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Classroom Study Material

SOCIAL ISSUES

(Society and Social Justice)

September 2016 – October 2016

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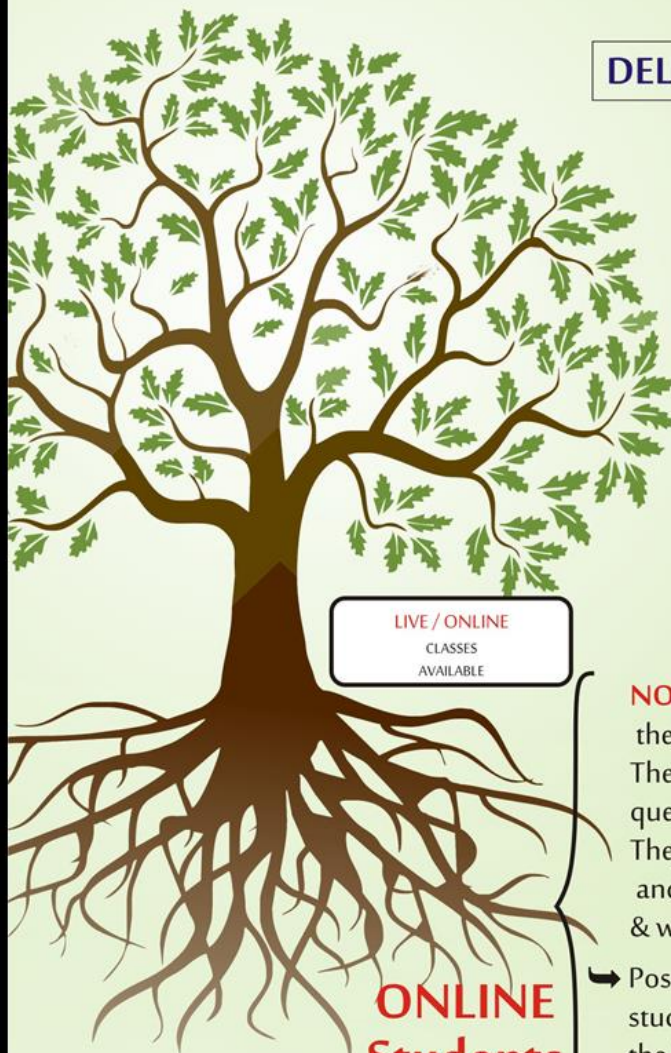
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1. GENDER RELATED ISSUES

1.1. INDIA RANKS 87 IN WEF GENDER GAP REPORT

Why in news?

- The World Economic Forum’s (WEF) Global Gender Gap Report 2016 was released recently.
- India has substantially improved its rank in the Global Gender Gap index- moving from 108th to 87th position within a year, according to a report released by the World Economic Forum (WEF).

About the report

- The WEF measures the gender gap index of the countries by taking four factors into account- economy, health, education and political representation.
- In the latest edition, the report finds that progress towards parity in the key economic pillar of gender has slowed dramatically with the gap—which stands at 59%—now larger than at any point since 2008.
- Globally, the leading four nations continue to be Scandinavian: Iceland, Finland, Norway and Sweden, in that order.

India’s performance

- India is ranked 87 out of 144, improving from its 108 position in 2015.
- It has closed its gender gap by 2% in a year: its gap now stands at 68% across the four pillars
- The major improvement, however, has been in education, where it has managed to close its gap entirely in primary and secondary education.
- India is also among a group of countries that have made key investments in women’s education but have generally not removed barriers to women’s participation in the workforce.

GLOBAL TOP 10

The Global Gender Gap Index	Global rank*
Iceland	1
Finland	2
Norway	3
Sweden	4
Rwanda	5
Ireland	6
Philippines	7
Slovenia	8
New Zealand	9
Nicaragua	10

Note: *2016 rank out of 144 countries Source: The Global Gender Gap Report 2016

At a glance

India 87 rank
out of 144 countries

Scores at a glance

Key indicators

GDP (\$ billions)	2,073.54
GDP per capita (constant '11 intl. \$, PPP)	5,730
Total populations (thousands)	1,311,050.53
Population growth rate (%)	1.15
Population sex ratio (female/male)	0.93
Human capital optimization (%)	57.73

	2016		2006	
	Rank	Score	Rank	Score
Global Gender Gap Index	87	0.683	98	0.601
Economic participation and opportunity	136	0.408	110	0.397
Educational attainment	113	0.950	102	0.819
Health and survival	142	0.942	103	0.962
Political empowerment	9	0.433	20	0.227
Rank out of	144		115	

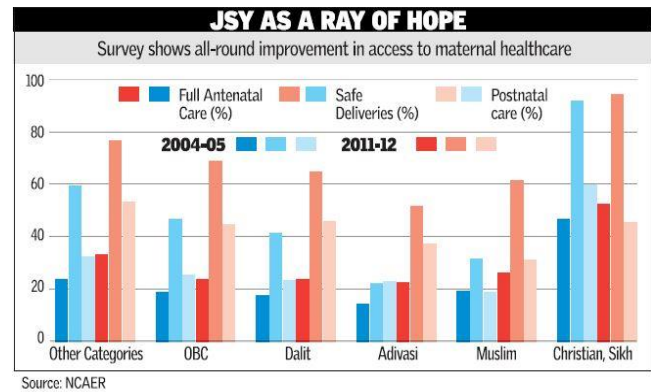
1.2. JANANI SURAKSHA YOJNA

Why in News

- A latest study conducted by researchers from NCAER says that JSY has helped in reducing the socio-economic inequalities as well as it has led to an enhancement in the utilisation of health services among all groups especially among the poorer and underserved sections in the rural areas.
- The study was conducted using data from two rounds of the India Human Development Survey (IHDS) — conducted in 2004-05 and 2011-12, providing a before-after scenario for comparison.

About

- The JSY was launched in 2005 as part of the National Rural Health Mission (NRHM) to improve maternal and neonatal health by promotion of institutional deliveries (childbirth in hospitals).
- JSY is a 100 % centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care.
- It is implemented through ASHA, the accredited social health activist, acting as an effective link between the Government and the poor pregnant women under this scheme.
- **How it helps in Reducing Socio-Economic Disparities:**
 - First, the increase in utilisation of all three maternal healthcare services between the two rounds was remarkably higher among illiterate or less educated and poor women.
 - Secondly, the usage of all three maternal healthcare services by the OBC, Dalit, Adivasis and Muslim women increased between the surveys.
 - There was generally a narrowing of the gap between the less educated and more educated women and between the poorer and richer women.



1.3. CHANGES IN DOMESTIC VIOLENCE ACT

About

- The Supreme Court has 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.
- **Reasoning of Court**
 - ✓ Since the perpetrators and abettors of domestic violence can also be women, insulating them would frustrate the objectives of the Act. Under this immunity females and minors can continue to commit domestic violence.
 - ✓ It discriminates between persons similarly situated and, thus, violates A.14 of the Constitution.

Significance of the Change

- It makes DV **gender neutral** which according to some experts (including the bench) would help in serving the purpose of the law in a better way.
- However, there are concerns from some corners that it would encourage husbands to file counter cases against their wives through their mothers or sisters.
- There are also apprehensions about putting juveniles under the Act. There is no criminal provision under DV Act and thus no question of dealing with juvenile Board.
- Relief under DV Act is almost always financial -maintenance, compensation and alternate residences – which can all be claimed only against an adult.

1.4. MUSLIM PERSONAL LAW: NEED FOR REFORMS

Background

- The Supreme Court is presently hearing a case by Petitioner Shayara Bano who has challenged the constitutionality of Section 2 of the Muslim Personal Law (Shariat) Application Act, 1937, in so far as it seeks to recognise and validate polygamy, triple talaq and 'nikah halala'.
- The central government also got involved in the process as the Court had asked for its response on the matter.

- The Government, in its affidavit, supports the petition saying that these practices are not "integral to the practices of Islam or essential religious practices". Thus, they must be reformed keeping in light the rights of women.

Triple Talaq & Nikah Halala

- 'Talaq-e-bidat' is a Muslim man divorcing his wife by pronouncing more than one talaq in a single 'tuhr' (the period between two menstruations), or in a 'tuhr' after coitus, or pronouncing an irrevocable instantaneous divorce at one go i.e. unilateral triple-talaq.
- Nikah Halala is the temporary marriage a victim of instant talaq is forced to undergo with another man to remarry her first husband. This second marriage also needs to be consummated.
- The practice has been described as inhuman and uncivilized by social activists including many Muslim groups.
- The All India Muslim Personal Law Board (AIMPLB), however, has lent support to the practice saying that it is a way to save marriages. It says that the mandatory nature of Nikah halala deters the husband from giving hasty divorces. The argument, however, does not go down well with the activists who question the suffering and exploitation of women in the process.
- Further, the activists say that the practices are not of Islamic origin and many Islamic countries have abolished them.
- The practice of instant triple talaq has already been invalidated by the SC in 2002 in Shamim Ara case. By that decision Nikah Halala is also rendered redundant.

Polygamy

- The practice of polygamy is permitted under Koran and is of Islamic origin. It is, thus, placed on a different footing than triple talaq.
- However, experts say that the practice has been permitted by Koran only in exceptional circumstances. It permits conditional polygamy only as a social remedy to alleviate the sufferings of women and orphans in calamitous situations like war etc. This can be appreciated from the dreadful state of affairs in West Asia today.
- They say that marriage according to the Koran is the emotional bonding of two minds which cannot be achieved simultaneously with more than one woman. Thus, Koran doesn't give a hedonistic license to marry several women.
- The SC, thus, could delegitimise polygamy practiced for reasons other than those mentioned in the Koran just as it invalidated instant triple talaq in the Shamim Ara case for not being in consonance with the Koranic procedure.

Feasibility of a total ban on Polygamy

- Census data and studies show that bigamy continues to prevail among the Hindus despite the Hindu Marriage Act, 1955 outlawing it, and Section 494 of the Indian Penal Code (IPC) declaring it a punishable offence.
- This is mainly due to the non-cognizable nature of s.494. It means that the police can take cognizance of the offence of bigamy only on a complaint by the victim i.e. the first wife in this case. This doesn't always happen due to social norms, pressure and lack of awareness.
- The same problem would come in way of implementing anti-polygamy provisions in case of Muslims.

Way Forward

- Some Muslim groups perceive these reformative measures as an attempt to initiate Uniform Civil Code and impose majoritarianism on them. The government must alleviate these fears.
- The AIMPLB is against these reforms. However, it hasn't been able to put convincing arguments in support of their stand.
- It must be kept in mind that gender equality is a sacred principle of our constitution and modern society. The present day situations are different from the times when these practices originated. It is, thus, the right time to make necessary changes.

(To read more on UCC and challenges associated with its implementation please refer to October 2015 edition)

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2. VULNERABLE SECTIONS

2.1. MARRAKESH TREATY COMES INTO FORCE

Why in News?

- On Sep 29th, Marrakesh Treaty came into force, after 22 countries ratified the treaty adopted in 2013 by members of World Intellectual Property Organization (WIPO).

What is Marrakesh Treaty?

- The Treaty is to facilitate Access to Published works by Visually Impaired Persons and Persons with Print Disabilities.
- It is also called “Books for Blind” treaty.

Highlights of the treaty:

- The treaty allows for copyright exceptions to help for the creation, export and import, sharing, translation of the books in any format for accessible versions of copyrighted books and other works for the people with impaired visibility.
- The treaty is expected to alleviate the “book famine” experienced by 300 million people suffering from such disability, according to WHO.

Implementation of Treaty

- World Intellectual Property Organisation (WIPO), a United Nations Organisation based in Geneva, administers the Marrakesh Treaty and leads an alliance of private and public partners known as the Accessible Books Consortium (ABC).
- The ABC has established a free centralized electronic database of accessible books produced by libraries for the blind around the world. It is a library-to-library service.

India and Marrakesh Treaty

- India was the first country to ratify the Marrakesh Treaty back in July 2014 and has set an example for other countries to follow.
- India has 63 million visually impaired people, of whom about 8 million are blind, according to WHO.
- India has begun implementation of the Marrakesh Treaty through a multi-stakeholder approach, which includes collaboration among key players such as government ministries, local champions like the DAISY Forum of India, and the private sector.
- In line with Marrakesh treaty, India launched Accessible India Campaign (Sugama Bharat Abhiyan) and has set up Sugama Pustakalaya, which has 2,00,000 volumes.

(Note: It is not to be confused with Marrakesh Agreement signed at the end of Uruguay round of discussions for establishing WTO.)

2.2. THE CIVIL ASPECTS OF INTERNATIONAL CHILD ABDUCTION BILL, 2016

Why in news?

- Union ministry of women and child development (WCD) has drafted the Civil Aspects of International Child Abduction Bill, 2016
- once approved will facilitate prompt return of any **child under 16 who has been “wrongfully removed to or retained in other state which is not his/her habitual residence.”**

About Hague convention

The Hague Convention seeks “to protect children internationally from the harmful effects of their wrongful removal or retention and to establish procedures to ensure their prompt return to the State of their habitual residence, as well as to secure protection for the rights of access.”

Ninety-four states are party to the Hague Convention on Civil Aspects of International Child Abduction.

India is not a signatory to the Hague Convention. A country has to have a domestic law in place before it can become a signatory.

- The bill will provide an enabling legislation to implement the provision of the **Hague convention**.

Features of the bill

- The draft mandates setting up the Central Authority who shall be an officer of the Central Government not below the rank of **Joint Secretary** to the Government of India.
- Applications can be made to the Central Authority for assistance in securing the return of such child.
- The central authority would have the power to decide all the cases in this matter.
- The Central Authority shall while inquiring into any matter referred to have all the powers of a civil court.
- The Central Authority may apply to the High Court (**First strike principle**) within whose territorial jurisdiction the child is physically present or was last known to be present for an order directing the return of such child.
- The central authority may exchange information relating to any such child, with the appropriate authorities of a Contracting State.
- The Central Authority shall submit an annual report to the Central Government through the Ministry of WCD.

Way forward

- The bill can be further improved on the lines of other countries and their experience. In the US and Europe, inter-parental child abduction is a serious offence where the accused parent can go to jail on charges of abduction.
- The bill is a right step in direction towards ending the trauma for children facing this issue. It should be discussed and debated and made into a law as soon as possible.

2.3. AARAMBH INITIATIVE

Why in news?

It is the country's first-ever hotline to curb sexual abuse of children through the Internet and to remove child pornographic content online unveiled.

About initiative

- **Aim:** To eliminate the scourge of online child pornography and further the cause of child protection in online spaces.
- It is a network of organizations and individuals working on child protection in the country, has collaborated with the U.K.-based Internet Watch Foundation (IWF).
- The hotline in India will be hosted on aarambhindia.org and will enable users to report child sexual abuse images and videos in a safe and anonymous environment.
- It is a simple, accessible form (available in Hindi & English) that any informed user who stumbles across sexually explicit imagery of a child on the public internet can use to report the content. Latter it will be started in other languages.

2.4. ELEDRLY IN INDIA

Why in news

According to a recent survey 65 per cent of the elderly in India are dependent on others for their financial requirements and undergo financial crisis.

Key findings of the survey

- Pension was the main source of income for 38 per cent of the respondents.
- More than 80% of the respondents major problems were related to healthcare issues, where financial status plays a key role.
- Senior citizens aged over 70 are marginalised and isolated to a large extent.
- Older persons in the category of 60-70 years are looked after well by their children, but with further

advancement in their age, children find it difficult because of their own growing age and ever-increasing responsibilities towards their own children

- Financially insecure old people expect social security, free health care and subsidies so that they can lead a comfortable and respectable life in old age.

Rights of the Elderly

- Parents cannot be evicted from a house without due process of law if they have been staying there from before. There is three enactments that can be applied.
 - ✓ Under section 125 of the CrPC, a magistrate can order a child to maintain his old parents under the Maintenance of Parents Act.
 - ✓ The Hindu Adoptions and Maintenance Act say an aged parent can demand maintenance from children in the same way that a wife can demand it from her husband.
 - ✓ The Domestic Violence Act too provides parents with the right to seek relief from any kind of abuse.
- A National Policy on older persons was announced in January 1999 which identified a number of areas of intervention-financial security, healthcare and nutrition, shelter, education, welfare, protection of life and property for the wellbeing of older persons in the country.
- A National Council for Older Persons (NCOP) was constituted by the Ministry of Social Justice and Empowerment to operationalize the National Policy on older persons.

2.5. VAYOSHRESHTHA SAMMAN

Why in news?

Union Government Presented 'Vayoshreshtha Samman' to Older Persons & Institutions on International Day of Older Persons

Aim

National Awards are intended to show case the Government's concern for senior citizens and its commitment towards them with the aim of strengthening their legitimate place in the society.

About the Award

- Vayoshreshtha Samman is a Scheme of National Awards instituted by the Ministry of Social Justice & Empowerment (D/o Social Justice & Empowerment) initially in 2005.
- It was upgraded to the status of National Awards in 2013
- Among other awards KA was awarded best state in implementing the maintenance and welfare of parents and senior citizens act, 2007 and providing services and facilities to senior citizens.

About International Day of Older Persons

- International Day of Older Persons is observed on 1st of October every year pursuant to the adoption of a resolution by the UN General Assembly to observe the year 1999 as the International Year of Older Persons with the theme, "a society for all ages".

2.6. AMENDMENTS TO THE HIV AND AIDS (PREVENTION AND CONTROL) BILL, 2014

Why in news?

- The Union Cabinet has given its approval to introduce official amendments to the HIV and AIDS (Prevention and Control) Bill, 2014.
- The Bill was first introduced in Parliament by the UPA government in its last days in 2014.

Features of bill now

- The provisions of the Bill seek to address HIV-related discrimination, strengthen the existing programme by bringing in legal accountability and establish formal mechanisms for inquiring into complaints and redressing grievances.
- The Bill also aims to **enhance access to health care services** by ensuring informed consent and confidentiality for HIV-related testing, treatment and clinical research.
- The Bill lists various grounds on which discrimination against HIV positive persons is prohibited.
- It also places obligations on establishments to safeguard rights of persons living with HIV aids create mechanisms for **redressing complaints**.
- The Bill also prohibits any individual from publishing information or advocating feelings of hatred against HIV positive persons and those living with them.
- The Bill also provides for **Guardianship for minors**.
- The Bill requires that **no person shall be compelled to disclose his HIV status** except with his informed consent, and if required by a court order.
- The Bill also suggests, that the Central and State governments shall take measures to:
 - ✓ Prevent the spread of HIV or AIDS.
 - ✓ Provide anti-retroviral therapy.
 - ✓ Facilitate their access to welfare schemes especially for women and children.
 - ✓ Formulate HIV or AIDS education communication programmes.
 - ✓ Lay guidelines for the care and treatment of children with HIV or AIDS.
- The Bill suggests that cases relating to HIV positive persons shall be **disposed off by the court on a priority basis** and duly ensuring the confidentiality.
- The Bill makes provision for **appointment of an ombudsman** by State Governments to inquire into complaints related to the violation of the Act and penal actions in case of non-compliance.

Need

- There are approximately **21 lakh persons** estimated to be living with HIV in India.
- Although, the prevalence of HIV is decreasing over the last decade but percentage of HIV patients receiving Anti-Retroviral therapy (ART) treatment are merely 28.82% against global percentage of 41%.
- Andhra Pradesh, Maharashtra, Karnataka and Tamil Nadu are the four high-prevalence states and account for about 55% of the total cases in the country.

Significance

- The bill aims at achieving the target of "Ending the epidemic by 2030" as per the Sustainable Development Goals.
- Recognising that HIV/AIDS often causes children to be orphaned, and extended families are reluctant to shoulder their responsibility, the Bill says that any person aged between 12 and 18 years with sufficient maturity in understanding and managing the affairs of his HIV or AIDS affected family can act as a guardian. This is a welcome step for taking care of abandoned HIV children.
- The bill also provides for an Ombudsman which is a right step in bringing transparency and efficiency to the entire process.
- The Bill brings a rights-based approach to AIDS treatment, making it imperative for both the central and state governments to provide treatment "as far as possible".
- Although the Bill lays down that treatment is the right of the patient, it stops short of making it a legal right and therefore, a patient who is denied ART treatment cannot ordinarily drag any government to court.
- Thus steps should be taken to make this a legal right.

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3. HEALTH AND DISEASES

3.1. DENGUE AND CHIKUNGUNYA

Why in news?

- There was a sharp increase in the incidence of chikungunya in the country in 2015 over the previous year. Dengue cases have also steadily risen, from 75,808 in 2013 to 99,913 last year, with the death toll rising from 193 to 220 during this period.
- The dengue map for 2015 shows that Delhi, Punjab, Haryana, West Bengal and Gujarat were the worst-affected. On chikungunya, Karnataka needs special help, as it has a disproportionately higher incidence compared to other States.

Neglected tropical diseases

- According to WHO, Neglected tropical diseases (NTDs) are a diverse group of communicable diseases that prevail in tropical and subtropical conditions in 149 countries and affect more than one billion people, costing developing economies billions of dollars every year.
- Dengue and chikungunya are such fast emerging pandemic-prone viral disease in many parts of the world. They flourish in urban poor areas, suburbs and the countryside in tropical and subtropical countries.

Causes

- **Climate change and erratic weather:**
 - This year, the unseasonal rain in February prolonged the season for mosquitoes. Climate changes make the environment conducive to mosquito breeding.
 - Variable and erratic weather coupled with the climate change has become the root cause for the spread of the mosquito borne diseases like dengue and Chikungunya.
- **Causalities due to comorbidity:**
 - Comorbidity is the presence of one or more additional diseases or disorders co-occurring with (that is, concomitant or concurrent with) a primary disease or disorder.
 - Casualties this year have mostly been due to co-morbidities of dengue and chikungunya rather than the viral fever itself.
- **Poor urban planning:**
 - Poor urban planning make people dwell in the slums which are often without basic amenities.
 - Unhygienic food and lack of proper houses make them more prone to water borne diseases.
- **Poor health infrastructure:**
 - India's investment in health services remains one of the lowest in the world.
- **Lack of affordable healthcare facilities:**
 - Doctor to patient ratio is extremely poor in the villages. Costly healthcare services in cities deter village people from travelling to cities for treatment in initial stages of the diseases.

Solutions

- **Environmental management**
 - Environmental management ought to be the mainstay of vector control and involves destroying, altering, removing or recycling non-essential containers that provide egg, larval or pupal habitats.
 - Clean environment makes sure that whatever the adverse weather changes, the mosquito does not breed.
- **Improved city infrastructure:**
 - It is important to have urban dwelling with proper waste management facilities.
 - There should be installation of reliable piped water supply to communities dwelling especially in slum areas to reduce the need for storage.
 - Strict legislation and regulation can significantly change planning and construction of buildings.

- **Biological and chemical control:**
 - Biological control is based on the introduction of organisms that prey upon, compete with or reduce populations of the target species.
 - Frequent sprays of chemical to curb such diseases are other way to reduce the cases.
- **Community participation:**
 - Mobilising the community to participate in sanitation campaigns holds the key, although families that live in deprived neighbourhoods will need generous municipal assistance, improved civic facilities and access to free health care.
- **Advance planning:**
 - It is necessary to embark on comprehensive public health initiatives in July, instead of waiting till October and trying to deal with a surge of sick people using a creaking healthcare system.

Lessons from prior successful initiatives

- **India:**
 - Experiments with bio-vector control - in Puducherry and later in Kheda district of Gujarat - showed a dramatic reduction in vector-borne diseases.
 - In these cases, what was done was aggressive cleaning of the environment to make sure there was no stagnant water in drains and use of fish larvae to eradicate the mosquito.
- **Singapore:**
 - Singapore has one of the highest burdens of infections transmitted by *Aedes* mosquitoes; dengue haemorrhagic fever appeared in the 1960s and became a major cause of child deaths.
 - It achieved significant control through integrated vector management that entailed: **Advocacy, social mobilisation and legislation; collaboration within the health sector and across other sectors; evidence based decision-making and capacity building of providers and communities.**
 - It has come down heavily on the construction sector for not complying with vector control guidelines.
- **Sri Lanka:**
 - There are several aspects to the Sri Lankan experience that could help evaluate the efforts of India's States in their battle to control disease-spreading vectors. Better results were achieved by the island nation through integration of different approaches.
 - This includes **focussing on mosquito control in irrigation and agriculture, introducing new classes of insecticides for residual spraying within houses, and scaling up distribution of insecticide-treated bed nets even in areas caught up in conflict.**
 - Mobile centres for access to diagnostics and treatment also helped halt disease transmission.

Leprosy

What is Leprosy?

- Leprosy, also known as Hansen's disease, is a chronic infectious disease caused by *Mycobacterium leprae*.
- The disease mainly affects the skin, the peripheral nerves, mucosal surfaces of the upper respiratory tract and the eyes.
- Leprosy is known to occur at all ages ranging from early infancy to very old age. Leprosy is curable and early treatment averts most disabilities.

Transmission

- The exact mechanism of transmission of leprosy is not known. At least until recently, the most widely held belief was that the disease was transmitted by contact between cases of leprosy and healthy persons.
- More recently the possibility of transmission by the respiratory route is gaining ground. There are also other possibilities such as transmission through insects which cannot be completely ruled out.

Leprosy and India

- India was officially declared to have eliminated leprosy in 2005 when new cases fell to less than 1 per 10,000, yet India still accounts for the largest number of leprosy affected people in the world (58 per cent).

- The adversities suffered by leprosy patients are multi-faceted, ranging from medical, social and psychological to economic and legal.
- Therefore, lack of awareness, myths, socio-cultural beliefs, and the stigma attached to leprosy are perhaps the most pressing problems before public health activists today.

Recent initiatives

- **Leprosy Case Detection Campaign –**
 - The campaign, spearheaded by the National Leprosy Elimination Programme, covered 149 districts across 19 states and mobilized almost 300 000 health workers.
 - A record 320 million Indians have been screened in a door-to-door leprosy detection campaign, revealing thousands of “hidden” cases.
 - It involved volunteers from the Accredited Social Health Activists (ASHA) project.
- **Introduction of Made-in-India Leprosy Vaccine –**
 - A novel vaccine, developed in India, is to be launched on a pilot basis in five districts in Bihar and Gujarat.
 - If it yields positive results, the leprosy vaccine programme will be extended to other high-prevalence districts.
- **WHO’s global strategy to end leprosy –**
 - The strategy aims to, by 2020, reduce to zero the number of children diagnosed with leprosy and related physical deformities; reduce the rate of newly-diagnosed leprosy patients with visible deformities to less than one per million; and ensure that all legislation that allows for discrimination on the basis of leprosy is overturned.
 - The new global strategy is guided by the principles of initiating action, ensuring accountability and promoting inclusivity.

Milestones in NLEP

- 1955 - National Leprosy Control Programme (NLCP) launched
- 1983 - National Leprosy Eradication Programme launched
- 1983 - Introduction of Multidrug therapy (MDT) in Phases
- 2005 - Elimination of Leprosy at National Level

Way Forward

- Leprosy is one of the most misunderstood diseases of the world; it poses some unique challenges in its control and elimination. A careful examination of the theoretical and practical approaches of the past can provide vital insights for the future.
- To reduce the burden, it is important to develop a holistic and multi-pronged approach that includes key policy changes, a public education campaign, sustainable livelihood programmes, skill training workshops and bringing in other medical stakeholders to generate employment, identify interventions to dispel stigma and mainstream the affected people.
- After achieving the target of elimination at all levels, the emphasis must shift to more policy level changes and sustaining quality of services.
- For instance, there is a need to pass The Repealing and Amending (Fourth) Elimination Discrimination Against Persons Affected by Leprosy (EDPAL) Bill, 2015 and implement the key recommendations of the Law Commission on rights and special privileges.

3.2. UNITED NATIONS HIGH PANEL REPORT ON ACCESS TO MEDICINES

Why in News?

- The UN released its High-Level Panel report on Access to Medicines showing concerns over non-accessibility of medicines due to high prices.

Highlights of the Report

- The report has urged governments to
 - ✓ “Urgently” increase their current levels of investment in health technology innovation.
 - ✓ De-link drug prices from R&D costs.

- ✓ To globally prioritise research on disease whose needs are unmet such as growing emergence of infectious diseases like Ebola and Zika.
- The panel has recommended making the drug prices transparent both to the consumers and governments.
- The report calls for **human rights to be placed above intellectual property rights** so that all countries are able to use flexibilities granted under TRIPS to access affordable medicines.
- The report has also lashed out powerful nations on threatening weaker countries from overriding drug patents under TRIPS flexibilities.

3.3. NEW HEALTH INDEX

Why in news?

- The first global analysis that assesses countries on sustainable development goal (SDG) health performance was launched at a special event at the UN General Assembly recently and published online in The Lancet.
- The scores ranked countries which nations are closest to achieving the targets.

How the ranking was done?

- The study was carried out by an international collaboration on the Global Burden of Disease (GBD) which analyzed each country's progress towards achieving health-related SDG targets by creating an overall SDG Index score.
- By using data from the Global Burden of Diseases, Injuries and Risk Factors (GBD) study between 1990 and 2015, the current status of 33 of the 47 health-related indicators were estimated.
- To enable easier comparison, a health-related SDG index was created with a rating of 0-100 that combines these 33 health-related indicators to measure progress for 188 countries between 1990 and 2015.

India's performance

- It has ranked India at 143 in a list of 188 countries with a score of 42/100. India is six places ahead of Pakistan and way behind countries like Sri Lanka (79), China (92), even war-torn Syria (117) and Iraq (128).
- India's score in few health-related indicators is as follows
 - ✓ **Malaria:** India registered only 10 points.
 - ✓ **Under-five mortality:** India has a score of 39 on this front.
 - ✓ **On safe hygiene practices,** India has 8 on the scale of 0-100.
 - ✓ **India's highest score** has been 93 on the 'war' indicator front that assesses age-standardised death rate due to collective violence and legal intervention, per 100,000 populations.

A CALL FOR TRANSPARENCY		
Key recommendations made by the UN report		
Countries that threaten generic drugmakers like India for using their entitlements under the TRIPS Agreement will face serious sanctions	<ul style="list-style-type: none"> • Governments should negotiate the coordination, financing and development of health technologies to aid existing models 	<ul style="list-style-type: none"> • It is imperative that governments increase their current levels of investment in health technology innovation to address unmet needs

3.4. INDIA DECLARED FREE FROM BIRD FLU

Why in news

- India has declared itself free from the highly contagious avian influenza or bird flu.
- Bird flu (avian influenza) is a disease caused by strains of influenza virus that primarily affects birds.

Causes

- Bird flu is caused by strains of the influenza virus that have evolved to be specially adapted to enter avian cells. There are three main types of influenza: A, B, and C.
- The virus that causes bird flu is influenza A type with eight RNA strands that make up its genome.
- Influenza viruses are further classified by analyzing two proteins on the surface of the virus. The proteins are called hemagglutinin (H) and neuraminidase (N).
- There are many different types of hemagglutinin and neuraminidase proteins. For example, the recent pathogenic bird flu virus has type 5 hemagglutinin and type 1 neuraminidase. Thus, it is named "H5N1" influenza A virus.

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3.5. MISSION PARIVAR VIKAS

Why in News?

- Health Ministry to launch “Mission Parivar Vikas” for improved family planning services.
- It was launched in 145 high-focus districts of Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam.

Why these districts chosen?

These 145 districts have been identified based on total fertility rate and service delivery for immediate, special and accelerated efforts to reach the replacement level fertility goals of 2.1 by 2025.

Objective

To accelerate access to high quality family planning choices based on information, reliable services and supplies within a rights-based framework.

Factors that affect population growth

- **Low socio-economic development:** For example, Uttar Pradesh has a literacy rate of 56%, records an average of four children per couple. In contrast, in Kerala almost every person is literate, records an average of two children per couple.
- **Infant mortality:** Empirical correlations suggest that high IMR leads to greater desire for children. In 1961, the Infant Mortality Rate (IMR) was 115. The current all India average is much lower at 57. However, in most developed countries this figure is less than 5.
- **Early marriage:** Nationwide almost 43% of married women aged 20-24 were married before the age of 18.
- **Use of contraceptives:** According to NFHS III (2005-06), only 56% of currently married women use some method of family planning in India. A majority of them (37%) have adopted permanent methods like sterilization.
- **Other socio-economic factors:** The desire for larger families particularly preference for a male child also leads to higher birth rates.
- It is estimated that preference for a male child and high infant mortality together account for 20% of the total births in the country.

3.6. MATERNAL HEALTH

Why in News

- The latest Lancet series on maternal health reveals that nearly one quarter of babies worldwide are still delivered in the absence of a skilled birth attendant.
- one-third of the total maternal deaths in 2015 happened in two countries: India and Nigeria

Maternal deaths in India

45,000 mothers (15 per cent) died during pregnancy or childbirth in India while Nigeria shouldered the maximum burden of 58,000 (19 per cent) maternal deaths.

According to the World Health Organization (WHO) India's MMR, which was 560 in 1990, reduced to 178 in 2010-2012. However, as per the MDG mandate, India needs to reduce its MMR further down to 103.

Reasons for High MMR in India

- **Institutional delivery:** Institutional delivery rates in rural and urban areas were 28.9% and 67.5% respectively as per NFHS-III in 2005-06.
- **Women not getting Antenatal Care:** More than one out of every three women (34%) in India did not receive an ante-natal check- up for births in the three years preceding the survey. Only 7% received antenatal checkup in third trimester.
- **Postnatal care is grossly deficient.**
- **Teenage pregnancy and their risk of dying:**
 - ✓ Despite the Child Marriage Restraint Act (1978), 34 percent of all women are married below the legal minimum age of marriage (ie 18 years);
 - ✓ Girls aged 15-19 are twice as likely to die from child birth as women in their twenties; those under age 15 are five times as likely to die.
- **Women lack awareness** of the importance of pregnancy care and delivery/taking place in a healthcare facility (poor health education).

- **Women's lack of decision-** making power within the family (gender bias).
- **Lack of awareness of location** of health services (poor health awareness).
- **Cost:** direct fees as well as the cost of transportation, drugs and supplies (poverty).
- **The poor quality of services**, including poor treatment by health providers also makes some women reluctant to use services.

Solutions

- An improved, accountable health care system at primary level is essential for decreasing maternal mortality to the desired level.
- Make the antenatal, intra-natal and postnatal services available to women, located close to them. For this, linking hospitals by an emergency transport and good referral system of network is needed.
- Ensure delivery by skilled attendant nurses or doctors.
- Peripheral/ Village level interventions specifically directed towards major causes of maternal deaths are required.

3.7. GLOBAL TB REPORT

Why in news?

The Global TB Report 2016, recently released, has revised the estimates for the tuberculosis (TB) burden in India upwards.

Key Findings of the report

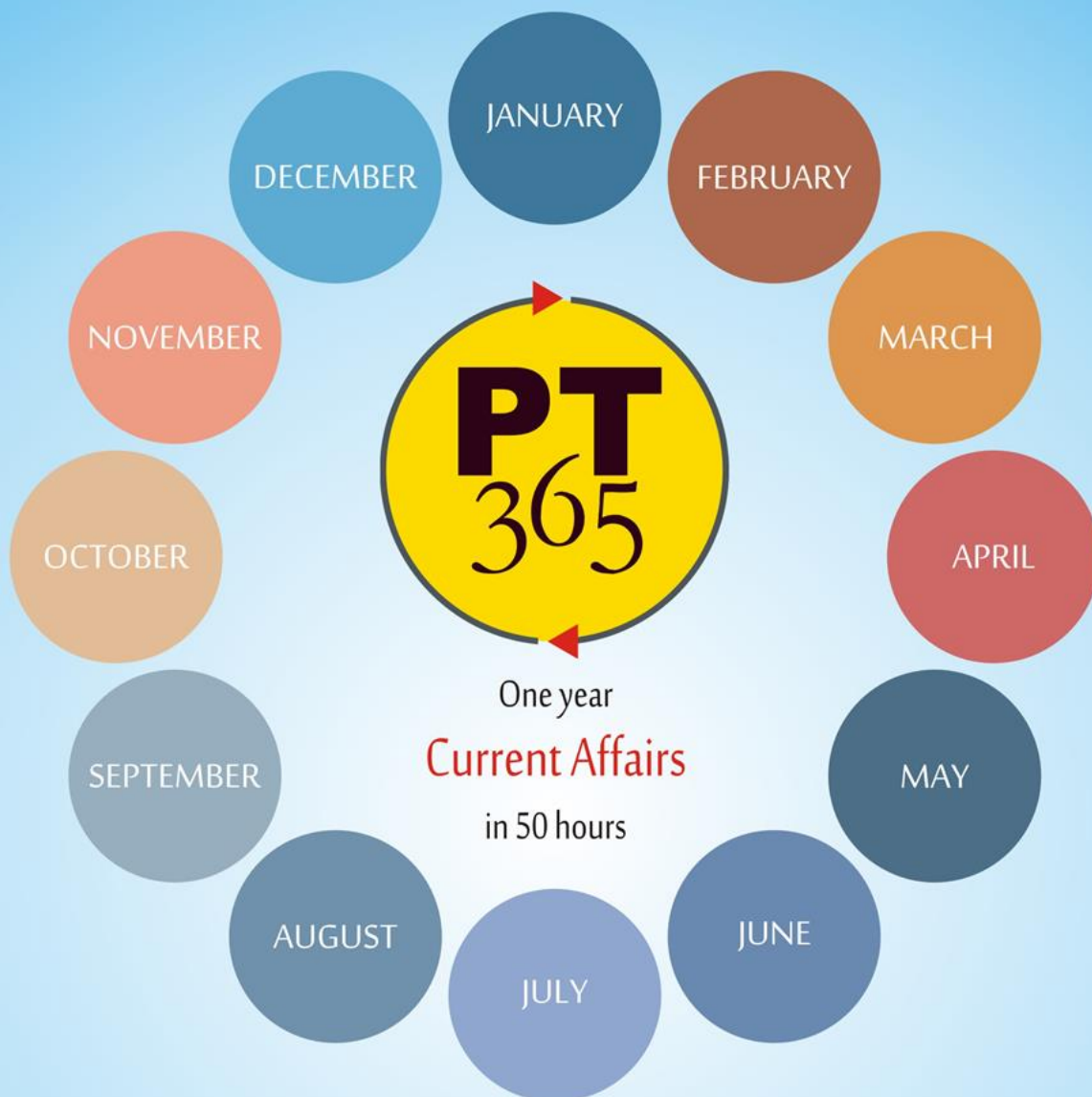
- India has 27 per cent of the global burden of incident tuberculosis and 34 per cent of global TB deaths.
- In 2015, estimate of incidence TB is 2.8 million cases.
- India diagnosed and notified 1.7 million incident TB patients in 2015.
- The estimate of the number of TB deaths is 4,78,000 — making TB one of the leading causes of death in India.
- Further, of the estimated 79,000 cases of multidrug resistant (MDR) TB, about 31,000 were diagnosed.

About Report

- WHO has been publishing a global TB report every year since 1997.
- The main aim of the report is to provide a comprehensive and up-to-date assessment of the TB epidemic, and of progress in prevention, diagnosis and treatment of the disease at global, regional and country levels.

Associated facts

- The Mycobacterium tuberculosis bacterium causes TB.
- It is spread through the air when a person with TB (whose lungs are affected) coughs, sneezes, spits, laughs or talks.
- Since antibiotics began to be used to fight TB, some strains have become resistant to drugs.
- Multidrug-resistant TB (MDR-TB) arises when an antibiotic fails to kill all of the bacteria that it targets, with the surviving bacteria developing resistance to that antibiotic and often others at the same time.



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4. EDUCATION

4.1. GLOBAL RANKING OF INDIAN INSTITUTE

Why in news?

- The global ranking of prestigious Indian institutes have gone down with Indian Institute of Science (IISc) Bangalore, along with six top-ranked Indian Institutes of Technology (IITs), dropped in the latest QS World University Rankings 2016-17.
- QS World University Rankings is an annual publication of university rankings by Quacquarelli Symonds (QS). Previously known as **THE-QS World University Rankings**.

Solutions

- Need an infusion of fresh ideas and teaching mechanisms to create a new educational infrastructure that not just delivers knowledge, but also encourages new thinking and boosts the spirit of innovation in the new generation.
- Need to adopt to create a global culture to have world-class educational institutions, borrow ideas in pedagogy from the best institutions around the world and move from a top-down mode of education to a more organic culture of learning.
- Need educational institutions that not only create skilled human resource but also boosts indigenous research and development, power the country's intellectual and entrepreneurial leadership, and instill scientific thinking among the masses.
- Need institutions that can become a major draw for international students to help obtain the twin purposes of earning foreign reserve and spreading the country's soft power.

Factors responsible for decline in ranking

- India's relatively low numbers of PhD-qualified researchers, which has an impact on the research productivity and impact of India's universities.
- Nine of India's universities also fall for faculty/student ratio.
- Lack of innovation and new ideas in institutions
- Absence of world class teaching institutions
- Old curriculum and less practical work in engineering colleges etc.

4.2. HIGHER EDUCATION FINANCE AGENCY (HEFA)

Why in news?

- The Union Cabinet has approved the creation of the Higher Education Financing Agency (HEFA) to give a major push for creation of high quality infrastructure in premier educational institutions.
- Later on instead of the Rs2,000 crore equity portion that the cabinet approved earlier, with Rs1,000 crore coming from the government, HEFA will now have Rs1,050- 1,100 crore of equity that will be used to raise funds from the markets for lending to educational institutions.
- Potential equity partners in HEFA balked at infusing Rs1,000 crore into the vehicle, given that it's expected to be a low-margin business, prompting the government to set its sights lower.

About HEFA

- It will be jointly promoted by the identified Promoter and the **Ministry of Human Resource Development**.
- It would be formed as a SPV within a PSU Bank/ Government-owned-NBFC (Promoter). It would leverage the equity to raise up to Rs. 20,000 crore for funding projects for infrastructure and development of world class Labs in IITs/IIMs/NITs and such other institutions.
- It would also mobilise CSR funds from PSUs/Corporates, which would in turn be released for **promoting research and innovation** in these institutions on grant basis.
- It would finance the civil and lab infrastructure projects through a 10-year loan.
- The principal portion of the loan will be repaid through the 'internal accruals' (earned through the fee receipts, research earnings etc) of the institutions. The Government would service the interest portion through the regular Plan assistance.

Concerns

Since the institutions will borrow money and return it, they have to be revenue-surplus, which may make a fee hike the first possibility. This will be detrimental for students coming from poor economic backgrounds.

- For joining as members, the Institution should agree to escrow a specific amount from their internal accruals to HEFA for a period of 10 years. This secured future flows would be securitised by the HEFA for mobilising the funds from the market.
- All the Centrally Funded Higher Educational Institutions would be eligible for joining as members of the HEFA.

Significance

- HEFA marks the beginning of a market-linked education financing structure in India and a departure from the traditional grant-based system of funding higher educational institutions.
- The agency is expected to ease pressure on the government, which currently is the sole funder of such institutions.
- HEFA will instill accountability in higher educational institutions. As the institutes need to pay back, a market force-driven fee structure is required. But for charging more fees, it needs to provide better facility, better infrastructure for which they need to borrow. The cycle will instill accountability.
- It would provide the much needed funds to boost research oriented infrastructure.

4.3. THE DRAFT NATIONAL MEDICAL COMMISSION BILL, 2016

Why in news?

- In March 2016, a parliamentary committee report delivered a scathing indictment of the Medical Council of India's (MCI) functioning following which NITI Aayog was given task of drafting a bill for revamping MCI.

Key features of the bill

- The Bill does away with elected members to different bodies.
- **Medical Advisory Council:** The Council shall serve as the primary platform through which the states would put forward their views and concerns before the National Medical Commission (NMC).
- **National Medical Commission (NMC)**
 - ✓ The commission shall assess the changing requirements of the health care scenario, human resources for health, health care infrastructure and develop a road map for meeting these requirements.
 - ✓ It shall frame requisite policies for the governance of Medical Education.
 - ✓ It shall provide overarching policy coordination among the Boards with due regard to their autonomy.
 - ✓ Commission shall exercise Appellate Authority with respect to decisions of the UGMEB, PGMEB and MARB.
- **Under-Graduate Medical Education Board (UGMEB):** UGMEB will determine and prescribe standards and oversee all aspects of medical education at undergraduate level
- **Post-Graduate Medical Education Board (PGMEB):** PGMEB will determine and prescribe standards and oversee all aspects of medical education at the postgraduate and super-speciality levels.
- **Medical Assessment and Rating Board (MARB)**
 - ✓ MARB shall determine the process of Assessment and Rating of Medical Educational Institutions as per the standards laid down by the UGMEB or PGMEB
 - ✓ It shall levy monetary and other such penalties on Institutions which fail to maintain the minimum essential standards.
- **Board for Medical Registration (BMR)**
 - ✓ The BMR shall maintain a live National Register of all licensed medical practitioners to be known as the National Register.
 - ✓ BMR shall prescribe the standards of professional conduct and frame a Code of Ethics for medical practitioners.

Focus of the bill: The bill aims to create a world-class medical education system that

- Ensures adequate supply of high quality medical professionals at both undergraduate and postgraduate levels.
- Encourages medical professionals to incorporate the latest medical research in their work and to contribute to such research.
- Provides for objective periodic assessments of medical institutions.
- Facilitates the maintenance of a medical register for India and enforces high ethical standards in all aspects of medical services.
- is flexible so as to adapt to the changing needs of a transforming nation

- The bill provides for a uniform **National Eligibility-cum-Entrance Test (NEET)** for admission to undergraduate medical education under the purview of National Medical Commission.
- The bill aims to create the **National Medical Commission Fund** for meeting the salaries, allowances and other remuneration of the Chairman and Members of the Commission, Boards, officers and other employees of the Commission and the Boards.

4.4. NATIONAL ACADEMIC DEPOSITORY

- HRD minister inaugurated the National Academic Depository (NAD) , a digital depository of academic awards
- It aims to replicate digitization and dematerialization of financial security depositories for the educational awards,
- The awards will be verified, authenticated, accessed and retrieved in a digital depository
- It is a move to enhance transparency and authenticity
- NAD will develop an online portfolio of all education certificates across Academic Institutes, which can be submitted easily for employment, higher education, and loans
- NAD will also integrate directly with Boards / Universities which issue Certificates and hence, will ensure authenticity of certificate records

4.5. NEW DELHI DECLARATION ON EDUCATION

Why in news

BRICS nations adopted the 'New Delhi Declaration on Education at 4th meeting of BRICS Ministers of Education

SDG Goal 4: Ensure inclusive and quality education for all and promote lifelong learning.

Key points

- **The main aim is** to ensure inclusive and equitable quality education and promote life-long learning opportunities for all.
- Develop an enabling framework to promote research cooperation and knowledge transfer among BRICS countries.
- Facilitate mobility of students and scholars, and encourage exchange of teaching faculty.
- Share information on higher education systems, approval and recognition processes, quality assurance and accreditation, and prevalent procedures and practices for evaluation and recognition of qualifications to facilitate academic mobility.
- Identify a nodal institution within each country and create an institutional network to share ICT policies, Open Educational Resources and other e-resources, including e-Libraries, among BRICS member countries.
- Use information and communication technologies (ICTs) for improving access to education, enhancing the quality of teaching-learning process, teacher development, and strengthening educational planning and management
- Expand technical and vocational education and skills development programmes, for facilitating acquisition of skills and competencies by young people and adults for enhancing their employability and encourage innovation and entrepreneurship
- Initiate actions to formulate country-specific targets within the broader scope of the **SDG4** and corresponding targets.
- Share the best practices available in BRICS countries on collaboration in education, research and innovation through the BRICS Network University.



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5. MISCELLANEOUS

5.1. LIQUOR BAN

Why In news?

- Supreme Court upheld the Kerala Govt.'s decision to prohibit liquor in December 2015 , however, **in Oct., 2016 Kerela Govt (LDF) has sought for reversal in its policy of banning liquor.**
- The Bihar Excise & Prohibition Act, 2016 that had come into force from October 2, 2016 proposing total liquor ban and its stricter provisions.

Arguments For

- Strict state regulation is aligned with the **preservation of DPSP** (Article 47) that places a responsibility on all state governments to “at least contain, if not curtail, consumption of alcohol” (Article 47).
- It helps in bringing **healthy familial relations** –
 - ✓ Alcohol impacts family resources and leaves women and children as its most vulnerable victims. It may reduce cases of domestic violence.
 - ✓ A social stigma at least as far as the family unit is concerned is still attached to the consumption of alcohol.
- **Health implications:** Alcohol, especially in large quantities, can damage people’s kidneys and livers, and can eventually lead to death.
- **Reduction in crime** : Some argue that there is a direct correlation between alcohol consumption and an increase in crime. Violent crimes, assault, and disorderly conduct are most common with persons who are intoxicated.
- **Argument against** Historical evidence shows that prohibition does not encourage or enable people to quit drinking. Rather, prohibition tends to drive the trade underground and creates a market for **smuggling of illicit liquor** and production of spurious liquor.
- **Loss to state exchequer** –
 - The sale of alcohol contributes to the economy of the state through the tax directly and through the tourism, indirectly. Eg. Tamil Nadu nearly Rs.30,000 crore, or over a quarter of its revenue in 2015-16, came from taxes on the sale of alcohol and excise on manufacturing spirits.
 - This income has enabled successive regimes from 2006 onwards to splurge on social sector schemes, especially the trademark programmes to supply free rice to nearly all ration card holders, distribute consumer goods and maintain its pioneering nutritious noon meal scheme for all children in government and aided schools and anganwadis.
- **Restricts freedom of choice** : Also, people should have the freedom of choice to decide to drink alcohol or not, as long as that freedom does not infringe on the freedoms of other people. Therefore, a law prohibiting alcohol would remove the freedom of choice.

According to the **Alcohol and Drug Information Centre of Thiruvananthapuram**, 44% of Kerala’s road accidents, 19% of stays in government hospitals and 80% divorces are linked to alcohol abuse.

According to recent **survey by IISC Bangalore**, researchers claim that more than 60% of accidents in India is caused due to alcoholic drinks taken by the driver.

States where total ban is imposed

Gujarat, after its formation in 1960 out of Bombay State, continued the ban even after independence and still enforces it to this day. But massive industry of illicit liquor widely prevalent in the state.

Nagaland, a complete ban has been in effect since 1989. However, still numerous illegal bars and shops continue to operate in the state. Smuggling of alcohol from neighbouring Assam has also been reported.

States that have experimented with liquor bans

- Andhra Pradesh, Haryana, Tamil Nadu, Mizoram and Manipur are all states that have experimented with partial or complete ban on liquor.
- But change in governments as well as a negative feedback from the public have forced political parties to reverse the decision.
- Widespread smuggling and sale of illicit liquor have also been the reasons for such bans to collapse.

Way ahead

- Addiction is a treatable disease, not a moral failing and there are many proven strategies which can reduce its burden.
- The desire to address the serious social problems caused by a minority of those who consume alcohol by prohibition is a distortion of reality.
- There is a need of effective counselling interventions for those who wish to control their drinking rather than complete ban.

5.2. CUSTODIAL DEATHS AND REFORMS IN JAIL

Why in news?

A writ petitions in SC was filed against the use of torture as an instrument of “human degradation” by State authorities.

Magnitude of the problem

- In 2014, there were five deaths every day, so 35 deaths in a typical week. In the same period, the death rate inside prisons rose by 42 per cent.
- Ninety per cent of these deaths were recorded as ‘natural’ and ‘others’, but what constitutes ‘natural’ and ‘others’ in a custodial set-up is questionable.
- From 1995 to 2014, 999 suicides were reported inside Indian prisons. Tamil Nadu alone has seen 141 of them.

Solutions

- **Accountability:** The only way to thwart what goes on in these institutions is to make them accountable.
- **Surveillance:** Supreme Court last year ordered to install CCTV cameras in all the prisons in the country.
- **Monitoring:** Prison monitors are mandated to regularly visit jails, listen to prisoners’ grievances, identify areas of concern, and seek resolution. These visitors include magistrates and judges, State human rights institutions, and non-official visitors drawn from society.
- **Psychological:** Providing counselling to inmates is crucial for them to deal with the ordeal they undergo in custody.
- **Registering and reporting cases:** File FIR and report all cases of custodial death to the NHRC within 24 hours of their occurrence.
- **Guidelines:** NHRC has repeatedly issued guidelines to prevent and respond to custodial deaths. It is time for the State governments to start taking these guidelines seriously.



5.3. SWACHH BHARAT MISSION: 2ND ANNIVERSARY

Why in news?

- **Gujarat and Andhra Pradesh** are the first states to have become open defecation free (ODF) in **urban areas**.
- The State of **Himachal Pradesh** has been declared Open Defecation Free (ODF), making it the second State in the country after **Sikkim** to achieve the feat in **rural areas**.

About Swachh Bharat Mission

- It was launched on 2 October 2014 to make India clean and open defecation free by 2019, Mahatma Gandhi’s 150th birth anniversary.
- The programme is divided into two categories - Swachh Bharat Mission (Gramin) and Swachh Bharat Mission (Urban).
- The Ministry for Drinking Water and Sanitation is looking at the rural part of the scheme.
- The Urban Development Ministry is implementing the programme in urban areas.

Efforts by the government to make it a success

- Cash incentive for building toilets are being provided by the government.
- Creating solid waste management facilities.
- Efforts and focus on bringing behavioral changes. For instance-
 - ✓ Roping in celebrities to promote toilet use.
 - ✓ City surveys to instill a sense of competition among cities.
 - ✓ Using technology like Hike Messenger Group which has local administrators from the respective states showcasing their achievements in implementing the scheme.
- Creation of a portal by the ministry where all the information is available about the projects.

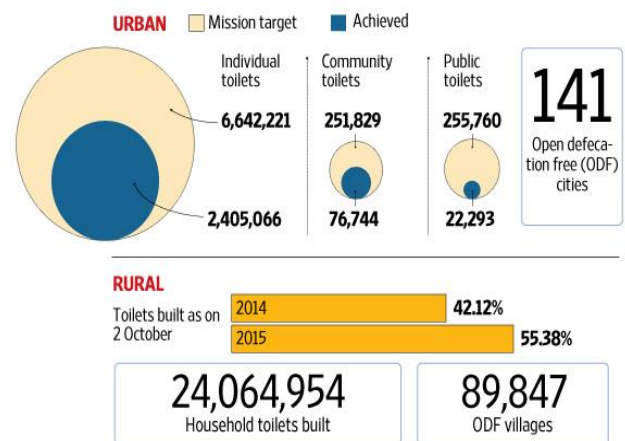
Swachh Bharat Abhiyan: Progress Report

- In rural areas, approximately 100,000 villages have also been declared ODF.
- A total of 405 out of the 4,041 cities and towns have so far claimed to have become ODF.
- The mission has managed to construct 36% of individual toilets, 30% community toilets and 9% public toilets.
- The government has set a target of making 334 more cities ODF by March next year.
- Progress of the mission is slow in terms of toilet coverage in rural and urban areas but definitely environment is created to clean India.
- It has slowly developed into a people's movement with greater awareness and participation.
- Interdepartmental coordination is increased.
- Andhra Pradesh, Madhya Pradesh, Gujarat and Maharashtra showed the most improvement while Delhi, Uttar Pradesh, Punjab and Bihar reported no change. Other states showed marginal improvement.
- Some of the worst-performing states Uttar Pradesh, Bihar, Madhya Pradesh, Odisha and Jharkhand.

Challenges to the mission

- **Swachha Bharat Kosh**, a fund created for SBM programs hasn't taken off well.
- Private participation by way of CSR is less as interested private companies do not have detailed project report.
- Lack of funds for
- Municipal bodies are not fully engaged with citizens or even the mission.
- Struggle involved in bringing behavioral changes in rural population.

SWACHH BHARAT MISSION: TWO YEARS ON



Source: ministry of urban development, ministry of drinking water and sanitation

5.4. OPEN DEFECTION IN INDIA

Open defecation refers to the practice whereby people go out in fields, bushes, forests, open bodies of water, or other open spaces rather than using the toilet to defecate. The practice is rampant in India and the country is home to the world's largest population of people who defecate in the open and excrete close to 65,000 tonnes of faeces into the environment each day.

Problems associated with open defecation

- **Malnutrition**- About 43 per cent of children in India suffer from some degree of malnutrition.
- **Diarrhoea and worm infection** are two major health

Key Facts

- **Swachhta Status Report in 2015**, reports for more than half of the rural population (52.1 per cent) of the country still defecates in open.
- As per **UNICEF report** Around 564 million people defecate in the open.
- **India** accounts for 90 per cent of the people in South Asia and 59 per cent of the 1.1 billion people in the world who practice open defecation.

conditions that affect school-age children impacting their learning abilities.

- Open defecation puts at **risk the dignity of women** in India. Women feel constrained to relieve themselves only under the cover of dark for reasons of privacy to protect their dignity and make them more prone to physical attacks.
- **Cripples national development**- workers produce less, live shorter lives, save and invest less, and are less able to send their children to school.

Challenges faced

- **Traditional practice**- It is deeply ingrained in society. Sanitation is not a socially acceptable topic, and hence, people do not discuss it.
- **Poverty**- Many of the poorest people will not prioritize toilets and besides, many are living in rented homes without toilets.
- **Lack of acceptance**- Society does not view the lack of a toilet as unacceptable. Building and owning a toilet is not perceived an aspiration.
- **Seen as government's responsibility**- Construction of toilets is still seen as the government's responsibility, rather than a priority that individual households should take responsibility.
- **Gap between knowledge and practice**- Even when people are aware of the health risks related to poor sanitation.

Way forward

The challenge is to motivate people to see a toilet as fundamental to their social standing, status and well-being. The success of Swachh Bharat Mission is dependent upon behavioral changes and thus there is a need to engage with the community and facilitate the efforts by the people and involved organisations.

5.5. WHO SUGGEST SUGAR TAX

Why in News?

A tax on sugary drinks to increase the retail price by 20 per cent or more according to a new report from the World Health Organization.

Why this move?

- A tax on sugary beverages raising their price would result in a proportionate reduction in their consumption, that would advance the fight against obesity, which has more than doubled since 1980. About half a billion adults were obese in 2014, roughly 11 percent of men and 15 percent of women.
- Excess calories contribute to overweight and obesity as they can be readily converted to body fat and stored within various tissues. Overconsumption is likely exacerbated by an increase in the serving sizes of sugar-sweetened beverages over the last several decades
- Recent evidence further suggests an association between sugar-sweetened beverage consumption and preventable mortality from diabetes, cardiovascular diseases and cancer, with the majority of deaths occurring in low and middle-income countries.

Recommendations to Governments

- Subsidize what people pay for fresh fruits and vegetables to improve diets.
- Increase income for governments to pay for health services.
- Fund information campaigns.

Success story

- The best-known success story is in Mexico, which passed a sugary-drink tax in 2013, prompting a substantial drop in consumption.
- Hungary has imposed a tax on packaged products with high sugars, salt or caffeine levels.

Situation in India

- The actual numbers of people living with diabetes, at over 60 million in 2013 .

- If implemented, like the tobacco tax, which reportedly helped decrease tobacco consumption, such a tax might be able to cut down the consumption of sugary drinks among children and would be a positive step towards preventing obesity.

The Union Ministry of Health has been contemplating the regulation of advertising, and increasing the tax on both junk food and sweetened beverages, it is yet to take an actual step. Kerala has done so recently with a tax on some types of foods.

5.6. INDIA MOVES UP IN THE WORLD GIVING INDEX

Why in news?

Charities Aid Foundations (CAF) released 7th World Giving Index.

About the report

- It is released by Charities Aid Foundation (CAF), which is an international non-profit organization promoting effective giving and philanthropy.
- The CAF World Giving Index is a leading study on global generosity. Now in its seventh year, it provides a picture of charitable behavior around the world.
- This year, 140 countries were surveyed, representing around 96% of the world's population.
- Myanmar tops the CAF World Giving Index for the third year running, followed by USA and Australia.
- India received a 29% overall score in the world giving index.

Findings about India

- The proportion of Indians participating in helping a stranger has increased by 6 percentage points to 43% whilst those donating have increased from 20% in 2014 to 22% during 2015.
- But even with 203 million people donating money, 401 million people helping a stranger and 200 million people volunteering time, India ranks 91 in the index.
- This is because in terms of numbers India is among the highest but when taken as a percentage of the total population, India lags behind.

THE GLOBAL CHARITY LANDSCAPE

The World Giving Index 2016, released by the Charities Aid Foundation (CAF) on Tuesday shows India tops the number of people donating money, volunteering time and helping a stranger. But it figures among the lowest-ranked nations when seen in terms of the percentage of people involved in such charity, lagging behind even its poorer neighbours like Nepal. The index is based on data from Gallup's World View World Poll, an ongoing research project carried out in more than 140 countries.

Source: World giving index 2016

GLOBAL RANKINGS

Country	CAF World Giving Index		Helping a stranger	Donating money	Volunteering time
	Ranking	Score (%)	score (%)	score (%)	score (%)
Myanmar	1	70	63	91	55
US	2	61	73	63	46
Australia	3	60	68	73	40
New Zealand	4	59	61	71	44
Sri Lanka	5	57	61	61	49
Canada	6	56	65	65	38
Indonesia	7	56	43	75	50
UK	8	54	61	69	33
Ireland	9	54	56	66	40
UAE	10	53	75	63	21
India	91	29	43	22	21

SOUTH ASIA RANKINGS

Region ranking	Country	CAF World Giving Index	Helping a stranger	Donating money	Volunteering time	
		Ranking	Score (%)	score (%)	score (%)	
1	Sri Lanka	5	57	61	61	49
2	Bhutan	18	49	52	56	39
3	Nepal	39	42	46	42	36
4	Afghanistan	78	32	55	26	15
5	India	91	29	43	22	21
6	Pakistan	92	29	44	31	11
7	Bangladesh	94	28	56	14	14
Average			38	51	38	26

5.7. RAJASTHAN DRIVE TO END CHILD MARRIAGES

Key Facts

- Under the banner of "Sajha Abhiyan" of the Rajasthan government, UNFPA and UNICEF, a district-level Abhiyan Yatra was started for complete elimination of child marriages in the State.
- As part of 'Sajha Abhiyan multiple stakeholders, interventions and sectors are converging to address child marriage in the State as a unified force.
- The yatra will bring the community on a united platform to work towards making the State child marriage-free.

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CSE 2013



GAURAV AGRAWAL
AIR-1

CSE 2014



NIDHI GUPTA
AIR-3



VANDANA RAO
AIR-4



SUHARSHA BHAGAT
AIR-5

AIR-1
TINA DABI



AIR-4
ARTIKA SHUKLA



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