

SOCIAL ISSUES

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1. ISSUES RELATED TO WOMEN

Major Constituents of Women Empowerment and their status in India

- **Issues in social and cultural Empowerment:** It is the **fundamental and the foundation block** for the edifice of women empowerment. It includes a range of constituents such as discriminatory patriarchal norms against women, access to health and education services, caste and class and religious divides etc.
 - **Phenomenon of son meta- preference** gives rise to “unwanted” girls– girls whose parents wanted a boy, but instead had a girl. Economic Survey 2017-18 estimates the number of unwanted girls (for the age group of 0-25 years) at 21 million.
 - **Missing Women:** The stock of missing women as of 2014 was nearly 63 million and more than 2 million women go missing across age groups every year (either due to sex selective abortion, disease, neglect, or inadequate nutrition).
 - As many as **39 crimes against women were reported every hour in India**, up from 21 in 2007, according to Crime in India 2016 report by NCRB.
- **Issues in political empowerment:** The social and cultural prejudices against the women restrict their participation in the decision-making process. This extends to political arena as well.
 - As per the Election Commission of India, 49% of the Indian electorate consists of women. Yet, only 14% of the 17th Lok Sabha members are women MPs, the highest since Independence.
 - Additionally, representation of women has increased **only marginally** since Independence – from 4.4 percent in 1951 to 11 percent in 2014 – way below the global average of 23.4 percent. **At this rate, it would take another 180 years to reach the desired gender balance.**
 - **The phenomenon of sarpanch pati or husbands** who wield control in panchayats by making their wives contest is neither new nor rare.
- **Issues related to economic empowerment:** The financial empowerment is central to the overall empowerment of women, and financial inclusion is an important part of this.
 - **As per the World Bank**, India ranks 120 among 131 countries in female labor force participation rates and rates of gender-based violence remain unacceptably high. At 17% of GDP, the economic contribution of Indian women is less than half the global average, and compares unfavorably to the 40% in China.

1.1. FEMALE WORK AND LABOUR FORCE PARTICIPATION IN INDIA

Why in news?

Recently **UNDP**, in association with **IKEA Foundation** has brought out a **report titled “Female work and labour force participation in India”**.

Background

- The focus of this report has been to understand the continuing problem of low female labour force participation in India despite **massive investments in employment and skill-building initiatives**.
- FLFP is typically measured as the **share of women who are employed or are seeking work as a share of the working-age female population**.
- According to World Bank, India’s **Female Labour Force Participation Rate (FLFPR)**, has fallen to a historic low of **23.3% in 2017-18**.
- The largest decline in employment was experienced in the **primary sector**. In contrast, the services sector grew in employment by 6.6 million.
- The rural FLFPR is **significantly higher** than urban FLFPR.

Reasons for low female labour force participation

- **Lack of comprehensive policy support and effective implementation:** While several policies exist to enable financial support, training, placements and outcomes, few national policies focus on providing

High FLFP: Higher yield for Economy

Low Labour force participation of women could be a major drag, not just on the empowerment of women but on the over-all growth as well.

- **Estimates from the IMF** suggest that India’s GDP could expand 27 percent if the number of female workers increases to the same level as that of men.
- India could boost its growth by 1.5 percentage points to 9% per year if around 50% of women could join the work force.

support services, such as **lodging, safe and convenient travel, migration support and childcare**, that enable women to access skilling programmes or be part of the workforce.

- **Education-Employment Trade-off:** Demand for employment for high school and university graduates has not kept pace with the large supply of women looking for such work. Therefore, more educated women do not wish to work in jobs that do not match with their aspirations and there are not enough salaried opportunities available for women with moderate levels of education like clerical and sales jobs.
- **Gender Pay Gap:** According to **Global Wage Report 2018-19, India has one of the highest Gender Pay Gap of 34%**. This pay gap is due to occupational segregation; cultural barriers (including less education opportunities available to women); and unpaid household work done by women.
- **Competing Outcomes of the Household and Labour Market:**
 - A large proportion of the women who left the labour market are married. Also, **husband's income (and education) contributes to the withdrawal of women** from the labour force through a household income effect.
 - **Maternity factor:** Many women who join the workforce are unable to re-join after having a child. **Maternity benefits Act 2016 increased cost for companies** and may have discouraged them from hiring women. The estimated loss of female jobs was between 1.1 to 1.8 million for 2017-18, over and above the usual job loss due to attrition related to maternity.
 - Non - availability of quality day-care is one factor which inhibits women from returning to work after their maternity leave. Similarly, **if women's perceived productivity** at home is greater than their returns in the labour market, women are likely to withdraw from the labour force.
- **Barriers to migration for women** as in the last decade, there has been only a marginal increase in the proportion of rural women (of working age) who worked in urban areas. Even international migration for work remains a challenge for women. Women comprise less than one-fourth of the total Indian migrant stock.
- **Social Norms and Agency: Deep-rooted social norms, lack of agency and gendering of occupations** often leads to women having little choice in their employment and work decisions.
 - **Discrimination:** Employment and wage gap between male and female cannot be explained only by differences in education, experience and skills, but the **unexplained aspects attributed to discrimination**.
 - Socially disadvantaged women are more likely to be in roles without written contracts, with less paid leaves and shorter periods of engagement. In some communities, may be a **stigma attached to women working outside the home** (especially to certain job-roles considered menial)-which increases family and societal pressures to drop out.
- **Sexual Harassment at the Workplace:** Around 31% of the firms are not compliant with the Prevention of Sexual Harassment at Workplace Act (POSH), which mandates "**Internal Compliance Committees**" (ICCs) **being constituted**.
 - Between 2014 and 2015, cases of sexual harassment within office premises **more than doubled- from 57 to 119-** according to NCRB data.

Suggestions to improve FLFP

- **Reorienting Policy Design**
 - **Modifying outcome metrics** for labour market programmes by including enabling factors such as safety, aspiration alignment and so on.
 - **Convergence with programmes** for adult education, literacy and advanced skill training and higher education. Education ecosystem needs to go through a set of system strengthening initiatives, including the introduction of digital and STEM (science, technology, engineering and mathematics) education in schools.
- **Programme Innovation - Using tax policies** to incentivise women into the labour market on both the demand and supply side. By introducing tax incentives for enterprises that have internal complaint mechanisms, gender friendly transport services and so on.
- **Communication and Behavioural Change - Investing in large-scale social campaigns** for changing social norms which break gender stereotypes, which includes women as well as **redefining the role of men in households**.

Provisions for Equal Pay in India

- United Nations **SDG-8** aims to achieve "equal pay for work of equal value" by 2030.
- **Article 39 of constitution (DPSP)** envisages equal pay for equal work.
- **Specific laws** include Equal Remuneration Act, 1976, Maternity Benefit Act, 1961, Factories Act, 1948.

- **Support Services for Entry and Continuation**

- **Providing arrangements** for childcare at training centres, better stipends for travel, lodging, boarding and other expenses incurred during programme participation.
- Providing support to women who **migrate** in search of work and jobs.
- Developing forums for informal and formal **mentorship** and connections to **female role models** and women in leadership which is to be achieved not by tokenism but by increasing the ease of **economic and political participation**.

Conclusion

The issue of wider, deeper and more meaningful participation of women not just in the workforce, but also in legislatures, police, armed forces and the judiciary, is a complex but very critical issue. Effort, therefore, is needed to amplify the **gender-sensitivity of programmes**. This can be achieved for a policy by enhancing its quotient of programme components that cater to women's all-round needs.

1.2. WOMEN IN AGRICULTURE

Why in News?

October 15 is celebrated as **National Women's Farmer's Day** (Rashtriya Mahila Kisan Diwas) for recognising the multidimensional role of women at every stage in agriculture.

Feminization of Agriculture reflects the **shift in the gender roles** in the agriculture. Where earlier the image of agriculture or an agricultural farmer was associated deeply with men, in today's India, the image has been feminized due to increasing number of female workers in the agriculture sector.

Current trends in feminisation of Agriculture

- According to the Food and Agriculture Organization (FAO), **women's contribution to Indian agriculture is about 32%**, while in some states (such as Hill states, Northeastern states, and Kerala) contribution of women to agriculture and rural economy is **more than men**.
- **Economic Survey 2017-18** says that with growing rural to urban migration by men, there is '**feminisation of agriculture sector**, with increasing number of women in multiple roles as **cultivators, entrepreneurs, and labourers**.
- According to **Census 2011**, out of total female main workers, **55% were agricultural labourers and 24% were cultivators**.
- The share of **operational holdings cultivated by women** has **increased** to 13.9 per cent in 2015-16.
- A research by the Indian Council of Agricultural Research (ICAR) shows that the **participation of women is 75% in the production of major crops, 79% in horticulture, 51% in post-harvest work and 95% in animal husbandry and fisheries**.
- **Agrarian distress, male migration and poverty** are prominent reasons for increasing feminization of agriculture.

Government Interventions to improve women's role in Agriculture

- The government is earmarking **at least 30% of the budget allocation for women beneficiaries** in all ongoing schemes-programmes and development activities.
- Government is also giving preference to women under various policies such as **organic farming, self-employment scheme, Pradhan Mantri Kaushal Vikas Yojana** etc.
- **Cooperative education programs** of women are organized through State Cooperative Societies to ensure women participation in various activities in the field of cooperatives.
- Under Agriculture policies there are provisions of issuing **Kisan Credit Card to women** and creating livelihood opportunities through livestock practices, agricultural processing.
- Focussing on **women self-help groups (SHG)** to connect them to **micro-credit** through capacity building activities and also ensuring their representation in different decision-making bodies.
- Special importance is being given to the role of women in achieving the goal of **doubling farmers' income by 2022**.

Impact of feminization of agriculture:

- **FAO** estimates that if women had the same access to productive resources as men, they could **increase yields on their farms by 20-30%**. This could raise total **agricultural output** in developing countries by **up to 4%** which would mean a **dramatic reduction in hunger**.
- Research worldwide shows that women with **access to secure land, formal credit and access to market** have greater propensity to **invest** in improving **harvest**, increasing **productivity**, and improving **household food security and nutrition**.

- Women are more likely than men to hold **low-wage, part-time, seasonal employment** and they tend to be paid less even when their qualifications are higher than men's, but new jobs in **high-value, export-oriented agro-industries** offer much better opportunities for women.

Challenges faced by women in Agriculture:

- **Lack of Institutional Credit:** Lack of ownership of land does not allow women farmers to approach banks for **institutional loans** as banks usually consider land as collateral.
- **Non-recognition:** According to **Oxfam India**, women are responsible for about 60-80% of food and 90% of dairy production, respectively. But the work by women farmers, in crop cultivation, livestock management or at home, often goes unnoticed.
- **Lack of Property Rights-** Women are generally not given the land rights in their name. Because of this, women lack bargaining power in the family as against the property holding male member.
- **Contract farming:** Female farmers are largely **excluded from modern contract-farming arrangements** because they lack secure control over land, family labour and other resources required to guarantee delivery of a reliable flow of produce.
- **Innovation in Agriculture:** When a new technology is introduced to automate specific manual labour, women may lose their jobs because they are often responsible for the **manual duties and also due to low skill level.**
- **Lack of Training:** Attempts by the government to impart them training in poultry, apiculture and rural handicrafts is trivial given their large numbers.
- **Gender discrimination:** The 17-country study by **Corteva Agriscience** revealed that almost **78% women farmers** in India face **gender discrimination.**
- **Poor Representation:** As of now, women farmers have hardly any representation in society and are nowhere discernible in farmers' organisations or in occasional protests.
- **Access to resource and inputs:** When compared to men, women generally have less access to resources and modern inputs (seeds, fertilizers, pesticides) to make farming more productive.

Way Forward

- **Provision of credit without collateral** under the **micro-finance initiative of NABARD** should be encouraged. Better access to **credit, technology**, and provision of **entrepreneurship** abilities will further boost women's confidence and help them gain recognition as farmers.
- A declining size of land holdings may act as a deterrent due to lower net returns earned and technology adoption. The possibility of **collective farming** can be encouraged to make women self-reliant.
- **Training and skills** imparted to women as has been done by some **self-help groups** and **cooperative-based dairy activities** (Saras in Rajasthan and Amul in Gujarat). These can be explored further through farmer producer organisations.
- Government flagship schemes such as the **National Food Security Mission, Sub-mission on Seed and Planting Material** and the **Rashtriya Krishi Vikas Yojana** must include **women-centric strategies** and dedicated expenditure.
- Most of the farm machineries are difficult for women to operate, so it is important to have **gender-friendly tools and machinery** for various farm operations. **Farm machinery banks** and **custom hiring centres** can be roped in to provide subsidised rental services to women farmers.
- **Krishi Vigyan Kendras** in every district can be assigned an additional task to **educate and train women farmers** about innovative technology along with extension services.
- According to Food and Agriculture Organisation, **equalising access to productive resources** for female and male farmers could increase agricultural output in developing countries by as much as **2.5% to 4%.**
- An '**inclusive transformative agricultural policy**' should aim at **gender-specific intervention** to raise productivity of small farm holdings and integrate women as active agents in rural transformation.

1.3. CHANGING FAMILY STRUCTURE AND ITS IMPACT ON WOMEN

Why in news?

Recently the UN Women released its new Report titled, "Progress of the World's Women 2019-20: Families in a Changing World".

Family Structure in India:

- India, and the rest of the subcontinent, is unique as it accommodates both nuclear and joint families. A joint family, in which several generations live together, is common in India.
- Until recently, joint households were the norm; however, migration and urbanisation are rapidly changing family structures.
- According to the 2011 census, out of 24.88 crore households, 12.97 crore or **52.1% were nuclear households**.
- The dissolution of joint families has made nuclear families increasingly common, changing women's relative position in a family and with respect to social security and care for the elderly.

Progress of the World's Women 2019-20: Families in a Changing World- Indian Scenario

- In India, 46.7% of families are couples living with their children, over 31% live in extended families while single person families account for 12.5%.
- 4.5% of all Indian households are run by single mothers.
- The report analyses how diverse family structures are impacting women and their choices. For instance: The poverty rate of lone mother households in India is 38% in comparison to 22.6% for dual-parent households.

Family structure and position of women

- **Women in nuclear households** enjoy greater decision-making power, greater freedom of movement outside the house premises and greater participation in jobs.
- **Women's autonomy is differentiated by economic status, caste and household location.** E.g. women in richer joint households have more autonomy in intra-household decision-making but less freedom of movement outside the home. For women in poorer joint households, it is just the opposite: they have greater freedom of movement outside the home but less autonomy in intra-household decision-making.
- **Geographic location of the household affects women's autonomy:** Women in joint households in northern India have less autonomy compared to their counterparts in southern India. Interestingly, in the south, the effects of family structure on women's autonomy are weaker.
- The **division of labour on the basis of sex is a characteristic of traditional family life in India.** A woman was supposed to do all sorts of domestic work such as cooking, cleaning utensils, washing clothes etc. besides she has to do motherly duties of looking after the children and the interests of all the members of the family. However, in recent times with the increasing education levels and the economic opportunities in wake of Globalisation the **socio-economic mobility of Indian women has increased.**

1.4. DOMESTIC VIOLENCE LAW

Why in News?

Recently Supreme Court held that even the brother-in-law has a liability to pay maintenance to a victim under the Domestic Violence Act if they had lived together under the same roof in a **shared household** as part of a joint family at any point of time.

About Domestic Violence

- **Every third women, since the age of 15, has faced domestic violence** of various forms in the country, reported the National Family Health Survey (NHFS-4).
- According to WHO, worldwide as many as 38% of murders of women are committed by a male intimate partner.
 - **In India intimate partner violence is the highest at 37.7%** in the WHO South-East Asia region.
- Domestic violence can negatively affect a **woman's physical, mental, sexual, and reproductive health.**
- **Reasons/Issues Involved:**
 - **Changing socio- economic relations particularly in urban areas** such as more income of a working woman than her partner, abusing and neglecting in-laws, dowry demands etc.
 - **Violence against young widows especially in rural areas:** most often they are cursed for their husband's death and are deprived of proper food and clothing without often being given the opportunity for remarriage in most of the homes. Also, there are cases of molestation and rape attempts by other family members in joint families.
 - **Orthodox & Patriarchal mindset-** male domination and control over women, male privilege and women's subordinate status, infertility or desire for male child.

- Women are also more likely to experience intimate partner violence if they have low education, exposure to mothers being abused by a partner, abuse during childhood, and attitudes accepting violence, male privilege and women's subordinate status.

Government Steps taken to prevent domestic violence: There are mainly three laws in India that deal directly with domestic violence:

- **The Protection of Women from Domestic Violence Act, 2005:**

- The Act **expanded the definition of domestic violence** to include not just physical, but also verbal, emotional, sexual and economic violence.
- The law is broad in its definition— **“domestic relationship” includes married women, mothers, daughters and sisters.**

Other Important judgments on Domestic Violence (DV) Act, 2005

- The Supreme Court has upheld a ruling that the Domestic Violence Act, intended to **safeguard women against marital abuse, will apply even after divorce.**
- The Supreme Court has **also struck down the words “adult male” from the pertinent provision in the DV Act** to lay down that a woman can also file a complaint against another woman, accusing her of domestic violence.

- This law not only protects women who are married but **also protects women in live-in relationships**, as well as family members including mothers, grandmothers, etc.
- 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 cognizable and non-bailable offence punishable with imprisonment which may extend to one year or with fine which may extend to Rs. 20,000 or with both.
- It provides for **appointment of protection officers and NGOs** to provide assistance to the woman for medical examination, legal aid and safe Shelter.
- **Punishment** of one-year maximum imprisonment and Rs. 20,000 each or both to the offenders is mentioned.
- PWDVA 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. Recently, the Supreme Court restored an immediate arrest provision in the dreaded Section 498A, IPC.

Issues with Domestic violence Act

- **Gender biased and not gender neutral:** There have been increasing number of false cases. Also, the domestic violence against men in India is not recognised by the law.
- Excludes abuses pertaining to marital rape.
- **Lack of awareness** especially in rural areas where there is more need of such Acts.
- Judicial system resorting to **mediation and counselling** even in cases of extreme abuse. Also, Insensitivity by male police officers, judicial magistrates during hearings, etc.
- **Absence of economic, psychological and support system** for victim women.
- **Insufficient budgetary allocation to States-** the States could not assign 'Protection Officers' because of the already overburdened department.
- Though most of these cases are reported from urban areas, **innumerable cases of violence against women go unreported in India's distant villages.**

Way forward

- **Government can create a fund available with magistrates and judges passing maintenance orders.** In the event that orders cannot be executed it must be the responsibility of the government to pay the amount to the distressed wife and then recover the amount from the husband.
- There is need for **bringing in judicial reforms** and increasing the strength of magistrate's courts in the country so that courts are not overworked and have time to dedicate to cases under the DV Act.
- At a broader level successive rounds of NFHS surveys create space for deeper understanding of various aspects of domestic violence and for evidence-based policy recommendations. The factors **behind the reduction of spousal violence need to be scrutinized further.**
- NGOs relating to women empowerment should be encouraged to protect women from domestic violence.
- Women should be financially empowered through various government schemes and programmes.
- More **sensitivity training** to be given to officers concerned at every stage.

1.5. PCPNDT ACT

Why in news?

Recently, the Supreme Court upheld the provisions in the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act of 1994, which 'criminalises' non-maintenance of medical records by obstetricians and gynaecologists and suspend their medical licenses indefinitely.

Background

- The **Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994** was enacted to stop female foeticides and arrest the declining sex ratio in India. It was **amended in 2003**, to improve the regulation of the technology used in sex selection.
- The basic requirements of the act include the **registration of clinics, written consent** of the pregnant women, **prohibition of communicating the sex of fetus**, maintenance of records and **creating awareness** among the public at large by placing the board of prohibition on sex determination.
- A petition was filed by Federation of Obstetrics and Gynaecological Societies of India (FOGSI), which challenged some sections of the Act, using which criminal proceedings are initiated against doctors, even for any unintentional or clerical errors. But the court has **dismissed this petition.**

Rationale for the stringent provisions in the Act

- **Key to prevent female foeticide:** The Supreme Court highlighted that non-maintenance of record by sonography and diagnostic centre is a springboard for the commission of the offence of female foeticide, which is what is intended by the Act. Hence, it cannot be termed as a clerical error.
- Sex selective abortions **relegate the right to life** of the girl child under Article 21 of the Constitution, to a mere formality. As per a United Nations Report, more than 4.6 lakh girls went missing at birth on an average annually during the period 2001-12.
- **Leads to a cycle of violence against women:** A skewed sex- ratio is likely to lead to greater incidences of violence against women and increase in practices of trafficking, 'bride- buying' etc. The rigorous implementation of the Act is an edifice on which rests the task of saving the girl child.
- **Responsibilities of a doctor:** A responsible doctor is supposed to know all such minute details like the form he is required to fill and the impact of medical findings and its consequences, which is virtually the pre-requisite for undertaking a test. It is critical for a member of a noble medical profession to be educated about such details.

Challenges faced due to stringent sections

- **Fails to distinguish between criminal offences and the anomalies-** such as deliberate non- completion of the required paperwork and documents on one side and clerical mistakes like incomplete address or inappropriate photographs at centres on the other hand.
- **Loss of livelihood of doctors as well as their dependents-** Minute clerical errors have led to unreasonable actions of raid, seizure and sealing of premises and imprisonment, fine and suspension of doctors' licenses.
- **Remedies available, but the process is slow-** like filing an appeal before the appellate authority and getting the machine released from the court of law, but all these measures are time-consuming and bring the career of an individual to a standstill.

Successes of the law

- **Increase in registrations of PCPNDT Clinics:** from 600 in the year 2000 to more than 55,000 today.

- **Check on advertisements for sex selection:** from print media, television and from walls around the country.
- **Increase in sex ratio in some states:** e.g. Effective implementation of the Act has been identified as one of the prominent reasons in **increasing sex ratio in Rajasthan** where it has increased from 888 in 2011 census to 950 in 2017-18.
- **Increased ambit of the law:** under the amendment of 2003, which brought ultrasound and other stringent provisions to improve the effectiveness of the act.

Failures of the law

- **Poor reporting** under the law- Only 3,000 cases have been filed against violators of the act, since the passing of act, though half a billion medical crimes have been committed.
- **Poor conviction rate-** There are only **586 convictions out of 4202 cases registered** even after 24 years of existence.
- **Presence of unqualified options:** such as quacks, nurses, where people continue to get abortions done.
- **Overall drop in child sex ratio:** for the age group of 0-6 years has declined to 919 girls in 2011 against 927 per thousand boys in 2001.

Way Forward

- Implementation of this Act requires a more systematic involvement of the State and enactment of legislation is only the first step in this direction.
 - The health departments of the states have to play a more crucial role.
 - The local bodies should also take a lead in effective implementation of the act.
- **Help of Anganwadi and ASHA workers** can be sought to report any suspicious activity to determine the sex of a child. Doctors and other professional staff at such clinics need to be further sensitised on the importance of the subject.
- Government schemes such as **Beti Bachao Beti Padhao** have yielded appreciable results in states like Haryana. Awareness among people needs to increase using more such measures so that demand for feticide is itself eliminated.

1.6. SABARIMALA ISSUE

Why in News?

Recently, Supreme Court granted women of all ages the right to enter the Sabarimala temple.

More on News

- The Supreme Court in **Indian Young Lawyers' Association v/s State of Kerala Case** declared **Rule 3(b) of the Kerala Hindu Places of Public Worship (Authorisation of Entry) Act of 1965**, which authorizes restriction on women "of menstruating age", as ultra vires the Constitution.
- Supreme Court set aside a Kerala High Court judgment of 1991 that upheld the prohibition, pointing that the celibate nature of the deity was "a vital reason for imposing this restriction on young women".

Arguments against restrictions of women:

- **Banning entry was derogatory for women:** Morality must not be viewed narrowly from the perspective of an individual, a section or religious sect. Individual dignity of women could not be at the mercy of a mob.
- **Prohibition was a hegemonic patriarchy:** Patriarchy in religion cannot trump the freedom to practise religion.

Article 14: provides for Equality before law and equal protection of the law.

Article 15: Prohibits discrimination on the grounds only of religion, race, caste, sex or place of birth.

Article 17: Abolishes untouchability and forbids its practice in any form.

Article 25 provides that all persons enjoy the right to freely practise their religion.

- The **'essentiality' test** was evolved by the Supreme Court to determine whether a religious practice was protected under Article 25.
- The essential practice of a religion is beyond interference by the State and subject only to the restrictions on the basis of the grounds contained in Article 25.
- On the other hand, a non-essential religious practice is not a fundamental right and can be restricted by the State on any reasonable ground.

- **Exclusion on the grounds of biological and physiological features was unconstitutional:** it violated the right to equality and dignity of the women under Article 14 and 15 of the Constitution. Moreover, prohibition was a form of untouchability and was thus against Article 17 of the Constitution.
- **Prohibition was not an essential practice of religion under Article 25 of the Constitution** thus it was not covered under the right to freedom of religion.
- **Fundamental Rights are meant for individuals and not deities or idols:** The Fundamental Rights guaranteed under Part III of the Constitution recognizes the individuals as a basic unit. The argument that the right to preserve the celibacy of the deity is a protected constitutional right does not apply.
- **Right to worship is equally available to men and women:** Woman's right to pray was not dependent on any law but it is a constitutional right. Religion cannot become a cover to exclude and deny this basic right to worship to women.

Arguments in favor of restrictions on women:

- **Religious communities/denominations should decide what constitutes an essential religious practice:** It should not be decided by judges on the basis of their personal viewpoints.
- **Judicial Overreach:** By determining whether a particular practice or custom is essential or integral to a religion, the court leaves the rational world of laws and constitutional rights and enters into the realm of theology, thus leading to judicial overreach.
- **Judgment confuses diversity with discrimination:** It ignores the ground social realities of India and immense diversities. Also, judges must take special care while dealing with a sensitive issue like religion.
- **India being a pluralistic society with diverse faiths, constitutional morality gave freedom to practice even irrational or illogical customs and usages:** Constitutional morality required harmonization of rights of all persons, religious denominations or sects, to ensure that the religious beliefs of none were undermined.
- **Freedom to practice their beliefs as enshrined in Article 25 of the Constitution:** Ayappa devotees had attributes of a religious denomination such as distinct names, properties, etc. Also, Sabarimala temple was not funded out of the Consolidated Fund. Temple Management thus contends that they were allowed to frame rules for the shrine without State's interference.
- **Historic Origins of the restrictions** as the entry of women and girls of menstruating age was antithetical to the "Naishtika Brahmachari" (celibate) nature of the deity, the prohibition was not based on misogyny.
- **It was physiologically difficult for women to observe a 41-day penance for the deity:** The pilgrimages require tough processes to be carried out for 41 days which would be difficult for women.
- **Challenging religious practices:** In a pluralistic society comprising of people with diverse faith, belief and traditions, to entertain PILs challenging religious practices followed by any group, sect or denominations, could cause serious damage to the constitutional and secular fabric of the country.
- **Unique geographical aspects and specific circumstances at the hill temple should have been considered:** given that the temple lies at ecologically sensitive Western Ghats, providing extended facilities for women devotees would require expansion and would impact negatively on the environment.

Way Forward

- Internal pressures to change secure long-lasting reforms with less of a backlash than when reforms are imposed by the law. Religious reforms in matters that positively affect life and liberty does call for judicial intervention, however, Courts cannot be substitute for social reform movements.
- The ruling will have wider impacts on other similar customs and practices at other places of worship too.
- The Temple management must provide adequate amenities for women devotees to smoothly implement the SC order.

2. ISSUES RELATED TO CHILDREN

2.1. POCSO ACT

Why in news?

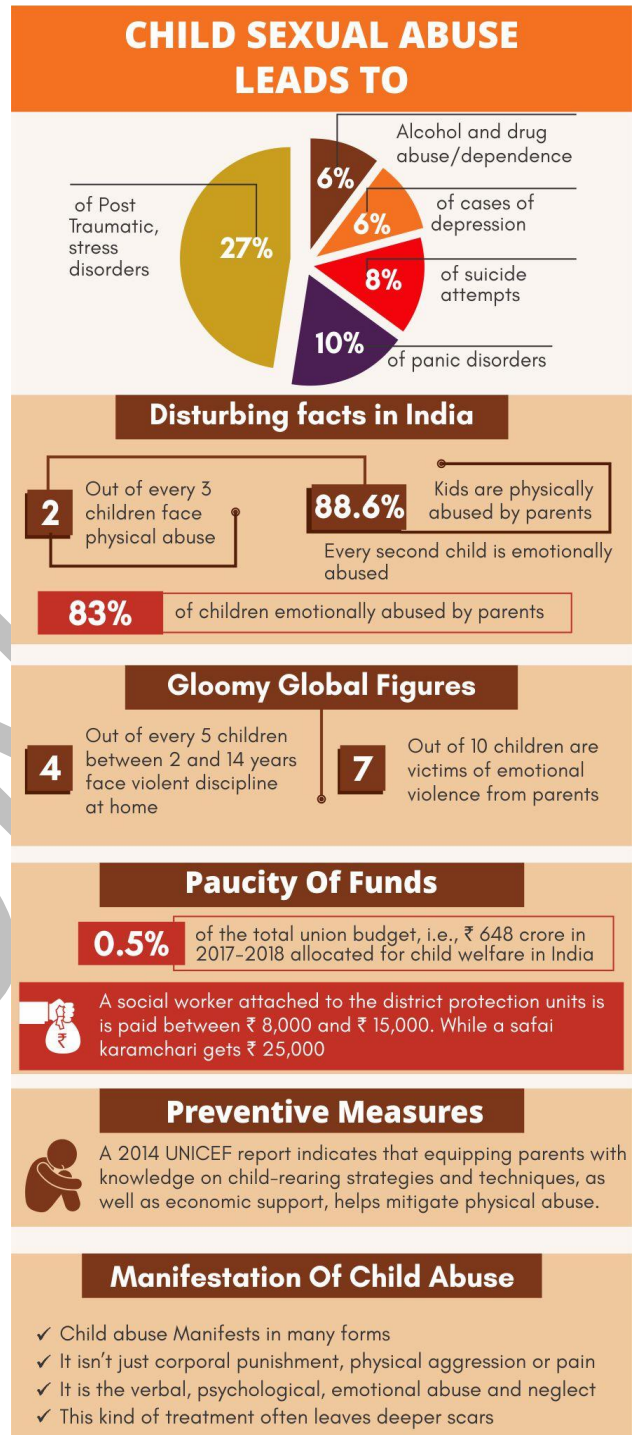
The Madras High Court suggested that consensual sex, physical contact or allied acts after the age of 16 be excluded from the ambit of POCSO Act.

Suggestions made by High Court

- The definition of ‘Child’ under Section 2(d) of the POCSO Act can be **redefined as 16 instead of 18**.
- It suggested that suitable amendments could be made so that a consensual relationship between a girl above 16 years of age and a boy between 16 to 21 years of age need not attract the draconian provisions.
- The Act can be amended to the effect that the age of the offender ought not to be more than five years or so than the consensual victim girl of 16 years or more. So that the impressionable age of the victim girl cannot be taken advantage of by a person who is much older and crossed the age of presumable infatuation or innocence.

Provisions of the POCSO Act

- The Protection of Children from Sexual Offences (POCSO) Act 2012 was formulated in order to **effectively address sexual abuse and sexual exploitation of children through legal provisions**.
- India being a party to the ‘UN Convention on the Rights of the Child’ is also under legal obligation to protect its children from all forms of sexual exploitation and sexual abuse.
- The act defines a child, (irrespective of gender) as a person under the age of 18 years, which prevents the “**inducement or coercion of a child to engage in any unlawful sexual activity**”.
- It **mandates the Central and State governments** to take all measures to ensure publicity to the provisions of the Act and obliges government officials to be trained in how to implement the Act.
- It also seeks to establish Special Courts for speedy trial of such offences. The Act stipulates that a case of Child Sexual Abuse must be disposed of within one year from the date the offence is reported.
- It is **gender neutral law**, wherein the law takes cognizance of sexual crimes committed against both girls and boys under the age of 18 years.
- The law **protects children from both contact and non-contact sexual abuse**.
- It addresses a wide range of sexual offences which include anything from complete and partial penetration, non-penetrative sexual assault, stalking of a child, showing children pornography, using the child for pornography and exhibitionism.
- It **places the burden of proof on the accused** and ensures punishment for all perpetrators irrespective of age and gender.



- It does not recognize consensual sexual acts among children or between a child and an adult. Prosecutes any person (including a child) for engaging in a sexual act with a child irrespective of whether the latter consented to it.
- It introduces child friendly measures and defines the role of the police as a child protector and pronounces the importance of mandatory reporting of sexual offences.

Why the demand for reduction in the age under POCSO?

- Considering the innovation in digital technology, **the children are exposed to so much of information** that they get matured much earlier and thus are in a position to give consent for any relationship even at the age of 16.
- Many of the cases of sexual assault reported to the police (under the POCSO Act and other laws) dealing with the 16-18 years-old children are consensual in nature and are generally reported at the behest of girl's parents who disapprove of the teenagers' conduct.

Definition of child under different acts

- **POCSO Act:** Less than 18
- **Child Labour (Prohibition and Regulation) Act, 1986:** Less than 14
- **The Juvenile Justice (Care and Protection of Children) Act 2015:** Less than 16
- **Factories Act, 1948:** Less than 15

Globally laws on age of consent

- Many countries have 16 years or below that as the age of consent.
- Most of the American states, Europe, Japan, Canada, Australia, China and Russia fall into this category.

- It will also **reduce significant number of criminal cases pending in various courts**, where the provisions of the Act are grossly misused as even when a girl in the intermediate age of 16-18 gives consent, it is treated as invalid in view of the provisions of the POCSO Act.
- Where two minors engage in a consensual sexual relationship, in a paradox, **they stand both as victims and perpetrators vis-à-vis each other**, although ground-level reality results in boys being overwhelmingly treated as perpetrators and girls as victims.
- Read together with the Juvenile Justice (Care and Protection of Children) Act, 2015, which allows the trial of 16 and 17-year-old children as adults in respect of heinous offences, a child above 16 years can now be prosecuted and punished for engaging in consensual sex with a minor and be punished for a minimum 10 years in jail, which can extend to life imprisonment.
- The act mandates doctors to reveal the identities of their patients who are under the age of 18. This deters the patients under 18 years with accidental pregnancies and infections to approach doctors.

Conclusion

- POCSO privileges age to define to a child, wherein consent of a child is not a defence to sexual assault. Though the court directive to lower the age has been lauded. Any such amendment should not be done in haste.
- Given challenges of the age determination process, the age of consent should not be the only factor in determining sexual assault
- Apart from suggesting that the age of consent for sex be lowered, the Madras High Court also said that there was a need to look at why violent and heinous sexual crimes against children and women were on the rise.
- It called on government to set up a high-level committee comprising people like a social auditor, psychologist, social scientist etc., to investigate the reasons behind these serious crimes.

Recently, the Protection of Children from Sexual Offences (Amendment) Bill, 2019 was introduced in Rajya Sabha. The Bill amends the POCSO Act, 2012. Salient features of the Bill include:

- **Penetrative sexual assault:** The Bill **increases the minimum punishment** from seven years to ten years. Moreover, if such assault is committed on a child below the age of 16 years, he will be punishable with imprisonment between 20 years to life, with a fine.
- **Aggravated penetrative sexual assault:** The Bill **adds two more grounds to the definition** of aggravated penetrative sexual assault. These include- assault resulting in death of child, and assault committed during a natural calamity, or in any similar situations of violence. The **Bill increases the minimum punishment** in such cases from 10 years to 20 years, and the maximum punishment to death penalty.
- **Pornographic purposes:** The **Bill 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. In addition, the Bill enhances the punishments for certain offences.
- **Storage of pornographic material:** The Act penalises storage of pornographic material for commercial purposes with a punishment of up to three years, or a fine, or both. The Bill amends this to provide that the punishment can

be imprisonment between three to five years, or a fine, or both. In addition, the Bill adds two other offences for storage of pornographic material involving children. These include: (i) failing to destroy, or delete, or report pornographic material involving a child, and (ii) transmitting, displaying, distributing such material except for the purpose of reporting it.

Other Legal Provisions for Safeguarding Children in India

- **Juvenile Justice (Care and Protection of Children) Act 2015:** provides for strengthened provisions for both children in need of care and protection and children in conflict with the law.
- **Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act 1994:** to prohibit prenatal diagnostic techniques for the determination of the sex of the fetus leading to female feticide.
- **The Commission for Protection of Child Rights Act 2005:** provides for the constitution of National & State Commissions for Protection of Child Rights and Children's Courts to provide speedy trial of offences against children.
- **The Right of Children to Free and Compulsory Education Act, 2009:** prohibits detention of children till they complete elementary education i.e., class 8.
- **Prohibition of Child Marriage Act, 2006:** The Act prohibits solemnization of child marriage.
- **Child Labour (Prohibition and Regulation) Amendment Act, 2016:** widened the scope against child labour and provides for stricter punishments for violations.
- **National Policy of Children 2013** - It has four priority areas - Survival, health and nutrition; Education and development; Child Protection and; Child Participation
- **National Action Plan for Children (NPAC), 2016** - It links the 2013 Policy to actionable strategies under its priority areas.
- **United Nations Convention on the Right of the Child:** India is a signatory to this convention.
- **Draft Child Protection Policy, 2018:** Recently, **Ministry of Women and Child Development (MWCD)** has released Draft Child Protection Policy. The policy draws upon the safeguards provided under the Constitutions of India, various child-centric legislation, international treaties as well as other existing policies for the protection and wellbeing of children.
 - It aims at **providing a safe and conducive environment for all children** through the prevention and response to child abuse, exploitation and neglect.
 - It **provides a framework for all institution, and organization (including corporate and media houses), government or private sector** to understand their responsibilities in relation to safeguarding/ protecting children and promoting the welfare of children; individually and collectively.

2.2. JUVENILE DELINQUENCY

Why in news?

Recently the Bombay High Court directed a 17-year-old accused be tried as a minor, terming the Juvenile Justice (JJ) Act as reformatory and not retributive.

Children in conflict with the Law: The factors of causation of juvenile delinquency could be broadly classified under two major heads-

- **The Social factors** of causation of juvenile delinquency are
 - broken homes,
 - poverty,
 - school learning dissatisfaction,
 - films and pornographic literature,
 - addictions,
 - deep seated inner desires coupled with outside pressures,
 - compulsions and temptations etc.
- **The personal or individual factors** of causation of delinquency among children are mental deficiency, emotional problems etc.

Preventing juvenile delinquency: In order to prevent juvenile delinquency from its occurrence the following measures have been suggested:

- **Creating a team** of private and public agencies devoted to preventive work.
- Giving **proper training** to the members and staff of all organizations concerned with delinquency control.
- **Establishing child guidance clinics** to give appropriate treatment to the disturbed and mal-adjusted children.

- **Educating of the family** so as to help the parents to realize the importance of giving proper attention to the needs of their young children.
- **Establishing wholesome recreational agencies** to prevent young children from becoming the victims of illicit or unwholesome recreation.
- **Giving proper assistance to under-privileged children** to build in them good character and law-abiding attitude.
- **Adopting various means of propaganda** such as radio, movies, television, newspapers, magazines, etc., to realize the importance of law abidingness and how it is always appreciated and rewarded.
- **Improving the social environment** -slum areas, busy marketplaces, gambling centres, etc., to prevent children to get influenced by these.
- **Spotting potential delinquents by predictive tests** in schools and giving appropriated treatment to such children.
- The problem of beggary and poverty are to be removed or controlled and the **general economic standards of the people must be increased** to prevent children from becoming- delinquent due to economic exigencies.

Juvenile Justice (JJ) Act, 2015: The JJ Act, 2015 provides for strengthened provisions for both children in need of care and protection and children in conflict with law. **Some of the key provisions include:**

- Change in nomenclature from 'juvenile' to 'child' or 'child in conflict with law', across the Act to remove the negative connotation associated with the word "juvenile".
- Inclusion of **several new definitions** such as orphaned, abandoned and surrendered children; and petty, serious and heinous offences committed by children;
- **Clarity in powers, function and responsibilities** of Juvenile Justice Board (JJB) and Child Welfare Committee (CWC);
- Clear timelines for inquiry by Juvenile Justice Board (JJB);
- **Special provisions for heinous offences committed by children in the age group of 16-18 years:** The JJB is given the option to transfer cases of heinous offences by such children to a Children's Court (Court of Session) after conducting preliminary assessment.
 - The provisions provides for placing children in a 'place of safety' both during and after the trial till they attain the age of 21 years after which an evaluation of the child shall be conducted by the Children's Court.
- **Separate new chapter on Adoption** to streamline adoption of orphan, abandoned and surrendered children; the existing **Central Adoption Resource Authority (CARA) is given the status of a statutory body** to enable it to perform its function more effectively.
- **Inclusion of new offences committed against children:** These include- sale and procurement of children for any purpose including illegal adoption, corporal punishment in childcare institutions, use of child by militant groups, offences against disabled children and, kidnapping and abduction of children.and
- Mandatory registration of Child Care Institutions.
- **Several rehabilitation and social reintegration measures have been provided** for children in conflict with law and those in need of care and protection.
 - **Under the institutional care**, children are provided with various services including education, health, nutrition, de-addiction, treatment of diseases, vocational training, skill development, life skill education, counselling, etc. to help them assume a constructive role in the society.
 - The **variety of non-institutional options include** sponsorship and foster care including group foster care for placing children in a family environment which is other than child's biological family, which is to be selected, qualified, approved and supervised for providing care to children.

3. TRIBAL RELATED ISSUES

3.1. TRIBAL HEALTH

Why in News?

An Expert Committee on tribal health constituted jointly by Ministry of Family health and tribal affairs has submitted a first ever report on tribal health titled as “**Tribal Health in India-Bridging the Gap and a Roadmap for the Future**”.

Why Tribals?

The tribal population embodies distinctive cultural, socio-economic and geographical features. Ironically, this very distinctiveness and differences has become the cause of marginalisation of tribal population notwithstanding the constitutional safety and legal protection conferred on them.

Various components of health and their skewed nature

- **Conventional 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%. For e.g. life expectancy of tribals is 63.9 compared to national average of 67 years.
- **Disease burden** -The Tribals suffer from a unique 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 non-tribal population.
 - **Epidemiological transition leading to lifestyle diseases**- like hypertension, diabetes, respiratory diseases etc. Also, genetic disorder in form of sickle cell anemia ranges from 1-40%.
 - **Mental illness and addictions**- These problems are also on rise among tribals as they are easy targets. According to NFHS-3, 72% of tribal men in the age of 15-54 use tobacco as compared to 56% of non-tribal men.

About the Tribal population

- 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**.
- Numerically **M.P. has highest tribal population (15mn) followed by Maharashtra (10mn), Odisha and Rajasthan**.
- Majority of tribals live in rural areas.
- **Sex ratio** among tribals is **990/1000** as compared to national average of **933/1000**.
- **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.

Loopholes in tribal governance

- **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.
- **Health care 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.
- **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.

Way Forward

- **Organization of service delivery-**
 - **A bottom up approach** with primary health care at the centre of public health services will be adopted. **Gram Sabha** will be at the base comprising ASHAs and local arogya mitras followed by indigenous community health centre consisting of traditional healers succeeded by tribal health and wellness centres and at the top will be a PHC with 2 doctors and a mobile outreach facility. A localized primary care system is more acceptable as **illustrated by SEARCH (Society for education, action and research in community health) initiative of tribal friendly hospital at Gadchiroli district.**
 - **At secondary and tertiary level** dedicated medical colleges, telemedicine, e-aushadhi facility for online availability of generic medicine, health insurance etc. will be made available.
 - **Awareness programmes through schools and media** will be encouraged. The system will be made compatible to the tribals living outside the scheduled areas.
- **Human resource for tribals' health** - The new setup should include skilled local youth, traditional healers, ASHAs and PM's tribal health fellows. Moreover, a remunerative service structure in the form of higher salaries, good housing and further opportunities has to be created for doctors.
- **Addressing special problems in tribal health**
 - For **Malaria**, focus should be on a proper surveillance system, human resources availability, preventive and curative care based on comprehensive research.
 - **Malnutrition** will be addressed through food security, using local food, preventive and managerial methods and home-based care and strengthening ICDS.
 - **Child mortality and unsafe motherhood** will be managed through scientific data collection, upgrading women health services, round the clock ante and pre natal care, emergency services, timely remunerations etc. Also, **family planning** will be made more culture sensitive.
 - **De addiction** will be achieved by mapping the cases, rehabilitation, strong implementation of the excise policy etc.
 - Addressing **sickle cell anemia** through new design and planning and addressing animal attacks especially snake bites through a proper management system.
 - The **literacy drives** in tribal areas and based on **Salunkhe committee report** an overhaul of children's health in tribal ashrams will be undertaken.
- **Knowledge, research and data on tribal health**-A principled approach based on **4R's i.e. Respect, relevance, reciprocity and responsibility** will be followed for data and research.
- **Governance and participation**- It proposes a multi-level governance structure, starting from village level gram sabhas to national level tribal health advisory councils. It will also have Self-Help group, making it **responsive, participative, inclusive, and converging** in nature.
- **Financing tribal health**- The committee recommended earmarking of **8.6% of proposed 2.5%** increase in health care expenditure in current health care policy to tribal health, strict implementation of **TSP guidelines** and earmarking funds under ministry of tribal affairs for research, mapping and literacy campaigns.

- The report suggests a set of **principles** around which a holistic tribal policy based on intended goals will be formulated.
- The principles are **justice, equity, inclusiveness, accessibility, integration, affordability, flexibility, decentralization, financial autonomy and empowerment.**
- The **goal based on above mentioned principles will create a sustainable, functional and holistic tribal health policy by 2022.**

3.2. TRIBAL EDUCATION IN INDIA

Why in news?

Recently Government approved **revamping of 'Eklavya Model Residential Schools'** set up for Tribal students.

Status of Tribal Education in India

- **Low Literacy Level:** According to census 2011 literacy rate for STs is 59% compared to national average of 73%.
- **Interstate disparity:** Wide Interstate disparity exists across the states e.g. in Mizoram and Lakshadweep STs literacy is more than 91% whereas in Andhra Pradesh it is 49.2%. In fact, in most of the north eastern states like Meghalaya, Mizoram and Nagaland, STs are at par with the general population.

- **Gender disparity:** Literacy level among ST men is at 68.5% but for women it is still below 50%

Constitutional provisions for Tribal education

- **Article 46** of Indian constitution lays down that, the state shall promote, with special care, the educational and economic interests of weaker sections of the people, and in particular, of the scheduled caste and scheduled tribes.
- **Article 29(1)** provides right to conserve distinct languages, script or culture.
- **Article 15(4)** empowers the state to make any special provision for the advancement of any socially and educationally backward classes of citizen or for SCs or STs.
- **Article 275(1)** provides Grants in-Aids to states (having scheduled tribes) covered under fifth and six schedules of the constitution.
- **Article 350A** states that state shall provide adequate facilities for instruction in mother-tongue at the primary stage of education.

Challenges to tribal education

- **Poor socio-economic condition**
 - Most of the tribal community is **economically backward** and sending their children to school is like a luxury to them. They prefer their children to work to supplement the family income.
 - **Illiteracy of parents** and their attitude towards education is indifferent, as well as their community never encourages the education of children.
 - Parents are **not willing to send their daughters** to co-educational institutions due to safety concerns.
- **Lack of infrastructure:** Schools in tribal regions lacks in teaching learning materials, study materials, minimum sanitary provisions etc.
- **Linguistic barriers:** In most of the states, official/regional languages are used for class room teaching and these are not understood by the tribal children at primary level. Lack of use of mother tongue cause hindrance in initial basic education and learning (despite article 350-A).
- **Teacher related challenges:** Inadequate number of trained teachers is a big problem in imparting education to tribal children. Also, Irregularity of the teachers in school and their different background lead to failure in establishing a communication bridge with tribal students.
- **Apathy of tribal leadership**
 - Tribal leadership generally remains under the outside influences and agencies such as the administration, political parties. Tribal leaders began to exploit their own people politically, socially and economically.
 - Village autonomy and local self-governance has still not properly established. Poor law and order situation and loss of respect for authority is also a hurdle.
- **High illiteracy rate among tribal women:** The disparity in educational levels is even worse as the Scheduled Tribe women have the lowest literacy rates in India.

Eklavya Model Residential Schools (EMRS)

- **Ministry of Tribal Affairs** is implementing Eklavya Model Residential Schools (EMRS) in tribal areas for providing education on the pattern of Navodaya Vidyalaya, the Kasturba Gandhi Balika Vidyalayas and the Kendriya Vidyalayas.
- EMRS are set up in States/UTs with grants under Article 275(1) of the Constitution of India.
- The establishing of EMRSs is based on the demand of the concerned States/UTs with the availability of land as an essential attribute.
- Management of each EMRS is under a committee which include, among others, reputed local NGOs involved with education.

Objectives of EMRS

- Provide quality middle and high-level education to Scheduled Tribe (ST) students in remote areas.
- Enable them to avail of reservation in high and professional educational courses and in jobs in government and public and private sectors.
- Construction of infrastructure that provides education, physical, environmental and cultural needs of student life.

Coverage of Scheme

- As per existing guidelines at least one EMRS is to be set up in each Integrated Tribal Development Agency (ITDA)/ Integrated Tribal Development Project (ITDP) having 50% ST population in the area.
- **As per the budget 2018-19**, every block with more than 50% ST population and at least 20,000 tribal persons, will have an Eklavya Model Residential School by the year 2022.

Suggestions for improving tribal education

- **Infrastructural development:** More EMRSs in remaining tribal regions as well as better infrastructure in other schools such as adequate classrooms, teaching aids, electricity, separate toilets etc. should be furnished.
- **Emphasis on career or job-oriented courses:** E.g. Livelihood College (Dantewada, Bastar) offers nearly 20 courses, in soft and industrial skills, and has created many job opportunities for tribal youth.
- **Local recruitment of teachers:** They understand and respect tribal culture and practices and most importantly are acquainted with the local language. **TSR Subramanian committee** suggested Bilingual System- combination of local language and mother tongue.
- **Teacher Training:** New teacher training institutes should be opened in tribal sub plan areas to meet the requirement of trained teachers.
- **Student safety:** There must be strong machinery to **protect students from abuse, neglect, exploitation, and violence.**
- **Establish separate school for girls:** This would reduce hesitation of some parents to send their daughters to co-educational institution.
- **Enhance awareness:** Government should take some specific initiative such as awareness camp, street drama, counseling etc. which can create awareness among the tribals about the importance of education.
- **Regular monitoring by high level officials:** This is necessary for smooth functioning of school administration.

3.3. PARTICULARLY VULNERABLE TRIBAL GROUPS (PVTGS)

Why in news?

The Central government is planning to reimpose **Restricted Area Permit (RAP)** in the North Sentinel island where an American was killed by members of the Sentinelese tribe which are categorised as PVTG.

Particularly Vulnerable Tribal Groups

Tribal communities are often identified by some specific signs such as primitive traits, distinctive culture, geographical isolation, shyness to contact with the community at large and backwardness. Along with these, **some tribal groups have some specific features-**

- A pre-agriculture level of technology.
- A stagnant or declining population.
- Extremely low literacy.
- A subsistence level of economy.

These groups are called **Particularly Vulnerable Tribal Groups (PVTGs).**

The need for identification

- PVTGs are more vulnerable among the tribal groups. Due to this factor, more developed and assertive tribal groups take a major chunk of the tribal development funds, because of which PVTGs need more funds directed for their development.
- In 1973, the **Dhebar Commission** created Primitive Tribal Groups (PTGs) as a separate category, who are less developed among the tribal groups. In 2006, the Government of India renamed the PTGs as Particularly Vulnerable Tribal Groups (PVTGs).
- 75 such groups of tribals in 18 States and 1 Union Territory have been identified.

According to a recent Anthropological Survey of India (AnSI) study 'PVTGs - Privileges and Predicaments'?

- The highest number of PVTGs are found in Odisha (13) followed by Andhra Pradesh (12).
- All the four tribal groups in Andaman and one in Nicobar Islands are PVTGs.
- There are regional and State-specific variations in **welfare schemes** for PVTGs –
 - While Odisha has exclusive micro-projects for the PVTGs, there are none such for the PVTGs in Gujarat.
 - Sometimes micro projects extend only to some blocks of district and not in others.
- There is a huge variation in **population of PVTGs** –
 - Senteneles (Andaman) have the smallest population.
 - In the mainland, Toto of West Bengal and Toda of Tamil Nadu have less than 2000 persons.
 - Saharia of MP and Rajasthan are the largest with population more than 4 lakhs.
- **Literacy rate has gone up** from single digit to 30 to 40 % in some PVTGs. Female literacy rate is still considerably lower compared to male counterpart.
- There has been a **considerable increase in the age of marriage** among PVTGs with girl child marriage decreasing significantly.

Problems of PVTGs

- **Social conditions and declining population:** The level of inequalities in social and economic conditions is very high amongst PVTGs. Their problems are also very different from group to group.
 - The growth of **PVTGs' population is either stagnating or declining**, compared to the general population growth, **particularly in the Andaman and Nicobar Islands** where the declining rate is very high.
- **Livelihoods:** PVTGs depend on various livelihoods such as food gathering, Non-Timber Forest Produce (NTFP), hunting, livestock rearing, shifting cultivation and artisan works.
 - Most of their livelihoods depend on the forest. But due to the shrinking forests, environmental changes and new forest conservation policies, their NTFP collection is getting hampered. Because of the lack of awareness about the value of NTFP produce, PVTGs have been exploited by the middlemen.
- **Health and Education conditions**
 - The health status of PVTGs is in **an awful condition** because of multiple factors like poverty, illiteracy, lack of safe drinking water, bad sanitary conditions, difficult terrain, malnutrition, poor maternal and child health services, unavailability of health and nutritional services, superstition and deforestation.
 - The **diseases** like anaemia, upper respiratory problem, malaria; gastro-intestinal disorders like acute diarrhoea, Intestinal protozoan; micronutrient deficiency and skin infection diseases are common among PVTGs.
 - The **condition of education** is also very poor, with an average literacy rate of 10% to 44% in PVTGs.

Scheme for the Development of PVTGs: In 1998-99, a separate 100% Central Sector Scheme for exclusive development of PVTGs was started. The scheme has been revised in 2015, to make it more effective.

- The scheme covers only the 75 identified PVTGs. The projects taken up under this scheme are demand driven.
- The scheme is **very flexible** and it enables every State to focus on any developmental activity for PVTGs, viz., housing, land distribution, land development, agricultural growth, cattle development, connectivity, installation of non-conventional sources of energy for lighting purpose, social security or any other innovative activity meant for the comprehensive socio-economic development of PVTGs.
- The funds under this scheme are made available for those items / activities which are very crucial for the survival, protection and development of PVTGs and are not specifically catered to by any other scheme of State or Central Government or by guidelines governing the utilization of funds under Special Central Assistance to Tribal Sub-Scheme and Grants-in-Aid under Article 275(1) of the Constitution.
- **Implementation of the Scheme:** The **Conservation-Cum-Development (CCD) Plans** are to be prepared by the State Governments and Union Territory of Andaman & Nicobar Islands for five years by adopting habitat development approach.
 - **Implementing Agency:** The scheme is implemented in accordance with CCD / Annual Plans prepared by the State / UT through various agencies of the State Government / UT Administration like Integrated Tribal Development Projects (ITDPs) / Integrated Tribal Development Agencies (ITDAs) and Tribal Research Institutes (TRIs).
 - **Monitoring Mechanism:** The implementation of the Scheme is required to be monitored by the officials of the Ministry and / or such independent agencies as may be appointed by the Ministry of Tribal Affairs from time to time for the purpose.

3.4. DENOTIFIED, NOMADIC AND SEMI-NOMADIC COMMUNITIES

Why in news?

The Union Cabinet has given its approval for constitution of Development and Welfare Board for Denotified, Nomadic and Semi-nomadic Communities (DNCS).

Background

- During the British colonial rule, if the local government had reason to believe that a gang or a tribe had “addicted to systematic commission of non-bailable offences” then it was registered as criminal tribe under the **Criminal Tribes Act, 1871**.

- Next came the **Criminal Tribes Act (CTA), 1924**. Under this act, the local government may establish reformatory schools and separate criminal tribe children from their parents and guardians and place them in such schools.
- **Nomadic Tribes and Denotified Tribes** both are the ones that were regarded as **criminal tribes** under CTA.
- Most Denotified Tribes are spread across the Scheduled Castes (SC), Scheduled Tribes (ST) and Other Backward Classes (OBC) categories.
- After the **Ananthasayanam Ayyangar Committee** (gave a comprehensive report on how CTA worked throughout India), the Act was repealed in 1949 and was replaced by the **Habitual Offenders Act, 1951**.
- In 2002, **Justice Venkatchaliah Commission** recommended for strengthening the programmes for economic and educational development of De-Notified Tribes (DNTs). It also recommended constituting a special commission to look into the needs and grievances of the DNTs.
- Consequently, a **National Commission for Denotified Nomadic and Semi-Nomadic Tribes** was constituted in 2005 under the chairmanship of **Balkrishna Sidke Renke**, to study the socio-economic conditions of these groups
- Another National Commission for Denotified Nomadic and Semi-Nomadic Tribes chaired by **Bhiku Ramji Idate** was constituted in 2015 for a three-year period. It submitted its report viz **“Voices of the Denotified, Nomadic & Semi-Nomadic Tribes”** in 2018.
- In consonance with the recommendations of Idate Commission, the Union cabinet has approved a permanent Development and Welfare Board under the Societies Registration Act, 1860 under the aegis of Ministry of Social Justice and Empowerment for the purpose of implementing development and welfare programmes for Denotified, Nomadic and Semi-nomadic Communities.

Other Recommendations of National Commission for Denotified Nomadic and Semi-Nomadic Tribes under Bhiku Ramji Idate

- Since basic census data is not available on these tribes/communities there is a need to undertake a **socioeconomic survey**.
- The Centre should carve out sub-categories DNT-SC, DNTST and DNT-OBC, with dedicated sub-quota for them. While sub-categorisation of SCs and STs may prove complicated, it can be done immediately among the OBCs since the Centre has already formed a commission headed by Justice Rohini Kumar to sub-divide the central list of OBCs according to the developmental status of member communities.
- Seeking "destigmatisation" of denotified tribes, the panel has recommended that the Centre repeal the Habitual Offenders Act of 1952.

Challenges Faced by DNT

- **Still face social apathy**- People of these communities continue to be stereotyped. A large number of them have been labeled ex-criminal tribes.
- **Face alienation and economic hardships**- Most of their traditional occupations such as snake charming, street acrobatics and performing with animals have been notified as criminal activity making it difficult for them to earn a livelihood.
- **Large scale Exclusions**- Many of the denotified, nomadic and semi-nomadic tribes are spread among SC/ST/OBC but are still not classified anywhere and have no access to socioeconomic benefits whether education, health, housing or otherwise. Also, there is a lack of data on these communities.
- **Poor Grievance Redressal**- as no permanent commission had been set up till now.
- **Lack of Uniform Approach**- There are many anomalies in terms of identification of these communities, from state to state. There is a lack of awareness about these tribes and about authority looking after their grievances.
- **Declining Population**- As a result of all these problems many communities are facing decline in population.

Way Ahead

- A Committee under the Chairpersonship of Vice-Chairman, NITI Aayog has also been setup. It will complete the process of identification of the Denotified, Nomadic and Semi-Nomadic Communities (DNCs) that have not yet been formally classified.
- These communities could be included under The Scheduled Castes and Tribes (Prevention of Atrocities) Act, 1989.

4. OTHER VULNERABLE SECTION

4.1. MANUAL SCAVENGING

Why in news?

Recent deaths of five manual scavengers in Delhi highlights how the practice of manual scavenging still persists.

About Manual Scavenging

- The **International Labour Organisation** defines it as the removal of human excreta from public streets and dry latrines, and cleaning septic tanks, sewers and gutters.
- India's Constitution bans the practice of untouchability, and the **Protection of Civil Rights Act, 1955**, prohibits compelling anyone to practice manual scavenging.
- Aimed specifically at ending manual scavenging, **The Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993** declared the employment of manual scavengers and construction of dry toilets to be punishable with fines and imprisonment.
- Superseding the 1993 Act, the **2013 Act** goes beyond prohibitions on dry latrines, and outlaws all manual excrement cleaning of insanitary latrines, open drains, or pits.

Some facts on Manual Scavenging in India

- The Census of India in 2011 established that **more than 2.6 million dry latrines exist in India**.
- According to Census of India 2011, there are 740,078 households across the country where human excreta is removed by a person from a dry latrine.
- In addition, the Socio-Economic Caste Census 2011 said that there are 182,505 families in rural India engaged in manual scavenging.
- According to **National Commission for Safai Karamcharis (NCSK)** since January 1, 2017, one person has died every five days, on an average, while cleaning sewers and septic tanks across the country.
- In the last three years, a total of 88 sanitation workers had died while cleaning septic tanks and sewers.
- Manual scavengers are **exposed to viral and bacterial infections** that affect their skin, eyes, and limbs, respiratory and gastro-intestinal systems.

Why it still persists?

- **Caste and gender prejudices:** Manual scavenging is not only a caste-based but also a **gender-based occupation with 90 per cent of them being women**.
 - The practice of caste-based exclusion and discrimination shows failure of access and entitlements not only to economic rights, but also to civil, cultural and political rights.
- **Income support:** Scavenging does not require any skill and provides some additional income with no competition, investment and risk.
 - It has also been found that in certain cases, scavengers also face a difficulty in taking up other occupations like running shops due to the prevailing social prejudices.
- **A vicious cycle of poverty and social immobility-** Undermined physical capacity and the feeling of vulnerability and hopelessness associated with this form of discrimination triggers a vicious cycle of impoverishment, low educational attainment, and social immobility for manual scavengers and their families.
- **State cooperation:** Sanitation being a State subject requires cooperation and support of states.
- **Lack of commitment:** It is not just the law but the **attitude of public authorities** which aggravates the plight of the scavengers. The Government has repeatedly sought an extension of deadline to curb the problem, exhibiting lack of commitment.

- **Ministry of Social Justice and Empowerment** is responsible for rehabilitation of manual scavengers and it implements the **'Self Employment Scheme for Rehabilitation of Manual Scavengers' (SRMS)**.
- Ministry of Social Justice and Empowerment has associated reputed NGOs like Safai Karamchari Andolan, Rashtriya Garima Abhiyan, Sulabh International etc. for identification of manual scavengers and their rehabilitation.

Way Forward

- **Identification of manual scavengers:** The Ministry of Social Justice and Empowerment is conducting a survey to identify manual scavengers. The first phase has identified manual scavengers across 12 states. There is a need to extend the survey to whole country and create a reliable database.
- **Ensuring accountability:** Officials should be held accountable for properly enforcing relevant laws.

- **Fair and speedy financial assistance:** As per NCSK data, the compensation mandated under law in case of manual scavenging deaths, has been paid in only 70 of the 123 cases since January 2017.
- **Swachh Bharat Abhiyan:** should make expansion of the sewer network a top priority and come up with a scheme for scientific maintenance and cleaning of septic tanks.
- **Awareness generation:** A determined approach to end this practice requires a campaign against social prejudice and caste-based discrimination.
- **Technological Solutions to end manual scavenging:** For e.g. Hyderabad Municipality has deployed 70 **mini jetting machines**. These mini vehicles can have easy access to the narrow lanes and smaller colonies to clear the choked sewer pipes (drainages).
 - **Bandicoot-** India's first 'manhole cleaning robot' is an exoskeleton robot which cleans manholes without the need for humans to enter the pit.

Related constitutional provisions

- The Constitution of India, in conformity with the international position, abolishes untouchability (Art. 17) and prohibits caste-based discrimination (Art. 15).
- Under the Constitution human dignity is an inalienable right which is part of the fundamental right to life under Art. 21.
- It is a universally recognized right, endorsed by the Universal Declaration of Human Rights by way of Articles 1, 22 and 23.

Current law on Manual Scavenging

- The Parliament has enacted the '**Prohibition of Employment as Manual Scavengers and their Rehabilitation Act 2013**'.
- It came into force on December 6, 2013 in whole of country, except Jammu & Kashmir.
- It intends to
 - **Eliminate** the insanitary latrines.
 - **Prohibit** Employment as Manual Scavengers, Hazardous manual cleaning of sewers and septic tanks.
 - **Survey** of Manual Scavengers and their rehabilitation
- The Act thus prohibits dry latrines and all kinds of manual cleaning of excrement as well as cleaning gutters, sewers, and septic tanks without protective gear.
- Under section 8 of this Act, a person violating this will be punishable with imprisonment for up to two years or a fine of up to 12 lakh or both. For any subsequent violations, the imprisonment may extend up to five years and the fine can go up to 15 lakh or both.
- The Act also has following provisions for **the rehabilitation** of the identified manual scavengers
 - An initial one-time cash assistance
 - Scholarship to the children of manual scavenger
 - Allotment of residential plot and financial assistance for house construction of a ready built house
 - Training in a livelihood skill with payment of stipend of at least Rs 3000 per month
 - Provision for subsidy, along with concessional loans, to at least one adult member of the family.

4.2. PREVALENCE OF BONDED LABOUR IN INDIA

Why in news?

In the last week of December 2018, 52 trafficked labourers had been rescued from a ginger farm in Karnataka.

Causes of Prevalence of Bonded Labour in India

According to the ILO Forced Labour Convention, 1930, **forced or compulsory labour** is "all work or service which is exacted from any person under the threat of a penalty and for which the person has not offered himself or herself voluntarily.". **The major causes being-**

- **Economic Causes:** that force a person to go into bondage are **landlessness, unemployment and poverty** which along with other reasons result in indebtedness of people which further pushes them towards bonded labor.
- **Social Causes:** which can be attributed for the origin and continuance of this system are caste structure (bonded laborers majorly belong to scheduled caste), illiteracy, social customs and traditions like marriages create debt trap, etc.

Prevalence of Bonded Labour in India

- **The Global Slavery Index (GSI), 2018 estimates that on any given day in 2016 there were nearly 8 million people living in modern slavery in India.** This was strongly contested by the government on the grounds that its parameters were poorly defined and too wide-ranging.
- **In terms of prevalence of modern slavery in India, there were 6.1 victims for every thousand people.** Among 167 countries, **India ranked 53** with North Korea at the top of the list with 104.6 per 1,000 and Japan registering lowest prevalence rate of 0.3 per 1,000.

- **Other contributing factors to Bonded Labour System** include migration, location of industries (in secluded areas), old labor-intensive technology, etc.

Safeguards and measures taken to combat prevalence of bonded labour

- **Constitutional Safeguards:** Under the **Article 23** the constitution provides to eradicate any form of bonded labour system.
- **Legal Provisions** include Bonded Labour System (Abolition) Act, 1976 which abolishes bonded labour system throughout the country, Minimum Wages Act (1948), Contract Labour (Regulation and Abolition) Act, 1970, Child Labour (Prohibition & Regulation) Act and IPC (Section 370).
- **Government run schemes:** like scheme for Rehabilitation of Bonded Laborer, 2016.

Challenges in addressing the issue of bonded labour

- **No survey of Bonded Labour System:** There has been no government-led nationwide survey since 1978, despite each district having been given money for such surveys. Instead, the government relies on rescue and rehabilitation numbers.
- **Under reporting:** NCRB data show that not all cases are reported by the police. Between 2014 and 2016, they recorded just 1,338 victims, with 290 police cases filed — a stark difference from 5,676 rescues reported by six States in this period.
- **Flawed Rehabilitation Mechanism:** Only a partial compensation is given as immediate relief while the rest (which depends on the case) is given only after conviction of the accused. Given the poor functioning of judicial system, the delay in conviction discourages the reporting of such cases.
- There are a **range of practical challenges** to the rescue and reintegration of victims, such as failure to provide adequate reintegration services, a lack of human and financial resources, limited organisational accountability, and poorly structured partnerships between NGOs and government, among others.
- **Poor Implementation of laws:** A key challenge in implementing laws wrt. criminalising trafficking or bonded labour is the **lack of integrated law enforcement systems** for investigation and prosecution across India.

Central Sector Scheme for Rehabilitation of Bonded Labourer, 2016

It is the revamped version of Centrally Sponsored Plan Scheme for Rehabilitation of Bonded Labour (1978). The salient features of the scheme are as under:

- It provides Financial assistance to people rescued from ostensible sexual exploitation.
- The financial assistance for rehabilitation is 100% funded by the Central Government.
- The Scheme also provides for financial assistance to the States for conducting survey of bonded labourers.
- The release of rehabilitation assistance has been linked with conviction of the accused.
- The Scheme provides for creation of a **Bonded Labour Rehabilitation Fund** at District level by each State at the disposal of the District Magistrate for extending immediate help to the released bonded labourers.

Way Forward

- **There is a need to Strengthen legislations** like ratifying and implementing the ILO Domestic Workers Convention, 2011, passing the **Trafficking of Persons (Prevention, Protection and Rehabilitation) Bill**, passing the **National Domestic Workers Regulation of Work and Social Security Bill 2016**, etc.
- Allocate **adequate financial and human resources to local governments** to set up units that assist internal migrant workers to access new identification documents, social security benefits, and housing assistance.
- Implement a **National Action Plan for all victims** of modern slavery that recognises the different contexts of cross-border and localised forms of slavery. Strengthen the role of the **National Human Rights Commissions** (NHCR) as an independent government body to oversee and coordinate Government's response to all forms of modern slavery.
- Spreading **more awareness among people** in terms of their rights and various laws to protect them.

4.3. HUMAN TRAFFICKING IN INDIA

Why in news?

Recently in the Monsoon session of Parliament, the government has responded to the questions on human trafficking in India.

About Human Trafficking

- **Elements of Human Trafficking:** Trafficking in persons has **three constituent elements**:
 - **The Act (What is done):** Recruitment, transportation, transfer, harbouring or receipt of persons;
 - **The Means (How it is done):** Threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or giving payments or benefits to a person in control of the victim;
 - **The Purpose (Why it is done):** For exploitation, which includes exploiting the prostitution of others, sexual exploitation, forced labour, slavery or similar practices and the removal of organs.
- There is a **trend of steady rising of such cases during the period from 2012–2016**.
- **Reasons for Human Trafficking:** Poverty is one of the main driving force behind human trafficking. Other factors include:
 - Caste and gender-based discrimination along with commodification of women (bride trafficking)
 - Lack of resources and lack of human and social capital,
 - Social insecurity and exclusion,
 - Inadequate and outdated state policies,
 - Nexus of police and traffickers,
 - Unemployment,
 - Cheap child labour,
 - Lack of awareness etc.
- **Human trafficking has been identified as the third largest source of profit for organized crime**, following arms and drug trafficking.
- An estimated 6 to 8 lakh women and children are trafficked each year globally excluding those trafficked within their own countries or missing children.
- **India has also become the transit point** to traffick the girls from neighbouring regions such as Bangladesh, Thailand and Nepal to the Gulf.

Government Efforts against Trafficking

- **Project on “strengthening the law enforcement response in India against trafficking in persons through training and capacity building”:** The Ministry of Home Affairs (MHA), in association with the United Nations Office on Drugs and Crime (UNODC) has initiated a two year project for training the Law Enforcement Officers on human trafficking in four States, namely Maharashtra, Goa, West Bengal and Andhra Pradesh.
- **Coordination Meetings:** The MHA conducts regular coordination meetings with the Nodal Officers of Anti Human Trafficking Units (AHTUs) of States/UTs for **effective inter-state coordination**.
 - Since ‘Police’ is a State subject, registration, investigation and prevention of human trafficking is primarily the responsibility of State Governments.
- **IGNOU Certificate Course:** The course is mandatory for the Officers/Officials dealing with such cases to develop a comprehensive and functional understanding on anti-human trafficking.
- **Anti-Trafficking Cell:** The MHA has set up a nodal cell for dealing with matters relating to trafficking in human beings.
- **Web Portal on Anti-Human Trafficking:** A Website on Anti Human Trafficking (stophumantrafficking-mha.nic.in) has been launched.
- **Ujjawala Scheme:** The Ministry of Women and Child Development is implementing “Ujjawala” –a Comprehensive Scheme for

Legislative Framework on Human Trafficking:

- **The Constitution of India:**
 - **Article 23** which prohibits trafficking in human beings and begar and other similar forms of forced labour.
 - **Article 39(e)** and **39(f)** which ordain that the health and strength of individuals are not abused and that no one is forced by the economic necessity to do work unsuited to their age or strength and that childhood and youth should be protected against exploitation.
- **Immoral Traffic Prevention Act, 1956:** It is the **only legislation which specifically addresses Trafficking**. It penalizes trafficking of women and children for commercial sexual exploitation.
- **Other Legislations:** There are some more legislations which directly or indirectly deal with human trafficking like:
 - Indian Penal Code, 1860;
 - Bonded labour system (Abolition) Act, 1976;
 - Child labour (Prohibition and Regulation) Act, 1986;
 - Juvenile Justice Act, 2000;
 - Prohibition of Child Marriage Act, 2006 and
 - Protection of Children from Sexual offences (POCSO) Act, 2012.
 - **The Criminal Law (Amendment) Act 2013 (Nirbhaya Act)**

Prevention of Trafficking and Rescue, Rehabilitation, Re-integration and Repatriation of Victims of Trafficking for Commercial Sexual Exploitation. The Schemes provide shelter, food and clothing, counseling, medical care, legal aid and other support, vocational training and income generation activities for the victims.

- **Bilateral and Multilateral Mechanisms:**
 - India has signed **Bilateral Memoranda of Understanding with Bangladesh and UAE** for prevention of human trafficking.
 - India is a signatory to the **SAARC Convention on Prevention and Combating Trafficking in Women and Children in Prostitution**.
 - India has ratified the **UN Convention on Transnational Organized Crime (UNTOC)**, which has as one of its 9 Protocols, "Prevention, Suppression and Punishment of Trafficking in Persons, particularly Women and Children".

Trafficking of Persons (Prevention, Protection and Rehabilitation) Bill, 2018- The main features of the bill include

- **The confidentiality of victims/ witnesses** and complainants by not disclosing their identity.
- **Time bound trial and repatriation** of the victims - within a period of one year from taking into cognizance and **designated courts in each district** for the speedy trial of the cases.
- **Immediate protection of rescued victims** and their rehabilitation.
- **Rehabilitation Fund** created for the first time.
- The Bill creates **dedicated institutional mechanisms** at District, State and Central Level. National Investigation Agency (NIA) will perform the tasks of Anti-Trafficking Bureau at the national level present under the Ministry of Home Affairs (MHA).
- **Punishment** ranges from **rigorous minimum 10 years to life** and fine not less than Rs. 1 lakh.

Conclusion

- Trafficking in human beings, especially children, is a form of modern-day slavery and requires a holistic, multi-sectoral approach to address the complex dimension of the problem.
- In the fight against trafficking, governmental organizations, non-governmental organizations, civil society, pressure groups and international bodies, all have to play an important role.

4.4. DEFINING MINORITIES IN INDIA

Why in news?

The Supreme Court recently asked the National Commission for Minorities to take a decision on a plea seeking guidelines for defining the term 'minority' and for their identification State-wise.

More on news

- The PIL sought minority status for Hindus in Lakshadweep, Mizoram, Nagaland, Meghalaya, J&K, Arunachal Pradesh, Manipur and Punjab.
- It sought the following relief from SC
 - Declare that Section 2(c) of the National Commission for Minorities (NCM) Act 1992 and NCM notification granting minority status to 5 religious communities is void according to Articles 14, 15 and 21, 29 and 30 of the Constitution of India;
 - Direct the Government to define "Minorities" with the State being the unit of determination.

Minorities in India

- The Constitution of India uses the word 'minority' in various articles viz. **Article 29, 30, 350 A and 350 B**.
- It recognises minorities based on religion and language.
- But it **neither defines the term 'minority' nor delineates the criteria for determining a minority**.
- **As per sec 2(c) of the NCM Act 1992**, 'minority' means a community notified as such by the Central govt.
- Six religious communities, viz; Muslims, Christians, Sikhs, Buddhists, Zoroastrians (Parsis) and Jains have been notified as minority communities by the Union Government.
 - The six notified minorities constitute about 19% population of the country.
 - The literacy rate among persons of age 15 years and above is highest for Christians, for both the sexes in rural and urban areas.
 - The Labour Force Participation Rate (LFPR) for male is much higher than female for all religious groups.
 - The unemployment rate in rural areas is less than that of urban areas. In rural areas, during 2009-10, unemployment rate was the highest for Christians for both males (3 per cent) and females (6 per cent).

In urban areas, unemployment rate was the highest for Sikhs for both males (6 per cent) and females (8 per cent).

- **States governments are also empowered to designate state minorities** and set up State Minority Commissions. For e.g. Jains were designated as minority by 11 states before they were nationally recognized in 2014.

Case for defining minorities state-wise

- **Increasing inequality:** Classification of religious minorities at a pan-India level has not only created a wave of inequality across different States but is also encouraging conversion to seek social, political and economic benefits available to minorities. The six notified minorities have various benefits at central level such as:
 - Pursuant to Art 30, government interference in institutions and trusts of the community will cease to exist.
 - 50% reservation from their community will be allowed in educational institutions run by them.
 - They would be allowed to teach culture and religion in their institutions and seek government funding for land.
 - They will be eligible to avail of exclusive schemes run by the ministry of minority affairs like Jiyo Parsi, Nai Roshini, Nai Manzil, Hamari Dharohar etc.
- **Exclusion of various sections:** Failure to identify and recognize minorities leads to unreasonable disbursement of minority benefits e.g. In J&K, Muslims are 68.30% but are considered a minority and hence get a lion's share of benefits. Similarly, Christians are a majority in Mizoram, Meghalaya and but they are treated as minority.
- **Similar provisions:** 'Scheduled Castes' and 'Scheduled Tribes' are identified at the State/UT level. In terms of Articles 341 and 342 the President is empowered to draw up a list in consultation with the Governor of each State subject to revision by Parliament.
- **Supreme court judgements: Supreme Court through its various judgements has tried to provide guidelines for defining minorities:**
 - **Kerala Education Bill case 1958:** It said minority should to be a group of people who are numerically a minority in a 'State as a whole' as distinguished from any particular area or region'.
 - **Bal Patil & others v UOI, 1999 and TMA Pai Foundation v State of Karnataka 2002:** It held that with regard to state law, the unit to determine a religious or linguistic minority should be the state.

About NCM

- It was set up under the National Commission for Minorities Act, 1992. **It is vested with all the powers of a civil court.**
- It consists of a Chairperson, a Vice Chairperson and five Members to be nominated by the Central Government from amongst persons of eminence, ability and integrity
- Five members including the Chairperson should be from Minority communities.
- The Chairperson and every Member shall hold office for a term of three years from the date he assumes office.
- The central government presents its report to the parliament.

Functions

- Evaluate the progress of the development of minorities under the Union and States;
- Monitor the working of the safeguards provided in the Constitution and in laws enacted by Parliament and the State Legislatures;
- Make recommendations for the effective implementation of safeguards for the protection of the interests of minorities by the Central Government or the State Governments;
- Look into specific complaints regarding deprivation of rights and safeguards of the minorities and take up such matters with the appropriate authorities;
- Cause studies to be undertaken into problems arising out of any discrimination against minorities and recommend measures for their removal;
- Conduct studies, research and analysis on the issues relating to socio-economic and educational development of minorities;
- Suggest appropriate measures in respect of any minority to be undertaken by the Central Government or the State Governments;
- Make periodical or special reports to the Central Government on any matter pertaining to minorities and in particular difficulties confronted by them; and
- Any other matter which may be referred to it by the Central Government.

Conclusion

The concept of minority in social context is intricate. There is no single definition of the term minority as acceptable to all, and free from criticism. However, there is a need is to lay down guidelines for their identification and to ensure that only those religious and linguistic groups, which are socially economically and politically non-dominant and numerically inferior, may enjoy rights and protections guaranteed under Articles 29-30.

4.5. SECTION 377 DECRIMINALIZED

Why in news?

In **Navtej Singh Johar v/s Union of India case** the 5 judges Constitutional Bench, headed by Chief Justice declared the parts of Section 377 of the IPC unconstitutional thus decriminalizing homosexuality.

More on News

- The ruling declares that **Section 377 violates Articles 14, 15 and 21** insofar as it penalises any consensual sexual relationship between two adults in private, be it homosexual, heterosexual, lesbian or transgender persons.
- Provisions of Section 377 **remain applicable** in cases of non-consensual carnal intercourse with adults, all acts of carnal intercourse with minors, and acts of bestiality.

Background on Section 377 of IPC and related Judicial Pronouncements

- Section 377 of the Indian Penal Code, 1861, (IPC) came into force in 1861 during the British rule to criminalise sexual activities “against the order of nature”, including homosexual activities.
- In July 2009, in **Naz Foundation case** the Delhi High Court had decriminalised homosexuality among consenting adults, holding it in violation of Article 14, 15 and 21 of the Constitution of India.
- The Supreme Court in 2013 in the **Suresh Kumar Koushal versus Naz Foundation case** overruled the Delhi High Court’s order on the basis of the fact that “miniscule fraction of the country’s population constitute LGBTQ,” and that in over 150 years less than 200 people were prosecuted for committing offence under the section. Thus, the Supreme Court reinforced the criminalisation of homosexuality.

Two landmark judgments on sexual orientation and privacy

- **National Legal Services Authority (NALSA) case, 2014-** In this case concerning the rights of transgender people, the court ruled that there could be no discrimination on the basis of sexual orientation and gender identity.
- In **Justice K.S. Puttaswamy (2017)**, a nine-judge Bench ruled that “sexual orientation is an essential attribute of privacy”. It said that the “right to privacy and the protection of sexual orientation lie at the core of the fundamental rights guaranteed by Articles 14, 15 and 21 of the Constitution”.

Highlights of the verdict

- **Sexual autonomy and Right to Privacy:** A person’s sexual orientation and autonomy to choose his/her sexual partner is an important pillar and an in segregable facet of individual liberty. It is an expression of identity protected in various ways by Article 14, 15 and 21. Discrimination on the basis of sexual orientation is **violation of freedom of choice and expression** (Article 19).
- **Restrain on State Action:** Expression of intimacy is at the **heart of right to privacy**. Right to sexual orientation is a vital personal right falling within the private protective sphere and realm of individual choice and autonomy. **The state has no business to intrude** into these personal matters. This also includes right of persons of the community to navigate public places on their own terms, free from state interference.
- **Section 377 of the IPC:** Observing it as “capricious and irrational”, the court said that
 - Section 377 fails to make a distinction between consensual and non-consensual sexual acts between competent adults making it manifestly arbitrary. This is violative of the right to equality that includes the right against arbitrariness.
 - Moreover, it does not take into account that consensual sexual acts between adults in private space are neither harmful nor contagious to society.
- **Rule of Law instead of Rule by the law:** Court observed that Section 377 provides for rule by the law instead of the rule of law. The rule of law requires a just law which facilitates equality, liberty and dignity in all its facets. Rule by the law provides legitimacy to arbitrary state behaviour. Section 377 “infringed”

Current social acceptance of same-sex relationships

- A study spanning 19 states by the Delhi-based Centre for the Study of Developing Societies (CSDS) in 2016 found strong views against homosexuality.
- 61% of the respondents disapproved of homosexual relationship. Only a fourth of the respondents approved of a homosexual relationship.
- The youngest respondents (15 to 17 years of age) were more approving of same-sex relationships than people in an older demographic.

on the fundamental right to non-discrimination, to live a life of dignity, and privacy guaranteed in the Constitution.

- **Constitutional morality:** It must seek to make a society pluralistic and inclusive. Any attempt to impose a homogeneous, uniform, consistent and a standardised philosophy would violate constitutional morality. It is the responsibility of all three organs of the State to curb any propensity of popular sentiment or majoritarianism.
- **Against Majoritarianism:** While rejecting the logic in Suresh Koushal case(2013) that the LGBTQI community forms only a tiny part of the population, the SC said that Constitution is not for just the majority, the fundamental rights are guaranteed to “any person” and “any citizen”, and the sustenance of these rights does not require majoritarian sanction.
- **Health aspect:** Homosexuality is **neither mental illness nor moral depravity**. The SC quoted the Indian Psychiatric Society’s view that “homosexuality is **not a psychiatric disorder**”, and that same-sex sexuality is a normal variant of human sexuality, much like heterosexuality and bisexuality. Moreover, **India’s new mental illness law** does not consider homosexuality to be a mental illness.

Analysis of the judgement

- Court pronounced that LGBTQ possess full range of constitutional rights, including sexual orientation and partner choice, LGBTQ has equal citizenship and equal protection of laws. It will help in **enforcing principles of social justice**, based upon the importance of diversity and human rights.
- Court has added a **new test of constitutional morality** to examine the constitutionality of laws enacted by Parliament. The verdict **enlarges the scope of personal freedom** by giving preference to constitutional morality over social morality.
- **Transformative constitutionalism**, that is, treating the Constitution “dynamic, vibrant and pragmatic”, responsive to its citizens, and not a lifeless text.
- **Right to Sexual Health:** The verdict highlights both negative and positive obligations of the state to ensure the health and well-being of LGBTQ individuals.
 - **Negative obligations** amount to the state’s non-interference with the right to health.
 - **Positive obligations** entail access to health services and treatment facilities. It asks for sensitive counsellors and health workers “to help individuals, families, workplaces and educational and other institutions” to understand sexuality and foster equality, non-discrimination and a respect of human rights.
 - In addition, it would **help efforts at HIV/AIDs prevention** which was hindered due to stigma and fear of prosecution among homosexuals and transgender persons.
- The SC also emphasised that **attitudes and mentality** have to change to accept the distinct identity of individuals and respect them for who they are rather than compelling them to become who they are not.
- The SC urged the government to **broadcast this judgement** and organise **public awareness** campaign to eliminate stigma against LGBTQ people. Government officials, police, should be given periodic sensitisation campaigns.
- The SC also apologised to the India’s LGBTQ people (lesbian, gay, bisexual, transgender, queer) and their families, for the delay in providing redressal for the ignominy and ostracism they have suffered.

Concerns yet to be addressed

- Since the **ruling would not be retrospective**, so people convicted under Section 377 are left without any effective remedy. According to data from the National Crime Records Bureau (NCRB) between 2014 and 2016, there were 4,690 cases of persons being booked under Section 377.
- Decriminalising gay sex is only the first step towards creating a more equal society. A 2016 survey by Mission for Indian Gay and Lesbian Empowerment (MINGLE) revealed **one in five LGBT employees were discriminated against at the workplace**. Such discrimination has economic costs too. A 2014 World Bank report said India loses \$31 billion due to stigma and exclusion of the community.
- Court judgments or laws cannot remove **social prejudices** on their own. The recent judgment on mob lynching is an example. India’s social and political groups will have to show the courage and will power to realise the judgement on ground.
- Supreme Court judgment has merely decriminalised homosexuality, but it has **not altered the civil law/Personal laws** on it. The validation of homosexual marriages, inheritance and adoption require legislation on which Parliament has to work.

5. DEMOGRAPHY

5.1. SHIFT IN INDIAN DEMOGRAPHICS

Why in news?

Recently released statistics have shown a change in demography of India as for the first time in its history, India has reached a **TFR (Total Fertility Rate) of 2.18**, which is below the average world replacement rate of 2.3, as per the latest NFHS-4 data.

Background

- The general opinion about Indian demography has been mainly about the **young workforce, which is bound to give dividends** to India.
- However, the data from the 4th National Family Health Survey (NFHS-4) 2015-16 for the survey period 2013-15 has signaled a **monumental shift in modern Indian demographics**, as India's total fertility rates have seen a change.
- With the Total Fertility Rate now below the replacement rate, Indian population growth has moved past its peak. It signals that the growth of **number of youths in the country is on the decline**, as the population pyramid has inverted for the first time ever.
- As can be seen in the population pyramid chart, from NFHS 4, there are fewer babies being born over the last 10 years. The percentage of children under the age of 15 declined from **35% in NFHS-3 (2003-05) to 29% in NFHS-4 (2013-15)**. In contrast, the population of those aged 60 years and older increased slightly, from **9% in NFHS-3 to 10% in NFHS-4**. It shows there are not enough young people coming into India to replace the current population.
- **Changing Age Composition:**
 - The share of India's young, i.e. **0-19 years, population** has already started to decline and is projected to **drop from as high as 41% in 2011 to 25% by 2041**.
 - the share of **elderly, 60 years and above**, population will continue to rise steadily, **nearly doubling** from 8.6% in 2011 to 16% by 2041.
 - **India's demographic dividend will peak around 2041**, when the **share of working-age, i.e. 20-59 years, population is expected to hit 59%**.
- This highlights that India would **lose its young country advantage** sooner than expected and the expanding share of dependents would further increase the burden on the state and the economy.

- The **fertility rate** is defined as the number of live births during a year per 1,000 female population aged 15-49 years at the midpoint of the same year.
- The **Total Fertility Rate (TFR)** is the number of children that would be born per woman, assuming no female mortality at childbearing age and the age-specific fertility rates of a specified country and reference period.

According to the United Nations Population Fund (UNFPA)'s 2019 edition of the **State of World Population report**

- The **world's population rose to 7.715 billion in 2019**, up from 7.633 billion the year before, with the average life expectancy remaining 72 years.
- **India specific findings:**
 - India accounts for over **one-sixth** of the world's population in 2019 (1.37 billion out of 7.71 billion) and has grown at an average of 1.2% annually between 2010 and 2019, more than double the annual growth rate of China.
 - While 67% of the country's population was in the 15-64 age bracket, 6% of the country's population was of the age 65 and above.
 - The **total fertility rate per woman declined** from 5.6 in 1969 to 2.3 in 2019.
 - While India's **life expectancy at birth is lower than the world's** (69 years to 72), it scores higher than the global average in terms of access to healthcare during childbirth and has a much lower adolescent birth rate.

Implications of this change

- **Increasing dependents in the society-** India may lose demographic dividend and stare at a situation where a large number of populations will be dependent including old age.
- **Double burden on the government-** The twin challenges of rising population and old age dependents will only add to India's troubles of providing jobs, education, health along with geriatric care.
- **Create economic challenges- Additional jobs will need to be created** to keep pace with the projected annual increase in working-age population of 9.7 million during 2021-31 and 4.2 million during 2031-41.
 - The country's working-class population would have to create enough wealth for the growing segment of longer-living senior citizens that will increasingly rely on pensions.

- Already, the country is facing job shortage and losing the demographic advantage would put India at a loss compared to other developing countries.

Challenges in dealing with this demographic shift

- **Difficulty in raising resources-** due to jobless growth, lack of quality jobs and a slowing economy.
- **Nascent geriatric care** - Geriatric care is conspicuously missing from the medical education curriculum. Similarly the nursing and other paramedical staff members are not formally trained in providing care for elderly patients.
 - Very few hospitals provide inpatient geriatric care. Although, there are number of old-age homes, day-care centers and mobile medicare units that provide care to the elderly population, but they are **urban-based**, expensive or focused on tertiary as opposed to primary care.
- **Lack of involvement of all stakeholders-** the government and the private sector, through CSR initiatives, aren't doing more for the aged. There are start-ups and NGOs that are trying to care for the elderly, but they are also in their nascent stages.

Measures which need to be taken

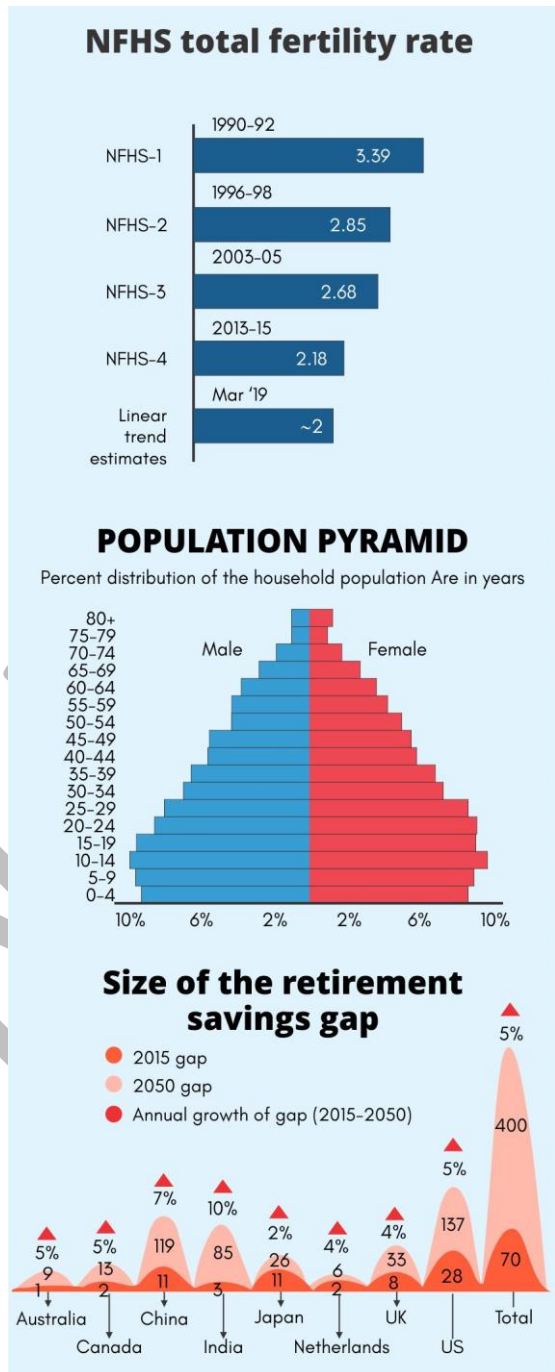
- **Need to have decentralized models of development-** Social policies for each state must be differentiated to accommodate **different rates of population growth**. The populations in south and west India are growing at a much slower pace than in the central and eastern states.
- **Need to utilize the energies of all sections of society-** including women and senior citizens too. According to IMF research, raising women's participation in the labour force to the same level as men can boost India's GDP by 27% and contribute additively to India's GDP growth every year. Government driven programs should also target people between the ages of 60-75 so as to ensure they remain employable.
- **Need to improve social security architecture-** by incentivizing investments and savings in retirement schemes, pension funds etc. The focus should be on informal sector, which constitute the majority of workforce. India's social security shortfall will increase from \$3 trillion in 2015 to \$85 trillion in 2050, which needs to be addressed.
- Government can also consider **increasing the retirement age** to capture this changing trend. Fewer jobs are labour-intensive these days, while rising life expectancies are encouraging longer working lives, and today's higher incomes are also encouraging people to work for longer. Fostering these trends can help the economic growth of those nations at the forefront of ageing impacts – as is especially true of Hong Kong, Taiwan, Singapore, Korea and China.

Conclusion

- Demographic dividend without investments in human capital will be a wasted development opportunity, and it will further widen economic and social gaps, instead of narrowing them. Investing more and more efficiently in people will enable India to tap into its demographic dividend and prepare the country for the future.

Reasons for declining fertility

- Driven by **rising female education, postponement of marriage, access to family planning methods**, and continued decline in infant mortality.



- While **family planning programs** have played a major role in reducing fertility in India in the past decades, these socio-economic changes have manifested over the last 10-15 years.

Population Planning Approaches in India

- India was the first country to adopt family planning as one of its socio-economic development policies in 1952.
- The family planning programme in India has, over the years, adopted several **different strategic approaches** including a coercive target approach, a policy articulating a reproductive health and rights paradigm, contraceptive-specific incentives, and a family planning camp approach, among others.

Reproductive Rights of Women in India

- The reproductive rights entail rights to make sexual and reproductive decisions. The extent to which reproductive rights are understood in India — child marriage, female foeticide, sex selection and menstrual health and hygiene.
- **Sexual and reproductive rights in India must include** a concern with maternal deaths, access to maternal care to safe abortions, access to contraceptives, adolescent sexuality, prohibition of forced medical procedures such as forced sterilisations and removal of stigma and discrimination against women, girls and LGBTI persons on the basis of their gender, sexuality and access to treatment.

Indicators to assess the standard of reproductive health -

- **Maternal Mortality Rate:** India has among the highest number of maternal deaths worldwide which UNICEF India and World Bank data put at an estimated 45,000 maternal deaths every year. Unsafe abortions are the third leading cause of maternal deaths in India.
- **Access to reproductive health services:** The percentage of Mothers who had full antenatal care was only 21%, according to the NFHS-IV. Only 57.4% of young Indian women (15-24 years) use a hygienic method of protection (mostly sanitary pads).
- **Family planning services:** According to National Family Health Survey 2015-16 (NFHS-4), in India, the current use of family planning methods among married women (15-49 years) is 53.5% and unmet need of family planning was 12.9%.
 - The unmet need refers to those women who are fecund and sexually active but not using any method of contraception though wishing to postpone the next birth – spacing or not wanting any more children-limiting.
- **Abortion services:** According to a Lancet research, half the pregnancies in India are unintended and a third result in abortion. Only 22% of abortions are done through public or private health facilities.
 - Lack of access to safe abortion clinics, particularly public hospitals, and stigma and attitudes toward women, especially young, unmarried women seeking abortion, contribute to this. Doctors refuse to perform abortions on young women or demand that they get consent from their parents or spouses despite no such requirement by law. This forces many women to turn to often unsafe abortions.
- **Prevalence of female genital mutilation:** This practice has serious reproductive health related consequences because the women and young girls become more prone to infections in the reproductive tract, prolonged or obstructed childbirth and infertility.
- **Child Marriage:** As per NFHS-IV, nearly 27% of the women in the age 20-24 years got married before the age of 18. Child marriage results in an “unrelenting cycle of gender inequality, sickness and poverty.”
- **Impact of lack of education on married girls** limits girls’ knowledge about sexual relations and reproduction. This is compounded by cultural silence concerning reproductive and sexual health and denies them the ability to make informed decisions about health, sexual relations, and family planning.

Government Efforts to ensure better reproductive care

- The Supreme Court in various judgments (including the Puttaswamy case) has said that a **woman’s right to make reproductive choices is also a dimension of ‘personal liberty’ under Article 21**. This for example, include the right to make a choice regarding sterilization on the basis of informed consent and free from any form of coercion.
- **The Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) strategy** is based on provision of comprehensive care through the five pillars, or thematic areas, of reproductive, maternal, neonatal, child, and adolescent health, and is guided by central tenets of equity, universal care, entitlement, and accountability.
- **LaQshya Program** launched by the Ministry of Health and Family Welfare to improve quality of care during delivery and immediate post-partum period thus providing Respectful Maternity Care (RMC) to all pregnant women attending public health facilities. This will reduce maternal and newborn morbidity and mortality.
- **New Contraceptives:** Two new contraceptives, an injectable contraceptive named ‘Antara’ and a contraceptive pill ‘Chhaya’, to meet the emerging needs of couples.

5.2. STATE OF INTERNAL MIGRANTS IN INDIA

Why in news?

The recent exodus of migrant workers from Gujarat especially workers from UP and Bihar, following a rape incident has brought into limelight the issue of internal migration in India.

Reasons of Migration

- **Structural transformation of the economy-** The economic reforms of 1992 brought about fundamental changes in the economy of India. There was thrust on the secondary sector in order to boost employment. According to Census 2011, the average growth rate of the economy was 7.7% per annum mainly secondary and service sector led pulling people to migrate to the places witnessing this growth.
- **Status of Agriculture-** Agricultural growth has been, on average, lower than that in non-agriculture, including industry. Demographic pressure has pushed to 0.2 hectares of cultivable land per head of rural population. It has also progressively pushed down the size structure of landholdings. Thus, agricultural surplus labor is pushed to cities in search of work.
- **Urbanization-** The process of urbanization accompanying growth has caused regional imbalance. As per the census, the level of urbanization in India has increased from 27.81% in 2001 to 31.16% in 2011. Cities promised better education, work, health facilities, and autonomy etc. attracting huge rural population.
- **Migration network and Migration Industry-** The already established friends and families provide finance, information and places to live thus promoting migration. Also, migration is facilitated by a wide range of individuals and agents like brokers; labor recruiters etc. who derive profit from migration.

Why migration matters?

- **Positive Impact on the economy-** The migrants are often engaged in the construction, textile, mines, domestic work, and hotel etc. performing semi-skilled and low skilled jobs giving impetus to these sectors. They form a big part of the informal economy which is 87% of Indian economy. E.g. Green Revolution owes its success to migrant labors.
- **Social Cohesion and urban diversity**
 - Migration provides opportunity to escape caste divisions and restrictive social norms and to work with dignity and freedom at the new place.
 - It promotes diverse culture in India through people to people interaction and reducing information gaps in society.
- **Brain Gain-** Migrants bring back a variety of skills, knowledge and information known as 'social remittances', including change in tastes, perceptions and attitudes. For example, awareness about workers' rights, non-acceptance of poor employment conditions, low wages, semi-feudal labor relationships and improved knowledge.
- **Domestic Remittance Industry-** Domestic remittance industry is huge and is expected to exceed ₹1.5 lakh crores. The remittances increase purchasing power parity of native people and people start investing in health and education also.

Key Trends

- Traditionally based on 2001 census the migration in India was noted to be low at around 33 million with the low rate of growth.
- But 2017 Economic survey takes a different view and shows that migration in India is accelerating and the migrant population in the country is 139 million.
- It shows that between **2011 and 2016**, close to **nine million** people migrated between states annually, **up from about 3.3 million according to successive censuses.**
- In the period 2001-11, the annual rate of growth of labor migrants nearly doubled relative to the previous decade, rising to 4.5 per cent per annum in 2001-11 from 2.4 per cent in 1991-2001, accompanied by a surge in the economy.
- The migrants' share of the workforce rose substantially.
- The acceleration of migration was particularly pronounced for females.
- In the 1990s female migration was extremely limited, and migrants were shrinking as a share of the female workforce.
- But in the 2000s the picture turned around completely, female migration for work not only grew far more rapidly than the female workforce, but increased at nearly twice the rate of male migration.
- Relatively less developed states such as Bihar and Uttar Pradesh have high net outmigration.
- Relatively more developed states have in migration: Goa, Delhi, Maharashtra, Gujarat, Tamil Nadu, Kerala and Karnataka.

Challenges of Migration

- **Development Cost**
 - Unplanned development has serious consequences both for the in-migration destination and the migrant.
 - It creates pressure on resources like land, housing, transportation and jobs. Migrant's population can indulge in criminal activity disrupting the social fabric of the in-migration area. The recent backlash in Gujarat was about migrants taking away jobs of locals and committing crimes.
 - Migrants due to low bargaining power and skills have to face numerous constraints, including lack of political representation; inadequate housing and lack of formal residency rights; low-pays, insecure or

hazardous work; limited access to state provided services such as health and education; and discrimination based on ethnicity, religion, class or gender.

- **Low priority in governance** - Regulations and administrative procedures exclude migrants from access to legal rights, public services and social protection programmes given to residents, because of which they are often treated as second class citizens.
- **Weak Law** - The Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act (1979) is weak.
 - It remains silent on provision for crèches, education centres for children or mobile medical units for the laborers and it has no guidelines for inter-state cooperation.
 - The law covers only regulation of employment and conditions of service of migrants and does not address access to social protection of migrants, their right to the city and the special vulnerabilities of children and women migrants.
 - The Important provisions of the Act such as minimum wages, displacement allowance, medical facilities and protective clothing remain unenforced.
- **Lack of reliable data**- There exists a serious data gap on the extent, nature and magnitude of internal migration. Databases such as the Census fail to adequately capture real information about migration leading to problems in defining, designing and delivering services to migrants.

Way forward

- **Coherent Policy Framework and strategy-**
 - Mainstreaming migration in a comprehensive and focused manner in policy and national development plans e.g. smart city mission, AMRUT, housing for all, ayushman bharat etc.
 - Develop a universal national minimum social security package covering minimum wages and labor standards and incorporating portability of benefits in all government social protection schemes and public services through an interstate registration process.
 - In Kerala, the construction industry, for example, which has a huge percentage of migrant labor, has a welfare board with a ₹ 1,000 crore corpus, and the government has announced a survey of migrant workers' living conditions, and assistance in procuring health insurance and legal aid.
 - Amend the 1979 the Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act to make it more inclusive of migrants.
- **Evidence based policy making-** A comprehensive data needs to be collected scientifically through mapping, profiling etc. in order to understand the nature of migration in India wrt to gender, region, caste, seasonal cycle etc.
- **Capacity building and state coordination**
 - Create inter-district and inter-state coordination committees to jointly plan institutional arrangements between administrative jurisdictions of sending and receiving areas to ensure service delivery.
 - Build capacity of panchayats to maintain a database of migrant and establish vigilant committees at the local level.
 - Establish migrant labor cells in each state labor department with the support of the Labor Ministry.
 - Increase financial and human resources in migration-prone areas.
 - Promote public-private partnerships (PPP) for the promotion of safe internal migration.
 - Ensure access to formal banking facilities for migrants to enable safe and secure transfer of remittances.

6. 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

- **Expenditure on health: India spent only 1.4% of its GDP on healthcare in the financial year 2017-18.** The per capita public expenditure by the government on health stands at Rs 1,112 in 2015-16.
- **Maternal Health:** Maternal Mortality Ratio (MMR) of India has declined by 37 points from 167 per lakh live births in 2011-13 to 130 per lakh live births in 2014-16. Between 1990 and 2015, MMR in India has declined by 77% as compared to 44% decline in global average.
- **Child Health:** As per the latest Sample Registration System, 2016 report, the Under Five Mortality Rate in India is 39 per 1000 live births, Infant Mortality Rate is 34 per 1000 live births and Neonatal Mortality Rate is 24 per 1000 live births.
- The **Out-of-Pocket expenditure (OOPE)** still remains the major component of healthcare expenditure. However, there is an encouraging trend of decreasing Out of Pocket Expenditure (OOPE) and an increase in public health expenditure out of Total Health Expenditure (THE).
 - **One major component of OOPE is expenditure on medicines.** Despite various interventions by the government, a majority (more than 60%) of the patients are still forced to pay for some of the medicines they receive.

Key observations from NITI Aayog's **Healthy States Progressive India** report - It **ranks states and Union territories** innovatively on their year-on-year incremental change in health outcomes, as well as, their overall performance with respect to each other.

- **Overall picture in the health index-** Only about half the States and UTs had an improvement in the overall score between 2015-16 and 2017-18. The magnitude of change was bigger in UTs compared to Larger and Smaller States.
- **Performance of five Empowered Action Group States-** Bihar, Uttar Pradesh, Uttarakhand, Madhya Pradesh, and Odisha have witnessed a decline in the overall health index score.
- **Large disparities in overall performance** - The best states scored more than 2.5 times more than the worst performing states. E.g. While Kerala got 74.01, Uttar Pradesh's score was 28.61.
- There was a general **positive correlation** between the **Health Index scores and the economic development levels** of States and UTs as measured by per capita Net State Domestic Product (NSDP).

6.1. PRIMARY HEALTH CARE

Why in news?

Recently, 72nd Session of the World Health Organization's (WHO) World Health Assembly (WHA) took place in Geneva, Switzerland which recognized the role of primary health care and urges Member States to take measures to implement the Declaration of Astana, adopted at the 2018 Global Conference on Primary Health Care.

Astana Declaration

- It is the global commitment to strengthen Primary Health Care. This declaration reaffirms the historic **1978 Declaration of Alma-Ata**.
- **Alma-Ata Declaration** was the first declaration which identified Primary Health Care as a key to the attainment of the goal of Health for All.

Primary Health Care

Primary health care is a whole-of-society approach to health and well-being centred on the needs and preferences of individuals, families and communities. WHO has developed a cohesive definition based on three components:

- meeting people's health needs through comprehensive promotive, protective, preventive, curative, rehabilitative, and palliative care throughout the life course, strategically prioritizing key health care services aimed at individuals and families through primary care and the population through public health functions as the central elements of integrated health services;

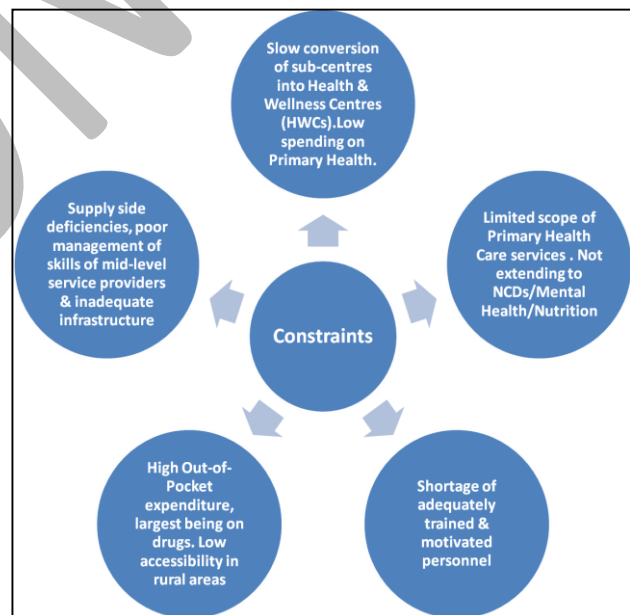
- systematically addressing the broader determinants of health (including social, economic, environmental, as well as people’s characteristics and behaviours) through evidence-informed public policies and actions across all sectors; and
- empowering individuals, families, and communities to optimize their health, as advocates for policies that promote and protect health and well-being, as co-developers of health and social services, and as self-carers and care-givers to others.

Why is Primary Health Care important?

- Primary health care is **well-positioned to respond** to rapid economic, technological, and demographic changes, all of which impact health and well-being. A primary health care approach **draws in a wide range of stakeholders** to examine and change policies to address the social, economic, environmental and commercial determinants of health and well-being.
- Primary health care has been proven to be a **highly effective and efficient way** to address the main causes and risks of poor health and well-being today, as well as **handling the emerging challenges** that threaten health and well-being tomorrow. It has also been shown to be a **good value investment**, as there is evidence that quality primary health care reduces total healthcare costs and improves efficiency by reducing hospital admissions.
- Addressing increasingly complex health needs calls for a **multisectoral approach** that integrates health-promoting and preventive policies, solutions that are responsive to communities, and health services that are people-centred.
 - Primary health care includes the key elements needed to **improve health security** and prevent health threats such as epidemics and antimicrobial resistance, through such measures as community engagement and education, rational prescribing, and a core set of essential public health functions, including surveillance.
- Stronger primary health care is essential to achieving the health-related Sustainable Development Goals (SDGs) and **universal health coverage**.
 - It will also contribute to the attainment of other goals beyond the health goal (SDG3), including those on poverty, hunger, education, gender equality, clean water and sanitation, work and economic growth, reducing inequality and climate action.

Current Situation in India

- In India, primary care infrastructure exists as a network of sub-centres, primary health centres and community health centres. But, they are inadequately provided for in terms of financial, infrastructural & human resources.
- The focus of primary healthcare services has remained narrow – prioritized around reproductive, maternal and child healthcare, and communicable diseases like malaria – rather than tackling broader determinants of health.
- Increasing disease burden & mortality due to NCDs indicate failure in early detection & preventive interventions like lifestyle changes.



Way Forward

- **Accelerate the establishment of a network of 150,000 HWCs:**
 - A primary health care nucleus comprising 5-6 upgraded HWCs coupled with a primary health centre, equipped with a team of mid-level health service providers, auxiliary nurse midwives (ANMs), accredited social health activists (ASHAs) and a male health worker.
 - HWCs should provide services such as screening and management of NCDs & mental health ailments; care for common ophthalmic, ENT & dental problems, geriatric and palliative health care and emergency care.
 - Strong referral linkages with secondary & tertiary care institutions

- Digitization of family records and use of real-time data to guide public health action and implementation monitoring.
 - **Enable mechanisms for rapid scale up:**
 - Put in place proper infrastructure, human resources management practices (including professional recruitment, training, career development of ASHA/ANM workers); ICT network for unhindered information flow; supply chain for drugs; clinical & public health protocols; monitoring, evaluation & accountability systems.
 - Put in place necessary institutional mechanism and governance practices for efficient decision making & better coordination between centres state departments / directorates of health.
 - Mobilize Corporate Social Responsibility (CSR) and Non-Resident Indians for funding HWCs and their scale up.
 - Promote mobile HWCs for better access in remote areas.
 - **Action for disease prevention and addressing social determinants of health:**
 - Prevent communicable & non-communicable diseases by promoting healthy behavior practices at family level.
 - Facilitate partnerships between HWC teams and other frontline development teams (nutrition, education, Swachh Bharat etc.) to engage with communities to address the socio-cultural and environmental determinants of ill health at the local level.
 - **Catalyze people's participation for healthy India - Swasth Bharat Jan Andolan:** Mandate HWC teams to work closely with village health, sanitation and nutrition committees (VSNC), Panchayati Raj Institutions (PRIs) etc. so that people are not just targets of health services but partners & multipliers of health-related activities.
 - **Emphasize concurrent learning, operations research and innovation:** Undertake research for context-specific scaling up at district/state level & understanding impact of interventions at population level. Develop a scientific primary healthcare model for urban population considering increasing demographic pressures and environmental challenges.
- National Health Policy 2017**

 - **Comprehensive primary health care** delivered through **Health and Wellness Centers (HWCs)**.
 - Adequate **investment in healthcare** (2.5% of GDP) with 2/3rd spending targeted at primary healthcare
 - **Preventive and Promotive Health** through AYUSH/ASHA/Village Health Sanitation and Nutrition Committee (VHSNC)/"Health Impact Assessment"
 - **Strategic purchase** of secondary & tertiary care services from private providers
 - **Augmenting Human Resources** in through Public Health Management cadres, courses in Community Health, specialized nursing and paramedical courses, career advancement of ASHA workers and attracting & retaining doctors in remote areas
 - **Registries of patients, service providers, diseases** etc. for public information exchange system and big data analytics (like National Health Service in UK)
 - **National Health Information Network by 2025** with Electronic Health Records (EHR) available across public and private healthcare providers & National Digital Health Authority

6.2. HUMAN RESOURCES FOR HEALTH

Why in news?

Recently, a study based on the National Sample Survey Organisation, has revealed that India has **20.6 health workers per 10,000 people**, which is less than the minimum threshold set by the World Health Organisation.

Background

- India's quest for Universal Health Coverage (UHC) depends to a great extent, on **adequate and effective Human Resources for Health (HRH)** providing care at primary, secondary and tertiary levels in both the public and private sectors.
- The health workforce in India comprises of broadly eight categories- **doctors** (allopathic, alternative medicine); **nursing and midwifery professionals**; **public health professionals** (medical, non-medical); **pharmacists**; **dentists**; **paramedical workers** (allied health professionals); **grass-root workers** (frontline workers); and **support staff**.
- The country is short of the WHO's recommendation of the minimum threshold of **22.8 skilled health professionals per 10 000 population**. Recently, the WHO, drawing evidence from the OECD countries, has further revised the minimum need as **44.5 health professionals per 10, 000 population**.
- The Global Health Workforce Alliance and WHO have categorised India among the **57 most severe crisis-facing countries** in terms of availability of HRH.

Potential Benefits

- Currently, the Primary Health Centres require 25,650 doctors across India to tend to a minimum of 40 patients per doctor per day for outpatient care, as per Indian Public Health Standards (IPHS). If these standards are met, 1 million patients could be benefit everyday.
- Strengthening both the PHCs and sub-centres will ease the burden on secondary (district hospitals and block community health centres) and tertiary health institutions (specialist and super-specialist services in hospitals-cum-medical colleges).

Issues faced in deployment of Human Resources in Health in India

- **Gap between different official estimates-** such as the total size of health workforce registered with different councils and associations was **5 million**, but the NSSO estimated the size of the workforce to be **1.2 million fewer at 3.8 million**.
- **Skewed distribution among states-** Most central and eastern Indian states have a low density of health workers, ranging from approximately 23 per 10,000 population in Bihar and Northeastern states other than Assam, to as low as 7 per 10,000 population in Jharkhand. **The highest concentration of health workers is in Delhi (67), followed by Kerala (66) and Punjab (52).**
- **Uneven distribution between urban and rural areas-** Rural areas with nearly 71% of India's population has only 36% of health workers. **Qualified medical professionals avoid rural India-** due to challenges such as poor living and working conditions, irregular drug supply, weak infrastructure, professional isolation and the burden of administrative work, as stated by a 2017 study by the Public Health Foundation of India.
- **Majority employed in private sector-** Government medical colleges in the country produce 50% of all doctors in India every year, but nearly 80% of them work in the private sector. Also, 70% of nurses and midwives are employed in the private sector.
- **Slow growth compared to the demand-** There are reportedly 462 medical colleges that produce 56,748 doctors every year. Similarly, 3,123 institutions across the country prepare 125,764 nurses each year. However, with India's population increasing by about 26 million each year, the increase in number of medical staff is too little.
- **Large-scale Presence of unqualified health professionals-** Only **one in five doctors** in rural India are qualified to practice medicine, highlighting the widespread problem of **quackery**. The WHO report, published in 2016, said 31.4% of those calling themselves allopathic doctors were educated only up to Class 12 and 57.3% doctors did not have a medical qualification. As for nurses and midwives practicing in rural areas, only 33% have studied beyond secondary school and 11% have medical qualification.
- **Absence of dedicated policies for health professionals-** and even if it exists, it does not address the framework for key elements such as forecasting for HRH, deployment and career progression, compensation and retention of health workers. The policies also do not address issues like continuous education and on the job skill development to retain the talent.

Way Forward

- Centre and States should have policies focusing on enhancing the quality of health workers and **bringing professionally qualified persons** into the health workforce.
- Special training courses should be designed for different categories of **non-physician care providers**. More training courses and curriculum for **super specialty paramedical care** (perfusionists, physiotherapists, occupational therapists, radiological technicians, audiologists, MRI technicians, etc.) should be developed.
- States should have a **dedicated cell for HR planning**, especially forecasting requirements, taking into consideration the

National Health Policy, 2017 on public health cadre

- The policy proposes **creation of Public Health Management Cadre** in all States based on public health or related disciplines, as an entry criterion.
- It also advocates an **appropriate career structure** and **recruitment policy** to attract young and talented multidisciplinary professionals.
- The policy recognizes the need to continuously nurture **certain specialized skills** like entomology, housekeeping, bio-medical waste management, bio medical engineering communication skills, management of call centres and even ambulance services.
- It supports measures aimed at continuing medical and nursing education and on the job support to providers, especially those working in professional isolation in rural areas using digital tools and other appropriate training resources.
- It suggests that **State Directorates to be strengthened** by HR policies, central to which is the issue that those from a public health management cadre must hold senior positions in public health.

changing disease profile, and population dynamics and composition. The cell should not limit itself to public systems only but also monitor HR available in private sector so that a more holistic view can be undertaken.

- Efforts should be made to **attract and retain doctors in rural areas** such as, financial and non-financial incentives, creating medical colleges in rural areas, preference to students from under-served areas, realigning pedagogy and curriculum to suit rural health needs, mandatory rural postings, etc.
- **Mid-level health providers for wellness campaign** could address the shortage of doctors in rural areas. This can be done through appropriate courses like competency-based bridge courses and short courses.
- There should be dedicated **Public Health Management Cadre** in all states, based on public health or related disciplines. Public health cadre would comprise of trained professionals responsible for population-wide preventive services to reduce exposure to disease through sanitary and health regulations, monitoring and averting health threats.
- The **National Medical Commission Bill, 2016** is an important step for strengthening the quality of human resources education and training. Reforms along similar lines should be undertaken for the medical, nursing, pharmacy and dental councils.
 - A bill on the lines of **National Commission for Human Resources for Health Bill, 2011** could be brought for regulatory framework around human resources for health specifically.

6.3. AYUSHMAN BHARAT - PRADHAN MANTRI JAN AROGYA YOJANA

Why in news?

Prime Minister on 23rd September 2018 launched the world's largest state funded health insurance scheme, Pradhan Mantri Jan Arogya Yojana (PMJAY).

Background

In the General Budget 2018-19, the Government announced a major initiative in health sector- **Ayushman Bharat programme** aimed at making path breaking interventions to address health holistically, in primary, secondary and tertiary care systems, covering both prevention and health promotion. Ayushman Bharat has 2 components-

- **Health and Wellness Centre:** As envisioned in The National Health Policy, 2017, 1.5 lakh centres will provide comprehensive health care, including for non-communicable diseases and maternal and child health services. These centres will also provide free essential drugs and diagnostic services.
- **National Health Protection Scheme (NHPS):** cover over 10 crore poor and vulnerable families (approximately 50 crore beneficiaries) providing coverage upto 5 lakh rupees per family per year for secondary and tertiary care hospitalization. Pradhan Mantri Jan Arogya Yojana is launched as this component.

Features of the Scheme

- **Beneficiary Identification:** PMJAY targets nearly 10.74 crore poor, deprived rural families and identified occupational category of urban workers' families, as per the latest **Socio-Economic Caste Census (SECC)** data as well as the active families under the Rashtriya Swasthya Bima Yojana (RSBY).
 - There is **no cap on family size and age** as well as restriction on pre-existing conditions.
- **Hospitalization cover from inpatient care to post hospitalization care:** It provides a coverage up to Rs. 5,00,000 per family per year, for secondary and tertiary care hospitalization through a network of **Empanelled Health Care Providers (EHCP)**. The services will include 1350 procedures covering pre and post hospitalization, diagnostics, medicines etc.
- **Universality:** One unique feature of the PMJAY is its **national portability** once fully operational. The beneficiaries will be able to move across borders and access services across the country through the provider network seamlessly. The beneficiaries will not need a special card. **Their Aadhaar numbers will suffice.**

71st Round of National Sample Survey Organization (NSSO) has found

- 85.9% of rural households and 82% of urban households have no access to healthcare insurance/assurance.
- More than 17% of Indian population spend at least 10% of household budgets for health services.
- Catastrophic healthcare related expenditure pushes families into debt, with more than 24% households in rural India and 18% population in urban area have met their healthcare expenses through some sort of borrowings.

- **Implementation agency:** The **National Health Authority (NHA)** will provide overall vision and stewardship for design, roll-out, implementation and management of Pradhan Mantri Jan Arogya Yojana (PM-JAY) in alliance with state governments.
 - **Alliance with the States:** The Scheme is principle based rather than rule based -
 - It allows enough flexibility to States in terms of packages, procedures, scheme design, entitlements as well as other guidelines while ensuring that key benefits of portability and fraud detection are ensured at a national level.
 - The States will have the option of implementing this scheme through a **Trust model** or **Insurance Company based model**, though the Trust model will be preferred.
 - States have the option to use an existing Trust/Society or set up a new Trust/Society to implement the Scheme as State Health Agency and will be free to choose the modalities for implementation.
 - Centre's contribution being 60% and the states' 40%.
 - For giving policy directions and fostering coordination between Centre and States, it is proposed to set up Ayushman Bharat National Health Protection Mission Council (AB-NHPMC) at apex level Chaired by Union Health and Family Welfare Minister.
 - **IT based:** In partnership with NITI Aayog, a robust, modular, scalable and interoperable IT platform will be made operational which will entail a paperless, cashless transaction.
 - **Fraud detection and Data privacy:** NHA Information Security Policy & Data Privacy Policy are being institutionalized to provide adequate guidance and set of controls on the secure handling of Beneficiaries Personal Data & Sensitive Personal Data in compliance with all laws and regulations applicable. **It is the first healthcare scheme with Privacy policy.**
 - **Grievance Redressal:** NHA has developed Grievance Redressal Guidelines and has established a **Central Grievance Redressal Management System (CGRMS)**. NHA has the sole prerogative for subsequent amendments to Guidelines.
 - **Pradhan Mantri Aarogya Mitra (PMAM):** a cadre of certified frontline health service professionals who will be primary point of facilitation for the beneficiaries to avail treatment at the hospital and thus, act as a support system to streamline health service delivery.
 - NSDC will skill them in terms of behavior, knowledge and presentation.
 - NSDC will use its network of PM Kaushal Kendra (PMKK) under PM Kaushal Vikas Yojana (PMKVY).
 - They will also be certified by Health Care Sector Skill Council (non-statutory body for health sector under NSDC).
- National Health Authority (NHA): The erstwhile National Health Agency is restructured as "National Health Authority".**

 - It has now been made an **attached office to Ministry of Health & Family Welfare** for better implementation of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY).
 - **The post of the NHA CEO has been upgraded** to that of a Secretary to the Government of India. Now the CEO will have-
 - **Full financial powers** (Till now, all funds released by the NHA were done through the Ministry of Health).
 - Complete **administrative control** of the NHA.
 - The existing multi-tier decision making structure has been replaced with **the Governing Board of NHA:**
 - It will be chaired by the Minister for Health and Family Welfare
 - Its members will include NITI Aayog CEO and NHA CEO.
 - Due representation has been provided to domain experts and the states shall also be represented on the Board on rotational basis.
 - The board will meet at least once in three months.
 - The Union Cabinet took this step through an executive order, thus taking the Pradhan Mantri Jan Arogya Yojana (PM-JAY) out of the ambit of **the Ministry of Health whose role will now be limited** to acting as the nodal ministry for NHA in parliamentary matters, like the presentation of annual reports.

Need for NHA

 - **Faster Decision Making:** Such a structure is important because previously agencies such as NITI Aayog and the Ministry of Health and Family Welfare were involved leading to need of permissions from the entire hierarchy. Valuable time is lost in such a process and often the proposal does not even make it.
 - Now the **NHA will also be responsible** for its operational guidelines, fixing the ceiling of premium amounts, building a health information technology platform, and working with the Insurance Regulatory and Development Authority.
 - **Reduction in leakages and Grievance redressal:** There will be reduction in leakages as the Authority will have stronger mandate to prevent, detect and control frauds and abuse and redress grievances.
 - **In line with International practises:** A chain of command for a national health insurance programme that is independent of the Health Ministry is a common practice internationally.

Significance of the PMJAY

- **Road to universal health coverage:** According to NITI Aayog, the scheme would increase the public spending on health to around 4% from approximately 1% at present, thereby, dramatically improving provision of healthcare for the poor.
- **Catalyst for transformation:** It will be an enabler of quality, affordability and accountability in the health system.
 - The empaneled hospitals have been tasked to follow the treatment guidelines. Patient outcomes will be monitored.
 - Another impact of the PMJAY will be rationalisation of the cost of care in the private sector. With an increase in demand created, it is expected that private sector will move from a low volume-high return paradigm to a high volume-fair return (and higher net profit) model.
- **Poverty-reducing measure:** Each year, six to seven crore people, above the poverty line, fall below it because of health-related expenses. PMJAY would reduce this number significantly. More than a third of the out-of-pocket expenditure (around Rs 5,000 per household) is due to inpatient hospitalisations. One out of eight families have to incur health expenditure of more than 25 per cent of the usual household expenditure each year. PMJAY will ease this burden on the poor.
- **Employment Creation:** The scheme will create lakhs of jobs for professionals and non-professionals — especially women. It will give a boost to the health technology industry.
- **Convergence of efforts:** For instance, NHPM will **subsume** the on-going centrally sponsored scheme “Rashtriya Swasthya Bima Yojana” (RSBY) and **Senior Citizen Health Insurance Scheme (SCHIS)**.

Concerns ahead

- NITI Aayog estimates Rs 12,000 crore will be required to run the scheme. However, allocation of just ₹2,050 crore during the current year to the PMJAY cannot provide the promised cover to the large population sought to be included. Not all States and Union Territories are in a position to raise their own share, and a few have not even joined the scheme. The **challenge of funding**, therefore, remains.
- **Health is a state subject** under Indian constitution. State governments should regulate the hospital sector under the Clinical Establishments (Registration and Regulation) Act. The law broadly provides for standardisation of facilities and reasonable rates for procedures. Costs are a contested area between the care-providers and the Centre, and many for-profit hospitals see the government’s proposals as unviable.
- Union government scheme covers only the deprived beneficiaries as per the caste census, thus bringing down the number of people to be covered. But many schemes implemented by states have a **wider range of beneficiaries**. For instance, Karnataka’s health insurance scheme covers all the residents of the state. This leads states hesitating adopting PMJAY.
- **Sustainability of insurance companies** has to be ensured. According to the Insurance Regulatory and Development Authority of India’s data on incurred claims ratio (premium earned versus pay outs) for government-sponsored health schemes, it went up from 87 per cent in 2012-13 to 122 per cent in 2016-17. In case of PMJAY, the government has set a premium of Rs 1,050. Insurance companies find this amount very low to provide coverage. This would be more of an issue in states like Kerala where claims ratio is quite high.
- Though hospital care is a big expenditure, it is still a very small percentage of **people’s Out of Pocket (OoP) expenses on healthcare**. People spend much more on illnesses that don’t need hospitalisation and are not covered under insurance. NSSO 2014 round shows there was no relief from increasing health expenditure w.r.t 2004.
- Along with Insurance model focus must be on **strengthening the country’s health infrastructure**. It would have a long-term impact. Globally, countries with adequate public health facilities have been successful in implementing health insurance schemes. e.g. Thailand extensively focused on strengthening the public health infrastructure before rolling out its Universal Coverage Scheme in 2001.

Conclusion

The “best health care at the lowest possible cost” should be inclusive; make health-care providers accountable for cost and quality; achieve a reduction in disease burden and eliminate catastrophic health expenditures for the consumer. Ayushman Bharat – Pradhan Mantri Jan Aarogya Yojana (AB-PMJAY) is a paradigm shift from sectorial, segmented and fragmented approach of service delivery through various national and State schemes to a bigger, more comprehensive and better converged and need based service delivery of secondary and tertiary care.

6.4. INTENSIFIED MISSION INDRADHANUSH

Why in News?

Intensified Mission Indradhanush (IMI), is one of **12 best practices from around the world** to be featured in a special issue of the British Medical Journal.

Background

- In India, five lakh children die every year due to vaccine-preventable diseases; 95 lakh are at risk because they are unimmunised or partially immunised. But immunization coverage had slowed down and it increased at the rate of 1% per year between 2009 and 2013.
- To accelerate this coverage **Mission Indradhanush** was envisaged and implemented since 2015 to rapidly **increase the full immunization coverage to 90%**.

About Intensified Mission Indradhanush (IMI)

- It has been launched by the Government of India to reach **each and every child under two years of age and all those pregnant women** who have been left uncovered under the routine immunisation programme.
- The special drive will focus on improving immunization coverage in select districts and cities to **ensure full immunization to more than 90% by December 2018**.
- It targets to immunize all children against **seven vaccine preventable diseases** namely Diphtheria, Pertussis, Tetanus, Childhood Tuberculosis, Polio, Hepatitis B and Measles. In addition to this, vaccines for Japanese Encephalitis, Haemophilus influenza type B, inactivated polio vaccine, Rotavirus vaccine and Measles Rubella vaccine are also being provided in selected states.
- It will have inter-ministerial and inter-departmental coordination, action-based review mechanism and intensified monitoring and accountability framework for effective implementation of targeted rapid interventions to improve the routine immunization coverage.
- It would be closely monitored at the district, state and central level at regular intervals. Further, it would be **reviewed by the Cabinet Secretary at the National level** and will continue to be **monitored at the highest level under a special initiative 'Proactive Governance and Timely Implementation (PRAGATI)'**.
- The first two phases of Mission Indradhanush contributed to an increase in Full Immunization Coverage by 6.7%. This increase, however, would not be sufficient to achieve full Immunization Coverage of more than 90% of new-borns by 2020 as aimed under Mission Indradhanush which would need a supplemental aggressive action plan to cover all left outs and drop outs in select districts and urban cities with low routine immunization coverage in a specific time-frame.

Challenges to immunization

- **Limited capacities of staff** (vacant positions and lack of training), particularly in poor-performing states and at the field level, and **gaps in key areas** such as predicting demand, **logistics and cold chain management**, which result in **high wastage rates**.
- India lacks a **robust system to track vaccine-preventable diseases**. Vaccination coverage varies considerably from state to state, with the lowest rates in India's large central states.
- Other challenges include-
 - Lack of adequate health infrastructure and insufficient government investment;
 - Low demand caused by poor education of the population and presence of **anti-vaccine advocates**.
 - Parents' lack of awareness of the immunisation benefits, schedules and locations.
 - Inconvenient timings of vaccination for many people (during working hours).
 - Poor community participation.

Way forward

- **Strengthening of health management information systems**, including data recording and registration systems, called Mother and Child Tracking System (MCTS).
- The **linking of already available systems with the unique identification like Aadhaar** can facilitate tracking of the beneficiaries.

- Furthermore, development of **universal health cards and electronic record maintenance** for maternal and child health care is highly desirable. This can facilitate care seeking by the migrant population in urban areas and can be used to decide resource allocations.
- Devoting **greater financial resources towards immunisation coverage** with concerted efforts to **improve social mobilisation** for immunisation is warranted.
- **Strengthening a network of community health workers** in urban and peri-urban areas to contribute towards progress in immunisation coverage by reaching out to both slum as well as non-slum populations is of utmost priority.
- **Facilitating improvement in knowledge and awareness** regarding child immunisation can be intensified with the **use of mass media, interpersonal communication, school and youth networks**.
- Reaching out to communities and areas with poor immunisation coverage with well-articulated strategies for community awareness will be key to success.

6.5. HIV/AIDS ACT, 2017

Why in News?

Health Ministry issues notification to bring **HIV/AIDS Act, 2017**, into force.

Problems faced by HIV Patients

Apart from the mental and physical trauma the HIV/AIDS patients go through, there are various problems that they face socially, like-

- **Stigma and Discrimination-** Sometimes, people with HIV/AIDS are abandoned by their families and are forced to live in destitution, resulting in psychological devastation.
- **Social and Economic-** The main social and economic impacts for people living with HIV are loss of labour or education due to illness and increased expense of healthcare and transport. The compounding of these impacts often leads to increased levels of poverty, food insecurity and nutrition problems.

Related Data

- India has the **third largest HIV-infected** population with an estimated 2 million people. The country **aims to decrease** new infections by 75% between 2010 and 2020 and eliminate AIDS by 2030.
- National AIDS Control Organisation (NACO) noted that the **rate of decline** in annual new HIV infections has been relatively slower in recent years.
- However, **impact of the HIV/AIDS control programme** has been significant, with more than an 80% decline in estimated new infections from the epidemic's peak in 1995
- Estimated AIDS-related deaths declined by 71% since its peak in 2005.

This called for legal recourse to protect the rights and interest of people suffering from HIV/AIDS.

Salient features of the Act

- **Prohibition of Discrimination-** It lists various **grounds on which discrimination** against HIV positive persons and those living with them is prohibited. These include the **denial, termination, discontinuation or unfair treatment** with regard to employment, education, health care, residing or renting property, standing for public or private office, and insurance.
 - The requirement for **HIV testing as a pre-requisite for obtaining employment** or accessing health care or education is prohibited.
 - It prohibits individuals from publishing information or advocating feelings of **hatred** against HIV positive persons and those living with them.
- **Informed consent-** No HIV-affected person can be subject to medical treatment, medical interventions or research without informed consent. Further, no HIV positive woman, who is pregnant, can be subjected to sterilisation or abortion without her consent.
- **Guidelines for testing centres-** No HIV test shall be conducted or performed by any testing or diagnostic centre or pathology laboratory or blood bank, unless such centre or laboratory or blood bank follows the guidelines laid down for such test
- **Disclosure of HIV status-** No person is compelled to disclose his HIV status except by an order of the court. A breach of violation attracts a jail sentence of up to two years or a fine of up to Rs 1 lakh, or both.
 - Every establishment is obligated to **keep HIV-related information protected**. Every HIV-positive person is compelled to take reasonable precautions to prevent the transmission of HIV to other persons.

- **Confidentiality of data-** Every establishment keeping the records of HIV-related information of protected persons shall adopt data protection measures in accordance with the guidelines to ensure that such information is protected from disclosure
- **Central and State Government to take measures-** The state and Centre shall take all such measures for prevention of spread of HIV or AIDS, in accordance with the guidelines and must make diagnostic facilities, anti-retroviral therapy and opportunistic infection management available to all HIV-infected people and ensure wide dissemination of the same.
- **Welfare Measures & protection of children-** Apart from facilitating better access to welfare schemes to affected persons the government shall also take appropriate steps to protect the property of children affected by HIV or AIDS for the protection of property of child affected by HIV or AIDS.
 - A person between the age of 12 to 18 years who is mature in managing the affairs of his HIV or AIDS affected family shall be competent to act as a guardian of another sibling below 18 years of age.
- **Isolation of Person-** It prohibits isolation or segregation of an HIV-positive person. Every HIV-positive person has the right to reside in a shared household and use facilities in a non-discriminatory manner.
- **Ombudsmen-** Every state has to appoint one or more Ombudsmen to inquire into violations of the provisions of the Act. Within 30 days of receiving a complaint, the Ombudsman is required to pass an order as he deems fit. Failing to comply with the orders of the Ombudsman attracts a penalty of up to Rs 10,000.

However, it has been argued that the provisions only protect infected individuals from prejudiced behaviour and attitudes. Communities that are vulnerable to infection, individuals who are yet to be tested and kin of those infected are still subjected to stigma and biased perspectives. Further, there have been instances of shortage of medicines related to HIV/AIDS.

Way forward

- The need is to adopt a **holistic approach to successfully combat discrimination** against the infected and the vulnerable and create safe spaces for them.
- The next important step will be **public education** as acceptance of HIV/AIDS patients in society is still a challenge.
- A streamlined process of procurement and storage of medicines related to HIV/AIDS.

Other Steps taken by the Government

- National Strategic Plan 2017-24 and **Mission "SAMPARK"**, to trace those who are Left to Follow Up and are to be brought under ART services.
- Government launched a Central Sector Scheme - **National AIDS Control Programme (NACP)**.
- India has successfully **achieved the 6th Millennium Development Goal (MDG 6)** of halting and reversing the HIV epidemic.
- For preventing HIV/AIDS transmission from mother to child
 - **Prevention from Parent to Child Transmission (PPTCT) programme** have been integrated with the RCH programme.
 - **PALS (PPTCT ART Linkages Software) System** has also been launched to maintain details of all HIV positive pregnant and breast-feeding women and their new-born babies.
- Government would be implementing the **90:90:90 strategy** as adopted by UNAIDS. It is a new HIV treatment that lays the groundwork to end the AIDS epidemic.
- **HIV Sensitive social protection portal** has been launched to help officials and counsellors.
- India **has extended support to the African countries** in their fight against HIV-AID which reflects India's global commitment.

7. NUTRITION

- Malnutrition refers to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients. The term malnutrition covers 2 broad groups of conditions.
 - One is '**undernutrition**'— which includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals).
 - The other is **overweight, obesity and diet-related noncommunicable diseases** (such as heart disease, stroke, diabetes and cancer).
- It results not just from a lack of food but from a diverse set of interlinked factors linking healthcare, education, sanitation and hygiene, access to resources, women's empowerment and thus requires multidimensional interventions.
- India pays an income penalty of about 9% to 10% due to a workforce that was stunted during their childhood.
- India has been ranked at 103 out of 119 countries in the **Global Hunger Index 2018**, with hunger levels in the country categorised as "serious". **India's ranking has dropped three places from 2017.**
 - India has shown improvement in three of the indicators over the comparable reference years.
 - ✓ The percentage of **undernourished people** in the population has dropped from 18.2% in 2000 to 14.8% in 2018.
 - ✓ **Child mortality rate** has halved from 9.2% to 4.3%.
 - ✓ **Child stunting** has dropped from 54.2% to 38.4% over the same period.
 - However, the **prevalence of child wasting has worsened**. It stood at 17.1% in 2000 and increased to 20% in 2005. In 2018, it stands at 21%. At least one in five Indian children under the age of five are wasted.

Global Nutrition Report 2018: India specific findings

- India is facing a **major malnutrition crisis** as it is the country with the **highest number of 'stunted' children in the world**. Out of the total 150.8 million children in the world who are stunted, India is home to 46.6 million, followed by Nigeria (13.9 million) and Pakistan (10.7 million).
- India is also the country with the **highest number of children who are 'wasted'** (low weight for height, indicating severe weight loss), an even more severe indicator of acute malnutrition.
 - **India has half of the global wasting burden** (25.5 million children — out of the 50.5 million children who are wasted globally) followed by Nigeria, and Indonesia.
- India is also among the countries with **more than a million children who are overweight**.
- As for the nutrition status of children and adolescents aged between 5 and 19 years, 58.1% of boys were underweight while 50.1% girls were underweight. This difference between the genders can likely be attributed to **India's adverse sex ratio** in the first place.
- As for the **rural-urban divide**, 40.7% of children under five years of age were stunted in rural India while 30.6% of children were stunted in urban India, while 21.1% children aged under five were wasted in rural areas and 19.9% were wasted in urban areas.

7.1. FOOD AND NUTRITION SECURITY

Why in news?

Recently, Food and Nutrition Security Analysis, India, 2019, prepared by the **Ministry of Statistics and Programme Implementation and World Food Programme (WFP)** was released.

Finding of reports: Food and Malnutrition Trend in the country

- **Trend in Malnutrition:** Despite decreasing stunting by one fifth during last decade, almost one in three Indian children under five years i.e. 31.4% of children will still remain stunted by the 2022.
- **Inter and Intra State Variations in Malnutrition** is found in country with highest levels of stunting and underweight are being found in Jharkhand, Bihar, Uttar Pradesh, Madhya Pradesh, Gujarat and Maharashtra.

About WFP

- It's the food-assistance branch of the United Nations and the world's largest **humanitarian organization addressing hunger and promoting food security**.
- Its headquarters is in Rome, Italy.
- It is a member of the United Nations Development Group and part of its **Executive Committee**
- The WFP operations are funded by voluntary donations from world governments, corporations and private donors.

- **Prevalence of Multiple Types of Malnutrition among Children:** Multiple burden of malnutrition is the coexistence of any two or all three measures of malnutrition: stunting, wasting and underweight.
- **Women and Malnutrition:** Children born to women with low BMI and low education level are more likely to be stunted, wasted, and underweight compared to children born to women with normal or high BMI.
- **Anaemia Prevalence:** Iron deficiency anaemia remains a major public health concern in India where half of women 15- 49 years of age are anaemic, regardless of age, residence or pregnancy status.
- **Socio-Economic Determinants of Malnutrition among Children:** Prevalence of malnutrition decreases steadily with increased wealth and among social groups, the prevalence of stunting is highest amongst children from the Scheduled Tribes (43.6%), followed by Scheduled Castes (42.5%) and Other Backwards Castes (38.6%).
- **Double burden of malnutrition:** India suffers from both over and under nutrition which is becoming more prominent.

Factor Contributing to Malnutrition in India

- **Paradox related to production and Accessibility:** In India, food grain yields have risen 33% over the last two decades, however, consumer's access to rice, wheat and other cereals has not increased at the same rate, due to population growth, inequality, food wastage and losses, and exports.
- **Increasing diversity in consumption:** The **energy and nutritional intake from cereals has decreased** in both rural and urban India, and largely substituted by increased consumption of other food items such as milk and dairy products, oils and fat and relatively unhealthy food such as fast food, processed food, and sugary beverages, which has likely contributed to the **emerging problem of obesity in India**.
- **Inefficient Targeted Public Distribution System (PDS) and Nutritional Intake:** PDS has provided a critical nutritional supplement to the people across all states in India. However due to poor targeting, poorest 30 percent of households had **lower capacity to access food**.

Underlying causes behind Malnutrition

- **Poverty:** It hinders the accessibility of adequate food.
- **Lack of Awareness:** about nutritional needs of infants and young children.
- **Social strains on Women:** Early marriages of girls leads to teenage pregnancies resulting in low birth weight of the newborns, poor breastfeeding practices and poor complementary feeding practices.
- **Male domination:** In most Indian families, women even take food after the male members where they get less nutritious food.
- **Lack of health infrastructure** leads to poor access to health.
- **Lack of availability of safe drinking water** hinders proper digestion and assimilation of food and also cause water and food borne diseases.
- **Poor sanitation and environmental conditions** lead to spread of many diseases that sap children's energy and stunts their growth.
- **Other causes:** illiteracy in women and large household size.

Recommendations to improve Malnutrition Status in India

- **Address policy and governance issues:**
 - Allow flexibility to states for context-specific implementation of Poshan Abhiyaan to attain high coverage, quality, equity and better outcomes.
 - Independent annual audit of the programme for improving implementation.
- **Ensure convergent action at all levels:**
 - Develop and implement Annual Integrated Health, Nutrition and Swachh Bharat Mission (SBM) action plans for all districts under the POSHAN Abhiyaan.
 - Actively engage Panchayati Raj Institutions (PRIs), Village Health, Sanitation and Nutrition Committees, Public Distribution Services network and public health engineering departments for delivery of action plans
 - Establish a convergence mechanism at state, district & block levels. Develop an implementation guide for District Administrators.
- **Implement Mission Mode action in districts with a high burden of malnutrition under POSHAN Abhiyaan:** Set up convergence mechanism at district & block level, better vertical coordination, time-bound action plan, sufficient budgetary allocation, strong monitoring & annual surveys to track progress.
- **Refine programme interventions:**
 - Focus on first 1000 days through home-based child care initiative, conducting regular home visits by ASHA worker / ANM / child feeding counsellor to ensure compliance with feeding practices and addressing cases of malnutrition.

- Replace the food-centric approach with more broad-based action that includes immunization, birth spacing, delaying age of marriage, exclusive breastfeeding for 6 months, and timely & adequate access to complementary food interventions
- **Fortification:**
 - Incorporate fortified food grains and double fortified salt within government programmes such as ICDS, mid-day meal scheme, and PDS.
 - Explore approaches to bio-fortification of grains for micronutrient deficiencies.
- **Data-driven research:**
 - Create a national nutrition surveillance system to track food quality, consumption patterns and nutritional deficiency profiles for all age groups in different regions.
 - Track changes in prematurity rates/birth weights & early biomarkers of metabolic disorders for timely intervention.
 - Redesign nutrition programmes targeted at adolescent girls; link these with pre-pregnancy interventions.
- **Scale-up nutrition MIS and strengthen monitoring mechanisms:**
 - Establish an IT-based real time monitoring mechanism for joint health & nutrition reviews in the field
 - Establish accountability with defined responsibilities at all levels – state, district and field.
- **Make ‘POSHAN Abhiyaan’ a Jan Andolan** through increased community participation, inducing behaviour change through Information, Education & Communication (IEC) and counselling.
- **Galvanize the National Anaemia Control Programme:** Incorporate home, community, school and Health & Wellness Centre (HWC) level action in the revised strategy for the anaemia control.

Steps Taken by government for Improving Nutrition Status in Country

- **POSHAN Abhiyaan (National Nutrition Mission)** - Important features of the scheme:
 - **Synergized approach:** Different Ministries/Departments at the Centre and States/UTs used to deal with malnutrition in a stand-alone manner. POSHAN will provide the required convergence through **National Council for Nutrition and the Executive Committee for POSHAN Abhiyaan** at the central level, **Convergence Action Plan** at State, District & Block level and through **Very High-Speed Network** at village level.
 - **Use of technology:** The Abhiyaan **empowers the frontline functionaries** i.e. Anganwadi workers and Lady Supervisors by providing them with smartphones eliminating the registers currently used by them. The **ICDS-Common application Software** especially developed for this purpose enables data capture, ensures assigned service delivery and prompts for interventions wherever required. This enables **real time-monitoring** at all levels.
 - **Incentivization at various levels:** It involves **team-based incentives** also for Anganwadi workers, ASHA and ANM for achieving targets together along with **incentives for the front-line workers** like Anganwadi workers for better service delivery, and **for early achiever states and UTs**.
 - **Better People participation:** It aims at making elimination of malnutrition a **Jan Aandolan** by inducing behavioral change across masses, through promotion of understanding of **the inter-generational and multi-dimensional nature** of the problem of malnutrition. It also involves **social audit mechanism** to track the health progress of children.
 - **Research and evidence-based interventions:** Abhiyan ensures nutrition interventions are guided and informed by latest research and evidence through institutional support by the National Nutrition Resource Centre (NNRC) and the Food Fortification Resource Centre (FFRC).
 - **Targeted approach:** It has set itself a steep target of reducing stunting by 2 per cent, anaemia by 3 per cent and low birth weight by 2 per cent every year.
- **National Nutrition Strategy**
 - It is a 10-point nutrition action plan that includes governance reforms and envisages a framework wherein the four proximate determinants of nutrition – uptake of health services, food, drinking water & sanitation and income & livelihoods – work together to accelerate decline of under nutrition in India. **Key Feature of Strategy are:**
 - ✓ It focuses to reduce all forms of malnutrition by 2030, with a focus on the most vulnerable and critical age groups.
 - ✓ A decentralised approach will be promoted with greater flexibility and decision making at the state, district and local levels.
 - ✓ The Strategy proposes to launch interventions with a focus on improving healthcare and nutrition among children and improve maternal care.
 - ✓ Governance reforms envisaged in the Strategy include:
 - Convergence of state and district implementation plans for ICDS, NHM and Swachh Bharat.
 - Focus on the most vulnerable communities in districts with the highest levels of child malnutrition.
 - Service delivery models based on evidence of impact

7.2. FORCED MIGRATION AND HUNGER

Why in news?

Global Hunger Index (GHI) 2018 analyzes the interplay between hunger and forced migration.

Forced Migration and Hunger: For displaced people, hunger may be both a cause and a consequence of forced migration. **It gives four key areas in which support to these people needs to be improved:**

- Recognizing and addressing hunger and displacement as political problems;
- Adopting more holistic approaches to protracted displacement settings involving development support;
- Providing support to food-insecure displaced people in their regions of origin;
- Recognizing that the resilience of displaced people is never entirely absent and should be the basis for providing support

GHI-2018: Global Findings

- The **level of hunger falls into the “serious” category** at a value of 20.9 on GHI Severity scale. Approximately 124 million people suffer from acute hunger, a steep increase from 80 million in 2016.
- **Across South Asia:** Child wasting is constituting a “critical public health emergency”.
 - Low Maternal body mass index BMI and lack of access to improved **water and sanitation** are more closely associated with rates of child wasting than household wealth, suggesting that a **reduction in poverty alone may not be sufficient to correct the problem.**

Policy recommendations for displaced people

- **Leave no one behind**
 - Resources should be focused on those regions of the world where most displaced people are located.
 - Governments must accelerate progress under the **UN Plan of Action for Advancing Prevention, Protection, and Solutions for Internally Displaced People 2018–2020.**
 - Special vulnerabilities and challenges of **women and girls** should be **prioritized** along with acceleration of development in **rural areas** which is where large number of displaced people originate.
- **Implementing Long-term Solutions**
 - **Strengthen the resilience** of displaced populations by providing access to education and training, employment, health care, agricultural land, and markets.
 - Implement durable solutions, such as local integration or return to regions of origin on a voluntary basis.
 - Design **policies and programs** that recognize the complex interplay between hunger and forced migration as well as the dynamics of displacement.
- **Show Solidarity, Share Responsibility**
 - Adopt and implement the **UN Global compact on refugees (GCR)** and the **Global Compact for Safe, Orderly and Regular Migration (GCM)**, and integrate their commitments into national policy plans.
 - Uphold humanitarian principles and human rights when assisting and hosting refugees, Internally Displaced Persons, and their host communities.
 - **Address the root causes of forced displacement** especially in the areas of poverty and hunger reduction; climate action; responsible consumption and production; and promotion of peace, justice, and strong institutions.
- Governments, politicians, international organizations, civil society, and the media should work to proactively counter misconceptions and promote a more informed debate on these issues.

8. EDUCATION

Status of Education in India

- **Public Expenditure on Education:** Public expenditure as a per cent of GDP increased from 2.8% in 2014-15 to 3% in 2018-19.
- Over the years, remarkable progress has been made in respect of female participation up-to secondary level and Gross Enrolment Rate (GER) for girls has exceeded that of boys. But **girls' enrolment rate is lower than that of boys at the higher education level.**
- **The drop-out rates are very high** for boys at the secondary school level. According to NSSO 71st round (2014), the reasons for male students dropping out are economic activities, lack of interest in education and financial constraints.
- **The following table shows various indicators for Male(M) and Female(F).**

Level	GER (2016-17) (%)	Drop Out Rate (2016-17) (%)	Pupil Teacher Ratio (Norm) 2015-16
Primary	M: 94.02 F: 96.35	M: 6.3 F: 6.4	23 (30 - RTE)
Upper Primary	M: 86.90 F: 95.19	M: 4.97 F: 6.42	17 (35 - RTE)
Secondary	M: 78.51 F: 80.29	M: 19.97 F: 19.81	27 (30 – Secondary level laid down in the relevant scheme)
Senior Secondary	M: 54.93 F: 55.91	M: 6.37 F: 5.49	37
Higher Education	M: 26.3 F: 25.4	NA	30

- The **shortage of teachers** is a perennial problem with 9.08 lakh vacancies of teachers at elementary level in government schools as on 31st March 2016.

8.1. DRAFT NATIONAL EDUCATION POLICY

Why in News?

Recently, the committee under Dr. K. Kasturirangan submitted its report on the **Draft National Education Policy, 2019** to the Ministry of Human Resource Development, Government of India.

Background

- India has had two National Education Policies in 1968 and 1986 (modified in 1992) respectively.
- After **more than thirty years** of operation of the last policy, India's education system, is plagued by a number of problems and shortcomings such as huge dropout rates, shortage in the number of teachers, incompetent curriculum etc.
 - Apart from these problems, there are various new developments, such as Right to Education Act, Globalisation, which **mandate the need of a new comprehensive National Education Policy.**
- The vision of the **National Education Policy 2019** is to create an India centered education system that contributes directly to transforming our nation sustainably into an equitable and vibrant knowledge society, by providing high quality education to all.

Other reasons for a new Education Policy

- **Changed demands of a knowledge economy-** that calls for emphasis on the need for acquisition of new skills by learners on a regular basis, for them to 'learn how to learn' and become lifelong learners.
- **Narrow time lag between the generation of new knowledge and its application** specially in the fields of science and technology that necessitate the periodic renewal of education curriculum to maintain their relevance to the changing societal and personal needs of learners
- **Small window of India's Demographic Dividend-** that is expected to last for only a little over 20 years. It demands that apart from education, the children acquire actionable skills also in their schools and colleges itself.
- **Alignment with the global Sustainable Development Goals-** The SDG 4 seeks to "ensure inclusive and equitable quality education and promote lifelong learning opportunities for all" by 2030.

Key Recommendations of the Draft Policy

Area	Recommendations
School Education	
Early Childhood Care and Education (ECCE)	<ul style="list-style-type: none"> • Develop new curriculum framework- by giving this task to NCERT, which consists of two parts, one for the age group of 0-3 years and other for the age group of 3-8 years. • Strengthening of facilities- through expansion and co-location of Angandwadis and pre-schools with primary schools where possible. State Governments to prepare cadres of professionally qualified educators for early childhood education • Design of learning-friendly environments- by a committee of cognitive scientists, early childhood education experts, artists, and architects in each state. • Extension of the RTE Act to include ECCE
Foundational Literacy and Numeracy	<ul style="list-style-type: none"> • Increased focus through dedicated mathematics and reading hours everyday, weekly events, special assemblies • Remedial Instructional Aides Programme- to induct instructors from local communities to formally help students who have fallen behind • National Tutors Programme- where the best performers in each school work as tutors during the school for fellow (generally younger) students.
Reintegrating Dropouts	<ul style="list-style-type: none"> • Addressing access gaps in infrastructure such as transport facilities, hostels and security of students and tracking out-of-school children through social workers and counselors • Second-chance education programmes for long-term out-of-school adolescents
Curriculum and Pedagogy	<ul style="list-style-type: none"> • Adopt a 5+3+3+4 design comprising: <ul style="list-style-type: none"> ○ 5 years of the Foundational Stage: 3 years of pre-primary school and Grades 1, 2. ○ 3 years of the Preparatory Stage: Grades 3, 4, 5. ○ 3 years of the Middle Stage: Grades 6, 7, 8. ○ 4 years of the High Stage: Grades 9, 10, 11, 12. • Reduce curriculum load in each subject to its essential core content, in order to make space for more holistic, experiential, discussion-based, and analysis-based learning. • Increased flexibility in choice of subjects for the students
Higher Education	
Institutional Restructuring	<ul style="list-style-type: none"> • Developing multidisciplinary institutions with programmes across disciplines. • A new institutional architecture with three kinds of institutions- <ul style="list-style-type: none"> ○ Type 1: Research universities- focus equally on research and teaching ○ Type 2: Teaching universities- focus primarily on high quality teaching, while also significantly contributing to cutting-edge research ○ Type 3: Colleges- focus almost exclusively on the goal of high quality teaching
More Liberal Education	<ul style="list-style-type: none"> • Redesigning of Undergraduate curriculum with a common core curriculum for all students and one/two area(s) of specialization. • Introduce four-year undergraduate programmes in Liberal Arts having multiple exit options with appropriate certification. • Five Indian Institute of Liberal Arts must be setup as model multidisciplinary liberal arts institutions.
Optimal Learning Environments	<ul style="list-style-type: none"> • A National Higher Education Qualifications Framework (NHEQF) outlining the learning outcomes. Focus on assessment for development and not judgement. • Focus on occupational readiness of students and involve them in institutional processes.
Research	<ul style="list-style-type: none"> • Establishment of a National Research Foundation- to fund, mentor, incentivise, and build capacity for quality research. It will have four major divisions: sciences, technology, social sciences, and arts and humanities, with the provision to add additional divisions.
Education Governance and Regulation	
General	<ul style="list-style-type: none"> • Setup Rashtriya Shiksha Aayog (RSA) headed by the Prime Minister and Rajya Siksha Aayogs headed by the Chief Ministers for developing, implementing, evaluating, and revising the vision of education.
Schools	<ul style="list-style-type: none"> • Setup Public School Complexes- which will be clusters of public schools in a contiguous geography offering education across all stages. • States will separate the regulatory function from that of other functions in education, such as policymaking, school operations etc. • Setup an independent State School Regulatory Authority for each state that will prescribe basic uniform standards for public and private schools. • District Education Council- for oversight of the school system in each district

Higher Education Institutions (HEIs)	<ul style="list-style-type: none"> All Higher Education Institutions, public and private, shall be governed by an independent Board of Governors, which shall be the apex body for the institution, with complete autonomy. An accreditation ecosystem led by a revamped National Accreditation and Assessment Council to be created.
Teacher Management	
<ul style="list-style-type: none"> Merit-based scholarships to encourage outstanding students to enter the teaching profession Teachers will be recruited to the district, as is done now in many States, and then deployed to the school complex, and then, as per school needs, to individual schools. All “para-teacher” (Shikshakarmi) systems across the country will be stopped by 2022. Teachers will not be allowed to participate in any non-teaching activities (e.g. cooking mid-day meals) during school hours that could affect their teaching capacities. Teachers will be required to complete a minimum of 50 hours of continuous professional development training every year. A similar Continuous Professional Development Programme should be introduced in HEIs. Also a permanent employment (tenure) track system should be introduced for faculty in all higher education institutions by 2030. All teachers will have possible career progression paths to become educational administrators. 	
Technology in Education	
<ul style="list-style-type: none"> National Mission on Education through information and communication technology to setup virtual laboratories that provide remote access to laboratories in various disciplines. A National Educational Technology Forum will also be setup under the Mission, as an autonomous body, to facilitate decision-making on the induction, deployment and use of technology. Integrating educational technology into the school curriculum- using computational thinking (the thought processes involved in formulating problems and solutions in ways that computers can effectively execute) A National Repository of Educational Data will be setup to maintain all records related to institutions, teachers, and students in digital form. 	

Pros of the Draft Policy

- Developed after extensive consultations** with more than 1 lakh villages, 6000 blocks with specific questions on 33 themes for all levels. Also, all other stakeholders including ministries, states have been deliberated for their views to develop a consensus over the provisions of the draft.
- Look at education as a **continuous process and comprehensively addresses all stages** of education including different verticals of professional education, vocational education, technical education etc.
- Focus on foundational stages of education-** the actions suggested on **ECCE** can be the best investment that India could make in education since evidence indicates that over 85% of a child’s cumulative brain development occurs prior to the age of 6.
- Schools will be given autonomy in setting syllabus under the broad **National Curriculum Framework**. This will motivate principals and teachers to **innovate**. More importantly, it will create a set of best practices that work in Indian conditions.
- The draft has laid out a framework for ensuring **quality of teacher education**, which is paramount in terms of ensuring quality education.
- Removes the burden and **conflict of interests**, by separating regulatory function from other functions of the state authorities.
- The idea of **Special Education Zones (SEZ) to be set up in disadvantaged regions across the country** can help government focusing more on such areas and experiment with different ideas to get the best results.
- Focus on research**, as it talks about financing and involvement of private sector and intends to make all institutes **comprehensive teaching-research institutions**. A **National Research Foundation** on the lines of what exists in the US is a promising step to coordinate and give direction to research.

Cons in the Draft Policy

- The policy’s implementation is **predicated on the assumption** that the education budget would be almost doubled in the next 10 years. Also, the sheer scale of **changes expected**, the rapid **timeline** and the absence of a **strong mechanism** for handholding states on this journey raises questions on the full implementation of this policy.
- Does not address the lack of accountability of schools-** as school management committees (SMCs),

Debate over three-language formula

- In the initial draft, there was a mention of making Hindi compulsory in non-Hindi speaking states, under the three-language formula for school education.
- This specific mention drew a lot of backlash from Southern states, especially Tamil Nadu.
- Following this, the Government came up with a revised draft, removing the particular reference to Hindi and policy requires proficiency in any three languages.

which are without significant powers, may not be able to hold schools and teachers accountable.

- Representatives of **CBSE Schools Management Association** expressed concern over expanding the ambit of the **Right to Education Act** to pre-kindergarten to Class 12 from the present Classes 1 to 8. Already, the schools were facing difficulties in determining the fee structure and getting reimbursement of the fee of the student.
- **Does not consider Direct Benefit Transfer as a means to eliminate fake beneficiaries**- such as the idea of school vouchers. It will also help parents uphold the accountability of schools.
- Integrating pre-school with government school system may pose **infrastructure and logistics challenge**.
- **Misses to address the gap of access to quality education between India's rich and poor children**- by proposing to remove the expectations that all schools meet common minimum infrastructure and facility standards, and that primary schools be within a stipulated distance from children's homes.
- No separate funding earmarked for the strengthening of "**school complexes**".

Way Forward

Clearly, the final test of any policy is in its implementation, but it is important to suspend such judgment and disbelief and focus on its successful implementation.

8.2. ASER ANNUAL EDUCATION REPORT

Why in News?

Recently, 13th Annual Status of Education Report (ASER) by Pratham NGO was published which threw light on status of primary education in rural India.

Additional Information on ASER Report

- In 2017, it conducted the first alternate-year design known as ASER 'Beyond Basics', focusing on youth in the 14 to 18 age group in 28 districts across India.
- In 2018, ASER returns once again to the 'basic' model.

About ASER 2018 Survey

- The report covers three major aspects of status of education
 - **School enrollment and attendance** among children aged 3-16 years.
 - **Basic reading and math abilities** among children aged 5-16 years.
 - **School infrastructure with sports infrastructure**

Key Findings of the Report

Positive Takeaways

- **Increased school Enrollment:** now crossed 97% with the proportion of children in this age segment who are out of school falling below 3% for the first time.
- **Decrease in girls out of School:** In 2018, all India proportion of girls in the age group 11 to 14 who were out of school has fallen to 4.1% and in the age group 15 to 16 has decreased to 13.5%.
- **Stable Private School enrollment:** The proportion of children (age 6-14) enrolled in private school is almost unchanged at 30.9% in 2018 which indicated overall trust in public schooling.
- **Improvement in school infrastructure:**
 - Percentage of **schools with girls' toilet** reached 66.4% in 2018 compared to 48% in 2010.
 - Proportion of **schools with boundary walls** increased from 51% in 2010 to 64.4% in 2018.
 - In 2018, every 8 out of 10 schools had a **playground** available for students either within the school premises or nearby.
- **The Early Childhood (0-8 yrs) Education:** At age 3, two-thirds of children were enrolled in some form of preschool. Enrollment patterns only stabilize at age 8 when over 90% of children are enrolled in primary school.

Areas of Concern

- **Marginal Improvement in Reading Abilities:** 50.3% students in Class V can read texts meant for students three levels below showing a meager 2.2 percentage point growth.
 - About 73% students of Class VIII can read Class II text, which is unchanged since 2016.
- **No Improvement in Mathematical Ability:** All India figure for children in class 3 who are able to do at least subtraction has not changed much, from 27.6% in 2016 to 28.1% in 2018. For government school children, this figure was 20.3% in 2016 and 20.9% in 2018.

- **Gender-gap in mathematical ability:** The Proportion of girls who can read atleast a Std II text is very similar to that of boys at 77%, although girls outperform boys in many states. But in basic arithmetic, boys seem to hold a substantial advantage.

Difference between ASER and NAS (National Achievement Survey)

ASER Survey	NAS Survey
It is a household survey conducted since 2005	It is a school-based survey
One-on-one oral assessments	It is a pen-paper test
Aimed at representative sample of all children (whether in school or out of school)	It takes into account the children enrolled in government schools
It focuses on foundational skills such as reading and math	It looks at wider variety of skills
It is limited to rural areas of the country	It is conducted throughout the country in both rural and urban areas
It is a citizen-led survey	It is conducted by NCERT under Ministry of Human Resource Development

Impact of ASER on education policy in India

- **Focus on Learning Outcomes:** In 2008, after three successive years of ASER, the Sarva Shiksha Abhiyan (SSA) guidelines for the district Annual Work Plan and Budget (AWP&B) were amended to include 'learning enhancement programmes' as a line item for which funds could be budgeted. Previously, line items had focused on school infrastructure and inputs.
 - Also, during the last few years learning assessments have become very much part of the education system in India, with NCERT's National Achievement Surveys (NAS) and state Learning Assessment Surveys (SLAS) reflecting this new focus.
- **Primary Referral Point:** Since 2009, ASER findings have been highlighted every year in the Economic Survey of India, cited in the XII Five Year Plan and more recently in the draft New Education Policy.
- **Codifying Learning Assessment:** At The 64th Meeting of the Central Advisory Board of Education (CABE) one of the agreements reached was that learning outcomes should be codified and be made a part of rules of Right to Education Act (RTE).
- **International Impact:** The 'citizen-led assessment' (CLA) model, as it has come to be known, is currently implemented in 13 countries across 3 continents.

Way forward

- **Gearing the system towards learning outcomes:**
 - There is a need to **rationalize public school structure**. School integration or clubbing of small schools with low enrolment, along with improved transport facilities for sparsely populated regions would result in both higher quality and savings of human, financial and infrastructure resources.
 - We need to move from **Right to Education to Right to Learning**. States should codify learning outcomes for each class.
 - A mechanism **for individualized tracking of learning outcomes of students** should be put in place through National Educational Registry to increase survival rates and prevent dropouts. It would also help to focus better on children from socially deprived groups / disabled sections
 - **Remediation process** (e.g. bridge programmes) should be run concurrently with the regular classes, so that no child is left behind.
 - Emphasis should be put on **Continuous & Comprehensive Evaluation (CCE)** to achieve defined learning outcomes.
- **Revamped governance system to improve monitoring and accountability:** The regulations on teacher qualifications, teacher absenteeism and learning outcomes must be effectively enforced. Learning outcomes must be regularly assessed by independent bodies.
- **Teacher Training:** Improving the quality of teaching is an integral aspect of improvement in school education.
- **Flexibility in education stream and vocational education:**
 - **Credit based examination system** (credits for each subject & minimum number of credits to be eligible for a grade's final exam) should be introduced to facilitate better tracking of learning outcomes.

- Developing **separate tracks** ('regular' vs 'advanced', with varying levels of difficulty & subjects' choice) would better cater to students' interests and aid them in deciding future orientation (vocation vs higher education)
- Design guidelines for states to **implement vocational education** at the school level, through field visits/guest lectures, workshops, informal apprenticeships etc.
- **Curriculum/syllabus:** It should be designed on a **skill/competency-based** continuum & should include **practical learning**. E.g. developing school readiness at pre-primary level, multi-level learning at primary level, and smooth transition to vocational learning.

Recent Initiatives in School Education Sector

- **Samagra Shiksha:** A comprehensive programme subsuming Sarva Shiksha Abhiyan (SSA), Rashtriya Madhyamik Shiksha Abhiyan (RMSA) and Teacher Education (TE). For first time, it also includes provisions for support at pre-school level, library grants and grants for sports and physical equipment. The vision of the Scheme is to ensure inclusive and equitable quality education from pre-school to senior secondary stage in accordance with the Sustainable Development Goal (SDG) for Education (SDG-4).
- **Swayam** platform offers 10 courses of Diploma in Elementary Education (D.El.Ed) and more than 13 lakh unqualified teachers have enrolled for this diploma.
- **UDISE+**, an updated online real time version of UDISE (Unified District Information on School Education) has been launched with three additional features – GIS mapping, data verification through third-party mobile application and data analytics.
- **PGI**, Ministry of Human Resource Development has launched a 70-point Performance Grading Index (PGI) to assess areas of deficiency in each state's school education system so that targeted interventions can be made at every level from pedagogy to teacher training.
- **ICT driven initiatives:** Shaala Sidhi (to enable all schools to self-evaluate their performance), e-Pathshala (providing digital resources such as textbooks, audio, video, periodicals etc.) and Saransh (an initiative of CBSE for schools to conduct self-review exercises).

8.3. HIGHER EDUCATION IN INDIA

Why in news?

The government has recently launched the Education Quality Upgradation and Inclusion Programme (EQUIP) to improve the quality and accessibility of higher education.

Education Quality Upgradation and Inclusion Programme (EQUIP)

This is a five-year vision plan to improve the quality and accessibility of higher education over the next five years (2019-2024).

- It is meant to bridge the gap between **policy and implementation** by streamlining the 10 Focus Areas.
- **Objectives:**
 - Double the Gross Enrolment Ratio (GER) in higher education and resolve the geographically and socially skewed access to higher education institutions in India
 - Position at least 50 Indian institutions among the top-1000 global universities
 - Introduce governance reforms in higher education for well-administered campuses
 - Accreditation of all institutions as an assurance of quality
 - Promote Research & Innovation ecosystems for positioning India in the Top-3 countries in the world in matters of knowledge creation
 - Double the employability of the students passing out of higher education
 - Harness education technology for expanding the reach and improving pedagogy
 - Promote India as a global study destination
 - Achieve a quantum increase in investment in higher education

10 Focus Areas of EQUIP

- Strategies for expanding access
- Towards global best teaching/learning process
- Promoting Excellence
- Governance reforms
- Assessment, Accreditation & Ranking systems
- Promotion of research & innovation
- Using Technology for better reach
- Employability & entrepreneurship
- Internationalisation
- Financing higher education

Challenges currently facing India's higher education system

- **Fragmentation of the higher education system:**
 - Over 40% of all colleges run only a single programme, far from the multidisciplinary style of higher education that will be required in the 21st century. Over 20% of colleges have enrolment below 100, while only 4% of colleges have enrolment over 3000.

- This fragmentation of the system leads directly to **severe suboptimality on various fronts**: resource utilisation, the range and number of programmes and disciplines, the range and number of faculty, and the ability to carry out high-quality multidisciplinary research.
- **Too many silos; too much early specialisation and streaming of students into disciplines**: India's higher education has developed **rigid boundaries of disciplines and fields**, along with a narrow view of what constitutes education. E.g. students in engineering are generally not encouraged or even allowed to take courses outside of their single programmes (e.g. in the arts, humanities, social sciences, or even in the pure sciences), thereby producing thousands of students with identical educations.
- **Lack of teacher and institutional autonomy**: The lack of teacher autonomy has led to a **severe lack of faculty motivation and scope for innovation**. In particular, the system of affiliated colleges which are required to follow a central syllabus, curriculum, pedagogy, and textbook makes it very difficult to provide teachers with such autonomy.
 - Against the popular understanding of 'autonomy' to mean 'reduction of public funding', '**Autonomy must mean** the freedom to innovate, to compete, to cooperate, to govern more locally, to optimise resources given one's direct local knowledge of circumstances and opportunities, to break silos, and to excel.
- **Inadequate mechanisms for career management and progression of faculty and institutional leaders**: The system of selection, tenure, promotion, salary increases, and other recognition and vertical mobility of faculty and institutional leaders is not based on merit but tends to be either seniority based or arbitrary. This has had the negative effect of severely disincentivising quality and innovation at all levels.
- **Lack of research at most universities and colleges**: This is **problematic on two fronts**.
 - First, so many members of the academic community of the country not conducting (and not incentivised to conduct) scholarly research is an enormous lost opportunity for research and innovation in the country.
 - Secondly, on the education side, it is difficult to have outstanding higher education and teaching in an environment where knowledge creation is not taking place; thus, keeping the innovation out of the agenda.
- **Suboptimal governance and leadership of higher education institutions**: Governance and leadership of HEIs are, at the current time, deeply influenced and controlled by external bodies and individuals. Often these external influences have vested political and/or commercial interests in the HEIs.
- **A regulatory system allowing fake colleges to thrive while constraining excellent, innovative institutions**: It has been the key contributor to the diffused sense of autonomy and accountability in the system. The mechanistic and disempowering regulatory system has been rife with basic problems, such as a concentration of power within a few bodies, conflicts of interest among these bodies, and a resulting lack of accountability.

Important observations regarding Higher Education in India

- **India's expenditure on higher education as a percentage of its total budget** has remained largely stagnant, hovering around an average 1.47% over 12 years to 2018-19.
- **Funding for universities is also inconsistent with demand**. Among public universities, around 97% of students study in state universities, but 57.5% of the government's higher education budget goes to central universities and premier institutes like IITs and IIMs.
- **Research and Development (R&D) Spending**: In 2000, India and China spent almost the same percentage of their GDP on R&D- India spent 0.77% of its GDP and China 0.89%. Since then, however, China has been steadily increasing its expenditure, spending 2.11% in 2016. India has stayed in the range of 0.73%-0.87%; less than one-third of the United States (2.74%) and Europe (1.85%).
- **Indian universities have consistently ranked low in global university rankings**. Not a single Indian university has ranked in the top 200, as per the Times Higher Education World University Rankings 2019 and only five institutes made it to the top 500. These rankings are mainly based on the number of teachers, quality of teaching, amount of research and the quality of the research.

Other steps taken by government

- **"Revitalising Infrastructure and Systems in Education (RISE) by 2022"**: Its objectives include:
 - Qualitatively upgrade the research and academic infrastructure in India to global best standards by 2022.
 - Make India into an education hub by making available high-quality research infrastructure in Indian higher educational institutions.
 - To allow access of HEFA funding to institutions like Central Universities, AIIMS, IISERs and newly created Institutes of National Importance, without creating any additional burden to the students.

- To bring greater accountability and speed in execution of infrastructure projects and avoid all cost/time over-runs, moving from the block-grant mode to project-mode for all infrastructure projects.
- To cater to the requirements of the Kendriya Vidyalayas and Navodaya Vidyalayas, and medical institutions like AIIMSs in a faster time frame.
- **Higher Education Financing Agency (HEFA)** has been tasked to mobilise Rs. 1,00,000 crores for this initiative. As per this initiative, the **scope of institutions to be funded through HEFA has been enlarged** to encompass School Education and Medical Education institutions, apart from Higher Education.
- **UGC's Learning Outcome-based Curriculum Framework (LOCF)**
 - LOCF guidelines, issued by UGC in 2018, aims to **specify what graduates are expected to know, understand and be able to do at the end of their programme of study**. This is to make student active learner and teacher a good facilitator.
 - The outcomes will be determined in terms of **skills, knowledge, understanding, employability, graduate attributes, attitudes, values, etc.**, gained by students upon the completion of the course.
 - This is to be done within framework of **Choice Based Credit System (CBCS), introduced in 2015**.
- **Graded Autonomy to Universities & Colleges: 3-tiered graded autonomy** regulatory system has been initiated, with the categorization based on accreditation scores. Category I and Category II universities will have significant autonomy to conduct examinations, prescribe evaluation systems and even announce results.
- **Global Initiative for Academics Network (GIAN):** The programme seeks to invite distinguished academicians, entrepreneurs, scientists, experts from premier institutions from across the world, to teach in the higher educational institutions in India.
- **All India Survey on Higher Education (AISHE):** The main objectives of the survey are to- identify & capture all the institutions of higher learning in the country; and collect the data from all the higher education institutions on various aspects of higher education.
- **National Institutional Rankings Framework** was developed in 2015. The rankings are **published annually since 2016**.
 - It outlines a methodology to rank educational institutions across the country based on **five** broad parameters:
 - ✓ Teaching, learning and resources;
 - ✓ Research and professional practice;
 - ✓ Graduation outcomes;
 - ✓ Outreach and inclusivity; and
 - ✓ Perception.

Way Forward

- **Regulatory and governance reforms:**
 - Restructure or merge different higher education regulators (UGC, AICTE, NCTE etc.) to ensure effective coordination.
 - Amend UGC Act to give legislative backing to regulatory structure.
 - Allow foreign institutions to operate joint degree programmes with Indian institutions.
 - Link University grants to performance.
 - Select Vice-Chancellors of universities through a transparent & objective process.
- **Curriculum Design:**
 - Set minimum standards in curriculum to serve as benchmark for institutions at the undergraduate and post-graduate levels. Update curriculum & pedagogy with feedback from domain experts, faculty, students, industry, and alumni.
 - Integrate seamlessly skills/vocational training with higher education.
 - Encourage internships by students in undergraduate courses and make it mandatory in professional courses to give practical orientation to higher education.
- **Accreditation Framework:** All higher education institutions must be accredited compulsorily & regularly, by agencies, empanelled through a transparent, high quality process. Public information material brought out by these institutions must prominently display the accreditation status and grade.
- **Creating 'world class universities':** 20 universities – 10 each from the public and private sector – are being selected as '**Institutions of Eminence**', to help them attain world-class standards of teaching and research. A **graded mechanism** to ensure additional funds flow to top public universities should be developed, as in China & Singapore.

- **Performance-linked funding and incentives:** All central universities should develop strategic plans for getting into the top 500 of global universities rankings in the next 10 years. Funding to these institutions should be linked to performance and outcomes through the MHRD and newly constituted Higher Education Funding Agency.
- **Development of teacher resources:**
 - Set minimum eligibility criterion for faculty recruitment (such as UGC-NET) to ensure recruitment of candidates with academic/research aptitude.
 - Attract teachers of Indian origin and recruit practitioners with experience in industry as faculty, with adequate incentives.
 - Introduce a continuous faculty training (pre/in-service) with exposure to latest tools and techniques
 - Introduce a system of outcome-based faculty evaluation in higher education must be introduced. Check regularly the quality of journals, especially those that are used for evaluating faculty on academic performance indicators (APIs) to uphold quality of research
- **Distance and online education:** Broaden the scope of Massive Open Online Course (MOOCs) and Open and Distance Learning (ODL) to provide access to quality education beyond geographical boundaries.

8.4. MIGRATION, DISPLACEMENT AND EDUCATION

Why in News?

UNESCO has released **Global Education Monitoring Report 2019** titled “**Migration, Displacement and Education: Building Bridges, Not Walls**” which discusses impact of migration on education.

Current scenario

- India is home to some of the world’s **largest internal population movements** alongside China.
- **Children of seasonal workers** are often **denied their right to education**. About 80% of temporary migrant children in seven Indian cities lacked access to education near work sites.
- Among youth aged 15 to 19 who have grown up in a rural household with a seasonal migrant, 28% identified as illiterate or had an incomplete primary education.
- In the period between 2001 and 2011, **inter-state migration rates doubled in India** and an estimated **9 million migrated between States** annually from 2011 to 2016.

	Effects of Migration/Displacement on Education	Effects of Education on Migration/Displacement
 Migrants	<ul style="list-style-type: none"> ▶ Migration leads to education provision challenges in slums. ▶ Education systems need to adjust to the needs of populations moving in seasonal or circular patterns. 	<ul style="list-style-type: none"> ▶ The more educated are more likely to migrate.
 Left behind	<ul style="list-style-type: none"> ▶ Migration depopulates rural areas and challenges education provision ▶ Remittances affect education in origin communities. ▶ Parent absence affects children left behind. ▶ Emigration prospects disincentivize investment in education. ▶ New programmes prepare aspiring migrants. 	<ul style="list-style-type: none"> ▶ Emigration of the educated has consequences for development of affected areas, e.g. through brain drain.
 Immigrants and refugees	<ul style="list-style-type: none"> ▶ Educational attainment and achievement of immigrants and their children usually lag behind natives. ▶ Refugees need to be included in national education systems. ▶ Refugees’ right to education needs to be ensured. 	<ul style="list-style-type: none"> ▶ Migrants tend to be overqualified, their skill not fully recognized or utilized, and their livelihoods altered. ▶ Internationalization of tertiary education prompts student mobility.
 Natives	<ul style="list-style-type: none"> ▶ Diversity in classrooms requires better-prepared teachers, targeted programmes to support new arrivals and prevent segregation, and disaggregated data. 	<ul style="list-style-type: none"> ▶ Formal and non-formal education can build resilient societies and reduce prejudices and discrimination.

Government initiatives for welfare of migrant children

- **The Right to Education Act in 2009** made it mandatory for local authorities to admit migrant children.
- **National-level guidelines** were issued, allowing for flexible admission of children, providing transport and volunteers to support with mobile education, create seasonal hostels and aiming to improve coordination between sending and receiving districts and states.

- **Gujarat** introduced **seasonal boarding schools** to provide migrant children with education and collaborated with non-government organizations (NGOs) to begin online tracking of the children on the move.
- **Tamil Nadu provides textbooks** in other languages to migrant children.
- **Odisha** assumed responsibility of **seasonal hostels** run by NGOs and works with Andhra Pradesh to improve migrant well-being.

Challenges

- Most interventions are focused on **keeping children in home communities** instead of actively addressing the challenges faced by those who are already on the move.
- The report sees the **growth of slums and informal settlements** where schools are often scarce — due to migration as a challenge.
 - “18% of the students displaced by a riverfront project in Ahmedabad dropped out and an additional 11% had lower attendance.
- There is **only one urban planner for every 1,00,000 people in India**, while there are 38 for every 1,00,000 in the United Kingdom.
- The degree and evolution of **refugee inclusion in national education** vary across displacement contexts, affected by geography, history, resources and capacity.

Conclusion

Migration and displacement require education systems to accommodate the needs of those who move and those left behind. Countries need to **recognize migrants’ and refugees’ right to education in law** and fulfil this right in practice. They need to **tailor education for those cramming into slums, living nomadically or awaiting refugee status**. Education systems need to be **inclusive** and fulfil the commitment to equity. **Teachers need to be prepared to deal with diversity** and the traumas associated with migration and, especially, displacement.

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9. MISCELLANEOUS

9.1. SWACHH BHARAT MISSION

Why in news?

Swachh Bharat Mission (SBM) will be completing five years later this year on 2nd October, 2019.

Objectives of SBM

- Making India Open Defecation Free (ODF) by October 2, 2019.
- Carrying out extensive information, education and communication (IEC) and behaviour change campaigns to change the attitude of people regarding healthy sanitation practices.
- Ensuring scientific solid and liquid waste management.
- Augmenting the capacity of local bodies.
- Creating an enabling environment for private sector participation.
- Eradicating manual scavenging.

Multi-faceted approach of SBM

- **Community participation:** Ensuring appropriate participation of the beneficiary/communities, financially or otherwise, in the setting up of the toilets to promote ownership and sustained use.
- **Flexibility in Choice:** An illustrative list of technology options, with cost implications is provided to meet the user preferences and location specific needs.
- **Capacity Building:** SBM augments the institutional capacity of districts to change behaviour at the grassroots level and strengthen the capacities of implementing agencies to measure the outcome.
- **Instill Behaviour change:** It incentivises State-level institutions to implement activities for behavioural change among communities such as awareness generation, triggering mind-set changes, leading to community behaviour change and demand generation for sanitary facilities in houses, schools, anganwadis, places of community congregation and for solid and liquid waste management activities.
- **Broad-based Engagement:** SBM set up the **Swachh Bharat Kosh** to encourage Corporate Social Responsibility and accept contributions from private organizations, individuals and philanthropists.
- **Use of Technology such as social media and mobile apps** allows citizens to keep a check on the availability of toilets for every rural household in India. **Nearly 90% of all SBM toilets have already been geo-tagged.**

Current Situation

The Swachh Bharat Mission (SBM) was launched on October 2, 2014, to make India open defecation free by 2019.	
Swachh Bharat Mission (Gramin) under Ministry of Drinking Water and Sanitation (MDWS)	<ul style="list-style-type: none"> • Only 39% of households had access to toilets before the launch of the Mission • 6.95 crore individual household toilets (IHHT) constructed • Sanitation coverage increased to 81% in rural India by March 2018. • ODF Status- 3.50 lakh villages, 371 districts and 13 states and 3 union territories
Swachh Bharat Mission (Urban) under the Ministry of Housing and Urban Affairs (MoHUA)	<ul style="list-style-type: none"> • Targets of 66.42 lakh IHHT and 5.08 lakh community/public toilets • 47.04 lakh IHHT and 3.18 lakh seats of community/public toilets constructed • 100% door-to-door collection of solid waste has been achieved in 62,436 out of 84,049 wards • 2,648 cities have declared themselves ODF. • Waste to-energy production- 88.4 MW; new plants under construction- 415 MW
Ministry of Drinking Water and Sanitation (MDWS) is the nodal ministry for SBM	

Constraints

The constraints faced by the mission are **largely related to implementation challenges** in meeting the 2019 targets. Some of these are as follows:

- Lack of **availability of space** for construction of household toilets in slum areas.
- Issues regarding the **operation and maintenance** of community toilets.
- **Non-availability of water**, insufficient number of dustbins, particularly in urban and peri-urban areas
- Non-segregation of waste, inadequate infrastructure for collection, transportation and processing of segregated waste, decentralized treatment of waste, lack of on-site treatment of waste by bulk generators, discharge of untreated effluent into rivers.
- Sustaining the change in behaviour patterns among people.

- Lack of credit from financial institutions for solid and liquid waste management (**S & LWM**) projects, and continued unwillingness of urban local bodies (ULBs) to levy user charges
- Tackling the problem of lagging states – of the 1.56 crore household toilets yet to be constructed in rural areas, 0.90 crore are to be constructed in two states, namely Uttar Pradesh and Bihar.

Significance of SBM

- **Driver for eliminating the gender disparity** through the construction of gender-specific latrines in public areas such as schools, roads and parks. This **public movement** will have indirect positive impact on society by **increasing the enrolment ratio of girls** in schools and improving health standards.
- The Mission has brought **one of the largest behavioural changes** in its citizenry. The mission mirrors the **National Developmental priorities** by focusing on the gender equality and women empowerment.
- It is also **aligned with the 2030 global sustainable development agenda and SDGs** especially the **SDG 6.2** – “By 2030, achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations”.

Impact of SBM

- **The Sanitation Health Impact Assessment study** was conducted by Ministry of Drinking Water and Sanitation (MoDWS), to understand the impact of ODF status on the key child health and nutritional indicators in five states- Karnataka, Madhya Pradesh, Rajasthan, Uttar Pradesh and West Bengal.
 - Becoming ODF had a **positive impact** on the child health and nutrition.
- Another study, “**Swachh Bharat Mission – Preliminary estimations of potential health impacts from increased sanitation coverage**” was conducted by World Health Organization (WHO) to estimate health gains based on the latest available evidence linking sanitation and mortality from diarrhoeal disease.
 - Since the start of the SBM, mortality from unsafe sanitation is **declined** to about 50,000 deaths in 2017-2018.
- A **recent study conducted by UNICEF on behalf of MoDWS** assessed the economic impacts (benefits) of SBM.
 - On an average, **every household in an ODF village saved about ₹50,000 per year** on account of financial savings due to lower likelihood of disease.
 - **Financial savings from a household toilet** exceed the financial costs to the household by 1.7 times, on average and 2.4 times for poorest households.
- In terms of the **impact of SBM on the physical environment**, a recent **study by UNICEF**, in association with MoDWS indicates, **in terms of faecal contamination, ODF villages** were, on average **less likely** to have their groundwater sources, soil, food and household drinking water contaminated.

Way Forward

Expanding the scope of SBM

- Integrate the concept of Swachhata into hospitals, government offices and other public establishments. The scope of SBM may be expanded to cover initiatives for landfills and plastic waste.
- Bulk generators of waste should ensure on-site treatment of waste.
- All drains/tributaries flowing to rivers should be covered with sewage treatment plants by 2022-23.
- Give higher monetary compensation and social security to rag pickers and small sanitation workers for segregating waste. This will help waste-to-energy plants as well as projects related to dry waste management and help reduce the burden on landfills.

Inducing behavioural change

- Plan intensive behaviour change communication (BCC) and inter-personal communication (IPC) campaigns beyond the SBM target year of 2019. Target slow progressing panchayats and cities.
- **Teach them young** – Children should be made aware of sustainable waste management practices through suitable changes in the school syllabus; engage college campuses and teachers to spread awareness of these practices.
- Promote disposal of kitchen and home waste at the local level through resident welfare associations. A decentralized system of disposal of waste needs to be in place, especially in urban areas.

Expediting construction and leveraging technology

- Use of bio-digester technology to reduce the cost and time incurred on sewage pipelines and STPs.

- Adopt the wider use of **twin-pit toilets**. It is a low-cost technology that decomposes waste into bio-fertilizer. Promote the use of **modular wet waste disposal machines** for disposal of bio-waste at the household level itself.
- The cement and construction sectors should be encouraged to consume recycled construction and demolition (**C&D**) **waste**. Similarly, the fertilizer sector should procure organic compost.

Changing governance and practices

- Expenditure on bio-toilets/bio-digesters may be considered for **concession from the goods and services tax (GST)** to encourage large-scale adoption. **S & LWM projects should be covered under priority sector lending**.
- Draft and implement a 5-year action plan to integrate SBM and faecal sludge management at the ward level.
- Waste-to-energy generators should have tripartite agreements with the concerned municipal body and electricity distributing company to generate revenue.
- ULBs should levy adequate user charges for collection and disposal of waste and maintenance of toilets.
- Continue the monitoring and undertake corrective measures to maintain the ODF status of villages and cities.

Related News – SBM-U

ODF+ and ODF++ protocols were released by the Ministry of Housing and Urban Affairs. These are the next step for the SBM-U and aim to ensure sustainability in sanitation outcomes.

- The original **ODF protocol**, issued in March 2016, said, “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. With 18 states / UTs and 3,223 cities declared ODF. The ODF+ and ODF++ protocols are the next step for the SBM-U and aim to ensure sustainability in sanitation outcomes.
- **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.”
- **The ODF++ protocol** adds the condition that “**faecal sludge/septage and sewage 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.”

Thus, the SBM ODF+ protocol focuses on sustaining community/ public toilet usage by ensuring their functionality, cleanliness and maintenance while SBM ODF++ will focus on achieving sanitation sustainability by addressing complete sanitation value chain, including safe containment, processing and disposal of faecal sludge and septage.

9.2. DRUG ABUSE IN INDIA

Why in news?

Recently Ministry of Social Justice and Empowerment unveiled **National Action Plan for Drug Demand Reduction (NAPDDR)**.

Why drug abuse is such a major problem for India?

- **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**”. Within India the worst affected regions are North East India (especially Manipur) and North West India (especially Punjab).
- **Changing cultural values, increasing economic stress, and dwindling supportive bonds** are leading to initiation into substance use. According to a UN report, 1 million heroin addicts are registered in India, and unofficially, there are as many as 5 million.
- **Education level has been found to have an impact on the risk of drug or alcohol abuse e.g.** a National Survey by the Ministry of Social Justice and Empowerment (2002) found that 29% of the drug abusers were illiterates and a significant number of them came from lower strata.
- **Weak law enforcement and regulatory controls**
 - **Implementation of laws** such as Narcotic Drugs and Psychotropic Substances Act, 1985 by the states has been tardy.
 - Often, the **officers are also not adequately trained** or equipped to undertake drug law enforcement.
 - Many times, **licitly produced opium for Pharmaceutical sector is diverted** to illicit channels in India.

Golden Triangle

- It is the region between the borders of Myanmar, Laos, and Thailand.

Golden Crescent

- It is the second major area of illicit opium production in Asia spanning across three nations; Afghanistan, Iran, and Pakistan.
- It is located at the crossroads of Central, South and Western Asia.

Impact of Drug Abuse

- **Security Challenges**
 - With a turnover of around \$500 billion, it is **the third largest business in the world**, next to petroleum and arms trade. Its illegal nature makes it **prone to money-laundering**.
 - Drugs may **increase the likelihood of occurrence of other non-drug crimes** such as the illegal use of guns and various other forms of violence.
- **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. **The damage to the physical, psychological, moral, and intellectual growth of the youth is very high.**
- **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:** From high-risk groups the virus is now spreading to the “general” population through sexual transmission.

Way forward

- **Role of State**
 - There should be **credible baseline surveys and impact assessment studies** on the efficacy of state legislation, acts and programmes.
 - There is a need for **strict monitoring of drugs** production by the local enforcement agencies as well as by establishment of Standard Operating Procedure and a formal mechanism for coordinating and sharing information between different countries.
 - Strong **intelligence networks and development of websites/portals** carrying information on transnational movement of drugs in the region.
- **Role of different stakeholders:** Awareness needs to be created by various stakeholders like NGOs community leaders, religious leaders, health workers, etc.

Constitutional and Legal Framework for Drugs Control

- **Article 47** of the Constitution directs the State shall to raise the level of nutrition and the standard of living of its people and to improve public health. It asks for **prohibition of the consumption drinks and drugs which are injurious to health.**
- **United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances**
 - It provides **comprehensive measures against drug trafficking, including provisions against money laundering.**
 - It provides for **international cooperation** through, for example, extradition of drug traffickers, controlled deliveries and transfer of proceedings.
- **The Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS Act)**
 - Essentially, the Act deals with **supply reduction activities**. It prohibits a person to produce/manufacture/cultivate, possess, sell, purchase, transport, store, and/or consume any narcotic drug or psychotropic substance.
 - Certain **provisions for health care for drug dependent individuals also exist**. It authorizes Central Government to take necessary measures for identification, treatment, aftercare, rehabilitation of addicts and preventive education.
 - It gives the Central Government the power to establish, maintain and regulate **treatment centres**.
 - It permits **supply of “drugs” to registered addicts** and use of these substances for medicinal and scientific purposes.
 - There is **no provision for compulsory** treatment of addicts under this Act.
 - As a follow up to the act, **Narcotics Control Bureau (NCB)** was constituted and empowered to coordinate all activities for administration and enforcement of the Act.

About NAPDDR

- **Objectives:** It aims to employ a **multi-pronged strategy** such as
 - Preventive Education, awareness generation, counseling, de-addiction, treatment and rehabilitation of affected individuals and their families.
 - Training and capacity-building of service providers through collaborative efforts of the Centre, state and NGOs.
- **Administrative Mechanism**
 - **Coordination with implementing agencies** for controlling sale of sedatives, painkillers and muscle relaxant drugs, and checking online sale of drugs by stringent monitoring by cyber cell.
 - **multi ministerial steering committee** with representatives from Ministries of Social Justice, Health, Home Affairs, Human Resource Development and skill.
- **Initiatives to be taken**
 - **Holding awareness generation programmes** at educational institutes, workplaces and for police functionaries, etc.
 - **Increasing community participation and public cooperation** in the reduction of demand by involving local bodies and other local groups like Mahila Mandals, self-help groups etc. is also planned.
 - **Modules for re-treatment, ongoing treatment and post-treatment** of addicts of different categories and age groups and database on substance use.

- **Infrastructure Development:** Deaddiction centre and rehabilitation centres should be increased for the addicts. Existing general hospitals should be strengthened to provide treatment. Regular training and capacity building should be improved.
- Drug and alcohol dependence should have a separate visibility in the **National Health Policy**.

9.3. PATERNITY LEAVE

Why in News?

As per the recent DoPT notification, male personnel in the central government who are single parents to dependent children can now avail of child care leave (CCL) of a total 730 days during their entire period of service, a provision that till now applied only to women employees.

More on News

- **Child Care Leave** was introduced by the **6th Pay Commission**. Since then rules pertaining to CCL have been changed depending on need. Initially it applied only to women employees.
- Current move comes after the recommendation of the **7th Pay Commission**. A single male government employee has been defined as “**an unmarried or widower or divorcee government servant**”.
- During the period of child care leave, a female Government servant and a single male Government servant shall be paid **100% of the salary for the first 365 days**, and at **80% of the salary for the next 365 days**.
- Child care leave may not be granted for a period **less than five days at a time**.
- It shall **not ordinarily be granted during the probation period** except in case of certain extreme situations where the leave sanctioning authority is satisfied about the need of child care leave to the probationer, provided that the period for which such leave is sanctioned is minimal.
- It shall **not be granted for more than three spells** in a calendar year.

Paternity Leave in India

- **In Government Sector:** The Central Government in 1999, by notification under **Central Civil Services (Leave) Rule 551 (A)** made provisions for paternity leave –
 - for a male Central Government employee (including an apprentice and probationer)
 - with less than two surviving children
 - for a period of 15 days to take care of his wife and new born child.
- **In private sector:** There isn't any such law that mandates private sectors to provide the paternity leaves to its employees. Therefore, paternity leave is open to interpretation by individual companies. Some of the major MNCs have already taken steps through their HR policies such as Microsoft (12 weeks), Infosys (5 days), Facebook (17 weeks), TCS (15 days).
- **Paternity Benefit Bill, 2017** was introduced in Lok Sabha in 2017 as a Private Member Bill:
 - **As opposed to** the Maternity Benefit Act which is only applicable to women in the formal sector, this Bill aims to extend the paternity benefit to both **formal and informal sector**, thus covering the entire **32 crore male workforce**.
 - The maximum period for which any man with less than two surviving children shall be entitled to paternity benefit shall be **fifteen days**.
 - It also talks about providing similar benefits to **adoptive fathers** and those who have had a child through surrogacy.
 - The government should constitute a **Parental Benefit Scheme Fund** in which all employees (irrespective of gender), employers and the Central government shall contribute in a pre-defined ratio.

Maternity Benefit (Amendment) Act, 2017

- It provides for full paid absence from work for a **period of 26 weeks (earlier 12 weeks)** to take care of the child.
- The Act is applicable to **all establishments employing 10 or more women**.
- To be eligible for maternity benefit, a woman must have been **working** as an employee in the establishment for a period of **at least 80 days in the past 12 months**.
- For women who are expecting **after having 2 children**, the duration of paid maternity leave shall be **12 weeks**.
- Maternity leave of **12 weeks** to be available to mothers adopting a **child below the age of three months** from the date of adoption as well as to the “**commissioning mothers**”.
- The Act makes it **mandatory** for employers to **educate women about the maternity benefits** available to them at the time of their appointment.

Benefits of Paternal Leave

- **Better Childcare:** It leads to improvements in prenatal & postnatal care, including decrease in infant mortality.
- **Employee Retention:** It will also lead to higher employee retention rate and higher job satisfaction.
- **Life-long positive impact:** Various studies have shown that when fathers are more hands-on with their parenting it can lead to improved cognitive and mental health outcomes for children.
- **Positive Impact on Women career:** When fathers take more paternity leave, mothers can increase their full-time work and it often leads to higher wages for women and has a positive impact on the female labor force.
- **Less burden on women:** When men increase their use of paternity leave, time studies show that the amount of household work fathers and mothers perform may become more gender-balanced over time.

Paternity Leave Policies around the World

- **Iceland:** Both the parents have an independent right to parental leave of three months and also have a joint right to three additional months, which may be either taken by one of the parents or equally divided between them.
- **Spain:** Fathers are entitled to 30 days paid leave at 100% of covered pay.
- **UNICEF** had the provision of four weeks paid paternity leaves to its male employees but now it has been extended to **sixteen weeks** across all its offices worldwide.

Issues in paternal leave

- **Loss of Productivity:** Frequent Leaves may disrupt work and affect productivity.
- **Lack of legal framework:** Just like there is Maternity Benefit Act in place for women to get adequate time off, there is need of legislation to ensure Fathers too can spend time with Child after birth. Parliament should consider the proposed National Paternity Benefit Bill, 2017.
- **Gender biased perceptions:** Recent order for single parent seems to be “against the spirit of equality” as it is “officially announcing that care giving of children is solely a woman’s responsibility and the men are supposed to do it only if there is no woman in the family”.

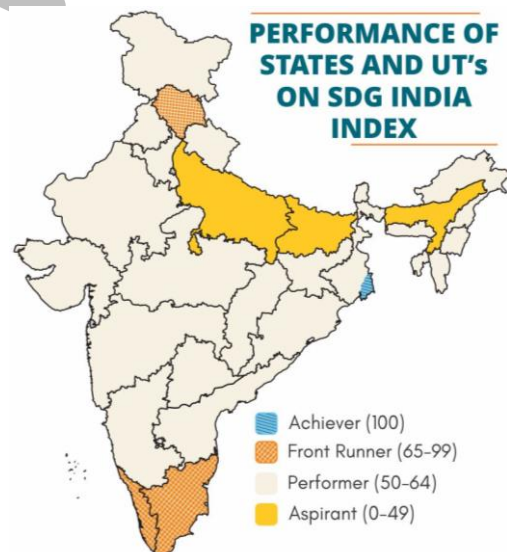
9.4. SUSTAINABLE DEVELOPMENT GOALS (SDG)

Why in news?

NITI Aayog recently came up with the SDG India Index- Baseline report 2018.

SDG India Index

- The SDG India Index **tracks progress of all States and UTs on 62 Priority Indicators selected by NITI Aayog**, which in turn is guided by MoSPI’s National Indicator Framework comprising 306 indicators and based on multiple-round consultations with Union Ministries/Departments and States/UTs.
- It measures their progress on the outcomes of the interventions and schemes of the Government of India.
- The SDG India Index is intended to provide a holistic view on the social, economic and environmental status of the country and its States and UTs.
- SDG India Index spans across 13 out of 17 SDGs (excluding Goals 12, 13, 14 and 17).
- A composite score has been computed between the range of 0-100 for each State and UT. If a State/UT achieves a score of 100, it signifies that it has achieved the 2030 national targets.
- Kerala and Himachal Pradesh are the top performers among states with a score of 69. Chandigarh leads the UTs with a score of 68.
- The index score range for states is 42-69 while for UTs it is 57-68.
- According to the SDG India Index, the nation as a whole has a score of 58, showing the country has reached a little beyond the halfway mark in meeting the sustainable development goals
- The Index can be useful to States/UTs in assessing their starting point on the SDGs in the following ways:
 - Support States/UTs to benchmark their progress against national targets and performance of their peers to understand reasons for differential performance and devise better strategies to achieve the SDGs by 2030.



- Support States/UTs to identify priority areas in which they need to invest and improve by enabling them to measure incremental progress.
- Highlight data gaps related across SDGs for India to develop its statistical systems at the national and State levels.

Sustainable Development Goals and India

Goal 1 End Poverty In All Its Forms Everywhere

HIGHLIGHTS	<ul style="list-style-type: none"> ★ Poverty Rate: Seven States and five UTs have already achieved the national target of reducing the poverty rates to below 10.95% by 2030. ★ Health Insurance Coverage: 28.7% of households in India have at least one member covered under a health insurance or health scheme. The national target is to cover 100 percent of the households in India by 2030. ★ Maternity Benefits: 36.4% of the eligible beneficiaries in India receive social protection benefits under the maternity benefits, as per NFHS-4. The country aims to achieve full coverage by 2030. ★ Homelessness: Almost ten in every ten thousand households in India are homeless. The target is to eliminate homelessness by 2030.
RELEVANT GOVT SCHEMES	<ul style="list-style-type: none"> ★ Anti Poverty & Employment Generation: MGNREGA and the National Rural Livelihood Mission, Deendayal Upadhyaya Grameen Kaushalya Yojana ★ Social Security Programs: National Social Assistance Programmes (NSAP) ★ Health Insurance Programme: Pradhan Mantri Jeevan Jyoti Beema Yojana (PMJJBY) and Pradhan Mantri Jeevan Suraksha Beema Yojana (PMJSBY), Ayushman Bharat.
LEADING STATES	<ul style="list-style-type: none"> ★ Goa- 5.09% poverty rate; Andaman & Nicobar- 1% poverty rate ★ No state has full health insurance coverage; Andhra Pradesh has highest 74.6% coverage. ★ No state/UT has achieved full coverage of maternity benefits. Odisha has the highest coverage in India with 72.6% of eligible beneficiaries receiving maternity benefits. ★ The UT of Lakshadweep Islands is the first in India to have achieved zero homelessness. Arunachal Pradesh is close with only 0.23 homeless household per 10,000 households.

Goal 2 Zero Hunger

HIGHLIGHTS	<ul style="list-style-type: none"> ★ Food Subsidy - Roughly one rural household is covered under the public distribution system (PDS) for every rural household where the monthly income of the highest earning member is less than Rs.5,000, as per Socio-Economic Caste Census, 2011. ★ Stunting - 38.4% of children under 5 years of age are categorized as stunted in India. The aim is to reduce this to 21.03 percent by 2030. ★ Anaemia Among Women - Almost half of pregnant women aged between 15 and 49 years are anaemic in India. This rate is much above the national target of 23.57% to be achieved by 2030. ★ Agricultural Productivity - India currently produces 2,509 kg of agricultural produce of rice, wheat and coarse grains from 1 Ha of land annually. India aims to double this by 2030 to 5,018kg/Ha.
RELEVANT GOVT SCHEMES	<ul style="list-style-type: none"> ★ National Nutrition Strategy ★ Antyodaya Anna Yojana (AAY) ★ Mid-day Meal scheme ★ National Mission on Agriculture Extension and Technology ★ National Food Security Mission ★ National Nutrition Mission and POSHAN Abhiyaan ★ Integrated Child Development Scheme (ICDS) ★ Pradhan Mantri Matru Vandana Yojana (PMMVY) ★ National Mission on Sustainable Agriculture ★ Pradhan Mantri Krishi Sinchayee Yojana (PMKSY)
LEADING STATES	<ul style="list-style-type: none"> ★ Manipur among the States and Delhi among the UTs have recorded best performance for food subsidy indicator at 1.36 and 1.29 respectively. ★ Only Kerala and Goa have achieved stunting target. No UT has achieved it. Andaman and Nicobar Islands have the lowest rate of stunting among the UTs at 23.3%. ★ Only Kerala has reduced rate anaemic women to below the national target, Sikkim is very near to achieving this target with current rate at 23.6%. Puducherry performed the best among UTs at 26%. ★ No State or UT in India has achieved the target of agricultural productivity as yet, the UT of Chandigarh is at 4,600kg/Ha, followed by Punjab with annual productivity of 4,297kg/Ha.



Goal 3 Good Health And Well Being

HIGHLIGHTS

- ★ **Maternal Mortality Ratio:** Maternal Mortality Ratio (MMR) in India stands at 130 per 1 lakh live births. The SDG target is to reduce the MMR to less than 70 per 1 lakh live births by 2030.
- ★ **Immunization Coverage In Children:** 62 percent of children aged 12-23 months are fully immunized. The national target is to increase this rate to 100%.
- ★ **Health Workforce:** There are roughly 221 government physicians, nurses and midwives per 1 lakh of population in India.

RELEVANT GOVT SCHEMES

- ★ National Health Mission (NHM)
- ★ Yojana (PMJAY)
- ★ Revised National Tuberculosis Control Programme (RNTCP)
- ★ Integrated Disease Surveillance Programme (IDSP)
- ★ National Programme for control of Blindness
- ★ AYUSHMAN BHARAT - Pradhan Mantri Jan Aarogya
- ★ Mission Indradhanush
- ★ National Leprosy Eradication Programme
- ★ National Mental Health Programme (NMHP)
- ★ National Programme for Prevention and control of cancer, diabetes, cardiovascular diseases and stroke (NPCDCS)

LEADING STATES

- ★ Kerala, Maharashtra and Tamil Nadu have achieved this target with MMR of 46, 61 and 66 per 1 lakh live births respectively.
- ★ Highest immunization coverage is observed in Punjab (89%) among the States and Puducherry (91%) among the UTs.
- ★ Kerala at about 762 health workers per 1Lakh population. Delhi is the best performing among the UTs with about 344 health workers per 1 lakh population.



GOAL 4 Quality Education

HIGHLIGHTS

- ★ **Enrolment Ratio:** The Adjusted Net Enrolment Ratio at Elementary and Secondary schools in India is 75.83%. National target is of 100% enrolment.
- ★ **Children out-of-school:** 2.97% of children in the age group 6-13 years are out-of-school in India. Seventeen States/UTs have achieved the national target of reducing this rate to 2%.
- ★ **Professionally qualified teachers:** 81.15% of school teachers in India are professionally qualified for their job. The national target for 2030 is to have all teachers to be professionally qualified.
- ★ **Pupil teacher ratio:** 70.43 % of elementary and secondary schools in India have achieved a Pupil Teacher Ratio of less than or equal to 30. The 2030 national target is to have 100 percent schools providing at least one teacher for 30 students.

RELEVANT GOVT SCHEMES

- ★ Samagra Shiksha has subsumed Sarva Shiksha Abhiyan (SSA), Rashtriya Madhyamik Shiksha Abhiyan (RMSA) and Teacher Education (TE).
- ★ Digital initiatives like Shala Kosh, Shagun, Shaala Saarthi
- ★

LEADING STATES

- ★ Tripura has the highest enrolment ratio of 94.72%, while Delhi leads the UTs with an enrolment ratio of 92.95%.
- ★ Himachal Pradesh and Puducherry perform the best among States and UTs in reducing the number of children out of school.
- ★ Delhi has already achieved 100% ratio of qualified teachers. Not far are Gujarat, Maharashtra and Puducherry.
- ★ UT of Lakshadweep Islands has already achieved the target of pupil teacher ratio.



GOAL 5 Gender Equality

HIGHLIGHTS

- ★ **Sex Ratio:** Sex Ratio at birth in India is 898 females per 1000 males. The national target is to achieve the natural sex ratio at birth of 954 females for 1000 males.
- ★ **Wage Gap:** Average wages and salaries of females is 70% of that of males for regular wage and salaried employees in the age group 15-59 years in India. The national goal is to achieve equal pay for men and women.
- ★ **Women in Leadership:** 8.7% of seats in the State Legislative Assemblies are held by women. The national target is to have 50% of the seats to be held by men and women each. No State/UT has achieved this target yet.

RELEVANT GOVT SCHEMES

- ★ Gender Budget Statement
- ★ Janani Suraksha Yojana
- ★ BetiBachaoBetiPadhao
- ★ Pradhan Mantri Ujjwala Yojana (PMUY)
- ★ Sukanya Samridhi Yojana
- ★ Financial assistance to women entrepreneurs under Mudra yojana

LEADING STATES

- ★ Chhattisgarh and Kerala have achieved sex ratio target with a sex ratio at birth of 963 and 959 respectively.
- ★ Only in Dadra and Nagar Haveli the female wage rate is higher than that of male and in Andaman and Nicobar islands the female wage rate is equal to that of male.
- ★ Amongst all the legislative assemblies in the country, the legislative assemblies of Rajasthan and West Bengal have the highest representation of women at 14% and 13.95% respectively.



GOAL 6 Clean Water and Sanitation

HIGHLIGHTS

- ★ **Safe and Adequate Drinking Water in rural areas:** national target is to provide safe and adequate drinking water to all, currently only 71.8% of the rural population in India has access to safe and adequate drinking water.
- ★ **Rural Household with Individual Toilets:** 82.72% of rural households had individual household toilets constructed as of March 2018. The target is to have 100% of the rural households with individual toilets.
- ★ **Open Defecation Free Districts:** Approximately 32% of districts in India have been verified to be open defecation free (ODF) as of March 2018. The target for the country is to have all districts to be ODF.
- ★ **Installed Sewage Treatment Capacity:** The installed sewage treatment capacity of urban India as a percent of sewage generated is 37.58%. The 2030 target is to take this ratio to 68.79%.
- ★ **Annual :** About 62% of the net available groundwater in India is withdrawn. The national upper limit is 70% so that the ground water is replenished at a normal rate.

RELEVANT GOVT SCHEMES

- ★ National Rural Drinking Water Programme (NRWDP)
- ★ National Water Quality Sub-Mission
- ★ NamamiGange Swachh Bharat Mission - Gramin

LEADING STATES

- ★ Goa, Gujarat and Madhya Pradesh are close to achieving universal coverage of safe drinking water in rural areas. Uttar Pradesh follows with coverage of about 98%.
- ★ Thirteen States and four UTs had achieved target of individual toilets till March 2018. Andhra Pradesh is the runner up with 99% coverage.
- ★ Seven States and three UTs have achieved the ODF target (they are verified to be ODF under the Swachh Bharat Mission).
- ★ Four States - Gujarat, Himachal Pradesh, Punjab and Sikkim, and the UT of Chandigarh have already achieved target for treatment capacity.
- ★ Haryana, Punjab, Rajasthan and Delhi need to improve groundwater withdrawal ratio which has far surpassed the maximum limit.



GOAL 7 Affordable and Clean Energy

HIGHLIGHTS

- ★ **Household Electrification:** India has shown strong intent and performance towards household electrification. India is soon set to achieve the target of providing access to electricity to every household in the country. By the end of October 2018, nearly 95% of households were electrified.
- ★ **Clean Cooking Fuel:** According to the National Family Health Survey-4, 2015-16, 43.8% of the Indian households use clean cooking fuels. There is a significant divide between rural and urban households, with only 24% of rural households using clean cooking fuels compared to 81% urban households.

RELEVANT GOVT SCHEMES	<ul style="list-style-type: none"> ★ Renewable Energy: Renewable energy sources are 17.51% of the total installed electricity generating capacity of India. Among the installed electricity sources of utilities, renewables grew at the highest rate during 2006-07 and 2015-16.
LEADING STATES	<ul style="list-style-type: none"> ★ National Solar Mission ★ Off-Grid and Decentralized Solar PV Applications Programme ★ Pradhan Mantri Sahaj Bijli HarGhar Yojana- Saubhagya ★ DeenDayal Upadhyaya Gram Jyoti Yojana ★ Six States along with the UT of Puducherry have achieved universal access to electricity. ★ Goa at 84.1% and Delhi at 97.7% are the best performing among States and UTs respectively. ★ Wind power has the highest share among all renewable power sources. Renewable sources constitute 100% of total installed generating capacity of electricity in three States and four UTs.



GOAL 8 Decent Work and Economic Growth

HIGHLIGHTS	<ul style="list-style-type: none"> ★ GDP Growth: The Annual growth rate of India's GDP per capita stands at 6.5%. The target is to take this rate to 10%. ★ Unemployment Rate: The average unemployment rate per 1000 persons stands at 63.5. The 2030 target is to reduce this figure to 14.83. ★ Bank Access: 99.99% households in the country have bank accounts. ★ ATM Coverage: 16.84 bank ATMs are available in the country per 1,00,000 population. The 2030 target is to take this figure to 50.95.
RELEVANT GOVT SCHEMES	<ul style="list-style-type: none"> ★ Prime Minister's Employment Generation Programme (PMEGP) ★ Skill India ★ Start-up India ★ Pradhan Mantri Jan Dhan Yojana
LEADING STATES	<ul style="list-style-type: none"> ★ 16 States and three UTs have annual per capita GDP growth rate more than the national average. Among the States and UTs, the best performance is shown by Jammu and Kashmir and Delhi respectively. ★ Gujarat has the least number of unemployed persons per 1000 (10/1000). Among the UTs, the best performance is shown by Daman and Diu (18/1000). ★ Only 9 States - Assam, Chhattisgarh, Jammu and Kashmir, Karnataka, Manipur, Mizoram, Nagaland, Odisha and Rajasthan fall short of 100% achievement on bank access indicator. ★ Goa is the best performing State with 65.42 ATMs available per one lakh of population. Among the UTs, Chandigarh leads with 45.23 ATMs for the same population.



GOAL 9 Industry, Innovation and Infrastructure

HIGHLIGHTS	<ul style="list-style-type: none"> ★ Road Connectivity: To ensure equitable spread of industrial growth, all regions, including each and every habitation in villages and small towns, must be connected by all-weather roads. At the national level, 47.38% of targeted habitations have been covered. ★ Internet Density and Mobile Tele-Density: India aims to achieve the target of providing at least one mobile connection and one internet connection per person by 2030. At the national level, mobile density is roughly 83 per 100 persons. Internet access is significantly lower in comparison to mobile access. There are about 33 internet subscribers per 100 persons nationally. ★ Bharat Net Coverage: Currently 42.43% of the Gram Panchayats in India are covered under Bharat Net, as against the national target of 100%.
RELEVANT GOVT SCHEMES	<ul style="list-style-type: none"> ★ Prime Minister's Employment Generation Programme (PMEGP) ★ Bharat Net ★ Bharatmala ★ Sagarmala ★ Make in India ★ Digital India ★ Aadhaar Programme
LEADING STATES	<ul style="list-style-type: none"> ★ Gujarat is the only State that has achieved 100% connectivity under PMGSY. Rajasthan has achieved the second highest connectivity at 81.88%. ★ The mobile density per 100 persons is more than 100% in six States and one UT. Delhi has the highest internet density in the country, with 126 internet connections per 100 persons. ★ Two States and one UT, namely Karnataka, Kerala and Puducherry have achieved 100% coverage under Bharat net.



GOAL 10 Reduced Inequalities

HIGHLIGHTS

- ★ **Urban Inequality:** In urban India, the top 10% of the households have a monthly consumption expenditure that is 1.41 times the monthly consumption expenditure of the bottom 40%.
- ★ **Rural Inequality:** In rural India, the top 10% spend 0.92 times the bottom 40% households on monthly consumption.
- ★ **Transgender Labour Force Participation:** The 2030 target is to have the labour force participation rate of the transgender population to be equal to the labour force participation rate of the male population. The current ratio of former to latter in India stands lower than the target ratio of 1 at 0.64.
- ★ **Scheduled Caste Fund Utilization:** On an average in the country, 77.67% of the fund allocated for the Scheduled Caste population has been utilized.
- ★ **Scheduled Tribe Fund Utilization:** On an average in the country, 82.98% of the fund allocated towards the Scheduled Tribe population has been utilized.

RELEVANT GOVT SCHEMES

- ★ Pradhan Mantri Jan Dhan Yojana (PMJDY)
- ★ Prime Minister Employment Generation Programme (PMEGP)
- ★ Stand-Up India Scheme
- ★ Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)
- ★ Deen Dayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY)

LEADING STATES

- ★ Urban inequality is the lowest in Manipur with the Palma ratio at 0.68, and is the highest in Karnataka and Uttar Pradesh at 1.83. Among the UTs, it is the lowest in Daman and Diu at 0.74 and the highest in Andaman and Nicobar Islands at 1.76.
- ★ Among the States, rural inequality is lowest in Meghalaya with Palma ratio at 0.61 and highest in Arunachal Pradesh at 1.34. Among the UTs, rural inequality is lowest in Delhi and Puducherry at 0.63 and highest in Chandigarh at 1.18.
- ★ Five States in India have surpassed the transgender labour force participation target, namely, Arunachal Pradesh, Himachal Pradesh, Meghalaya, Mizoram, and Telangana.
- ★ Three States and two UT, namely Kerala, Manipur, West Bengal, Chandigarh and Daman & Diu utilized 100% of their Scheduled Caste Sub Plan (SCSP) funds while States of Goa and Uttarakhand utilized less than half.
- ★ Three States and two UTs namely, Karnataka, Kerala, West Bengal, Andaman and Nicobar Island, and Daman & Diu utilized 100% of their Tribal Sub Plan (TSP) funds while Goa and Uttar Pradesh utilized less than half.



GOAL 11 Sustainable Cities and Communities

HIGHLIGHTS

- ★ **Houses Completed under PMAY:** The target is to meet 100% of the housing demand under PMAY, current achievement at 3.32%.
- ★ **Slum Households:** 5.41% of the urban households in India live in slums. Andhra Pradesh has the highest percentage of its urban population living in slums (12.04%).
- ★ **Door to Door Waste Collection:** Across India, 73.58% of the wards are collecting 100% of the waste from door to door.
- ★ **Waste Processed:** The installed capacity of waste treatment in the country is not at par with the amount of waste generated. Only 24.8% of the total waste generated gets treated.

RELEVANT GOVT SCHEMES

- ★ Atal Mission For Rejuvenation And Urban Transformation (AMRUT)
- ★ Pradhan Mantri Awas Yojana
- ★ Smart Cities Mission

LEADING STATES

- ★ Goa has met 35.71% of its housing demand. Dadra and Nagar Haveli leads with 17.48% of its housing demand met.
- ★ The State closest to the target of slum elimination is Kerala.
- ★ Five States and four UTs have achieved the target of 100% door to door waste collection.
- ★ Chhattisgarh processes 74% of its waste. Among the UTs, Delhi leads with processing 55% of its waste.



GOAL 12 Sustainable Consumption and Production

HIGHLIGHTS

- ★ India, being the second most populous country in the world, is home to about 17.5% of the world population with a meager 2.4% of the world's area. This makes it necessary to have a comprehensive policy framework aimed at achieving resource efficiency, reduction in waste and pollutant activities, and adoption of technologies focusing on renewable resources.

RELEVANT GOVT SCHEMES

- ★ National Policy on Biofuels
- ★ National Clean Energy Fund



GOAL 13 Climate Action

HIGHLIGHTS

- ★ India has great geographic diversity, and a variety of climate regimes and regional and local weather conditions, which are vulnerable to climate change. This is manifested in floods, droughts as well as the risk from tsunamis and cyclones experienced in coastal areas.
- ★ India is vulnerable to climate induced risks; it was one of the three countries most-hit-by-disaster in 2015, with economic losses amounting to \$3.50 billion.
- ★ India's National Action Plan on climate change is an example of the government's commitment to building adaptive capacity to climate-related hazards.

RELEVANT GOVT SCHEMES

- ★ National Action Plan on Climate Change (NAPCC)
- ★ National Air Quality Monitoring Programme (NAMP)



GOAL 14 Life Below Water

HIGHLIGHTS

- ★ Maritime sector in India has been the backbone of the country's trade and has grown manifold over the years. The first Maritime Summit was organized in the country in April 2016
- ★ To harness India's 7,500 km long coastline, 14,500 km of potentially navigable waterways and strategic location on key international maritime trade routes, the Government is laying emphasis on promoting Blue Economy through ambitious projects like the Sagarmala.

RELEVANT GOVT SCHEMES

- ★ National Plan for Conservation of Aquatic Eco-systems
- ★ Mangrove Forest Management
- ★ Project SAGARMALA
- ★ Marine Protected Areas



GOAL 15 Life on Land

HIGHLIGHTS

- ★ **Forest Cover:** The total forest cover of India is 7,08,273 sq. km., which is 21.54% of the geographic area of the country. The national target is to have at least 33% of the area covered under forest
- ★ **Change in Water Bodies:** The increase in water bodies within forest areas of the country clearly brings out the positive effects of forests in augmenting water resources.
- ★ **Change in Forest Area:** Between 2015 and 2017, the forest cover increased nationally by 6,778 sq. km. (0.21 %) due to an increase in plantation and conservation activities, and improvement in data interpretation.
- ★ **Population of Wild Elephants:** Since elephants have high dietary requirements, their population can be supported only by forests that are under optimal conditions. So, the status of elephants is the best indicator of the status of forests. The population of wild elephants in India is estimated to have risen by 20% over the five-year period between 2012 and 2017. Nagaland has witnessed a 110.58% increase..

RELEVANT GOVT SCHEMES

- ★ National Environment Policy, 2006
- ★ Green Highways Policy, 2015
- ★ National Agroforestry Policy, 2014
- ★ National Afforestation Programme
- ★ Conservation of Natural Resources and Eco-systems

LEADING STATES

- ★ In terms of forest cover with respect to total geographical area, Mizoram leads among the States with 86.27 percent of its area covered with forest, and Lakshadweep among the UTs with 90.33 percent of its area covered with forest. In terms of total area of forest cover, Madhya Pradesh has the largest forest cover spanning across an area of 77,414 sq. km²
- ★ Highest increase in the extent of water bodies within forest areas has been observed in Manipur (81.25%) followed by Mizoram (72%), Tamil Nadu (62%) and Nagaland (59%) (Forest Survey of India, 2017).
- ★ Among the States, major decline in forest cover was observed in Nagaland, followed by Mizoram and Meghalaya. Among the UTs, Puducherry has seen the highest decline in area under forest cover. (Forest Survey of India, 2017)



GOAL 16 Peace, Justice and Strong Institutions

HIGHLIGHTS

- ★ **Murders Reported:** The number of murders reported per lakh population in India is 2.4. There is a need to strengthen under reporting of murders.
- ★ **Crimes Against Children:** The target for 2030 is to eradicate all forms of violence against children. There were 24 cases reported for every one lakh children in 2015-16.
- ★ **Court Density:** At present there are about 13 courts per 10 lakh population in India. India has the highest number of pending court cases in the world. There is a dire need for increasing the number of judicial institutions.
- ★ **Corruption Crime Rate:** For every 1 crore people in India, 34 corruption cases have been reported. It is worth noting that the actual number of cases may differ from the reported number of cases.

RELEVANT GOVT SCHEMES	<ul style="list-style-type: none"> ★ Births Registered: While the target is to have 100% births registered, the country's average in 2015 was 88.3% on this indicator. ★ Aadhaar Coverage: India is the leading nation in providing universally accepted legal identity to all its citizens. 	
	<ul style="list-style-type: none"> ★ 73rd and 74th Constitutional Amendment Acts ★ Panchayati Raj Institutions ★ Aadhaar 	<ul style="list-style-type: none"> ★ Right to Information Act, 2005 ★ Gram Nyayalays ★ Pragati platform
LEADING STATES	<ul style="list-style-type: none"> ★ Lakshadweep reported no murder case in 2015-16. ★ None of the States or UTs in India has achieved the national target of crimes against children. ★ Goa and Chandigarh have the highest court density among States and UTs respectively. ★ Manipur and Meghalaya reported no corruption cases in 2015-16. ★ 15 States/UTs have 100% registered births. Punjab is the runner up at 99.2%, followed by Gujarat and Rajasthan at 98.7%. ★ In 8 States/UTs, 100% of the population is covered under Aadhaar. Overall, about 90% of the country's population is under Aadhaar coverage, as against the 2030 national target of 100%. 	

फाउंडेशन कोर्स सामान्य अध्ययन 2020

प्रारंभिक एवं मुख्य परीक्षा

इनोवेटिव क्लासरूम प्रोग्राम के घटक

- 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 करेंट ओरिएंटेड अप्रोच
- नियमित क्लास टेस्ट एवं व्यक्तिगत मूल्यांकन

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