g. unlike developed countries, India has a low **per capita income of just over \$2,000**, the highest income tax rate of 42.74% and a **tax-GDP ratio of just below 11%**. So, providing **affordable higher education** becomes difficult.
- **Higher education is not a pure public good.** What people who call education a public good mean is that there are **positive externalities** i.e. not all of the benefits accrue to the students but society benefits when more people go to college. However, students enjoy a significant fraction of it. Thus, it is reasonable that students should bear a good fraction of the cost of higher education.
- Treating **higher education as a public good** means treating the individuals being educated as **instruments of the public good rather than as ends in themselves**. The more we believe the primary justification for education is the public benefits it produces, the less we allow **individuals to receive the higher education they want** rather than the education the government believes is good for them.
- Most of the **top institutes in US such as Stanford and Harvard Universities are privately owned** and they provide scholarships to students.
- Making education as a public good may not always lead to quality education due to **bureaucratization, limited competition, resources, limited need to attract best talents**.
- Many financial institutions provide education loans to students which they can repay back when they start earning (**Study now, pay later model of Australia**). This way the quality will not be compromised as there are more funds to disburse with the institutions.

Evolution of Education as a public good in education policies of India:

- **University Education Commission in 1948** (under the chairmanship of **Dr. S. Radhakrishna**): It discussed the re orientation of higher education in relation to the five basic tenets of our constitution **Democracy, Justice, Liberty, Equality, and Fraternity**.
 - The recommendations of Dr. Radhakrishnan were reinforced by the **Secondary Education Commission** appointed in 1952 with **Dr. L.S. Mudilkar as Chairman**.
- **Education Commission (1964-1966)** (popularly known as **Kothari Commission**): Based on this Commission's report, the **National Policy on Education 1968** was formulated, with provisions such as-
 - Emphasis on a **common school system of Public Education** which would provide equality of access to children from all social strata and which would be adequate in quantity and quality.
 - It made recommendations that reflected the democratic aspirations of the Indian masses **regarding free and compulsory education and increasing financial out-lays for education**.
- **42nd Amendment to the Constitution in 1976:** It moved education from the **State to the Concurrent List**.
- **Draft National Education Policy, 1979:** It emphasized on **Adult Education**, which the policy treated as an integral part of the **Revised Minimum Needs Programme**.
- **National Policy on Education-1986** (which was modified in 1992): It laid special emphasis on the removal of disparities and to equalise educational opportunity, especially for Indian women, Scheduled Tribes (ST) and the Scheduled Caste (SC) communities.
 - The **Sarva Shiksha Abhiyan**, Mid-Day Meal Scheme, **Navodaya Vidyalayas** (NVS schools), **Kendriya Vidyalayas** (KV schools) and use of IT in education are a result of the NEP of 1986.
- **86th Constitutional Amendment in 2002:** provided Right to Education as a fundamental right for children between 6-14 years in part-III of the Constitution under Article 21A.
- **The new education policy, 2020:** It lays emphasis on greater attention to the backward classes, physically challenged and minority child for their development in education.

Conclusion

The educational landscape has undergone deep changes over the last decades, with the transformation of governance models, the increasing involvement of civil society organizations as well as a growing trend towards privatization and commoditization, economic, environmental and intellectual areas, call for a humanistic and **holistic approach to education that goes “beyond narrow utilitarianism and economism to integrate the multiple dimensions of human existence”**.

7.3. E-LEARNING

Why in News?

The COVID outbreak has altered the traditional teaching-learning mechanisms with the **distinctive rise of e-learning**.

About E-learning

- **Online learning or e-learning** is a whereby teaching is undertaken remotely and on digital platforms through live platforms. It is based on formalised teaching but is electronically supported and relies on the Internet for teacher/student interaction and the distribution of class materials.
- **Advantages of e-learning**
 - **Flexibility to plan schedule**
 - **Ease of Access**
 - **More Affordable** as online programs are cheaper when compared to the ones held in a traditional campus.
 - **Solves teacher scarcity**
 - **Environmentally friendly** as it consumes less energy and emits fewer CO₂ emissions than traditional university courses. In addition, as E-Learning is a paperless learning method
- **Disadvantages of e-learning**
 - **Student Feedback is weak** as compared to face-to-face feedback in traditional classrooms
 - **Social Isolation** due to the absence of human communication in physical classrooms.
 - **Requires strong self-motivation**
 - **Lack of communicational skill development** due to the lack of face-to-face communication between peers, students and teachers in an online setting
 - **Cheating prevention** during online assessments is complicated.

Challenges with e-learning in India

- **Digital Divide:** According to the Indicators of Household Social Consumption on Education in India report, **less than 15% of rural Indian households have Internet connection** (as opposed to 42% urban Indian households). Those with no access to the internet are still excluded from quality learning. Further, **classes at times get disturbed due to connectivity issues**.
 - As per NSSO data, **only 4.4% of rural households and 23.4% of urban households have computer/laptop**. Thus 75% of students are using smartphones to watch online classes. Teachers are apprehensive about students using smartphones because of distracting apps.
- **Difficult for parents to adjust:** Parents complain of increased screen time for children, aren't comfortable with technology themselves and increased pressure from the added household work due to the absence of domestic help adds to their problem.
- **Gender divide:** Increased domestic responsibilities especially for girls is impairing the atmosphere of learning. According to a recent UN report, **only 29% of all internet users are female**, which indicates that transitions to digital learning may compound the gender gap in education.

Related News: Union HRD Minister launched the draft 'Industry Guidelines on Digital Learning'

- The Draft Guidelines were **developed by UNESCO, Mahatma Gandhi Institute of Education for Peace and Sustainable Development (MGIEP)**.
- These draft guidelines have been divided into two broad sections— **Mandatory and Recommended**.
- **Mandatory characteristics feature preliminary requisites** for any digital learning application and includes:
 - No discrimination
 - No gratuitous Violence
 - Learner Centric
- The **Recommended characteristics list desirable features** that align the application with the core values of UNESCO MGIEP and SDG 4 and includes Content Quality, Learning strategies, Data Privacy, Accessibility and Health Concerns.

- **Lack of vernacular content:** Most of the content and existing lectures on internet are in English. In India, the Ministry of HRD data shows that there are **only 17% English medium schools**.
- **Creating new inequality:** Only a handful of private schools, universities and IITs could adopt online teaching methods. Their low-income private and government counterparts, on the other hand, have completely shut down for not having access to e-learning solutions.
- **Difficulties for teachers:**
 - Without adequate training, many teachers are **not comfortable with using technology**.
 - Also, with reduced interaction, it is **difficult for teachers to develop a rapport with the children** for effective teaching.
 - Teachers are also under tremendous pressure due to **interference by overenthusiastic parents**.
- **Lack of institutions' autonomy:** Existing rules have constrained Indian education institutions to take advantage. Till now, the **UGC has licensed only seven universities to offer online courses**.
- **Conducting large-scale, high-stakes examinations** will be more complicated. Most board and entrance examinations have been either postponed or suspended, causing disruptions in the academic calendar.

Way forward

A **multi-pronged strategy is necessary** to manage the crisis in the short term and build a **resilient Indian education system** in the long term.

Immediate/short term measures

- **Ensuring continuity of learning** in government schools and universities. Open-source digital learning solutions and Learning Management Software should be adopted so teachers can conduct teaching online. The DIKSHA platform, with reach across all states in India, can be further strengthened to ensure accessibility of learning to the students.
- **Deployment of ed-tech applications** which takes into account the low internet bandwidth and patchy connections. The applications can focus on offline content which can be reviewed without a stable internet connection by the learners in the remote corners of India.
- **Improve content in regional language.** The existing EdTech solutions can prioritize the translation of key modules into regional dialects and deliver educational content with the help of grassroots organizations.
- **Leveraging community owned tablets and smart devices** for education can also aid learners. Also, the services of Bharatnet and Wi-Fi Choupal (wifi hotspots) can be used to access the educational modules by the students in remote villages.
- **Establishing quality assurance mechanisms and quality benchmark** for online learning as well as e-learning platforms. Many e-learning players offer multiple courses on the same subjects with different levels of certifications, methodology and assessment parameters. So, the quality of courses may differ across different e-learning platforms.

Long term measures

- **Inclusive learning solutions** need to be developed. With a rapid increase of mobile internet users in India, which is expected to reach 85% households by 2024, technology is enabling ubiquitous access and personalization of education even in the remotest parts of the country. This can change the schooling system and increase the effectiveness of learning and teaching,
- **Reducing the Gender Divide** by leveraging the digital solutions to enrol out of school girls. Targeted Information and Education campaigns, curated content borrowing from behavioural science and interactive media can be used to incentivize girls to re-join the education journey.
- **Strategies to prepare the higher education sector** for the evolving demand–supply trends across the globe—particularly those related to the global mobility of students and faculty and improving the quality of and demand for higher studies in India. Measures are required to mitigate the long-term effects of the pandemic on job offers, internship programs, and research projects.
- **Courses on Indian traditional knowledge** systems in the fields of yoga, Indian medicines, architecture, agriculture etc. should be integrated with the mainstream university education to promote scientific innovations, values, and to develop sustainable solutions.

Related News: Impact of COVID 19 on Rural Education in India**Why in news?**

Recently **Annual Status of Education Report (ASER 2020 Wave 1)** was released which explores **provision of and access to distance education mechanisms**, materials and activities for children in rural India, and the ways in which children and families are engaging with these **remote learning alternatives** from their homes.

ASER 2020 Findings

- **Children's enrolment:** As compared to data from ASER 2018, data from ASER 2020 (September 2020) show a small shift in enrolment from private to government schools, across all grades and among both girls and boys.
 - **Reasons:** financial distress in household and/or permanent school shutdown among private schools.
- **Children not currently enrolled:** It found that 5.3% of rural children aged 6-10 years had not yet enrolled in school this year, in comparison to just 1.8% in 2018.
 - **Reasons:** families are waiting for schools to open to seek admission.
- **Household Resources:** While schools are closed, children rely mainly on the resources available at home to help them learn. These resources can consist of people who can help them to study (for example, educated parents); technology (TV, radio or smartphone); or materials (such as textbooks for the current grade).
 - Children in lower grades get more family support than in higher ones. Similarly, children with more educated parents receive more family support than those with less educated parents.
- **Access to Learning Materials and Activities:** Governments and others have used a variety of mechanisms to share diverse learning materials with students during school closures. However, data shows large variation in access
 - A higher percentage of private school children received learning materials/activities as compared to government school children in the same grades.
 - ✓ WhatsApp was the most common medium through which activities and materials were received. However, this proportion was much higher among children in private schools (87.2%) than those in government schools (67.3%).
 - About 36% of rural households with school-going children had smartphones. By 2020, that figure had spiked to 62%.
 - ✓ About 11% of families bought a new phone after the lockdown, of which 80% were smartphones.
 - **There are significant variations by state in children's receipt of learning materials** or activities during the reference week. States where less than a quarter of all children had received any materials include Rajasthan (21.5%), Uttar Pradesh (21%), and Bihar (7.7%).

Government Initiatives for Online Education during COVID-19

- **VidyaDaan 2.0:** It was launched due to the increasing requirement for e-learning content for students (both school and higher education) in the backdrop of COVID-19.
 - **VidyaDaan is national program, in which individuals** (teachers, educationists, subject experts etc.) & **organizations** (schools etc.) **can contribute to e-learning** in the education domain.
- 200 new textbooks have been added to **e-Paathshaala**.
 - **E-Paathshaala** is a portal/app developed by NCERT. It hosts educational resources **including textbooks, audio, video, periodicals, and a variety of other print and non-print materials** for teachers, students, parents, researchers and educators.
- **PRAGYATA guidelines on Digital Education** was released by Ministry of Education, along with **Students' Learning Enhancement Guidelines** (prepared by NCERT) that addressed issues related to students with no or limited access to online and digital technologies.
- **Manodarpan:** It is an initiative for **psychosocial support of teachers, students and their families with regard to their mental health and emotional wellbeing**.
- **NISHTHA** (National Initiative for School Heads' and Teachers' Holistic Advancement) has been customized for online mode to be conducted through DIKSHA and NISHTHA portals by the NCERT.
 - **DIKSHA** (Digital Infrastructure Knowledge Sharing) portal provides **supplementary learning material for students and for upgrading the skills of teachers**.
- 12 new **SWAYAM PRABHA DTH channels** were added to support and reach those who **do not have access to the internet**.
- **Government has also tied-up with private DTH operators like Tata Sky, Airtel etc. to air educational video content in order to enhance the reach among students**.
- **PM eVIDYA:** A programme for multi-mode access to digital/online education consisting of:
 - DIKSHA for school education in states/UTs: e-content and QR coded Energized Textbooks for all grades (one nation, one digital platform)
 - One earmarked TV channel per class from 1 to 12 (one class, one channel)
 - Extensive use of Radio, Community radio and Podcasts
 - Special e-content for visually and hearing impaired.
 - Top 100 universities will be permitted to automatically start online courses

7.4. ANNUAL STATUS OF EDUCATION REPORT (ASER) 2019: EARLY CHILDHOOD EDUCATION

Why in news?

Recently NGO Pratham published ASER Report 2019 'Early Years'.

About ASER 2019 Survey

- **Focusing on Early years:** The early years, is known to be the most important stage of cognitive, motor, social and emotional development in the human life cycle.
 - The 'Early Years' ASER collects data on the **schooling or pre schooling status of children in the age group 4-8.**
- It explores selected competencies categorized in **four domains:**
 - Early language acquisition,
 - Early numeracy skills,
 - Cognitive abilities and
 - Social and emotional learning.

Key Takeaways

- **Status of Pre-school and school enrolment patterns among young children (age 4-8):** More than 90% of young children in this age group are enrolled in some type of educational institution.
- **Status of Children in early primary grades (Std I-III):** The variation in age distribution which is widest in Std I, **decreases in each subsequent grade.** And older children continue to do better than younger ones on every task.
- **Private schools performing better than the Government schools:** They have a **learning advantage** on all the crucial factors, such as, age distribution in grade one, home factors such as affluence, mother's education and some baseline abilities that children enter grade one with.
 - They expose children to school-like curricula even before they have entered school.
- **Role of Mother's education:** Among the pre-primary section, children with mothers who completed eight or fewer years of schooling are more likely to be attending anganwadis or government pre-primary classes.
 - Whereas their peers whose mothers studied beyond the elementary stage are more likely to be enrolled in private LKG/UKG classes.

Concerns

- **Gender gaps:** It is visible among the young children of age 4-8 years, with more girls than boys enrolled in government institutions, and more boys than girls enrolled in private institutions.
- **Cognitive skills:** At age of 5, a large proportion of children is unable to do all of the activities. Moreover, children from less advantaged homes are **affected disproportionately.**
- **Difference in the age distribution:** Right to Education Act, 2009 (RTE) mandates that children should enter Std I at age 6. However, **4 out of every 10 children** in Std I are younger than 5 or older than 6.
 - **Children in Std I in government schools are younger** than those in the same grade in private school.
- **Mismatch with curriculum expectations:** Children's skills and abilities improve in each subsequent grade. But the huge jump between curriculum expectations at each grade means that by Std III, their early language and numeracy **outcomes are already well behind curriculum expectations.**
 - **For example:** 41.1% of students in Std I can recognize 2-digit numbers, while 72.2% of students in Std III can do so. But according to NCERT's specification of learning outcomes, children are expected to be able to recognize numbers up to 99 in Std I itself.

About ASER

- ASER is **sample-based household survey** and **largest citizen-led survey** in India.
- It is an annual survey that aims to provide reliable annual estimates of **children's schooling status and basic learning levels for each state and rural district in India**
- Every year since 2005, ASER has reported on the ability to do basic reading and arithmetic tasks for children in the **5-16 age group in Rural India.**
- In 2017, ASER '**Beyond Basics**' focused on the abilities, experiences, and aspirations of youth in the **14-18 age group.**

Pre-School Education and Care in India

- **The Right to Education Act** proposes that state governments make the necessary arrangements for **early childhood care and education** for all pre-school age children, that is 3 to 6 years.
- The **draft National Education Policy 2019** underlines the importance of early childhood education and prescribes guidelines for providing pre-primary education.
- However, the **India Early Childhood Education Impact Study 2017** presents evidence that young children do not follow the enrollment trajectories outlined by policy.

- **Poor condition in anganwadis:** Children in anganwadis do worse than private pre-school children on cognitive as well as early language tasks.
 - **For instance:** 14% children in anganwadis could recognise letters or more compared to 52.9% in private pre-schools.

Recommendations

- **Focus on play-based activities:** Children's performance on tasks requiring cognitive skills is strongly related to their ability to do early language tasks and early numeracy tasks.
 - This suggests that focusing on play-based activities that build memory, reasoning, and problem-solving abilities is more productive than an early focus on content knowledge.
- **Reworking of curriculum and activities:** This is urgently needed for the entire age band from four to eight, cutting across all types of preschools regardless of whether they are run by private or Government.
- **Strengthen the existing network of anganwadi centres:** The findings of ASER 2019 make a clear case for strengthening these early childhood education centres so that they implement appropriate “school-readiness” activities.
- **Revisit state and national norms for age of entry to school:** ASER shows clearly that performance is closely related to children's age. Permitting underage children into primary grades puts them at a learning disadvantage which is difficult to overcome.
 - ASER data shows that 27.6 % of all children in Std I are under age six.
- **Breadth of skills is important, and focusing too early on formal subject learning is counter-productive:** ASER 2019 data shows a focus on activities that strengthen cognitive skills rather than subject learning in the early years may generate substantial benefits in terms of children's future learning.
- **Need to streamline the curriculum** at the pre-school stage so that all pre-schools focus on activities that build cognitive and early literacy and numeracy skills.

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ETHICS, INTEGRITY & APTITUDE

GS PAPER IV

9 OCT | 5 PM

- ▶ Daily assignment and discussion
- ▶ Meticulously designed module based on previous years' papers
- ▶ Previous years' questions discussion

MARKS FETCHING TECHNIQUES

INTENSIVE CASE STUDY SESSIONS

INTERLINKING OF DIFFERENT TOPICS

8. MISCELLANEOUS

8.1. URBANISATION OF PANDEMICS

Why in news?

Majority of COVID-19 cases in India were recorded from urban centers like in India like Mumbai, Delhi, Ahmedabad, Indore, Pune, etc. suggesting that COVID-19 dominantly is urban-centric.

Challenges of Managing the growing urbanisation of Pandemics

Reasons for growing urbanisation of Pandemics	Challenges associated
High population density and high volume of public transportation	A larger population to be managed; ease of disease spread between humans in congested areas; difficulties in contact tracing, especially causal contact in public areas; inequalities resulting in poor housing environments that might hinder outbreak prevention and control efforts; closer encounters with wildlife via food markets or because of expansion into previously untouched ecosystems
Interface between animals and humans	Areas of poor sanitation with rodents and other animal vectors; live domestic and wild animal markets; animals raised in backyard farms or industrial agricultural facilities in close proximity to humans
Governance by local authorities	Competing interests within a finite local budget ; insufficient authority to institute response measures promptly; insufficient epidemic preparedness capabilities or capacities at a subnational and local level; difficulties in accessing national capacities
Heterogeneous subpopulations	A wide range of cultural factors, including modes of social interactions and acceptable control measures; some subpopulations might be difficult to reach
High connectivity to other urban centres (domestic and international)	High likelihood of multiple importation events; risk of rapid export of disease to other parts of the country or to other countries; fear might lead to restrictions on travel and trade
Centres of commerce	Greater disruption to economic activity, stability, and growth
Unconventional communications and interactions	Multiple information sources leading to misinformation; false information might spread quickly

Post pandemic City Planning

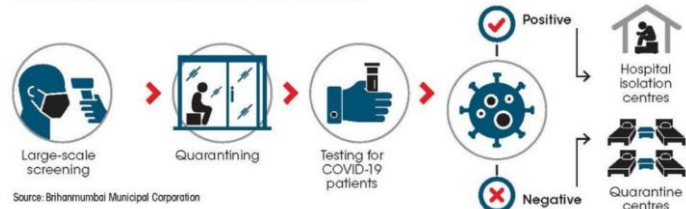
Basic aspects of City Planning needed to combat future pandemics are discussed below:

- **Urban Design**
 - **Generating and using structured data of Indian cities** for planning and research.
 - **Wider footpaths and walkable streets** to maintain social distancing.
 - **An upgrade to health facilities**
 - **Sanitation facilities and safety information** at public spaces.
- **Housing**
 - **Locations should be earmarked in master plans** to improve area advantages, transport connectivity of **affordable housing and self-constructed settlements**. This will reduce economic and social costs of living.

Dharavi model for tackling COVID-19

- **Change in tactics from a reactive one to a 'pro-active' one:** Chasing the virus before it infected people by screening people on a massive scale by visiting houses and setting up fever camps in localities.
- **Adoption of 'screen-test-screen-test' strategy:** It showed how smart testing could be a way out of shortages of resources and kits.

The model that worked for Dharavi



- **Community in action:** People became receptive to official instructions of staying at home and avoiding gatherings and volunteer groups were formed where the police could not reach.
- **Role of private hospitals and clinics:** Clinics not only helped in segregation but also indicated as where screening drives should be carried out.
- **Use of technology:** Drones were used to check whether people were gathering anywhere.

- Professional architects and planners have come together to provide design support and training to the self-constructed settlements of Dharavi and Shivaji Nagar in Mumbai, and Mangolpuri in New Delhi. This initiative must be taken forward in other cities.
- **obility: Re-imagining the allocation of street space** to promote **sustainable mobility** that is resilient to future shocks and equitable. For example, cities like Chennai and Pune have created over 100 km of pedestrian-friendly streets since 2014.
- **Spatial Planning:** Building spaces that are **non-segregated mixed-class, mixed-use neighbourhoods** that allow people to support each other.
 - Such mixing would ensure that **neglect and poverty is not locked into pockets** and that vulnerable populations have access to the city centre and its resources, and they're not neglected during a crisis.

Conclusion

The ongoing pandemic of COVID-19 is a strong reminder that urbanisation has changed the way that people and communities live, work, and interact, and the need to strengthen systems and local capacities to prevent the spread of infectious diseases is urgent. As a global community, we must collectively invest in and build strong preparedness systems that are better adapted to increasingly urbanised settings.

8.2. URBAN POOR

Why in news?

The disproportionate impact of COVID-19 pandemic on urban informal workers including their migration from cities to their native places brought into focus the issues of urban poor.

Issues related to urban poverty

As identified by Tenth Five Year Plan, there are several types of vulnerabilities faced by the poor in cities and towns broadly classified as

- **Housing Vulnerability:** Majority of urban poor generally live in **low quality unhygienic areas** such as slums. They have **no ownership rights and entitlements**. As occupants construct on the empty land, the **civic body does not provide them basic amenities**- therefore they have no access to individual water connection, toilets, electricity, and roads. Also, poor live in unhealthy and insanitary living conditions.
 - According to Census 2011, 17.7% of urban population comprising 65 million people lives in slums.
- **Economic Vulnerability: Irregular employment with low wages** makes them more vulnerable. This restricts availability of formal credit from banks, they have **no access to formal safety net programmes**, and productive assets.

Poverty Line in India (per-capita per month at 2011-12 prices)- All data for 2011-12					
Committee on Poverty Estimation	Rural Poverty Line	Urban Poverty Line	Rural Poverty Level	Urban Poverty Level	All India Poverty Level
Tendulkar committee	Rs. 816	Rs. 1000	25.4%	13.7%	21.9%
Rangarajan Committee	Rs. 972	Rs. 1407	30.9%	26.4%	29.5%

- **Social Vulnerability:** The income inequality creates **divergence between lower strata of society i.e. poor and middle class**. It increases social differences in education and skill development programmes.
- **Personal Vulnerability:** At personal level, poor are more **vulnerable for getting social justice** in their day-to-day work. The poor are victims of all types of injustice and violence. Particularly, low caste people and minority, especially women, children, the elderly, disabled and destitute have no access to social justice.

Government Interventions for Urban Poor

The **Ministry of Housing and Urban Poverty Alleviation (MoHUPA)** is the nodal agency at the Centre responsible for development of urban poor. There are various schemes which address various vulnerabilities of the urban poor.

- **To address Housing Vulnerability:** The **Pradhan Mantri Awas Yojana (Urban) Programme** launched by the MoHUPA, in Mission mode envisions provision of **Housing for All by 2022**. The Mission seeks to address the housing requirement of urban poor including slum dwellers.
 - Also, recently Government approved a scheme named Developing of Affordable Rental Housing Complexes (ARHCs) for urban migrants/poor.

- **To address Economic Vulnerability:**
 - MoHUPA is implementing a **Centrally Sponsored Scheme Deendayal Antyodaya Yojana-National Urban Livelihoods Mission (DAY-NULM)** for reducing the poverty and vulnerability of urban poor households since 2013. The Mission **covers all the statutory towns**, to be decided by the State as per local need and capability.
 - Also, the **Street Vendors (Protection of Livelihood and Regulation of Street Vending) Act, 2014** aims to protect the rights of urban street vendors and to regulate street vending activities. So far 33 States/UTs have notified the scheme. Meghalaya has its own Street Vendors Act.
- **To address Social Vulnerability:** Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), Pradhan Mantri Suraksha Bima Yojana (PMSBY) and Atal Pension Yojana (APY) seek to bring unorganised sector workers and poor across the country (including rural areas) under the safety net of insurance and pension.
 - More recently, **Pradhan Mantri Shram Yogi Maan-dhan (PM-SYM)** - A pension scheme for unorganised workers was launched.

How to tackle the causes of urban poverty?

COVID-19 has forced us to look at **imbalanced growth planning** of cities and an **impoverished urban population**. In such a scenario, following suggestions could be implemented to tackle the persisting challenges-

- **Reform the Urban Governance:** Rebuild urban governance model on the following pillars: Convergence and accountability; urban populace specific schemes; wider public participation; and use of the latest technologies. Also Urban local bodies must be financially and administratively strengthened.
- **Build a credible Database** of the urban poor and migrants, along with **mapping their skills** that is maintained centrally at the district level. **The national migrant database**, announced by the National Disaster Management Authority is a step in this direction.
 - This data shall also **assist policy makers in developing tailor-made schemes for the urban populace**.
- **Decentralise urban growth:** Urban planning should be **decentralised by focusing on smaller cities** and towns. This will **lessen the burden of migrant population on megacities** and also **enhance the livability** within the city.
- **Address Health and social vulnerability:** Learning from **COVID pandemic** should be incorporated to focus on social determinants of healthcare by creating a robust, equitable and sustainable infrastructure that should be inclusive for all levels of society and ensure strong grassroots level partnership with communities.

Demand for National Urban Employment Guarantee Programme (UEGP)

Low budgetary provisions, poor human resource and less empowered Urban Local Bodies create challenges in assuring a better living environment and right to decent livelihood for every urban poor. Also, the COVID-19 led to widespread job losses in urban areas. In this backdrop there is a demand for **National Urban Employment Guarantee Programme (UEGP)**.

Benefits of UEGP

- **Raised incomes:** A UEGP would **help to address the Underemployment and low wages** in the informal urban workforce by **mandating a statutory wage** like MGNREGA.
- **Controlling migration:** It will also help to **retain the local workforce in smaller cities and towns** by providing work on demand thus **tackling the challenge of Migration** to large cities.

Challenges for Urban Poor due to COVID-19 Pandemic

- **Increased risk:** There are several factors that **put the urban poor, especially those living in slums, at high risk** for contracting infectious diseases such as COVID-19. These **risks are linked to:** Overcrowded living conditions; crowded transport services, specific aspects of working in the informal sector (often in crowded places, no social protection to fall back on, etc.) etc.
- **Job Losses:** due to lockdown, closing of factories/businesses, disruption in supply chains etc.
- **Limited alternatives:** Rural economy is not capable of absorbing such a large number of seasonal migrant worker who returned to their homes, even with the MGNREGA.
- **Public transfers and other assistance:** Ensuring that food items and essential supplies, such as medicines, reach the vulnerable sections has been a challenge in this period.
 - The government has responded to the crisis by announcing several social protection schemes, including direct benefit transfers for certain sections of the population and free LPG refills, grains, and pulses for the poor. But large sections of the urban population, including **urban informal workers**, remain out of scope of government benefits for the want of documents.
- **Lack of social protection for urban poor:** Nearly 70% of social protection beneficiaries are in rural India and the needs of a more mobile and urban India haven't been addressed.
 - For example, for COVID crisis, the government was able to quickly use pre-existing schemes like PM-KISAN, available only in rural India. There is **no urban equivalent of a MNREGA or PM-KISAN**.

<ul style="list-style-type: none"> • Creation of assets: A centrally funded programme covering the wages of different kinds of workers will allow the ULBs to invest in asset creation to improve quality of life of urban populations. <ul style="list-style-type: none"> ○ Further a UEGP can generate a new set of 'green jobs' that can strengthen the capacity of ULBs as well as promote sustainable urban development. • Other spillover effects: <ul style="list-style-type: none"> ○ It increases demand by raising incomes directly, and indirectly in the informal sector, by improving the fallback position (alternatives) of workers. ○ It provides a better trained workforce to the private sector by allowing educated young workers to acquire skills and improve their employability. ○ The work undertaken will create assets that improve the town's ecology and quality of public services. ○ It creates a shared sense of public goods in which every resident has a stake. ○ Further, an employment guarantee programme also strengthens the 'Right to Life' enshrined under Article 21. <p>Challenges</p> <ul style="list-style-type: none"> • Rural guarantee scheme (MGNREGA) works on self-selection. All of the work under the scheme is of unskilled manual nature. It is difficult to implement such a framework in the urban economy since the basic premise of a healthy rural to urban economic transformation is to transfer workers from low-skill and low-productivity professions to high-skill jobs. • Given the fact that common land- which is where most of the rural guarantee works happen, is scarcer in cities than in villages, even an unskilled job guarantee might be difficult to implement in cities. 	<p>Progress on Urban employment guarantee programme</p> <ul style="list-style-type: none"> • Madhya Pradesh recently announced a 100-day urban job guarantee scheme, the Yuva Swabhiman Yojana, which provides urban youth with varying educational qualifications with a wide set of jobs. • Since 2010, Kerala has been running Ayyankali Urban Employment Guarantee Scheme which guarantees 100 days of manual work wage employment to an urban household. • Odisha recently launched an Urban Wage Employment Initiative for urban informal labour to carry out public works identified by ULBs. • Himachal Pradesh has announced the Mukhya Mantri Shahri Ajeevika Guarantee Yojana which assures urban poor 120 days' work. • Jharkhand has proposed Mukhyamantri Shramik Yojana under which urban workers will be able to demand a maximum 100 days of work.
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Measures announced for Urban Poor under Atmanirbhar Bharat Abhiyan

The Economic Package tries to ameliorate the hardships faced by poor in general and migrants in particular. Major announcements were as follows-

<p>One Nation One Ration Card Initiative</p>	<ul style="list-style-type: none"> • It aims at creating technology systems which will be used for enabling Migrants to access Public Distribution System (Ration) from any Fair Price Shop in India using the same ration card. • More about the scheme: <ul style="list-style-type: none"> ○ The scheme is a part of the PM's Technology Driven System Reforms. ○ It will have 67 crore beneficiaries in 23 states covering 83% of PDS population by August, 2020. Intra-State portability has already been introduced in 20 States. ○ According to the scheme, all States/UTs will complete full Fair Price Shop automation (100% National portability) by March, 2021.
<p>Affordable Rental Housing Complexes (ARHC)</p>	<ul style="list-style-type: none"> • It will be launched under the Pradhan Mantri Awas Yojana (PMAY) by converting government funded housing in the cities into ARHC under PPP mode through concession based arrangements. • It will help migrant workers and urban poor to live in cities by paying reasonable rents at these government complexes. • For this, government will incentivise manufacturing units, industries, institution associations central and state government agencies to develop and operate ARHC.
<p>Special Credit Facility for Street Vendors (Allocation: Rs. 5,000 crore)</p>	<ul style="list-style-type: none"> • The scheme aims to check the adverse impact on the livelihoods of the street vendors due to COVID-19 and facilitating easy access to formal credit for street vendors. • It will directly support nearly 50 lakh street vendors. • Under the scheme, initial working capital will be up to Rs. 10,000 and digital repayments of loans will be incentivized through monetary rewards.
<p>Free Food grain Supply to Migrants for 2 months</p>	<ul style="list-style-type: none"> • The aim is to provide food grain assistance (5 kg of grains per person and 1 kg Chana per family per month) to migrants who are not covered in any of the existing schemes such as NFSA or State schemes. • About 8 crore migrants are expected to benefit from this scheme.
<p>Measures in relation to Self-help groups (SHGs)</p>	<ul style="list-style-type: none"> • 12,000 SHGs have produced 3 crore masks and 1.20 lakh litres of sanitizers. This has given additional employment opportunity to the urban poor. • Disbursal of Revolving Fund (RF) to SHGs was on-boarded on PAiSA Portal on a pilot basis in Gujarat and is now being rolled out across all the States.

	<ul style="list-style-type: none"> ○ Portal for Affordable Credit and Interest Subvention Access (PAiSA): It is a centralized electronic platform for processing interest subvention on bank loans to beneficiaries under Deendayal Antyodaya Yojana. ● 7,200 new Self Help Groups of urban poor have been formed since the outbreak.
State Disaster Response Fund	<ul style="list-style-type: none"> ● Government of India has permitted State Governments to utilise State Disaster Response Fund (SDRF) for setting up shelter for migrants and providing them food and water etc.

8.3. DRUG ABUSE IN INDIA

Why in news?

- The **World Drug Report 2020** was released by **The United Nations Office on Drugs and Crime (UNODC)** that has outlined the possible consequences of the COVID-19 pandemic on Illegal Drug Production, Supply and Consumption.
- In India, **‘Nasha Mukht Bharat: Annual Action Plan (2020-21) for 272 Most Affected Districts’** was e-launched by Ministry of Social Justice and Empowerment on the occasion of **“International Day Against Drug Abuse and Illicit Trafficking” (June 26)**.

What is Drug Abuse?

- Drug abuse or substance abuse **refers to the use of certain chemicals for the purpose of creating pleasurable effects on the brain.**
- Substances of abuse include alcohol, opiates, cocaine, amphetamines, hallucinogens, prescription and over-the-counter drug abuse.

Drug abuse in India

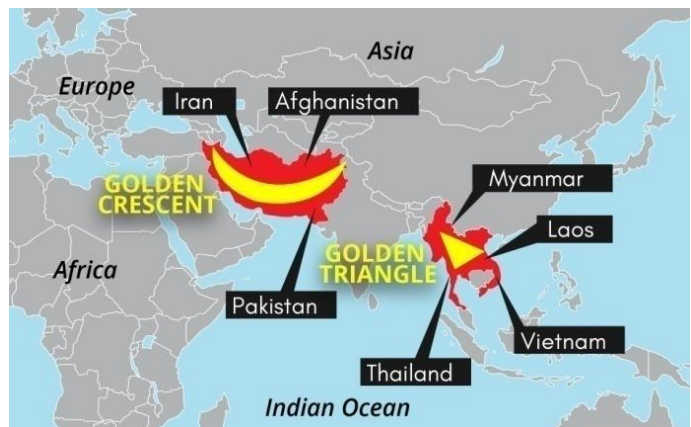
- As per the UNODC 2020 report, India is also **among the countries with highest illicit cultivation and production of cannabis** from 2010 to 2017. In 2018, India topped with **largest seizure in South Asia**, amounting to 266.5 tons of cannabis herb.
- As per the report submitted by AIIMS in 2019,
 - **Alcohol is the most common psychoactive substance** used by Indians followed by Cannabis and Opioids.
- Within India, the **worst affected regions** are **North East India (especially Manipur)** and **North West India (especially Punjab)** followed by Mumbai and Delhi and now Haryana.

Impact of COVID-19 pandemic

- **Rise in drug use and drug trafficking:** Pandemic is likely to disproportionately affect the poorest, making them more vulnerable to drug use and also to drug trafficking and cultivation in order to earn money.
- **Increased risk for drug users among COVID-19 patients** as they now have compromised immune systems.
- **Alternative trafficking routes** due to restrictions to tackle the pandemic along the existing trafficking routes. For example, a recent uptick in opiate seizures in the Indian Ocean indicate that traffickers are increasingly looking to maritime routes.
- **Reduced access to drug disorder treatment** due to lockdown measures.

Causes of Drug abuse

- **Geographical location:**
 - India is the link country between the two major opium producing regions of the world, namely -the **“Golden Triangle”** and the **“Golden Crescent”**.
 - Also, the **coastal states are susceptible** to maritime drug trafficking due to their exposure to trafficking routes across the Indian Ocean. **BIMSTEC region** due to its close proximity to China (leading country in the Pharma sector) is **very vulnerable** to the diversion and trafficking in Pharmaceutical Drugs.
- **Socio-economic factors:** Family history of addiction, unemployment, changing cultural values and dwindling supportive bonds, peer pressure, glorification by media.



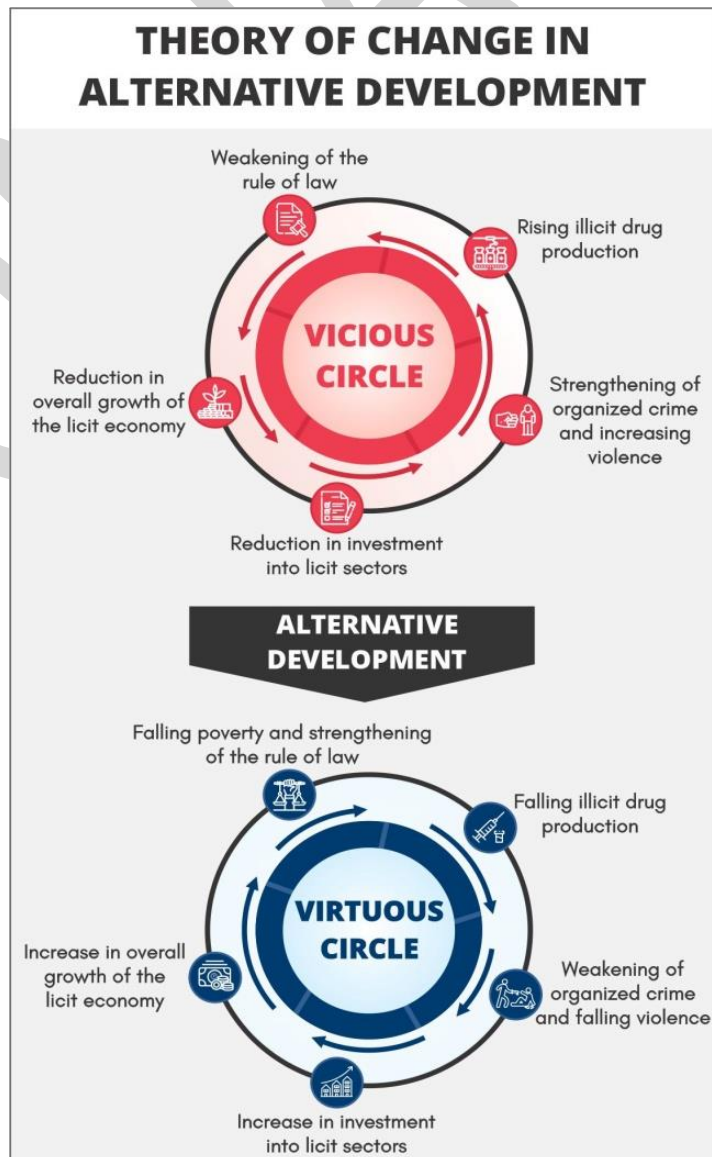
- **Biological Factors:** Pre-existing psychiatric or personality disorder, or a medical disorder.
- **Psychological Factors:** Low self-esteem (Anomie), Poor stress management, Social rebelliousness, Childhood loss or trauma.
 - **Weak law enforcement and regulatory controls:**
 - **Implementation of laws** such as Narcotic Drugs and Psychotropic Substances Act, 1985 by the states has been tardy.
 - **Developments in technology such as use of darknet for drug trafficking and inadequately trained staff.**
 - Many times, **licitly produced opium for Pharmaceutical sector is diverted** to illicit channels in India.
- **Drug market is becoming more complex:** Plant-based substances such as cannabis, cocaine and heroin have been joined by hundreds of synthetic drugs, many not under international control. There has also been a rapid rise in the non-medical use of pharmaceutical drugs.

Impacts of Drug abuse

- **Threat to demographic dividend:** With most drug users being in the productive age group of 18–35 years, the loss in terms of human potential is incalculable.
- **Impact on Family:** The drug abuse problems may affect interpersonal relationships, instability in family, child abuse, economic insecurity, deprivation of schooling etc.
- **Strong link between injecting drug use (IDU) and the spread of HIV/AIDS.**
- Illegal nature of Drug trafficking makes it **prone to money-laundering and terror financing.**

Way forward

- **Substance use prevention programmes** aimed at not just preventing substance use, but also ensuring that young people grow and stay healthy into adulthood, enabling them to realize their potential and become productive members of their community and society.
- **Conducive legal and policy environment,** training and capacity-building for health-care professionals, increasing the range and number of health-care providers who are allowed to prescribe and dispense controlled substances, and improving national supply management systems.
- **Stigma associated with drug use** and drug use disorders needs to be addressed by promoting the understanding that the initiation of drug use and the development of drug use disorders are influenced by factors that are often beyond the control of an individual.
- **Efficient coordination** between the drug supply control sector as well as the entities involved in drug demand reduction and harm reduction. **Enhancing collaboration** between Governments, United Nations entities, non-governmental organizations and academia.
- **Alternative development programmes** to address the current and potential ability of such farmers to manage risks and shocks (e.g., through income diversification, access to credit, savings and social protection) can help them move away from cultivating illicit crops.



Legal framework and steps taken by government to deal with drug menace

- **Article 47 of the Constitution** provides that 'the State shall endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health'.
- **Narcotic Drugs and Psychotropic Substances (NDPS) Act** in the year 1985 was enacted for the control and regulation of operations relating to narcotic drugs and psychotropic substances.
 - Under it The **Narcotics Control Bureau (NCB)** was constituted as the nodal drug law enforcement and intelligence agency of India responsible for fighting drug trafficking and the abuse of illegal substances.
- Ministry of Social Justice and Empowerment has prepared a **National Action Plan for Drug Demand Reduction (NAPDDR) for 2018-2025**.
 - The Plan aims at reduction of drug abuse through a multi-pronged strategy involving education, de-addiction and rehabilitation of affected individuals and their families.
- Recently Ministry **launched Nasha Mukh Bharat: Annual Action Plan (2020-21) for 272 Most Affected Districts**
 - It aims to: Reach out to Children and Youth for awareness about ill effect of drug use; Increase community participation and public cooperation; Supporting Government Hospitals for opening up De-addiction Centers in addition to existing Ministry Supported De-addiction Centers (IRCA); and Conducting Training programme for participants.
- **International collaboration:**
 - **India is a signatory to the three UN Conventions** namely, Single Convention on Narcotic Drugs, 1961, Convention on Psychotropic Substances, 1971 and Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.
 - India launched BIMSTEC Conference on Combating Drug Trafficking, an important platform for the Partner Nations to share ideas and exchange best practices required to combat the drug menace in the region.

8.4. LIVE IN RELATIONSHIPS

Why in News?

Recently, **Rajasthan Human Rights Commission (HRC)** issued an order asking the state government and the Centre to **"prohibit" the practice of live-in relationships**.

More about news

- Rajasthan Human Rights Commission said that the **"concubine" life of a woman in live-in relationships cannot be termed a dignified life as they are not able to secure their fundamental rights**.
- The body has asked for a public campaign to warn women of **how living in with someone would deny them some of the rights accorded to wedded women**.
- At the same time, this order **undermines the autonomy of a woman or a man** enshrined under **Articles 14, 19** (freedom to express one's identity, sexual preferences, and love), and **21** (freedom of choice).

Live in relationship in India

- Live-in relation i.e. cohabitation is an **informal arrangement whereby two people decide to live together on a long-term or permanent basis** in an emotionally and/or sexually intimate relationship **without entering into a formal relationship i.e. marriage**.
- Live in relationship concept has been growing in India due to various reasons like **improved education, globalisation, freedom and privacy etc.**
 - People also cohabit informally because they cannot formalise their relationships, such as **inter-caste/religion couples** who are barred from marrying by social norms, or same-sex couples, who are barred from marrying by law.
- Supreme Court has at various instances taken the liberty to elaborate on the concept through their judgements.

Issues associated with live in relationships and legal protection

- **Social acceptance:** Live-in relationships in India have still not received the consent of the majority of people. They are still **considered a taboo** to the Indian society. The majority of the people consider it as an immoral and an improper relationship.
- **Children out of marriage:** The children born out of wedlock are exposed to **a lot of mental trauma**. There could be custody problems or maintenance problems as the child grows.

- The position on the maintenance rights of children out of marriage varies in personal marriage laws. For instance, under the Hindu Law the father has to maintain the child, whereas under the Muslim Law the father has been absolved of such an obligation.
- However, under **Section- 125 of the Criminal Procedure Code**, remedy is available for children who are unable to claim maintenance under personal laws.

- The **Supreme Court has also upheld the inheritance rights of children** born of such relationships.

- **Adoption issues:** Live-in couples are not allowed to adopt kids as per the Guidelines Governing the Adoption of Children as notified by the Central Adoption Resource Authority (CARA).
- **Rape in live-in-relations:** It is another area that needs clarification. In *Shivashankar @ Shiva v. State of Karnataka & Another* (2018), the Supreme Court had observed long term sex in relationship cannot be termed rape, especially in the face of the complainant's own allegation that they lived together as man and wife.
- **Domestic violence:** There are also cases of harassment and violence among couple who live together.
 - **Domestic Violence Act** was enforced as an attempt to protect women from abusive (physical, mental, verbal or economic) marital relationships.
 - However, as per Section- 2 (f), it not only applies to a married couple, but also to a 'relationship in nature of marriage'. Therefore, the **Supreme Court in a couple of cases has allowed live-in relationships** to be covered within the ambit of the law specified.
- **Financial rights of women:** United States of America, live-in partners may register themselves in a 'domestic register' or formally enter into a 'cohabitation contract,' after which they receive legal recognition as domestic partners.
 - However in India the law is yet to provide for such recognition. As a result women in live-in relationships are not recognised by their partner's surname, for any legal or financial matters including opening a bank account, submission of income tax return, applying for loans, etc.
- **Maintenance:** The right of maintenance is available to wives under all personal laws in India. However, none of the religions recognize and accept live-in relationships.

Other judicial provisions

The **Supreme Court** has passed several landmark judgments on intimate relationships.

- In **Shafin Jahan v. Asokan (2018)**, it held that the right to choose one's life partner is an important facet of the right to life, and social approval of intimate personal decisions should not be the basis for recognising them.
- In **Navtej Johar v. Union of India (2018)**, it read down Section 377 of the IPC which criminalised consensual homosexual relationships.
- In **Sobha Hymavathi Devi v. Setti Gangadhara Swamy**, it was held that a continuous and prolonged cohabitation raises a presumption in favour of marriage and against concubine.
 - This is in accordance with **Section 50 and Section 114 of the Indian Evidence Act, 1872.**

International examples

- **Canada:** Live-in relationship is legally recognized in Canada. According to law, two persons who are cohabiting or intend to cohabit and who are not married to each other may enter into an agreement in which they agree on their respective rights and obligations during cohabitation, or on ceasing to cohabit or on death.
- **UK:** Live in couples does not enjoy legal sanction and status as granted to married couple. There is no obligation on the partners to maintain each other. Partners of 'live-in relationship' do not have inheritance right over each other's property unless named in their partner's will.

Impact on marriage institutions

- **Threatens notion of husband and wife:** Live in relationship threatens the notion of husband and wife and the cognition of marriage that enjoys high level of sanctity when it comes to India.
- **Adultery:** It also tends to crop up adultery, as there is no such proscription that live in partners should be unmarried. Thus, a person might be married and be lived with someone else under the garb of live in relationship.
- **Bigamy:** If the rights of a wife and a live-in partner become equivalent it would promote bigamy and it would arise a conflict between the interests of the wife and the live-in partner. This promotes bigamy, as the person who is getting into live in relationship might be already married.
- **Lack of Family Support:** When it comes to marriage, the belief is that a marriage takes place between two families. However, when it comes to a live-in relationship, it is only between two people. Family support in case of marriage is definitely present which is mostly lacking in a live in relationship.

- Since no remedy is granted to women involved in a live-in relationship, Indian Courts have widened the scope of maintenance under the Criminal Procedure Code.
- **Section- 125 of the Criminal Procedure Code** has been provided to give a legal right of maintenance to lady partners in or out of a marriage.
- **Inheritance right of live in partners:** Partners in a live-in relationship do not enjoy an automatic right of inheritance to the property of their partner.
- **Legal Status:** None of the statutes dealing with succession or marriage such as the Hindu Marriage Act, 1955, the Special Marriage Act, 1954 or the Indian Succession Act, 1925 recognise live-in relationship directly.

Conclusion

The need of the present hour is to enact a new law which would look into the matter of live-in separately and would grant rights and obligations on the part of the couples thereby reducing the cases of misuse of existing laws and also to reduce cases of atrocities faced by the female partners under such relationships.

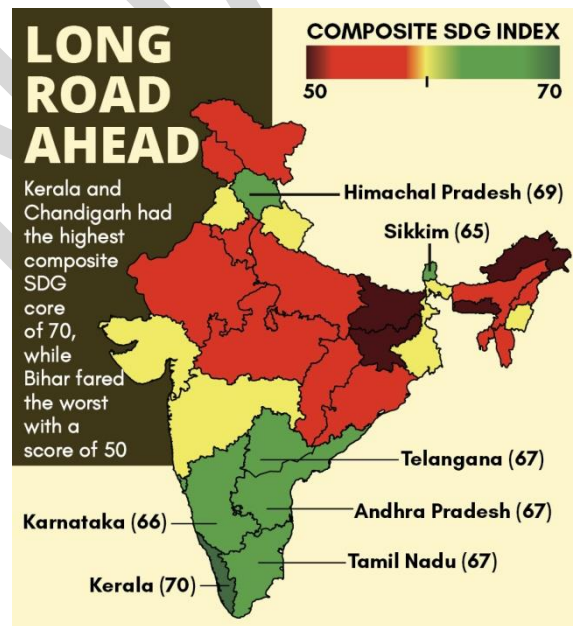
8.5. SUSTAINABLE DEVELOPMENT GOALS (SDGS)

Why in News?

NITI Aayog released the **second edition of the Sustainable Development Goals (SDG) India Index.**

SDG India Index

- **NITI Aayog** has developed the SDG India Index in collaboration with the **Ministry of Statistics & Programme Implementation (MoSPI), Global Green Growth Institute and United Nations.**
- It **comprehensively documents the progress** made by India's States and Union Territories **towards achieving the 2030 SDG targets.**
- It functions as a **tool for focused policy dialogue, formulation and implementation,** and moving towards development action pegged to globally recognizable metrics.
 - It also helps in **highlighting crucial gaps related to monitoring SDGs** and the need for improving statistical systems at the National/State/UT levels.
- **UN** has developed **232 indicators** to measure compliance by member nations while **NITI Aayog** has adapted the monitoring approach to the Indian context, with **100 indicators** of its own for the Index which are drawn from MoSPI's **National Indicator Framework (NIF).**
 - **NIF consists of 306 indicators** for monitoring the progress of SDGs.
- SDG India Index 2019 is **more robust than the first edition** as the Index spans 16 out of 17 SDGs with a qualitative assessment on Goal 17, while 2018 Index covered only 13 goals.
- A **composite score** was computed in the range of 0–100 for each State/UT based on its aggregate performance across 16 SDGs.
 - The **higher the score of a State/UT, the closer it is towards achieving the targets.**
 - **Classification criteria based on SDG India Index score** is as follows: Aspirant: 0 – 49, Performer: 50 – 64, Front Runner: 65 – 99 and Achiever: 100.



Highlights of the Index

- India's composite score has **improved from 57 in 2018 to 60 in 2019.** All the States/UTs are either in **Performer or Front Runner category.**
- **Kerala achieved the first rank** with a score of 70, followed by Himachal Pradesh at 69.
- **Bihar with a score of 50 is the worst performer.**

- The **maximum gains been made in** Goals 6 (clean water and sanitation), 9 (industry, innovation, and infrastructure) and 7 (affordable and clean energy).
- **However, nutrition and gender equality continue to be problem areas** for India, requiring a more focused approach from the government.

8.5.1. STATUS REPORT ON SDGS

Kindly note – this is an indicative list that can be useful in answer-writing. Students are advised to go through the list without having to worry out remembering small details. One can pick-up relevant points and data. This serves as a summary of all the initiatives taken by the government that can be linked to different SDGs.

Goals & Major Targets	Efforts	Achievements	Shortcomings and Way Forward
SDG 1 (NO POVERTY) Targets: <ul style="list-style-type: none"> • Eradicate extreme poverty • Reduce poverty by at least 50% • Implement social protection systems and measures • Equal rights to ownership, basic services, technology and economic resources • Build resilience to environmental, economic and social disasters Score: for the country is 50 and ranges between 28 and 72 for the States.	<ul style="list-style-type: none"> • Accelerated economic growth and broader social safety nets through National Social Assistance Programme and MGNREGA. • Access to Basic Services through Pradhan Mantri Jan-Dhan Yojana (PMJDY) Pradhan Mantri Jan Arogya Yojana (PMJAY) programme PMAY (Pradhan Mantri Awas Yojana) etc. • Strengthening Livelihood Opportunities and Skilling Ecosystem through Stand Up India, Skill India, National Apprenticeship Programme, and National Rural and Urban Livelihood Mission, to double farmers' income by 2022 Interventions such as Pradhan Mantri Fasal Bima Yojana and Pradhan Mantri Krishi Sinchayee Yojana. 	<ul style="list-style-type: none"> • Per capita income grew from USD 1,610 in 2015 to USD 2,020 in 2018. • According to national estimates, poverty rate (including extreme poverty and multi-dimensional poverty) in India declined from 37.2% in 2004-05 to 21.92% in 2011-12. • Poverty reduction in rural areas has outpaced that in urban areas. • India's position in the Human Development Index improved by six places between 2014 and 2019 (129th). 	<ul style="list-style-type: none"> • Regional Variance as much of India's poverty is concentrated in rural areas and in low-income States. For eg: Chhattisgarh has 39.9% of people living below poverty while the corresponding figure for Andaman & Nicobar Islands is 1%. • Feminisation of Poverty: especially in rural areas. • Rapid Urbanisation increasing demand-supply gaps in housing, infrastructure, employment, and other economic opportunities and services. • Education, Employment and Human Resource Development: There is a need to refashion education and skill development so that the existing, emerging and future labour force has the capability and requisite opportunities to engage in appropriately gainful employment.
SDG 2 (ZERO HUNGER) Targets: <ul style="list-style-type: none"> • Universal access to safe and nutritious food • End all forms of malnutrition • Double the productivity and incomes of small-scale food producers • Sustainable food production and 	<ul style="list-style-type: none"> • Ensuring Food security through National Food Security Act (NFSA), 2013, Antyodaya Anna Yojana (AAY), 'One Nation One Card' scheme. • Reforms in PDS such as 100% digitisation of ration card database, computerisation of supply chain management, Aadhaar 	<ul style="list-style-type: none"> • 97.6% NFSA beneficiaries covered in 2018-19 from 95.2% in 2015-16 • 6 times increase in food grain production from 50 million tonnes in 1950-51 to more than 292 million tonnes in 2019-20 • 11.4 million hectares have been brought 	<ul style="list-style-type: none"> • Food wastage at harvest, post-harvest, distribution and storage stages. • Social structures also determine food availability, especially for women, whose nutritional requirements are often overlooked. • Continuing high levels of malnutrition,

<p>resilient agricultural practices</p> <ul style="list-style-type: none"> • Maintain the genetic diversity in food production • Prevent agricultural trade restrictions, market distortions and export subsidies <p>Score: The overall Index Score for the country is 35 and ranges between 22 and 76 for the States, and between 12 and 73 for the UTs.</p>	<p>seeding of ration cards, automation of Fair Prices Shops and installation of electronic-Point of Sales (PoS) machines.</p> <ul style="list-style-type: none"> • Ensuring Nutrition security through Anganwadi Services, Pradhan Mantri Matru Vandana Yojana (PMMVY), Scheme for Adolescent Girls (SAG) under the umbrella Integrated Child Development Services Scheme (ICDS), National Health Mission (NHM), Poshan Abhiyan (National Nutrition Mission and Mid-Day Meal (MDM) for school-going children among others. • Agricultural Productivity and Farmers' Income by implementing a multi-faceted strategy for doubling farmers' income by 2022, soil health cards, Pradhan Mantri Kisan Sampada Yojana etc. 	<p>under micro-irrigation in 2019.</p> <ul style="list-style-type: none"> • Average productivity of fruits and vegetables has increased by about 11% between 2013-14 and 2017-18 • 2.5 times increase in Land under certified organic farming from 0.72 million hectares in 2013-14 to 1.78 million hectares by march 2018. 	<p>stunting and anaemia as per NFHS-4 (2015-16)</p> <ul style="list-style-type: none"> • Other issues such as access to nutritious food, water and sanitation, micronutrient deficiencies and inadequate awareness. • With climate change looming large, to sustain food security solution lies in climate-smart agriculture.
<p>SDG 3 (GOOD HEALTH AND WELL-BEING)</p> <p>Targets:</p> <ul style="list-style-type: none"> • Reduce maternal mortality and end all preventable deaths under 5 years of age • Fight communicable diseases and reduce mortality from non-communicable diseases and promote mental health • Prevent and treat substance abuse • Reduce road injuries and deaths • Universal access to sexual and reproductive care, family planning and education • Achieve universal health coverage • Reduce illnesses and deaths from 	<ul style="list-style-type: none"> • Universal Health Protection and Affordable Healthcare through schemes like Ayushman Bharat, Pradhan Mantri Jan Aarogya Yojana etc. • Enhancing Medical Infrastructure: programme for upgrading health infrastructure - from district hospitals to medical colleges has been initiated. • Reducing Maternal Mortality Ratio through Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy, Janani Suraksha Yojana, Dakshata, LaQshya etc • Reducing Neonatal and Under Five Mortality through Integrated Child Development 	<ul style="list-style-type: none"> • Out of pocket expenditure (OoPE) as a percentage of total health expenditure has declined from 64.2% in 2013-14 to 58.7% in 2016-17. • Since 2014, 141 new medical colleges have been sanctioned and intake capacity increased. • MMR reduced from 130 in 2014-16 to 122 in 2015-17, which puts it on track to achieve target of <70 by 2030. • Institutional deliveries more than doubled between 2005-06 and 2019-20 from 39% to 94.3% • IMR declined from 37 to 32 between 2015 and 2018. • Under-5 Mortality Rate has declined from 43 in 	<ul style="list-style-type: none"> • Affordability and the cost of healthcare: Paucity of regulation in the private sector and the consequent variation in quality and cost of services. • Health workforce density: India has a doctor-population ratio of 1:1456, against the WHO benchmark of 1:1000. • Lack of Health Awareness, inadequate preventive care and patient counselling in the health delivery system, lower public priority to health concerns and weaker links between education and health. • India has a rich tradition of alternative medicine, which needs to be researched and tapped into as a part of

<p>hazardous chemicals and pollution</p> <p>Score: for the country is 61, and ranges between 29 and 82 for the States, and between 50 and 71 for the UTs</p>	<p>Services (ICDS) Scheme, and Mission Indradhanush.</p> <ul style="list-style-type: none"> • Eliminating Communicable Diseases through National Vector Borne Disease Control Programme (NVBDCP), Swachh Bharat Mission, National AIDS Control Programme (NACP) etc. • With respect to Non Communicable Diseases, India has set target to bring down the burden of NCDs based mortality by 25% by the year 2025, expanded National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) to the entire country and enacted Mental Healthcare Act, 2017. • The Government has proposed to set up an Ayurveda hospital in each district with the assistance of the Ministry of Ayush. 	<p>2015 to 37 in 2017 (more for girls).</p> <ul style="list-style-type: none"> • Neonatal mortality rate declined from 25 in 2015 to 23 in 2017. • Vaccinations of all children aged between 9-11 months has increased from 88.66% in 2016-17 to 91.76% in 2018-19. • Decline in the incidence of TB cases (per 100,000 population) from 217 cases in 2015 to 204 cases in 2017 – thereby consistently moving towards complete elimination of TB by 2025. 	<p>the mainstream healthcare system.</p> <ul style="list-style-type: none"> • Leverage technology for transforming the public health scenario in India.
<p>SDG 4 (QUALITY EDUCATION)</p> <p>Targets:</p> <ul style="list-style-type: none"> • Equal access to quality pre-primary education • Free primary and secondary education • Equal access to affordable technical, vocational and higher education • Eliminate all discrimination in education • Universal literacy and numeracy • Education for sustainable development and global citizenship • Increase the supply of qualified teachers in developing countries 	<ul style="list-style-type: none"> • Early Childhood Care, Development and Education through National Early Childhood Care and Education Policy 2013, Integrated Child Development Services (ICDS) Scheme, and National Education Policy. • Elementary and Secondary Education through Right of Children to Free and Compulsory Education (RTE) Act, 2009, Samagra Shiksha Abhiyan, Kasturba Gandhi Balika Vidyalayas etc. • Higher Education under Rashtriya Uchchar Shiksha Abhiyan (RUSA), India has 993 universities, 	<ul style="list-style-type: none"> • Gross Enrolment Ratio at elementary, secondary, and higher secondary and higher education levels was at 91.64%, 79.6%, 58.6% and 26.3 respectively in 2018-19. • The dropout rates reduced to 2.72% and 9.74% respectively at elementary and secondary levels in 2018-19. • Gender parity has appreciably improved at all three levels. • Between 2015-16 and 2017-18, the proportion of trained teachers increased. • School attendance of children with disabilities, increased from 50.5% in 2001 to 61.1% in 2011. 	<ul style="list-style-type: none"> • Regional disparity in literacy and numeracy skills and level of learning outcomes • The perceptive bias against public sector primary education requires consistent nation-wide efforts. • Higher education in India, still has a low Gross Enrolment Ratio of 26.3% as of 2018-19, and needs to be made more inclusive with stronger incentives for enabling the research and innovation ecosystem. • Lower enrolment of women in STEM, particularly in engineering and technology, which currently stands at 18% in IITs.

<p>Score: for the country is 58, and ranges between 19 and 81 for the States, and between 43 and 80 for the UTs</p>	<p>39,931 colleges and 10,725 stand-alone institutions.</p> <ul style="list-style-type: none"> • Skill Development and Vocational Education: through Skill India mission and Pradhan Mantri Kaushal Vikas Yojana (PMKVY). • Conducive Education Facilities that are Child, Disability and Gender Sensitive: Ex. Beti Bachao, Beti Padhao campaign. 		<ul style="list-style-type: none"> • The positions of the country's universities in major global university rankings, fall short of the desirable.
<p>SDG 5- (GENDER EQUALITY)</p> <p>Targets:</p> <ul style="list-style-type: none"> • End discrimination and violence against women and girls • Eliminate forced marriages and genital mutilation • Value unpaid care and promote shared domestic responsibilities • Ensure full participation in leadership and decision-making • Promote empowerment of women through technology • Universal access to reproductive rights and health <p>Score: for the country is 42, and ranges between 26 and 52 for the States, and between 27 and 53 for the UTs.</p>	<ul style="list-style-type: none"> • Social Protection and Livelihoods through MGNREGA and Self Help Groups (SHGs). • Skilling and Financial Inclusion through Pradhan Mantri Jan Dhan Yojana (PMJDY), Pradhan Mantri Kaushal Vikas Yojana (PMKVY), MUDRA Yojana etc. • Social Empowerment through Beti Bachao Beti Padhao scheme, SABLA, Maternity Benefit Programme-Pradhan Mantri Matru Vandana Yojana etc. • the number of States with a Gender Budget Cell has increased from 14 in 2015-16 to 23 in 2019-20. 	<ul style="list-style-type: none"> • There are 10 million bank-linked SHGs, with as many as 87.66% being women-exclusive. • Of the 380 million accounts opened so far under PMJDY, 54% were owned by women. In 2017, women's access to bank accounts rose to 77% from 43% in 2014 • During 2014-18, there was a 97% rise in women enrolling in long-term skill development courses. • 50% of Pradhan Mantri Kaushal Vikas Yojana (PMKVY) beneficiaries are women. • 75% of the Mudra Yojana beneficiaries are women. • Representation of women in the lower house of the national parliament increased from 11.4% in 2014 to 14.4% in 2019. • In 2019, women voter turnout rose to 68%, tipping over that of men. 	<ul style="list-style-type: none"> • Between 2015-16 and 2017-18, number of women engaged in managerial positions declined, from 173 to 167, for every 1000 persons. • Female labour force participation in India has shown a declining trend in recent years. • Sex ratio has dropped from 898 in 2014-16 to 896 in 2015-17. • The registered cases of crime against women saw an uptick from 53.9 per 1, 00,000 female population in 2015 to 58.8 in 2018. • Absence of gender-disaggregated data sets is a major challenge which can help identify gaps and challenges. • Access to resources: In rural India, while 75% of rural women workers are engaged in agriculture, women's operational landholding is only 13.96%. Health and nutrition of women and girls is an area of concern.
<p>SDG 6 (CLEAN WATER AND SANITATION)</p> <p>Targets:</p> <ul style="list-style-type: none"> • Universal and equitable access to safe and affordable drinking water for all • End open defecation and provide access to 	<ul style="list-style-type: none"> • Safe and Affordable Drinking Water for All through Jal Jeevan Mission and Jal Shakti Abhiyan . • Water Quality monitored by the The Central Ground Water Board. Several programmes are 	<ul style="list-style-type: none"> • As of July 2019, as many as 81.02% rural habitations have been saturated with access to 40 litres of drinking water per capita per day (LPCD). • About 96% of households have access to an improved 	<ul style="list-style-type: none"> • Localised data systems on water, which are characterised by limited coverage and coordination, is one significant challenge. • Water scarcity and insufficient maintenance

<p>sanitation and hygiene</p> <ul style="list-style-type: none"> • Improve wastewater treatment and safe reuse • Increase water use efficiency across all sectors • Implement integrated water resources management • Protect and restore water-related ecosystems such as mountains, forests, wetlands etc. • Support and strengthen the participation of local communities in improving water and sanitation management. <p>Score: for the country is 88 and ranges between 69 and 96 for States, and between 61 and 100 for UTs.</p>	<p>implemented under the National River Conservation Plan such as 'Namami Gange',</p> <ul style="list-style-type: none"> • Sanitation and Hygiene for All through Swachh Bharat Mission, Clean India Campaign and 10 Year Rural Sanitation Strategy (2019-2029). 	<p>source of drinking water.</p> <ul style="list-style-type: none"> • The country achieved open-defecation-free (ODF) status by constructing over 109 million household and community toilets since October 2, 2014. • As part of SBM, separate toilets for girls have been built in 97.43% schools across the country. 	<p>constrains the usage of separate toilets.</p> <ul style="list-style-type: none"> ○ By 2030 water demand in the country is estimated to be twice the available water supply. • To improve the conditions of sanitation workers further efforts are needed such as Re-skilling and self-employment avenues for sanitation workers.
<p>SDG 7 (AFFORDABLE AND CLEAN ENERGY) Targets:</p> <ul style="list-style-type: none"> • Universal access to affordable, reliable and modern energy services • Double the improvement in energy efficiency • Enhance international cooperation to promote access, technology and investments in clean energy <p>Score: for the country is 70, and ranges between 50 and 97 for the States, and between 43 and 97 for the UTs,</p>	<ul style="list-style-type: none"> • National Energy Policy endorses the core elements of SDG 7 namely, universalising access to electricity and clean cooking fuel, privileging renewable energy in the energy mix and enhancing energy efficiency. • Towards Universal Access to Electricity through Pradhan Mantri Sahaj Bijli Har Ghar Yojana – Saubhagya. • Focus on Renewable Energy: target of 450 GW by 2030, as part of its Nationally Determined Contributions to have 40% of its cumulative electric power installed capacity from non-fossil fuel sources. • Access to Clean Cooking Energy through Pradhan Mantri Ujjwala Yojana, National Biogas and Manure Management Programme, etc. 	<ul style="list-style-type: none"> • Nearly all households in all of India's 603,175 villages have been electrified. • India's ranking on the parameter of 'getting electricity' on the World Bank's Ease of Doing Business Index has swiftly climbed from 137 in 2014 to 22 in 2019. • Renewable energy installed capacity has grown to 132 GW in March, 2020, from 75 GW in March, 2014. Globally, India stands third in renewable power generation, fourth in wind power and fifth in solar power. • Renewable energy cost is lowest in the Asia-Pacific region. • Saving of 47 billion kWh energy and reduction of CO₂ emission to the tune of 38 million tonne per year under UJALA scheme. 	<ul style="list-style-type: none"> • Marked dependency on imports (>85%) in the case of solar panels and equipment. • Paucity of sufficient human resources, capabilities, technologies and funds, for supporting renewable energy domestic capacity addition. • Expanding supply of electricity at a faster rate to meet existing unmet industry, commerce, and household demand and rising future demand.

	<ul style="list-style-type: none"> • Improving Energy Efficiency through the National Mission for Enhanced Energy Efficiency (NMEEE), BEE's Super-Efficient Equipment Programme (SEEP), UJALA scheme etc. • Strengthening International Cooperation: Indo-German Energy Programme – Green Energy Corridors (IGEN-GEC), and establishment of International Solar Alliance. 	<ul style="list-style-type: none"> • Households using clean cooking fuel increased from 63.1% in 2015-16 to 96.2% in 2018-19. 	
<p>SDG 8 (DECENT WORK AND ECONOMIC GROWTH)</p> <p>Targets:</p> <ul style="list-style-type: none"> • Sustainable Economic Growth • Diversify, innovate and upgrade for economic productivity • Promote policies to support job creation and growing enterprises • End modern slavery, trafficking, and child labour • Protect labour rights, promote safe working environments and decent work with equal pay. • Promote beneficial and sustainable tourism that creates jobs and promotes local culture and products. • Universal access to banking, insurance and financial services <p>Score: for the country is 64, and ranges between 27 and 82 for the States, and between 43 and 64 for the UTs</p>	<ul style="list-style-type: none"> • Structural Reforms through Goods and Services Tax regime, Substantial reduction in corporate tax, FDI liberalisation, Insolvency and Bankruptcy legislation etc. • Funding Small Enterprises through Start-up India, MUDRA scheme etc. • Ease of Doing Business Reforms such as consistent improvements in ease of starting a business, easy access to power and credit, resolving insolvency etc. • Decent Work and Labour Welfare: over 40 Central Acts, and multiple State level Acts, govern labour related matters including some specifically catering to the needs of women and children. • Skilling Ecosystem through National Skill Development Mission, Pradhan Mantri Kaushal Vikas Yojana (PMKVY) etc. 	<ul style="list-style-type: none"> • From 2014-15 to 2019-20, in real terms, India's economy grew at a CAGR of 7.01%. • India has the third largest entrepreneurship ecosystem, and third highest number of unicorns. • Number of new firms in the formal sector grew from 2014 to 2018 at 12.2%. • The number of start-ups increased from 503 in 2015-16 to 32,577 in 2019-20 • Start-ups created 60,000 direct and 1.3-1.8 lakh indirect jobs. • Loans amounting to more than INR 11.8 trillion (USD 157.3 billion) have already been disbursed under MUDRA. • Over 10 million students have been trained under the National Skill Development Mission and 8.7 million under the PMKVY. • Trade across borders has led to meteoric jump of 79 positions in Ease of doing business ranking to 63 in 2019 from 142 in 2014. 	<ul style="list-style-type: none"> • While agriculture employs about 50% of India's workforce, it contributes less than 20% to GDP. There is thus a pressing need to increase agricultural productivity and create alternative channels of employment. • A population with minimum educational proficiency is necessary to tap into the benefits of increased employment opportunities. • India fares poorly in health indicators areas such as life-expectancy, Infant Mortality Rate, and levels of stunting and anaemia, especially among women thus affecting worker productivity. • Nearly 80% of workers are employed in the unorganised sector and more than 90% in informal employment which is not covered under the majority of labour laws. • Unemployment rate (15-59 years) is quite high.
<p>SDG 9- (INDUSTRY, INNOVATION AND INFRASTRUCTURE)</p>	<ul style="list-style-type: none"> • Design and Innovation Ecosystem: The share of expenditure on R&D 	<ul style="list-style-type: none"> • Examination and registrations of 	<ul style="list-style-type: none"> • There is moderation in growth of IIP from subdued

<p>Targets:</p> <ul style="list-style-type: none"> • Develop sustainable, resilient and inclusive infrastructures • Promote inclusive and sustainable industrialization • Upgrade all industries and infrastructures for sustainability • Enhance research and upgrade industrial technologies • Increase access to financial services and markets • Universal access to information and communications technology <p>Score: for the country is 65, and ranges between 8 and 88 for the States, and between 0 and 100 for the UT</p>	<p>on Intellectual Properties Products to the GDP has increased from 3.52% in 2015-16 to 3.91% in 2017-18 and also strengthened the office of Controller General of Patents, Designs and Trade Marks (CGPDTM) by the appointment of a large number of examiners and controllers, engagement in active R&D collaboration with more than 44 countries.</p> <ul style="list-style-type: none"> • Start-up Ecosystem through Start-up India programme. • Infrastructure Development through Bharatmala programme and Sagarmala project. • Telecommunications: India's internet user base has exceeded 665 million by the end of June 2019, as compared to 252 million in 2014. Total telephone connections in India grew by 18.8%, from 996 million in 2014-15 to 1183 million in 2018-19. <ul style="list-style-type: none"> ◦ Cheapest mobile data at \$0.26 per GB, compared to global average of USD 8.53. 	<p>designs and patents increased in 2018-19.</p> <ul style="list-style-type: none"> • Per day Road construction pace increased to 29.7KM in 2018-19 from 17 km per day in 2015-16, with total investment in the sector increasing by more than three times between 2014-15 and 2018-19. • Cargo handling capacity of 13 major ports have increased by 89% from 2014-15. • The turnaround time of ships, (key indicator of efficiency) reduced between 2010-11 and 2018-19 from 4.67 days to 2.48 days. • India's rank has improved: <ul style="list-style-type: none"> ◦ to 68 in 2019 in Global Competitiveness Index (WEF). ◦ From 76 in 2014 to 52 in 2019 in The Global Innovation Index (WIPO). ◦ 10 places from 54 in 2014 to 44 in 2018 in Logistics Performance Index (World Bank), • from 52 in 2015 to 34 in 2019 in Tourism Competitiveness Index (WEF). 	<p>manufacturing activities due to slower credit flow, reduced lending by NBFCs, tapering of domestic demand etc.</p> <ul style="list-style-type: none"> • India's material intensity is six times that of Germany's. Understanding need to be enhanced to ascertain whether the major issues are around efficiency or technology or are structural in nature. • Indian industry consumes large quantities of water and generates billions of tonnes of solid and hazardous waste. Significant increase in treatment and recycling capacities is needed • COVID-19 pandemic has put forth severe breaks on the momentum of global economic growth.
<p>SDG 10 (REDUCED INEQUALITIES)</p> <p>Targets:</p> <ul style="list-style-type: none"> • Promote universal social, economic and political inclusion • Ensure equal opportunities and end discrimination • Adopt fiscal and social policies that promotes equality • Improved regulation of global financial markets and institutions • Enhanced representation for developing countries 	<ul style="list-style-type: none"> • Promoting Income Growth through MGNREGA, Pradhan Mantri Kisan Samman Nidhi (PM-KISAN), Code on Wages, 2019, Pradhan Mantri Garib Kalyan Yojana etc. • Promoting Equality of Opportunities and Outcomes through The Right to Free and Compulsory Education (RTE) Act, 2002, Samagra Shiksha programme, Pradhan Mantri MUDRA Yojana etc. • Expanding Social Protection Measures 	<ul style="list-style-type: none"> • Gross Enrolment Ratio currently stands at 91.6 and 79.6 per cent, for elementary and secondary levels, respectively. • Dropout rates for the same levels have reduced to 2.72 per cent and 9.74 per cent, respectively, in 2018-19. • Under the Pradhan Mantri MUDRA Yojana, in 2018-19, 22%, 26 % and 62% of the loan accounts belonged to SC/ST, OBC and women entrepreneurs respectively. 	<ul style="list-style-type: none"> • Both the geography and demography of inequality and exclusion in India are diverse, posing challenges for identification, monitoring, and effective resolution. • Rising elderly people population stepping up demand for a wide variety of social protection and security measures. • Public service delivery, gets impeded due to a range of issues including human resource capacity

<p>in financial institutions</p> <ul style="list-style-type: none"> • Responsible and well-managed migration policies <p>Score: for the country is 64, and ranges between 19 and 94 for the States, and between 33 and 94 for the UTs</p>	<p>through The National Social Assistance Programme (NSAP), Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) etc.</p> <ul style="list-style-type: none"> • Empowering through Financial Inclusion: Pradhan Mantri Jan Dhan Yojana (PMJDY), The Pradhan Mantri Mudra Yojana (PMMY) etc. • Promoting Sustainable Migration and a Migrant-friendly Support System through Inter-State Migrant Workmen Act. 	<ul style="list-style-type: none"> • Life and personal accident insurance schemes (PMJJBY and PMSBY together) have now achieved an outreach of 254.5 million subscribers and APY has more than 22.3 million subscribers (with increased enrolment for women). • 28.3% seats in State legislative assemblies occupied by persons belonging to SC/ ST communities and 44.4% seats in panchayati raj institutions held by women. 	<ul style="list-style-type: none"> • Rapid urbanisation, and changing settlement and employment patterns interact with existing vulnerabilities to create complex problems.
<p>SDG11 (SUSTAINABLE CITIES AND COMMUNITIES)</p> <p>Targets:</p> <ul style="list-style-type: none"> • Safe and affordable housing • Affordable and sustainable transport systems • Inclusive and sustainable urbanization • Protect the world's cultural and natural heritage • Reduce the adverse effects of natural disasters • Provide access to safe and inclusive green and public spaces <p>Score: for the country is 53, and ranges between 22 and 79 for the States, and between 33 and 83 for the UTs.</p>	<ul style="list-style-type: none"> • Inclusive, safe, resilient and sustainable Urban Transformation through Atal Mission for Rejuvenation and Urban Transformation (AMRUT), Smart Cities Mission (SCM) etc. • Housing for All under Pradhan Mantri Awas Yojana (PMAY). • Sustainable Urbanisation and Mobility through National Urban Transport Policy (NUTP) and National Mission on Transformative Mobility. 	<ul style="list-style-type: none"> • As of 2019-20, 96 per cent wards have 100 per cent door to door waste collection as compared to 41 per cent in 2015-16. • Waste processing has significantly increased from 17.97 per cent in 2015-16 to 60 per cent in 2019-20. • Since the launch of the Smart Cities Mission, 5,151 projects worth more than INR 2 trillion (USD 26.7 billion) are at various stages of implementation. • Number of houses completed in urban areas increased from 0.727 million in 2015-16 to 3.2 million in 2019-20 	<ul style="list-style-type: none"> • Financial autonomy, taxation powers and fund generation capabilities of Urban local bodies are the areas of concern. • Climate change impacts increase the vulnerability of cities and put further stress on the adaptive capacities of the poor living in them. • Integrated and spatially distributed urbanisation with an emphasis on small and medium cities and towns, along with promotion of linkages with rural areas.
<p>SDG 12 (RESPONSIBLE CONSUMPTION AND PRODUCTION)</p> <p>Targets:</p> <ul style="list-style-type: none"> • Implement the 10-year sustainable consumption and production framework • Achieve the sustainable management and efficient use of natural resources. 	<ul style="list-style-type: none"> • Sustainable Food Systems through National Mission on Sustainable Agriculture (NMSA), Soil Health Management (SHM) climate change strategies etc. • Sustainable Tourism: Comprehensive Sustainable Tourism Criteria for three major industry segments, namely, tour operators, 	<ul style="list-style-type: none"> • 100 % source segregation of waste in 75% of municipal wards. • India ranks 9th in the world in land under organic agriculture. 	<ul style="list-style-type: none"> • According to the FAO, up to 40 per cent of the food produced in India is wasted, virtually frittering away a lot of water, fertilizers, and other resources that go into producing food. • Improvement of sustainability by strengthening cooperation among all producers and simultaneously raising

<ul style="list-style-type: none"> • Halve global per capita food waste • Responsible management of chemicals and waste • Substantially reduce waste generation through prevention, reduction, recycling and reuse. • Promote sustainable public procurement practices • Promote universal understanding of sustainable lifestyles • Remove market distortions that encourage wasteful consumption <p>Score: for the country is 55, and ranges between 30 and 100 for the States, and between 39 and 77 for the UTs.</p>	<p>accommodation and beaches, backwaters, lakes and rivers sectors. In addition, integrating tourism with local culture and economic development, promoting community participation.</p> <ul style="list-style-type: none"> • Sustainable Construction and Buildings through The Green Rating for Integrated Habitat Assessment (GRIHA), Energy Conservation Building Code (ECBC) etc. • Resource Efficiency: control over resource extraction rate and improving material productivity, reduce import dependency for the majority of the 'most critical' materials, such as, cobalt, copper and lithium. • NITI Aayog initiated the process with the formulation of the Draft National Resource Efficiency Policy (NREP). 		<p>awareness and consciousness among consumers about sustainable consumption choices.</p>
<p>SDG 13 (CLIMATE ACTION)</p> <p>Targets:</p> <ul style="list-style-type: none"> • Strengthen resilience and adaptive capacity to climate-related disasters • Integrate climate change measures into national policies, strategies and planning. • Improve education, awareness-raising and human and institutional capacity to meet climate change • Implement UN Framework Convention on Climate Change <p>Score: for the country is 60, and ranges between 27 and 71 for the States, and between 30 and 100 for the UTs.</p>	<ul style="list-style-type: none"> • Climate Action in Policies, Strategies and Planning through the National Action Plan on Climate Change (NAPCC) and State Action Plan for Climate Change (SAPCC). • India and Global Responsibilities: India actively participates in the United Nations Framework Convention on Climate Change (UNFCCC), Paris Agreement in 2015 and spearheaded the International Solar Alliance (ISA). • Generating Clean Energy by promoting solar energy through various fiscal and promotional incentives, green cess on coal, Perform, Achieve and Trade (PAT) scheme, 	<ul style="list-style-type: none"> • India is ranked among the top ten countries in the Climate Change Performance Index 2020 on account of low levels of per capita emissions and energy use, and 'well-below-2°C' renewable energy targets. • Reduction in emission intensity of GDP by 21 per cent. • 7.43 bn kwh energy savings per year under street lighting program and 5.12mn tonnes of CO₂ Annual GHG emission reduction. 	<ul style="list-style-type: none"> • Improving Disaster Resilience: there is a growing need for technology-driven response systems as well as resilient infrastructure – power and telecom, rural connectivity and transport, and housing and storage. • Gender mainstreaming in the State Action Plan for Climate Change (SAPCC) needs further expansion, especially in the climate adaptation programmes. • Emergent issues of ethics, equity and inclusivity would have to be addressed while moving towards the new wave of industrialisation with focus on digitalisation and automation.

	<p>Renewable Energy Certificate (REC) etc.</p> <ul style="list-style-type: none"> • Reducing Emission Intensity through National Electricity Policy, 2018, Bharat Standards for vehicle emission norms, ethanol blending etc. • Improving Disaster Risk Reduction and Preparedness through National Cyclone Risk Mitigation Project, International Coalition for Disaster Resilient Infrastructure (CDRI) etc. 		
<p>SDG 14 (LIFE BELOW WATER)</p> <ul style="list-style-type: none"> • Reduce marine pollution • Protect and restore marine and coastal ecosystems • Reduce ocean acidification • Promote sustainable fishing and end subsidies contributing to overfishing • Increase the economic benefits from sustainable use of marine resources • Increase scientific knowledge, research and technology for ocean health • Implement and enforce international sea law <p>Score: for the nine coastal States ranges between 23 and 65.</p>	<ul style="list-style-type: none"> • Containing Marine Pollution along the country's coastline through the Coastal Ocean Monitoring and Prediction System, Online Oil Spill Advisory System, National Oil Spill Disaster Contingency Plan, 2014. • Protecting Marine and Coastal Ecosystems: India has 25 MPAs in the peninsular region and 106 in islands, collectively spanning about 10,000 sq.km. • Conserving Mangroves and Coral Reefs through Mangrove For the Future (MFF), Wildlife Protection Act, 1972, Environmental Protection Act, 1986, Coral Bleaching Alert System (CBAS) etc. • Promoting Sustainable Marine Fishing through establishment of a Potential Fishing Zone Advisory programme, Integrated National Fisheries Action Plan, National Marine Fisheries Policy, 2017 etc. 	<ul style="list-style-type: none"> • Maximum sustainable yield in fishing increased from 3.7 million tonnes per year in 2015-17 to 5.3 million tonnes per year in 2017-18. • Area under mangroves increased to 4975 sq. km in 2019 from 4740 sq. km in 2015. • India is the fourth biggest seafood exporter. 	<ul style="list-style-type: none"> • As the Living Planet Report 2018 points out, the oceans around India are experiencing high fishing intensity; declining catch faced by the fisherfolk across the shoreline. The key future objective is to improve sustainability in the sector. • There is increasing awareness of new sustainability practices in fishing around the Indian coast but the same needs scaling up. • Sustainability certification of fishing practices is a new area in which substantial breakthrough is needed. It provides the opportunity of increasing market access at the international level and of improving long-term sustainability in fishing operations. • Building up domestic institutional capacity for auditing, certification and labelling, which can considerably bring down the costs. • The graduation from artisanal vessels to mechanised boats has not led to sustained enhanced earnings, or better working conditions or greater control over the market dynamics, leading to

			higher levels of indebtedness.
<p>SDG 15 LIFE ON LAND</p> <p>Targets:</p> <ul style="list-style-type: none"> • Conserve and restore terrestrial and freshwater ecosystems • End deforestation and restore degraded forests • End desertification and restore degraded land • Ensure conservation of mountain ecosystems • Protect biodiversity and natural habitats • Protect access to genetic resources and fair sharing of the benefits • Eliminate poaching and trafficking of protected species • Prevent invasive alien species on land and in water ecosystems • Integrate ecosystem and biodiversity in governmental planning <p>Score: for the country is 66, and ranges between 40 and 100 for the States, and between 37 and 100 for the UTs.</p>	<ul style="list-style-type: none"> • Managing Forests through The National Afforestation Programme (NAP), National Mission for a Green India (GIM), Joint Forest Management (JFM) etc. • Conserving Wetlands and Water bodies through Forest Act, 1972; the Wildlife (Protection) Act, 1972; the Water (Prevention and Control of Pollution) Act, 1974; Wetland (Conservation and Management) Rules 2017 etc. • Combating Desertification through Integrated Watershed Management Programme, the National Afforestation Programme and the National Mission for Green India. • Conserving Biodiversity: The National Biodiversity Authority operationalises the access and benefit-sharing provisions of the CBD through a national network of Biodiversity Management Committees and People Biodiversity Registers. 	<ul style="list-style-type: none"> • Area covered under different afforestation schemes increased from 1.38 million ha in 2015-16 to 1.68 million hectare in 2017-18. • India has exceeded the terrestrial component of 17 per cent of Aichi target 11, and 20 per cent of corresponding NBT relating to areas under biodiversity management. • Only 0.08 per cent of the species recorded in India are critically endangered as against 0.3 per cent of all species recorded globally. • The number of Protected Areas has increased from 759 to 903 and number of Community Reserves has increased from 44 to 163 in the last five years, improving the scope for community participation in wildlife protection. 	<ul style="list-style-type: none"> • Problems of chemical contamination and pollution, plastic invasion and rapid extraction of natural resources must be met by sustainable industrialisation strategies. • Increased technology alternatives, infrastructure development and efficient resource mobilisation need to be rolled out to sufficiently advance green industrialisation choices. • Challenges remain in terms of development of necessary knowledge and skills, preparation/adoption of norms and protocols for various geo-ecological zones.
<p>SDG 16 (PEACE, JUSTICE AND STRONG INSTITUTIONS)</p> <p>Targets:</p> <ul style="list-style-type: none"> • Reduce all forms of violence and related death rates everywhere. • Protect children from abuse, exploitation, trafficking and violence • Promote the rule of law at the national and international levels and ensure equal access to justice for all. • Combat organized crime and illicit financial and arms flows • Substantially reduce corruption and bribery 	<ul style="list-style-type: none"> • Reducing Violence: India has ratified the UN Convention on the Rights of the Child (CRC). • Access to Justice through The Rights of Persons with Disabilities Act, 2016 • Accountable Institutions : An independent judiciary the Comptroller and Auditor General (CAG) of India, Lokpals and Lokayuktas. • Transparent and participatory governance through The Right to Information Act, 2005, 	<ul style="list-style-type: none"> • Between 2015 and 2018, the crime rate per lakh population has dropped by 34 per cent. • Over 90% population covered under Aadhaar unique identity system. • Digital Payment Transactions increased to 38 billion in 2019-20 from 21 billion in 2017-18. 	<ul style="list-style-type: none"> • Inadequacy of comprehensive and disaggregated data. • Internet access and digital literacy need further improvement. • Concerns about data privacy and security in Aadhaar.

<ul style="list-style-type: none"> • Ensure responsive, inclusive and representative decision-making • Strengthen the participation in global governance • Ensure public access to information and protect fundamental freedoms <p>Score: for the country is 72, and ranges between 52 and 86 for the States, and between 64 and 94 for the UTs.</p>	<p>Digital India campaign, PRAGATI platform etc.</p> <ul style="list-style-type: none"> • Ethics in Governance through statutes like the Prevention of Corruption Act, the Whistle blowers Protection Act, • Fugitive Economic Offenders Act, 2018 etc. • Legal Identity for all through Aadhaar 		
<p>SDG 17 (PARTNERSHIPS FOR THE GOALS)</p> <p>Targets:</p> <ul style="list-style-type: none"> • Mobilize resources to improve domestic revenue collection • Implement all development assistance commitments • Assist developing countries in attaining debt sustainability • Invest in and strengthen the science, technology and innovation capacity for least-developed countries • Knowledge sharing and cooperation for access to science, technology and innovation • Promote a universal trading system under the WTO • Increase the exports of developing countries and remove trade barriers for least-developed countries • Enhance global macroeconomic stability • Enhance the global partnership for sustainable development • Further develop measurements of progress 	<ul style="list-style-type: none"> • Augmenting Domestic Resource Mobilisation: through Multilateral Convention on Mutual Administrative Assistance in Tax Matters (MCMAATM) and allied initiatives for information sharing and other cooperation among countries. • Improving Public Expenditure Efficiency: through monitorable Output-Outcome Monitoring framework (OOMF) Public Finance Management System (PFMS) and Integrated Financial Management System (GIFMIS). • Promoting Entrepreneurship and the Private Sector: by amending the Patent Rules, 2003 and Trade Mark Rules, 2017. • Strengthening South-South Cooperation through Indian Technical & Economic Cooperation (ITEC) programme in 160 countries, Line of credits and ODA, e-VidyaBharati project, IBSA Fund etc. • Coalition Based Approach: through Coalition for Disaster Resilient Infrastructure (CDRI), International Solar Alliance (ISA). • COVID-19 and India's Global Response: deployment of Rapid Response Teams, a 	<ul style="list-style-type: none"> • India has improved its tax-to-GDP ratio in the last six years, to 17-17.5 per cent. • Direct Benefit Transfers (DBT) has helped eliminating leakages worth INR 1.7 trillion (USD 23 billion) • FDI equity inflows in India stood at USD 456.79 billion during the period from April 2000 to December 2019, • India was among the top 10 recipients of FDI in 2019. • India has committed a total of USD 150 million over a decade to the India-UN Development Partnership Fund. • More than 300 Lines of Credit (LoC) totalling USD 30.66 billion to 64 countries so far. • A grant assistance fund of USD 600 million established. 	<ul style="list-style-type: none"> • Subjective assessments of the Indian policy and regulatory environment by global financial institutions and rating agencies raise the costs of private financial flows to India affecting long-term finance for infrastructure and other investments that are crucial for achieving the SDGs. • There is need for international cooperation for curbing illicit financial flows, defining aid unambiguously and establishing robust systems for monitoring commitments made by donor countries. • High-income nations that are a part of the Development Assistance Committee (DAC) need to honour their commitments of providing 0.7 per cent of GNI as ODA that is critical to provision of global public goods such as climate change mitigation, conservation of ecosystems and biodiversity as well as management of pandemics like the COVID-19.

	<p>COVID-19 Emergency Fund, SAARC COVID-19 Information Exchange Platform (COINEX)</p> <ul style="list-style-type: none"> • Improving Data, Monitoring and Accountability: National Indicator Framework (NIF) has been adopted to monitor the progress and NITI Aayog has developed the SDG India Index to measure and rank the performance of States and UTs. 		
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8.5.2. GOOD PRACTICES IN LOCALISING SDGS

SDG 1	<ul style="list-style-type: none"> • KUDUMBASHREE is the poverty eradication and women empowerment programme implemented by Kerala jointly with the National Bank for Agriculture and Rural Development. The Mission has over the last two decades drastically transformed the lives of women through grassroots level initiatives that have empowered them economically and socially.
SDG 2	<ul style="list-style-type: none"> • BREAST MILK BANK was established in the Aspirational District of Ramanathapuram, Tamil Nadu to provide access to breast milk for low birth weight, pre-term and orphan babies. The initiative helped improve rates of breastfeeding in the district. • CENTRALISED KITCHENS FOR BETTER NUTRITION: In the Aspirational District of Nandurbar, Maharashtra, central kitchen has been set up by the Tribal Development Department of the State Government to provide hot and nutritious meals to children in residential schools, known as Ashram Shalas. This central kitchen caters to 28 ashram schools with a capacity up to 10,000 students.
SDG 3	<ul style="list-style-type: none"> • YSR AAROGYASRI SCHEME Towards achievement of universal health coverage for BPL families, the Government of Andhra Pradesh is implementing the YSR Aarogyasri Health Insurance Scheme. The scheme has established a demand-side mechanism that mobilises and channels additional public financing to health, introduced an explicit benefits package, pioneered cashless care and fostered public private partnerships.
SDG 4	<ul style="list-style-type: none"> • UNNAYAN BANKA SMART CLASSROOM MODEL Unnayan Banka implemented in the Aspirational District of Banka, Bihar, is an initiative that envisages 'quality education for all', using latest technologies. In Banka, learning outcomes improved from 17% to 54% with 90% attendance. Following the success of this innovation, the model has now been successfully implemented in all districts of Bihar and other Aspirational Districts such as Godda (Jharkhand), Ramgarh (Jharkhand), Dhubri (Assam), Namsai (Arunachal Pradesh) and Dhenkanal (Odisha).
SDG 5	<ul style="list-style-type: none"> • Children First: The Child Protection Unit in the Aspirational District of Muzzafarpur performs an integrated role in child rights, health and education. This unit mobilises the community and emphasises the importance of gender equality, reduction of mortality rates and relevant indicators pertaining to children and women. Such activities have been drawing a large number of people, especially girls and women.
SDG 6	<ul style="list-style-type: none"> • 'TAANKA' TECHNIQUE FOR WATER CONSERVATION: The Aspirational District of Sonbhadra became the first district in Uttar Pradesh to employ the traditional taanka technique to propel its efforts for rainwater harvesting and water conservation, popular in the water-parched state of Rajasthan. • SUBSURFACE DAMS: To address the issue of water shortage, the Aspirational District of Y.S.R Kadappa, Andhra Pradesh, has constructed sub surface dams on river Papagni. After the intervention, water percolation of the surface runoff to the sand layers, and in the adjoining alluvium along the river has increased the water table, resulting in increased water availability for sustainable irrigation practices.
SDG 7	<ul style="list-style-type: none"> • SURYASHAKTI KISAN YOJANA (SKY): The Government of Gujarat has launched a solar power scheme for farmers - Suryashakti Kisan Yojana (SKY) enabling them to generate electricity for their captive consumption and to sell the surplus power to the grid for augmenting income.
SDG 9	<ul style="list-style-type: none"> • EASE OF DOING BUSINESS IN MUMBAI AND DELHI - construction permits Municipal Corporation of Delhi and Municipal Corporation of Greater Mumbai have introduced fast track approval systems for issuing building permits with features such as Common Application Form (CAF), provision of using digital signature and online scrutiny of building plans. Doing Business 2018 and 2019 reports, showed that the time for construction permits reduced from 128.5 to 99 days in Mumbai, and from 157.5 to 91 days in Delhi, between the years.
SDG 10	<ul style="list-style-type: none"> • SWEEKRUTI SCHEME: The scheme was formulated by the Government of Odisha to provide equal opportunities and protect the rights of the transgender community through scholarships, skill upgradation

	and entrepreneurship development, training, support for critical health care and group insurance support, legal aid, counselling and guidance services for the community.
SDG 11	<ul style="list-style-type: none"> • BHUBANESWAR ONE, ODISHA Implemented by Bhubaneswar Smart City Limited (BSCL), Bhubaneswar One, is an e-portal that integrates geo-spatial data from all the Government and private organisations for providing easy and hassle-free information to residents and tourists. • MANGROVE BOARDWALK PANAJI, GOA Panaji Smart City Development Limited, the Smart City SPV of the Government of Goa has developed a 'Boardwalk' in the midst of mangroves in Panaji creating ecologically sustainable green spaces.
SDG 12	<ul style="list-style-type: none"> • DECENTRALISED SOLID WASTE MANAGEMENT ALAPPUZHA, KERALA: The urban local body in coordination with district Suchitwa Mission (Cleanliness Mission), implements a project called 'Nirmala Bhavanam Nirmala Nagaram' (Clean Homes, Clean City). The project focuses on decentralised solid waste management through segregation and treatment of wet waste at the source. The project has received global recognition from the UNEP and the city has been recognised as one of the five top model cities in the world for sustainable management of solid waste.
SDG 14	<ul style="list-style-type: none"> • The SINDHUDURG MAINSTREAMING PROJECT in Maharashtra has invested heavily in a multi-pronged approach to improve the sustainability of fisheries, protect the rights of access of artisanal fishers, act against illegal fishing activities, and build sectoral partnerships to diversify and improve the livelihoods of coastal communities. • ECO-LABELLING initiatives are being promoted for sustainably managing marine fisheries. An eco-labelling intervention in Kerala seeks to harness consumer power to bring about positive change in the fisheries sector.
SDG 16	<ul style="list-style-type: none"> • POLICE UNCLE TUTORIAL: Launched in 2019, Police Uncle Tutorial is a one of a kind initiative by the Police Department in the Aspirational District of Simdega in Jharkhand. This unique concept targets dropouts and academically weak students of Grade X, in the left-wing extremism affected areas of the district, where children are more susceptible to crime.

ESSAY

ENRICHMENT PROGRAMME 2020

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