

## Social

**Notebook:** First Notebook

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### 1. Problems with NEET

- TN hasn't been using entrance tests since 2006 for medical admissions
- Most seats would be cornered by CBSE students from urban areas
- Unlikely they would work in rural areas
- Unfair to rural and poor candidates as it favors coaching
- Difficulty level different for the English and regional languages

### Way forward

- Evolve flexible policy
- Give leeway to states to take care of Justice , fairness , transparency and reducing exploitation

### TN's performance in NEET 2019

- Improved overall performance by 10 %
- But only one out of 19000 students from govt and govt aided schools have got more than 400 out of 720 marks. Thus, EWS students still struggling to crack the test.

### Why NEET introduced

- To reduce burden on students who have to sit for 25 medical entrance exams
- Ensure minimum scientific knowledge before entering medical college
- Reduce corruption in medical admissions

### 2. Problems with a growing population

- Rising elderly population, 173 million by 2026
- Most in the vulnerable sections - poor , women, minorities, unorganized sector workers
- Problems of chronic poverty, unemployment, social discrimination makes it difficult to design inclusive social security schemes
- Potential support ratio declining
- Rising youth population needs job to absorb them
- Lack of skills

### India's family planning

- 1950s: focus on condoms
- 1970s: mass sterilization during emergency
- 1980s to now: focus shifted to female sterilization on a targeted approach
- But this has shifted burden to females
- Need to involve males in decision making too. Govt. currently trying to do so, but largely unsuccessful
- Providing counseling on various contraceptives and their side effects.

- National Population Policy 2000
- Govt. launched Mission Parivar Vikas: first attempt at dealing with family planning as social issue, rather than just health issue. Saas-Bahu Sammelans being organised for better communication between the two.
- National Population Stabilization Fund- raising age of marriage (prerna), increasing private sector participation in vasectomy etc (Santushti), helpline, IEC
- Use of sterilizations the highest. Very little use of contraceptives like condom, IUCDs, pill (antara launched recently). 53.5% couples use modern methods, 36% sterilization by women. (NFHS-4)
- Some progress: TFR fallen to 2.2 from 2.7 between NFHS-2 and 3. Teenage marriage rates from 47-27%

### How to progress with family planning

- Family health, child survival and no of children a woman has are closely tied to health and education of the parents, in particular the woman
- Poorer the couple, more number of children- Child survival is low, helping hand in economic activity, support for elderly
- As per NFHS 4, women in the lowest wealth quintile have an average of 1.6 more children than women in the highest wealth quintile (3.2 vs 1.5 TFR)
- National Population Policy 2000- voluntary and informed choice and consent of citizens while availing reproductive health care services

### 3. Social security and present government schemes

- Covenant that promises support to vulnerable sections of society
- Article 43 talks about social security
- Beveridge Committee report: Freedom from want
- Dreze and Sen: socioeconomic security- ensuring enhancement of social capabilities and economic security
- Essential for good governance
- ILO Convention 102 on minimum guaranteed social security comprehensive framework
- Germany considered the pioneer with Bismarck's 'sickness insurance program' (1888)
- Present pension schemes mainly for organized sector
- IGOAPS, Indira Gandhi National widow pension scheme, Atal Pension Yojana, Swavalamban - pension schemes for private and unorganized sector
- PM Fasal Bima Yojana, Sinchayee Yojana, Kisan Credit card - social security for farmers
- PDS for food security
- Beti Bachao, Sukanya Samridhi Yojana for education security to girl
- Nai Manzil, Usttad, Nai Roshni for minorities
- Jan Dhan Yojana for greater financial inclusion and accident cover of Rs 1 lakh
- Jan Surkasha Yojana (Atal, PM Surkasha Bima, PM jeevan jyoti Bima)
- Rashtriya Vayoshree Yojana to provide physical aids and assisted living devices to elderly
- Govt. working on Unorganised Workers Identification Number (UWIN): AADHAR seeded identification of workers as per **Unorganised Workers Social Security Act 2008**.
- Measures by states: WB Briddhashree, Punjab Atta Dal scheme
- Most people aware of schemes (71%) but intake very low (13%) - BKPAI survey

### Problems faced by traditional social security (Indian joint family system)

- Increased longevity
- Breakdown of joint family
- Migration of youth for jobs
- Women leaving home to work
- Problem more acute for poorer elderly, as they have very little savings to dip into

### Reasons for low utilization of schemes

- Difficulty in providing docs

- Frauds and fake BPL lists
- Long waiting period
- Underutilization of funds
- Lack of single window approach for the elderly and disabled
- Multiple agencies involved and lack of coordination

### **Pension system in India**

- Prior to 2004, most govt employees received unfunded defined benefit pensions or the pension scheme under EPFO
- Based on recommendation of OASIS committee, switch over to defined contribution funded pension system NPS
- NPS
- Administered by PFRDA
- Available to all citizens 18-60 years, NRI under certain conditions
- Compulsory for central govt except armed forces
- Tax deductible on contribution of 10% of income
- Subscriber can choose broad investment mix (debt, equity, corporate bond) where the fund will be invested
- Annual CAGR of 10% on pension returns

### **Health system in India**

- Less than 1.5% spent on GDP
- 75% out of pocket expenditure
- Insurance coverage less than 11%
- Most schemes focus on tertiary and secondary sector but poor affected by TB, respiratory tract infections and diarrhoea
- New National Health Policy: focus on n wellness not absence of disease, increase to 2.5 % of GDP , PPPs

### **Some schemes for the differently abled**

- Rights of persons with disabilities act 2016
- Tax deductions
- National scholarship
- Reservation in jobs and colleges
- National Handicapped Finance and Development Corporation to provide concession loans for self employment
- Indira Gandhi National Disability Pension Scheme

### **2 problems with social security**

- Sustainability: with rising old age and lowering working population can increase fiscal burden
- Universalizing: especially in developing countries
- Developing countries also lack institutional mechanisms

**EXHIBIT OBJECTIVES, PRIORITY AREAS AND FUTURE IMPERATIVES OF NYP 2014**

OBJECTIVE	PRIORITY	FUTURE IMPERATIVES
1. Create a productive workforce that can make a sustainable contribution to India's economic development	Education	<ul style="list-style-type: none"> <li>• Build system capacity and quality</li> <li>• Promote skill development and lifelong learning</li> </ul>
	Employment and Skill Development	<ul style="list-style-type: none"> <li>• Targeted youth outreach and awareness</li> <li>• Build linkages across systems and stakeholders</li> <li>• Define role of government vis-a-vis other stakeholders</li> </ul>
	Entrepreneurship	<ul style="list-style-type: none"> <li>• Targeted youth outreach programmes</li> <li>• Scale-up effective programmes to build capacity</li> <li>• Create customised programmes for youth entrepreneurs</li> <li>• Implement widespread monitoring &amp; evaluation systems</li> </ul>
2. Develop a strong and healthy generation equipped to take on future challenges	Health and Healthy Lifestyle	<ul style="list-style-type: none"> <li>• Improve service delivery</li> <li>• Awareness about health, nutrition and preventive care</li> <li>• Targeted disease control programmes for youth</li> </ul>
	Sports	<ul style="list-style-type: none"> <li>• Increase access to sports facilities and training</li> <li>• Promotion of sports culture among youth</li> <li>• Support and development for talented sports persons</li> </ul>
3. Instil social values and promote ownership to build national ownership	Promotion of Social Values	<ul style="list-style-type: none"> <li>• Formalise values education system</li> <li>• Strengthen engagement programmes for youth</li> </ul>
4. Facilitate participation and civic engagement at all levels of governance	Community Engagement	<ul style="list-style-type: none"> <li>• Leverage existing community development organisations</li> <li>• Promote social entrepreneurship</li> </ul>
	Participation in politics and governance	<ul style="list-style-type: none"> <li>• Engage youth outside of the political system</li> <li>• Create governance mechanisms that youth can leverage</li> <li>• Promote youth engagement in urban governance</li> </ul>
5. Support youth at risk and create equitable opportunity for all disadvantaged & marginalised youth	Youth engagement	<ul style="list-style-type: none"> <li>• Measure and monitor effectiveness of youth development schemes</li> <li>• Create a platform for engagement with youth</li> </ul>
	Inclusion	<ul style="list-style-type: none"> <li>• Enablement &amp; capability building for disadvantaged youth</li> <li>• Ensuring economic opportunities for youth in conflict-affected regions</li> <li>• Develop a multi-pronged approach to supporting youth with disability</li> <li>• Create awareness and opportunities to prevent youth being put at risk</li> </ul>
		Social Justice

**Way Forward for India**

- Agree on a roadmap for universalizing
- Set up autonomous organization for social security
- Investment and innovation
- Solidarity and v raise awareness
- Universal health coverage as part of social security
- Active engagement by state govt
- Legal and legislative reforms. Eg mental health care bill, disabilities bill

- Set up **all India health services** like IAS. TN already has public health management cadre.

### **New Labour Code Proposed**

- Based on recommendations of 2nd Labor Commission
- Rationalize and simplify existing labour laws on social security (EPFO Act, ESI Act, Maternity Benefits Act) into a code
- PoSet up 3 tier Social Security Administration
- National Social Security Council headed by PM
- Central Board on Social Security
- **State Board on Social Security**
- Local bodies for registration and facilitation
- AADHAR based authentication
- Portable social security account VIKAS

### **3. Examples**

- 37% of children stunted in India. Germany has 1%. Global Nutrition Report
- As per survey by QCI, 100% rural households have toilets in Kerala and Haryana. But 30% for Bihar. 91% households which had toilets used them
- 31% children multidimensional poor as per OPHDI (Oxford poverty and human development initiative)
- Shareer madhyam khalu dharmasadhanam. Body is the instrument of all good deeds. Use in health essay.
- Roti, kapda , makaan. Food, clothing, shelter
- Per capita health expenditure in states falling, although population rising
- Too much focus on curative instead of preventive care
- Princely states like Kerala have a relatively better health record than states under British Raj like UP
- 43% fall in measles cases in a year in India: WHO
- Over 830 govt schools closed in Odisha as number of pupils below 10. But that can increase dropout rates
- SRB has fallen from 906 to 900 from 2012 to 2015, as per NITI ayog, clearly due to foeticide. Can increase violence against women and trafficking
- **Social audit** successfully carried out by **Telangana** for NREGA, with over 52% led by Dalit youth and 11% by Adivasis. Undertaken by Society for Social Audit and Transparency (SSAAT Telangana)
- PM Matru Vandana Yojana now covers 23 lakh of 51 lakh beneficiaries (June 2018)
- No of manual scavengers in 12 states: 53000 based on inter-ministerial survey. NITI Ayog has constituted inter-ministerial task force to deal with manual scavenging, and implement Prohibition of Manual Scavenging and Rehabilitation Act 2013
- Domestic worker's body: PGPS\_ WB Domestic Workers Society gets trade union status
- 93% of sterilisation by women: NHM report. Due to social taboo (robbing the strength of men), absence of male ASHA workers
- NFHS: Stunting declined from 46 to 34%, wasting gone up from 16.5 to 25.6%, underweight static at 36% (2015-16 to 2005-06)
- Smart classes in Maoist hit Banka district of Bihar: Banka Unnayan Programme
- Leprosy prevalence higher than 1/10000 in many tribal districts of the country. India recorded 665 of total new leprosy cases in 2017
- BRICS account for over 40% TB cases
- Dip in faculty members by 2.34 lakh in last 3 years (2015-18): AISHE
- IMR at 40 per 1000 live brths. Target: 25, MMR at 140 per 10000 live births, target 100
- 2005-06--2015-16, India lifted **271 million people out of poverty (MPI index)** especially in access to assets, cooking fuel, sanitation and nutrition. **Jharkhand the fastest**

### **4. Food Security Act**

- Set up grievance redress mechanism in each state
- Set up State Food Commission to monitor implementation of law
- 75% population in rural areas covered
- 50% in urban areas covered

### Some suggestions for improving

- In built mechanism to allow households to avail benefits if they suddenly fall into distress, and allow those which become better off to get out of the act
- Social audits
- Modernisation of PDS using IT and eliminate fraud

## 5. Problems with removing No Detention Policy

- Dropout rate at primary level 4% . Can increase further under NDP. As per NITI Aayog survey in Punjab, dropout rates do increase
- Parents will find it affordable to employ children in work or marry girls off instead of making them study one extra year in the same class
- Added disincentive to girls especially during puberty
- Violates article 21A
- Actual problems : teacher shortage, absenteeism, lack of infra like separate toilets for girls. Hence, unfair to evaluate them only on performance in exam.
- NDP removal introduced in an amendment to RTE act recently. Allows for exams in classes 5 and 8. If fail, then retest soon. If fail again, schools can detain. Suggested by CABE

## 6. Swacch Bharat

- Increase in toilet coverage to 62% from 39% in 2014
- National Annual Rural Sanitation Survey (NARSS) - WB aided survey: Toilet usage at 93%
- 13 states , 4 UTs ODF (ArP, Sikkim, Kerala, Haraya, Meghalaya, Mizoram, UK, PJ, Chandigarh)
- **Components:** ODF, SLWM, IEC campaigns to bring behaviour change, use of Swacchagrahis for every village
- Convergence with other schemes, like PMAY, Kayakalp, Namami Ganga
- Village Swacchta Index (**VSI**): to measure cleanliness of villages based on number of HHs using toilets, littering etc

### Problems

- Lack of water access can lead to toilet disuse. Eg AP
- Dalit houses have lower coverage: structural problems
- Need rural housing also
- Urban sewage management as 60% sewage is untreated and flows into rivers
- Need conscious effort from citizens. To see it as their problem
- States like JK, Bihar, UP lagging behind
- Lack of space in overcrowded homes in urban areas. eg: More community toilets built than individual as residents prefer to use them
- **Only 26%** households have twin-pit toilets- So, some form of manual scavenging might be needed

### Problem with the surveys

- Survey questions are designed in such a manner to show the appearance of latrine use.
- Swacch Bharat campaign hardly addresses a reworking of the underground sewerage system
- Many labourers have died recently while cleaning jammed manholes that open into the sewerage system
- These deaths have a caste pattern

- Manually segregating the waste at the landfill compromises their hygiene and health

## 7. Reasons for falling female labour force participation

As per NSSO and PLFS, % of rural women employed above age of 15 dropped from 48.5% to 23.7% between 2004-5 to 2017-18

- Crèche facilities absent
- No maternity benefits in unorganized sector
- Pay disparities across genders
- Social structure
- Breakdown of joint family to look after children
- Sexual harassment at workplace and discrimination in recruitment. **ILO adopts treaty against sexual harassment at work- India supports it**
- Major source of employment of women is agriculture, but it has suffered stagnation and decline. In rural areas, most of the fall in LPR is among low-educated, illiterate women. As farm jobs dry up, men find work as mechanics, truck drivers etc. But women can't work in these jobs.
- Proportion of women in regular employment just 10% in 2009-10, indicating higher uncertainties in women employment
- Low skills and education for women
- With rising incomes, women decide to stay at homes and care for their children. This reduces participation. But this does not appear to be the case as per PLFS. Much decline taking place among poor women
- Nature of question in PLFS and NSSO. As women's work get fragmented, they don't appear in the usual employment status of 30 days regular work. So, underestimation taking place.

### Positives

- 0.7 percentage point increase in regular salaried work
- 0.5 percentage point increase in public works under MGNREGA

### Way Forward for Maternity Benefits Act

- Provide paternity leave to make child care not solely mother's responsibility
- Government needs to subsidise maternity benefits to employers
- Improving the quality of creches and childcare centres
- SMEs located in close proximity could pool resources for creating creches, rather than creating one's own
- Flexible work time for both sexes

## Room for babies

The Centre has released guidelines which say that that a crèche be either at the workplace or within 500 m of it

**Timings: Open for 8 to 10 hours; should be adjusted according to the shift system at the workplace**



### Safety first

- A crèche must have a minimum space of 10 to 12 square feet per child
- There should be no unsafe places such as open drains, deep and large pits, garbage bins near the centre

- It should have at least one guard, who should have undergone police verification
- At least one supervisor per crèche
- A trained worker for every 10 children under 3 years or for every 20 children above 3, along with a helper
- The crèche staff should be paid at least minimum wages

### Other Steps

- Cabinet Committee on employment and skill devt should look into it
- Build transport infra to allow rural women to seek work as sales clerk, nurses and factory workers.

### 8. Problems in India's public health

- As per CAG audit on National Health Mission
- Inability to absorb funds allocated
- Shortage of staff
- Lack of essential medicines
- Broken down equipment
- Doctor vacancies
- Only **Gujarat** and **Kerala** have standalone mental health policies
- Cannot cap insurance prices as these are lowest in the world.
- 0.76 doctors per 1000 persons

### 3 issues in India's healthcare

- Access
- Quality
- Cost

### Problems with the pricing control policy

- Does not deal with problem of access: Most stent labs located in Tier I cities where 15% of population resides



- Does not reward investment in quality and improved choice
- Cost of stenting prices do not drop as hospitals include other packages.
- Hospitals sometimes offering poor quality products

### **Public-private gap in healthcare**

- Govt. have been giving subsidies to pvt. players, especially to corporate hospitals
- The repeated boast that India can offer advanced interventions at a fraction of the costs in the west does not take into account the cost of the subsidies that makes this possible.
- Most have large investors from abroad and some are effectively controlled by foreign investors. In short, taxpayers' money is being used to ensure profits for foreigners
- Successful govts have been increasingly dependent on private sector to deliver health care. The Ayushman Bharat scheme is a further step in this process.
- Distrust of the public in govt hospitals
- The poor expect to get from them what the rich get in private hospitals.
- The perception that doctors in the pvt sector are much better than those in the public sector has a severe debilitating effect on the professional image of medical personnel in public hospitals.

### **Two ways to involve private sector in health care**

- Ambulance and value-based care delivery
- Create linkages between public health infra and private providers through hub and spoke model.
- Use CSR spending targeted at public health

### **Tackling vector-borne diseases like Lymphatic Filariasis**

- Mass Drug Administration to reach 100% of affected and vulnerable population
- Environment management: Larvae control, insecticide sprayed nets, etc
- Convergence of schemes: SBM, National Drinking Water Programme, NHM etc to focus on sanitation, hygiene and control of vectors (WASH)
- Tackling transmission through migration of people from affected to non-affected areas, esp rural to urban
- Seeking private sector cooperation
- Raising awareness
- Dealing with post-infection stages and counselling and rehabilitation
- Research and innovation in increasing access, providing cheaper technology and improving health outcomes.
- Sri Lanka has eliminated LF in 2016.

### **Way Forward**

- Implement Indian Public Health Standards 2012
- Increase investment
- Monitoring
- Nursing and doctors within 3km radius in every locality
- NITI Aayog policy of using PPP in district hospitals for NCDs. Odisha planning to set up 20 hospitals under PPP at about 1000cr
- Facility of airlift for critically ill patients
- Reimbursing cost of private care if denied treatment in govt hospital
- One week's essential oxygen supply always available
- All payments to be made in advance
- PM Swasthya Suraksha Yojana : set up AIIMS like institutes and upgradation of existing medical colleges
- Use **solar power** to provide full power to PHCs
- **Allow experienced MBBS doctors to perform caesarian** and ultrasound tests and nurses to administer anaesthesia. Current MCI regulations only allow Post graduate

degree holders to do so. Can help to tide with doctor Shortage. **Chhattisgarh** tried giving 3year diplomas to rural medical care providers. But it was opposed.

- Allow bridge courses across the various systems of medicine. Already happening in a few states
- PM Bharatiya Janaushadhi Pariyojana (Focus on affordable generic medicines to poor, create awareness on generic medicines, encourage entrepreneurship)
- IMA forming committee for doctors' emotional wellbeing: Doctor, know thyself
- Include students from various disciplines for an integrated public health course. Improve health communication
- Set-up council for public health with various stakeholders
- **MH** giving **performance based incentives** to specialist doctors to work in rural areas.
- **KL topping Niti's Health index, UP last** - *23 health indicators*- Neonatal mortality rate, U5MR, low birth weight, proportion of districts with functional Cardiac Care Units, specialist positions vacant, immunisation coverage (2019)

## 9. Provisions of RTE

- Compulsory education to 6-14 yrs
- School within 1km of every child (primary). 3km for secondary
- Specified teacher student ratio
- Brought private schools under its ambit
- Special training for dropouts
- Special training for teachers
- Continuous and comprehensive evaluation
- Participation of parents through School Management Committees
- Infra requirements
- NDP to class 8

## Problems

- No concern for 0-6 yrs and 14-18 yrs
- No national school education system
- Not applicable to minority institutions due to SC ruling
- No special scheme for marginalised children
- No allocation of funds or how to generate funds
- Protests by private schools to take in 25% poor children
- Private school teachers need to be paid govt teacher salaries. Many schools closing down
- Filling of teacher vacancies and training of recruits along scientific line not done.
- As per study: **only 12.7% schools** comply with RTE requirements

## Observations by ASER (Jan 2018)

- 14% students cannot identify map of India
- 57% cannot solve simple division
- Only 5% doing some vocational course: Shortage of skilling. Shows society's stigma towards working with hands
- Massive digital divide: 61% has never used the internet
- High enrollment doesn't mean high attendance
- RTE has helped: most tend to stay within formal education (86%) even after the act winds up by age 14

## Jan 2019 Observations

- Only 50% class V students can read a class II text
- Foundational skills shows marginal improvement
- States, earlier considered lagging behind like UP and Chhattisgarh, catching up
- Government schools have arrested declining outcomes, where 70% of India's school children study.

## JAN 2020

- Mother's education decides cognitive skills and public/private schooling of children
- As age of marriage rises, mothers more educated and not working can focus on children's education
- Focus on ECE. Nearly 30% children not in Anganwadis. Many directly join school. This affects cognitive learning. NEP 2019 is a good way forward

### Way Forward

- Use ASER and NAS surveys to find district wide data
- Create a district Learning Improvement Fund
- Ensure quality public free school education to reduce disadvantage in higher education
- States need to review the 10-year ASER reports to identify challenges

### Ways to improve learning outcomes

- Teacher training must be practical and teachers must be provided feedback. Concepts like differentiation introduced: each child learns according to his/her level.
- Involve parents
- Scale programmes that have demonstrable impacts
- Partnership with NGOs, state governments and civil society.
- UNESCO has started **Happy Schools Project** to make learning conducive for children and encourage critical thinking, reduce competition and holistic devt.
- Delhi govt. introducing Happiness Curriculum for positive thinking among children. But 2 problems: teachers professionally dissatisfied, values and happiness cannot be restricted to a 45 minute class.
- Learning from **local innovations: bonus pay** to teachers in Andhra Pradesh
- Focus on Early Childhood Care and Education (ECCE) .Currently, done through ICDS at Anganwadi centres and private schools
- **Haryana project:** Competition to declare each block and then district as **Saksham** (80% or more students who are grade level competent)
- **Gujarat:** Retired teachers give remedial classes.
- **Bhutan:** Teachers and doctors to get paid more than civil servants- greater dignity and incomes from the profession will attract the best of talents and lower absenteeism

## 10. Problems with Indian labour

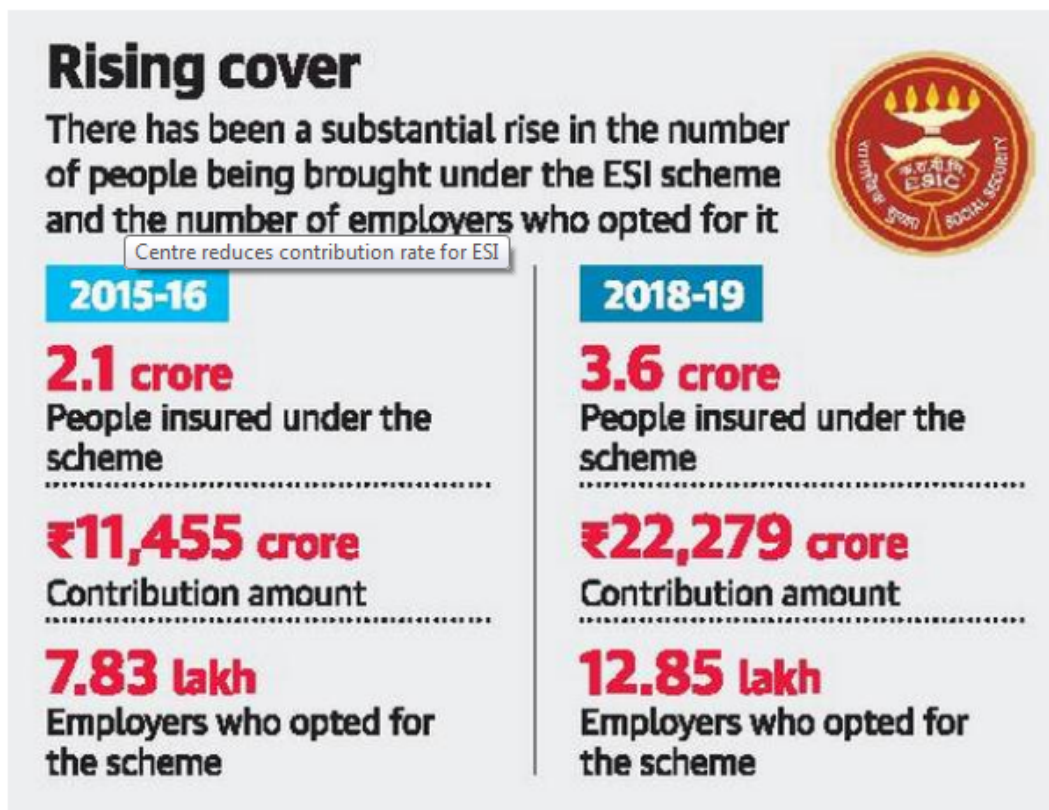
- ILO world economic and social outlook 2016: vulnerable employment falling much slowly
- Gender wage Gap in India higher than many developing countries. 26%
- Rigid labour laws leading to contractualization of labour laws
- 92% of WF in unorganized sector
- Lack of vocational skills
- Jobless Growth
- Sharp decline in women's workforce participation from 28.2 to 21.7 % between 2004-2012
- Share of labour declined in total national income.
- Automation threatening jobs

### Way Forward

- Atal Pension Yojana
- PM Suraksha and Swasthya Bima yojana
- Rashtriya Swasthya Bima yojana launched in 2008 to meet out of pocket medical expenditures for unorganized sector workers
- PM Rozgar Protsahan Yojana where the govt pays 8.33% of employer's contribution to the provident fund. Entire 12% for textiles. Encourage small firms to take more workers and provide social security.

- National Apprenticeship Promotion Scheme. Govt provides reimbursement of 25% of prescribed stipend to ask apprentices and also sharing of basic costs of training limited to 7500 rs per apprentice for max 500 hrs/3 mths
- Skill India Mission, PM Kaushal Vikas Yojana
- Maternity benefit amendment act 2017
- Shram Suvidha Portal with unique Labour Identification No. And single window filling of returns for various labour laws
- Portability of Employees provident fund through Universal Account Number (UAN)
- Adopting ILO convention on worst forms of child labour and minimum age convention.
- **Child labour amendment act 2016:** banning employment of children in all activities below 14 yrs and hazardous activities below 18 yrs. Exceptions for family labour after school. Hazardous include explosives, mining and any other activity in Factories act. Stringent punishment
- **National Child Labour policy:** adopt a gradual and sequential approach with focus on rehabilitation of children from hazardous occupations
- Make use of increasing labour wages and ageing WF elsewhere to send workers abroad
- MGNREGA
- Role of SHGs and cooperatives
- Rationalise 44 labour laws into 4 codes on: Wages, Social Security, Industrial Relations and Occupational Health and Safety
- Govt **lowers ESI contribution** for employees and employers (1.75% to 0.75% and 4.75 to 3.25% resp) to bring more workforce into formal sector, encourage more recruitment of workers, reduce financial liability of employers- rise in EODB, improved viability of establishments and likely compliance with Act. Currently, **levels of contribution far exceed benefits disbursed by it- Rs. 16852 cr vs Rs. 6409 crore.**

**Counter:** Employer contribution reduced by 1.5%, while workers' only 1%. Would lead to huge savings to employers, not much to employees. Increase in ESI enrolment due to upward revision of entitlement level from Rs. 15000 to 21000



**Definition of Unorganized Sector and informal workers**



on followed during encouraged export of 1 import of finished Industrial Revolution to create an impact nomy. It was only World War that factory ng started and that r needs. Hence at endence we were peasant economy e was a minority r-caste rivalry as ons were mostly preneurship was communities and id come up were xtiles, newsprint component was

the Mahalano- alisation focused dustries and the abour-intensive

per cent in 1977-78 which increased to 92.7 per cent in 1993-94. Therefore historically India had a large informal workforce even before the onset of the liberalisation and globalization in the early nineties which only further accentuated it.

The National Commission for Enterprises in the Unorganised Sector (NCEUS) defined the informal/unorganised sector as all unincorporated private enterprises owned by individuals or households engaged in the sale and production of goods and services operated on a proprietary or partnership basis and with less than ten workers. With the informal/unorganised workers being spread both in the organised and unorganised sector NCEUS defined them as "Informal workers consist of those working in the informal sector or households, excluding regular workers with social security benefits

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ITI Aayog. She has written a number of articles on the sector like *India, Employment Trends among Religious Communities of India* and *Annual Report of the Road Transport Sector, Implementation of the Minimum*

provided by the employers and the workers in the formal sector without any employment and social security benefits provided by the employers." Based on application of the NCEUS definition to the NSSO unit level data

created as the units remain in the avail of the subsidies and Post 1991 the policy of liberalisation in the public sector and external competition has led to further informal employ

the trend of informal employment that emerged maybe seen in Table-1.

Informal employment irrespective of organized or unorganised sector increased from 91.2 per cent in 1999-2000 to 92.7 per cent in 2004-05, though it again marginally declined to 91.9 per cent in 2011-12 (Table-1). This high proportion of labour force in the informal sector is due to the fact that **more than 50 per cent of the workforce is self-employed and engaged in the unorganised farm sector.** In the manufacturing sector due to the emphasis on heavy industries and size restriction on the wage goods sector due to the SMEs reservation policy not much of quality employment was

especially within the org  
The share of informal em  
the organized sector in  
37.9 per cent in 1999-2  
cent in 2004-05 and 54  
2011-12.

In the past four d  
India crossed the H  
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jobs in the agriculture s  
and shifted largely to th  
and low skilled service  
form of informal empl  
liberalization due to inc  
competition and with  
reservation and subsi

### **Steps taken/need to be taken to eliminate Child Labour**

- Child Labour Prohibition Act, and its recent amendment, banning all work below 14 years, and hazardous occupations between 14-18 years
- 2 ILO Conventions on CL
- Strengthen policy and legislative nforcement
- Building capacities of govt and civil society NGOs
- Enhancing body of knowledge on CL, with quantitying info
- CL placed under SDG 8. So, stronegr nexus and focus on SDGs needed
- Leverage interest of pvt sector, especially MNCs to eliminate CL in their supply chains

As per 2011 Census, 10.1 million children in 5-14 yrs working children in India

### **11. Digital revolution**

- For digital revolution to be successful, need social empowerment and end to inequality

### **12. RNTCP of TB**

- Requires all household contacts to be tested if one of the members tests positive for TB
- Especially children

### **Other schemes to tackle TB**

- Nikshay, DOTS under WHO, NeHA, National Health Policy 2017, Jharkhand intervention through mhealth, GeneXpert extensively used to detect MDR-TB (resistant to both Rifampicin and isoniazid), oral injection of bedaquiline to deal with XDR TB

### **3 important requirements for tackling TB**

- Instead of new treatments and intrusive surveillance tech that have very little success rates, rely on traditional Bedaquiline and Delamanid to deal with MDR TB
- Human touch- employ and deploy community health workers

- Accountability- Community based 'clinic communities' to ensure accountability while fostering partnership and trust between communities.

### **Why community participation crucial**

- Support fragile health systems by filling critical gaps
- Come from and connect effectively with key populations- sex workers, drug addicts etc
- Provide services that bolster clinic based care
- Extend reach of health services to community at large
- Accountability

### **Way Forward**

- Universalise Drug Susceptibility Test (DST) to detect MDR-TB
- Improve pill-taking and strict adherence to medication
- Close monitoring of side effects (appetite, hearing loss) patients under DR-TB
- Counselling and patient support groups
- Innovation. Eg: digital pillboxes
- Engage private sector as 60% of TB patients treated in pvt sector
- A high-level UN meeting on TB scheduled for September to decide strategies on tackling TB

### **13. Infant mortality**

- Interstate disparity . Kerala, TN best performers. MP, Assam, Odisha worst
- Correlation between low public spending on health and high IMR
- Higher literacy and awareness to use public health facilities in TN, Kerala
- Demographics . Eg higher tribals in Odisha
- Greater female autonomy.
- Distance to nearest hospital
- Most deaths due to diarrhea and asphyxiation
- Janani Suraksha Yojana: conditional cash transfer to pregnant mother and ASHA worker for institutional delivery has been successful

### **14. Affordable housing**

- First private sector affordable housing project launched in gandhinagar by CREDAI

### **15. Vidya Shakti**

- Construction of hostels for SC girls

### **16. Important educational schemes**

- **Padhe Bharat, badhe Bharat:** to ensure learning levels of class 1,2 students at par with world in reading, writing and mathematics
- **Vidyanjali:** under SSA, those who want to volunteer their services at schools
- **RUSA:** for holistic dev of higher edu



Courses (MOOCs) best quality education to all students and courses to the remotest corner of the country.

National Digital Library – for building a National asset for providing access to the knowledge repository in terms of books, e-learning material, encyclopaedia, journals, monographs, e-books, articles etc. for students/professionals/interested people.

Connect - Wi-Fi enabled providing 1- GBPS connectivity to colleges.

Survey on Higher Education (SHE)- covering all states in the country for policy decisions and

Initiative for Design of Curriculum to ensure maximum quality of education and practices of courseware through

Academic Fellowships - in various disciplines for grooming students for launching an independent career to acquire a wider horizon and interdisciplinary areas.

Faculty Fellowship - strengthening Basic Education in Universities to provide continuity for continuance of education by talented technology teachers who have completed their annuation.

Programme for Strengthening Higher Education and Research to promote excellence in higher education by various programmes

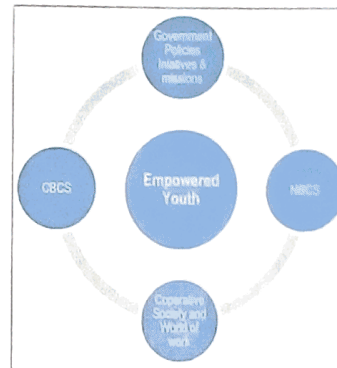
and sustainable livelihood options for raising their life standards.

Rashtriya Uchchatar Shiksha Abhiyan (RUSA)- though education is State's responsibility but to promote the quality standards of state's education system, federal funding under RUSA is given to the states to promote performance based education. It works on the "Carrot and Stick Policy".

Choice Based Credit System (CBCS)- An excellent approach to redesign curriculum which is going to be student centric, giving them ample opportunity for interdisciplinary academics along with multi-directional movement within state, nation and world's education system. The system will also help in removing the stigmas of evaluation and hurdles of employability.

So it seems, to empower the youth, the education system, especially of arts and humanities and basic sciences, needs calculative reforms. Within the limited resources of a developing country, a proper amalgamation of existing systems and policies can prove wonders. The four sided positive approach; student centric education systems (CBCS), employers need based curricula (NBCS), extended

### Quadrat Approach Model (QAM) for Empowerment of Indian Youth



helping hand of government through its policies and missions and recognition and acceptance of such trained and talented youth by the society and world of work can empower youth and nation both. With best of our wisdom, we conclude by making a quadrat approach model for empowerment of the Indian youth.

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1. [www.mhrd.gov.in](http://www.mhrd.gov.in) (Dec 30, 2016), "Year End Review 2016, Initiatives and Achievements of Ministry of Human Resource Development".
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#### Portal and Mobile App of RUSA

The Rashtriya Uchchatar Shiksha Abhiyan (RUSA), under the aegis of the Ministry of Education has launched its own portal and mobile app recently. The portal is a one-stop for States' Higher Education Councils and details of the resources under their decision of the States' Higher Education Councils and details of the resources under their decision. The portal is a rich repository of the projects initiated under RUSA. Seventeen RUSA projects were already launched. These include a cluster university in Jammu and Kashmir, micro ATM facility at the RUSA centre in Ghatsila College, Jharkhand, among others. The Fund and Reform Tracker for this centre has also been launched. The mobile application will ensure that all projects under RUSA are tracked.

States and UTs have responded very well to this scheme; 29 States and 6 UTs are part of the scheme. 100 State Universities and Colleges have been supported so far. The National GER prior to 2012, with Male GER at 22.1 and Female GER at 19.4. RUSA assistance has been critical in increasing the GER. A substantial increase in the National GER has been recorded at 24.5, with Male GER at 24.5 and Female GER at 21.5.

humanities- a major component of the Higher Education ecosystem in the country.

Massive educational reforms for youth are being undertaken by the government at every level by establishing new institutions like IITs, IIMs, IIITs, IISERs, AIIMS, Central Universities, colleges etc. along with Institutional capacity building initiatives.

Open Online Courses (MOOCs) for providing best quality education covering all subjects and courses to the students even in the remotest corner of the country.

National Digital Library – for building a National asset for providing access to the knowledge repository in terms of books, e-learning material, encyclopaedia, journals, monographs

capacity building initiatives.

**Global Initiative of Academic Networks (GIAN)** aimed at tapping the pool of scientists and entrepreneurs, internationally to encourage their engagement with the institutes of Higher Education to augment the country's existing academic resources to elevate India's scientific and technological capacity to global excellence.

**Impacting Research Innovation and Technology (IMPRINT) India** – with an aim to direct research in the premier institutions into areas of social relevance.

**Uchchatar Aavishkar Yojana (UAY)**-launched to promote industry specific need based research so as to keep up the competitiveness of Indian industry in the global market.

**National Institutional Ranking Framework (NIRF)** - for ranking the higher education institutions annually based on an objective and verifiable criteria for promoting quality.

**Establishment of Higher Education Financing Agency (HEFA)** -for creating capital assets in order to give a big push for building up robust higher education institutions

**National Academic Depository (NAD)** - for maintaining academic awards in a digital depository enabling online access and retrieval, eliminate fraudulent practices such as forging of certificates and mark-sheets and facilitate validation.

**SWAYAM PRABHA** – a project for telecasting high quality educational programmes through 32 DTH channels on 24x7 basis.

**SWAYAM**- an indigenous IT platform for hosting the Massive

encyclopaedia, journals, monographs, reviews, research work, articles etc. for the benefit of learners/professionals/scholars and other interested people.

**Campus Connect- Wi-Fi enabled campus** by providing 1- GBPS Connectivity to universities and 10-MBPS connectivity to colleges.

**All India Survey on Higher Education (AISHE)**- covering all HE institutions in the country for making informed policy decisions and research.

**National Initiative for Design Innovation** – to ensure maximum reach of design education and practices by free sharing of courseware through internet

**Post-Doctoral Fellowships** - in Sciences and Humanities for grooming young researchers for launching an academic/research career to acquire new skills, broaden horizon and transiting in cross disciplinary areas.

**UGC-BSR Faculty Fellowship programme** - for strengthening Basic Science Research in Universities to provide opportunity for continuance of research contributions by talented science and technology teachers who are nearing superannuation.

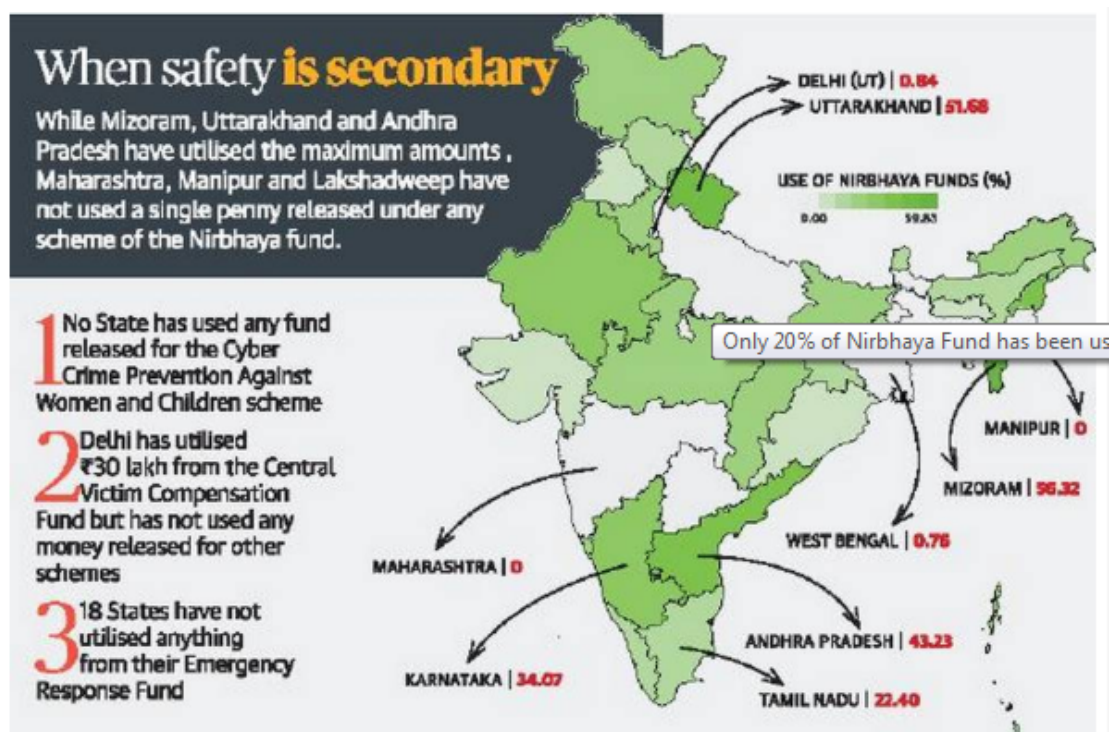
**Scheme for Strengthening Science Based Higher Education and research in Universities and colleges**- with an objective to promote excellence in research in higher education by supporting research programmes

**The Skill India**- an excellent initiative of the Prime Minister to provide appropriate skills primarily to unemployed youth, marginalised women and rural communities to explore employment opportunities

YOJANA June 2017

## 17. Schemes for women

- **PM Vidya Laxmi Karyakram:** provide educational loans to girl students for higher education by a single window portal that provides access to info on edu loans offered by banks and govt
- **One stop centres:** provide medical, legal, financial aid and temporary shelter to women affected by violence
- **Swadhar Greh:** rehabilitation of women in difficult circumstances like widows, women in calamities
- **Women helpline 181, 1098 (children)**
- **Beti bachao beti padhao**
- **Mahila police volunteer**
- **Rashtriya mahila kosh:** to provide fund and marketing facilities for poor women entrepreneurs
- **Mahila E Haat:** under Digital India, web based marketing to facilitate access to global markets
- **Jan Than**
- **Stand up India**
- **Sukanya samridhi yojana under BBBP**
- **Digital gender education** for girl's education, in partnership with UNICEF
- **Maternity Benefits Amendment Act.** But govt should finance maternity care rather than placing burden on employers (2014 ILO report)
- **Mahila Shakti Kendra**
- **Protective schemes:** One stop centres, POCsO e-Box, SHe-Box, Prohibition of Child Marriages Act 2006 (steps to be taken to de-recognise child marriages), Sexual Harrassment Act 2013, Nirbhaya Fund to provide compensation to victims, street lighting, CCTV etc, Khoya Paya portal
- MHA distributing 5000 **rape investigation kits** for speedy probe



The key schemes under which the States have been allocated money include Emergency Response Support System, Central Victim Compensation Fund, Cyber Crime Prevention against Women and Children, One Stop Scheme, Mahila Police Volunteer, and Universalisation of Women Helpline Scheme.

## Rise in women's migration

- Acc to NSSO, 45.6% of women in urban India were migrants in 2008, up from 38% in 1993
- Due to lowering pregnancy rates, higher age of marriage
- Pushed into work- agrarian distress and inability of men to find employment
- Need to create safe public spaces and enabling infrastructure. Curb harrassment at workplace

### **National Policy for Women**

Seven priority areas

- Health
- Edu
- Climate change
- Violence and enabling domestic environment
- Governance
- Social security and support services
- Drinking water and sanitation

### **Women in freedom struggle**

- Sarala Debi chaudhurani organised Bharat stree mahamandal. Modified festival of ashtmi as birashtmi to celebrate heroes of the past
- Annie Besant
- Margaret Cousins . She launched women's Indian association and drafted Indian women's voting rights bill
- Sarojini naidu accompanied women's voting rights delegation to London
- Rashtriya stree sanghas formed in districts
- Durgabai in AP collected Devadasis to hear Gandhi's speech
- Prabhat pheries: early morning patriotic songs
- Women filled up jails . Eg naidu,Cousins
- Shivrani wife of premchand delivered a fiery speech
- Kamaladevi chattopadhyaya during salt March
- Kalpana dutt and waddedar Chittagong armoury raid
- Durga bhabhi joined HSRA
- Aruna asaf Ali in quit India



## Some Women Martyrs of Indian Freedom Struggle: A Brief Account

### ARUNA ASAF ALI

She was born in 1909 in a Bengali family. She took her first step into freedom struggle through Salt Satyagrah in 1930. She was arrested by the Chief Commissioner after some months post Gandhi-Irwin Pact. Again in 1941, she was arrested for Individual Satyagrah. After all the major leaders were arrested on August 8, she was the first person to hoist the tricolor at Gowalia Tank Maidan on 9<sup>th</sup> August, 1942. On 26th September, 1942, all her property and belongings were confiscated and she was asked to surrender in order to get it back. When she refused, all her belongings were sold off. She, along with Dr Ram Manohar Lohiya brought out 'Inqalab Patra', that created mass awareness, after which, many government servants and thousands of students quit their colleges, to join and lead the freedom movement. She was also called 'Rani Jhansi of 1942'. She became the first Lady Mayor of Delhi Municipal Corporation. She also brought out journals called Link and Patriot, which earned her great recognition for her work. She was also given a number of national and international awards.



### SUCHETA KRIPLANI

She was born in 1908 in Ambala. After her primary education in Lahore, she got her M.A. degree from Delhi University. Right from her childhood, she had dreamt of living in an independent India. In 1932, she entered public services and in 1939, she joined Politics. Impressed by her work for public to serve her nation, she was elected by Gandhi ji in 1940 for Individual Satyagrah, for which she even got arrested. In 1942-43, she went underground and continued her work and became the founder of All India Mahila Congress which served as a platform for her to spread inspirational messages to women to fight for their country. For this important work, she also founded an 'Under Ground Volunteer Force' in 1942 that trained women in drills, operating arms, first aid and self defense techniques. She was arrested after two years in 1944. After coming out of jail in 1945, she devoted most of her time in social services. She also provided refuge to women who were kidnapped at the time of Communal Riots in East Bengal in 1946 and Punjab riots in 1947. She was the Chief Minister of U.P. from March 1963 to March 1967, and the first women Chief Minister of Independent India.



### KALPANA DUTTA

She was a student of higher education in Bengal who hated English rule and their language. She even wanted to change the pledge at her school from 'to be loyal to God and King' to 'to be loyal to God and Country'. After completing her education, she took admission in Calcutta University where she learnt to use different kinds of weapons. In 1929, she came in touch with the revolutionaries, but it was only after 1932 that she decided to be a part of their team and fight for freedom with her active participation. She usually dressed herself in man's clothes. She was innovated in secretly conducted raids on the government buildings. Suspecting that she was a member of their group, the police started to keep an eye on her in order to arrest her but failed to gather any evidence against her. When Pahartali Club was raided,



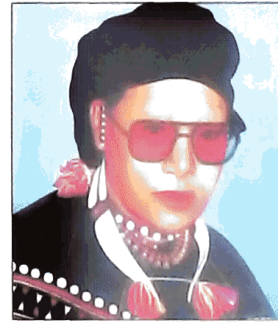
## Special Segment on Independence Day

police was convinced that she was a part of revolutionary's team. She was booked under Section 109, but due to lack of evidence, she was granted bail after which she went absconding. However, she was caught after three months and booked under Chittagong Armory Raid case and was sentenced to life imprisonment. After she was

and from the jail in 1942, she joined the Communist Party and married Communist leader P.C. Joshi in 1943.

#### RANI GAIDINLIU

She is known as 'Lakshmi Bai of Nagaland'. At a tender age of 13, she had decided to fight against the British rule. She joined the struggle for freedom after her cousin was hanged to death by the British. She was only 16 years old at that time and fought with the help of only four armed Naga soldiers against the British. She was well versed with tactics of Guerilla War and Arm Operations. Being a very progressive Naga leader against the British she was caught in 1932. After that, she was sentenced to life imprisonment. She was 30 years when she got out of the jail after India's Independence. She had been called 'Rani' by Pandit Nehru for her bravery and was awarded Padmabhushan for her role in freedom struggle.



#### PRITILATA WADDEGAR

She was born in May 1911 in Chittagong. She was a bright student and after completing her schooling, she did her B.A. with distinction from Calcutta University. After this, she was trained at Leela Nag's Dipali Sangh and Kalyan Das's Student Union after which, she joined leader Suryasen's Revolutionary party. He was a member of the group that raided the Chittagong Armory. After confrontation with the police, she had escaped along with her fellow members. To take revenge for the death of their members who were shot dead, she along with leader Suryasen hatched a conspiracy to attack a night club frequented by the British and Europeans. On September 24, 1932, Pritilata Waddedar, along with other members attacked the club and shot dead indiscriminately with pistols and bombs. When British tried to counter attack, one gun shot hit her and she got injured. She knew that she would succumb to her injury, so she rather preferred to kill herself by consuming a packet of Potassium Cyanide from her pocket as per their plan than succumbing to the gun shot by the British.



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(Compiled by *Vatca Chandra, Sub Editor*)  
(E-mail: *vchandra.iis2014@gmail.com*)

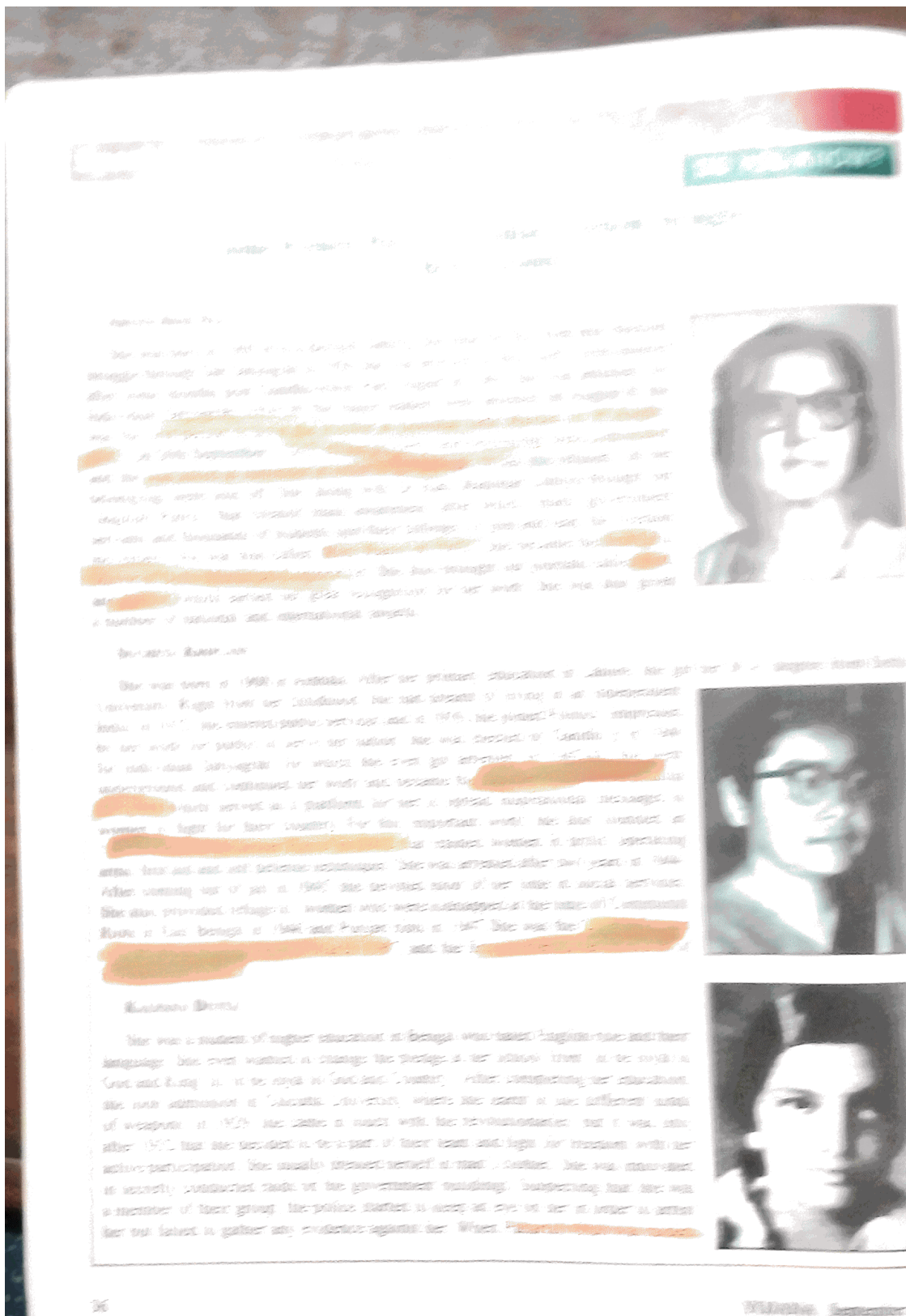
### I&B Minister launches Special Web Page on Festival of Independence

A special webpage on Festival of Independence, 2016 was launched by the Ministry of Information & Broadcasting. The webpage, developed by Press Information Bureau that can be accessed from PIB's home page, pib.nic.in is designed as a platform to showcase all the events related to the Festival being celebrated throughout the country.

The webpage showcases hundreds of archival photographs, audio and video clips, write-ups and features on leaders and events related to the freedom struggle. The Social Media section of the Webpage will show live feeds from Twitter and Facebook. The Tweets from the PIB twitter handle having the hashtags #70YearsOfIndependence and #Aazadi70Saaland Facebook posts on the PIB's Home Page will be updated on the webpage in real-time.



Several organizations have contributed to the rich content being showcased on the webpage. These include All India ... Directorate of Public Relations of Ministry of Defence and Directorate



### Verma committee recommendations

- Voyeurism, stalking an offence
- Amend rape laws to bring in death
- Review security laws in conflict zones
- Monitor illegal, patriarchal village councils
- Review medical exam of rape victims . Scrap two finger test
- Police Reforms
- Electoral reforms. Lawmakers charged with sexual offences or dowry to be disqualified
- Education and gender sensitisation



- Bill of rights for women
- Human trafficking an offence

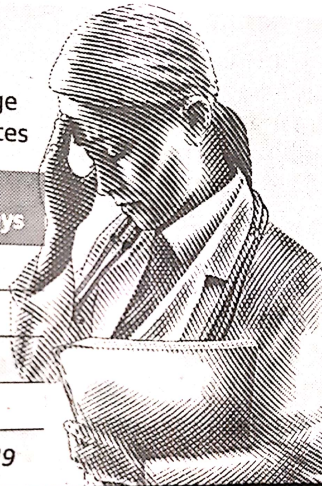
## Endless wait

Investigation process has been delayed in large number of sexual offence cases in several States

State	Total FIRs*	Final report not submitted in 180 days
Uttar Pradesh	13,150	592
Madhya Pradesh	4,540	236
Chattisgarh	1,552	155
Haryana	2,292	122

\* FIRs filed between April 21, 2018 to February 13, 2019

**Trial had been completed in only 4% of 24,000 cases sexual offences that were filed from January to June this year**



- Criminal Law (Amendment) Act, 2018 came into effect on April 21, 2018. It mandates filing of final reports in sexual offence cases within 60 days
- According to Women and Child Development ministry, there are 664 dedicated existing special courts and 2021 public prosecutors for them. 1023 more courts are being planned

## Muslim women

- Face problems of triple talaq, polygamy, lack of education
- In last 25 years, only one union minister is a Muslim woman
- Differences also between elite (Ashraf) and poor (Ajlaf) Muslim women.
- Many poor Muslim women going to private Islamic schools that blend religion with modern education.
- **Bharatiya Muslim Mahila Andolan** fighting for Muslim women's rights.

## Why we need more women MPs?

- Women-leaders as harbingers of harmony and progress, not macho-matchers. There must be gender parity-not fractional reservation
- Demand for *freedom from fear* and the *opportunity to grow* has widespread societal support. Different from *freedom to slut-walk/sexually assert*- this is provocative with societal backlash
- Some countries leading the pack: Rwanda (61%), Sweden (>40%), Nepal (>32.7%)
- Sweden follows a **zipper system**- gender quota system whereby women and men are alternately on all party lists.

<https://www.prsindia.org/billtrack/womens-reservation-bill-the-constitution-108th-amendment-bill-2008-45> [108th Constitutional Amendment Bill]

## 18. Housing

- As per Technical Group on Urban Housing Shortage(TG 12) , Shortage of houses in the low end (affordable housing) but oversupply at the high end
- National Housing Policy 1988
- National Urban Housing and Habitat Policy 2007: promote PPP to achieve affordable housing
- Infra status to affordable housing
- Even Land Acquisition act allows affordable housing as public purpose

## PMAY

- In situ slum redevelopment
- Credit Linked Subsidy Scheme
- Beneficiary led Housing construction: grant of 1.5 lakhs for construction and upgradation of existing houses to EWS categories
- Affordable Housing in Partnership: financial assistance to EWS household when house built in partnership with public or private sector
- Tech sub mission : quality construction, green tech, flexible designs as per climate
- Convergence of SBM, DDUGJY, DAY NULM for building shelters for urban homeless
- Housing for all by 2022
- PMAY-G : Only 66% of its target achieved

### **Problems in housing**

- High land prices
- Haphazard and unplanned dev
- Increased cost of construction
- No private sector participation in affordable housing
- Poor enforcement of laws
- Lack of popular acceptance of tech innovations
- Long approvals for environment etc
- Lack of clarity in by laws

### **LARR**

design. The PMAY focusses on the following four areas: a) redevelopment of private developers using land as a source, where extra TDR/FAR can be provided to the private sector to make projects financially viable; b) credit linked subsidy for weaker sections as a way of promoting affordable housing; affordable housing in PPP mode, with Central Assistance where 35 per cent of constructed houses are for EWS category; d) subsidy for beneficiary led individual house construction. This means that while the public purpose provisions of the LARR Act can theoretically be used for affordable housing, these must fulfill requirements: consent, R&R, compensation, social pact etc, that pertain to displaced/evicted families. Further, the particular public purpose, i.e. affordable housing,



needs to be actually achieved (i.e. land should not be diverted for private purposes or for change in purposes). A reliance on addressing housing shortage through building new units returns us to the original concern of this essay. If LARR and land assembly have not been historically well used to find land for affordable housing, then

the locations of built units will remain peripheral, in the geographical sense. Such locations return us to the viability challenge that we outlined above, and underlie the poor occupancy rates of built housing from previous housing policies.

The alternative is to use the land on which existing but inadequate housing

### LARR - Some Highlights

- The Land Acquisition bill has been renamed as the Right to Fair Compensation and Transparency in Land Acquisition, Rehabilitation and Resettlement Bill, 2013. The new act replaces a nearly 120-year-old law enacted during British rule in 1894. It lays emphasis on Rehabilitation & Resettlement
- The new act concerns only such cases where the land will be acquired by Central or State Authorities for any public purpose.
- It calls for taking the consent of 80 per cent of land owners for acquiring land for private projects and of 70 per cent land owners for public-private projects.
- It also tries to lay down a transparent process for land acquisition for industrialization, development of essential infrastructural facilities and urbanization by giving adequate financial compensation to the affected people.
- It gives priority to the interests of the farmers, landless labourers, dalits and tribals.
- Multi-crop irrigated land will not be acquired except as a demonstrably last resort measure. Wherever multi-crop irrigated land is acquired an equivalent area of culturable wasteland shall be developed for agricultural purposes. States are also required to set a limit on the area of agricultural land that can be acquired in any given district.
- It also provides for leasing of land to developers, instead of sale, so that the ownership will remain with the original land holders and they can also have a regular income by way of lease rent; the terms of lease to be laid down by the State Government according to type of land, location, market rates etc.
- The Act clearly enunciates the issues relating to acquisition, award, compensation and rehabilitation and also curtails the discretionary powers of the District Magistrates.
- 13 Central Acts which are outside the purview of the new Act have to conform to the provisions of compensation and Rehabilitation and Resettlement package within one year of the coming into force of the legislation.
- Where land is acquired for urbanisation, 20 per cent of the developed land will be reserved and offered to land owning project affected families, in proportion to their land acquired and at a price equal to cost of acquisition and the cost of development.

The Consent of Gram Sabha is mandatory for acquisitions in Scheduled Areas under the Fifth Schedule referred to in the Constitution.

### RERA

- Sets up RERA in states and union
- Registration of all real estate projects
- Mandatory disclosure of plan etc
- No pre-launch without getting all approvals
- Builders to deposit 70% of amount raised from escrow account to cover cost of construction
- Fast track dispute resolution through Appellate Tribunal
- RERA can order penalty and compensation

- Can also approach consumer courts
- Buyers can check project details online
- Monitor progress of complaints online

#### **Builder's grievance:**

- Can lead to delays as funds get stuck in escrow account. 70% of delays in NCR . RERA has further allowed developers to announce new dates, further delaying it
- Also need fast regulatory approval from other ULBs. Need another provision for time-bound approvals
- Struggling to get funds

#### **Green Housing**

- Energy Conservation Act 2001 led to Energy Conservation Building Code
- Need to focus on entire life cycle of building instead of just construction costs and materials
- Energy efficient buildings
- Use of movable **external shading devices**
- **Well designed ventilation**
- **MNRE** provides capital subsidy on purchase of solar water heating and lighting equipment
- **Buildings Energy Efficiency Programme** was launched in May, 2017 implemented by Energy Efficiency Services Limited (EESL) -retrofit about one crore LED lights, 15 lakh energy efficient ceiling fans, and 1.5 lakh energy efficient ACs in more than 10,000 government and private buildings by the year 2020.

#### **Need convergence with schemes like SBM, Smart City, AMRUT,HRIDAY , Skill India, Digital India**

#### **19. India's poor performance in Global Hunger Index**

- Main reason maybe access to food
- But equally important, **sanitation and clean drinking water** that increase morbidity and reduce nutrition absorption (Dean Spears)
- Presence of open defecation due to untouchability and their belief that SCs will clean toilets
- So social inequalities perpetuate poor nutrition
- Only 1.4% people report self reported Hunger as per NSSO
- But nutrition indicators like child **stunting,wasting, underweight and IMR** very poor

#### **Schemes to improve nutrition**

- National Nutrition Mission, ICDS, JSY, National Health Mission, MAA, IGMSY, National Food Security Mission, SBM

#### **Why hunger rising in India and world?**

- Displacement of civilian population due to conflicts, like Yemen
- Climate change- and extremes like droughts, floods
- Excess production and resulting glut in commodity prices. So, many developing country governments not getting enough export and tax revenues to spend on welfare programmes.

#### **20. WB report on education (WDR)**

- Move towards rights based approach to education
- Not necessary that private school better, as although low cost it discourages entry of more qualified teachers

- Education not just reading and arithmetic. Need critical thinking, analytics, creativity
- Improve teacher training and supply. Need to give higher wages
- Solve problems of access and equity . 260 million children not enrolled in primary schools
- Schooling suffers in conflict areas
- Nutrition affects education outcomes. Bangladesh children compared
- Teacher student relation important. Tech can only enhance

## 21. Need for a Social Progress Index

- National university of education planning and administration and MHRD bring out **educational development index** for primary and upper primary levels across states
- NITI ayog rolled out for health, edu, water
- But no composite index
- Relying on economic growth for social improvement may not be proper
- One index finds improvement in social outcomes, especially those related to economic progress, eg access to info
- Poorer states done better

## 22. Nutrition problems

- People not eating the right food leading to non communicable diseases . This is emerging as a major problem, especially in urban India
- Many people also cannot afford nutritious foods
- States and UTs have used **only 16% of the funds** allocated under Poshan Abhiyan
- Struggling to set up functional anganwadis
- Social exclusion: SC/STs
- Hunger not only affects immunity (leading to death from diseases like diarrhoea and jaundice), but also affects brain and intellectual development- lowering abilities to acquire skills
- According to UN SDG Report, conflict and climate change leading to increase in number of under-nourished for first time by 38 million
- Today's poor hungry children are likely to be hungry, unemployed and under educated adults, espceially through mother's nutrition

**Amartya Sen:** famines are caused not by shortages of food but by inadequate access to food

## Way Forward

- Improve the **farm to fork** management system
- Improve nutrition of small farmers themselves
- FAO and WHO convened International Symposium b on Sustainable Food Systems for Healthy Diets and Improved Nutrition
- Asia Pacific Symposiums being held in Bangkok
- UN decade of action on nutrition 2016-25
- Provide DBT for nutritious food
- Fortified rice in Odisha reduced anemia from 73 to 5% in Gajapati district.
- Improve ICDS and PDS
- Improve maternal health
- Have a more diversified diet. Focus on millets as they are nutritious.
- FSSAI has started 'Eat Right Movement' with two pillar: 'Eat Healthy' and 'Eat Safe'
- To adequately re-engineer the ICDS, MDM and PDS for greater effectiveness
- Best nutritionists to work with local communities in calorie and nutrition dense supplementary foods using easily available local ingredients
- CSR initiatives
- To mandate and scale staple food fortification comprising edible oil, wheat, rice and diary products, in addition to salt
- Evidence from several countries of the efficacy and cost-effectiveness of large-scale staple food fortification to address "hidden hunger" or micro-nutrient deficiencies

- Considerable work will also have to be done to make fortified rice and wheat available through the PDS
- This requires addressing the supply chain capability to deliver-an excellent PPP initiative
- Mandate of July and August 2017 to use fortified oil, salt and wheat flour in the ICDS and MDM by the Ministry of Women and Child Development and HRD respectively
- Multiple campaigns designed to inform, communicate and educate on nutrition-specific and nutrition-sensitive behaviors like breast-feeding, diet diversity, hand-washing, de-worming, safe drinking water, hygiene and sanitation
- Nutrition has to be "marketed" and made interesting, engaging, simple and personally relevant-an expertise where pvt sector can meaningfully contribute
- **Nutrition counselling:** low cost measures advocated in ICDS

### 1.5. Recent PDS Reforms

1. **Digitization** of almost all of 23 crore ration cards.
2. 56% of the digitised cards have been seeded with unique identification number **Aadhaar**.
3. Installation of **ePOS (electronic point of sale) devices** by many states at the fair price shops to track the sale of foodgrains to actual cardholders on a real time basis.
4. Three UTs-Chandigarh, Puducherry and Dadra and Nagar Haveli have implemented DBT on a pilot basis.

### 23. Education

- UNESCO Global Education Monitoring Report 2017-18
- Not only teachers, but parents, media, civil society and private sector are stakeholders in education
- Putting the blame only on teachers will make them 'teach to the test' . Only focus on tests without holistic learning
- Teacher absenteeism is mostly for genuine reasons. Only 2.5% for truancy. Azim premji foundation survey
- Need for teacher training through DIETs.
- View public education as a critical strategic investment.

### 24. Providing financial incentives to the sick

- TB, cancer patients etc not able to work or drop out of expensive treatment
- Many go for private treatment which is even more expensive
- So need to provide financial support so that they do not drop out of treatment
- Can use DBT
- **Rashtriya Arogya Nidhi** provides DBT for poor patients suffering major life threatening diseases to access care from govt super specialty hospitals
- Revolving funds
- National Strategic Plan for TB elimination (2017-25) plans the use of technology like AADHAAR to provide funds to people

### 25. Sanitation

- **Four steps:** access to toilets, safe containment , transport and , treatment and disposal.
- Transport through sewer pipes covers only 1/3 population in cities. So need to use on-site systems like septic tanks and pit latrines.
- Treatment and disposal involves Fecal Sludge Management (FSM)

### Problems in India

- Septic tanks or latrines not properly constructed as per guidelines leading to contamination of groundwater.
- Fecal waste not transported using de-sludging vehicles
- Rules flouted
- Manual scavenging still done.

## Way Forward

- National Urban Sanitation Policy 2008
- National Policy on FSSM released earlier this year
- Not allowing construction of apartments in the absence of septic tanks.
- Talk about sanitation at home.

## Problems faced by Manual Scavengers

- Health hazards, high mortality due to respiratory diseases especially after inhaling H<sub>2</sub>S
- Poor nutrition
- High physical injuries
- Poorly compensated for injuries and health support
- No protective gear used

## Way Forward

- Implementation of Manual Scavenging Prohibition and Rehabilitation Act, 2012
- Proper training and use of roper suit and respiratory apparatus
- Educate them about hygiene , safe health practices and about their legal rights.

## 26. Need for an anti-superstition law?

- Yes, IPC not equipped to deal with such problems. Maharashtra Anti Superstition Act helped prevent human sacrifice and other inhuman acts. Karnataka has also passed a law reverently
- No, IPC can handle it. Sec 307,323,354B. May need to modify a few things. Even going to temples, mosques, etc can be taken as superstitious activities.
- Best way is to raise awareness.
- Even many TV shows on astrology etc driven more by money and profits than superstitions.

## Way Forward

- Build on persuasion to develop scientific temper : see the matter from the other person's point of view and acknowledge the validity of their perception

## 27. Recent findings from India-State Level Disease Burden Initiative

- Disease burden for most diseases fallen over 1990-2016. But diarrhea, anemia, respiratory tract infection and TB continue to be biggest. Burden.
- But risen for NCDs
- Considerable variation across states.
- 3 **main risk factors**: under-nutrition, air pollution, risks leading to CVD and diabetes.

## 28. 4 types of education

- 1.0: Indian gurukul system
- 2.0: universities at Nalanda, Takshashila
- 3.0: post industrial revolution universities in Europe
- 4.0: create your own degree. Do online courses using mix and match.

## 29. Components of child development

- Vaccination
- Good nutrition for mother and child
- Clean water

- Sanitation
- Protection from vector borne infectious diseases
- India needs to invest in child development, to realise its demographic dividend like the east Asian tigers

### 30. Ethics of excellence in academic research

- Need to imbibe a culture of excellence in academic research
- Even academicians need to imbibe this thinking, and stop blaming bureaucrats and politicians
- Plus, need to stop factionalism and lobbying once reaching positions of importance
- 27% of world's predatory journals in India. Mainly due to UGC's API requirement.

### Problems with UGC's attempts at purge of dubious journals from its approved list of publications

- Removed many reputed journals like The Lancet Public Health
- Indiscriminately targeted open-source publications

ICSSR brings out IMPRESS (impactful policy research in social science) to make research policy-oriented on issues like Make in India, simultaneous polls, PPPs, fake news, food security etc

### Why UG research needs to be encouraged

- Leads to increased retention, critical thinking, problem solving and understanding of research methodologies
- Increases aptitude for research-oriented career options
- Faculties enhance their knowledge, teaching abilities
- Solve the shortage of faculty as more students willing to opt for doctoral or post-doctoral studies. reduce brain-drain
- Research and teaching should ideally go together

### Recent QS rankings show India improving in research (2019)

- IIT Bombay at 152 position > IIT Delhi (182) > IISc Bangalore (184)
- Mainly due to improvement in its research performance
- IISc Bangalore has scored 100/100 in citations per faculty metric- first ever Indian institution to see its research cited > 100000 times in a 5 year period
- An IISc Bangalore faculty member produces research that is cited 261 times in a 5-year period- 5 times the global average
- Overall- Indian universities seeing **average decline** of 12 rankings due to- Faculty-student ration, and International Student Ratio

#### EXPLAINED

#### Research India's key takeaway

The key takeaway for India from the QS rankings is that its research performance is improving faster than the global average. While university research increased its average five-year citations impact by 30%, the global average grew 10%.



## Way Forward

- Eliminate bogus journals
- UGC needs to make it compulsory for UG students to submit 5000 word research paper with similar qualities as a journal paper

**'Target R&D expenditure of 2% of GDP by 2022'**

The growth in R&D expenditure should be commensurate with the economy's growth and must be targeted to reach at least 2% of GDP by 2022, as per a report by the Economic Advisory Council to Prime Minister

**ALLOCATE FROM BUDGET:**  
The line ministries at the Centre could be mandated to allocate certain percentage of their budget for research and innovation for developing and deploying technologies as per the priorities of the respective ministries

**STAGNANT GROWTH:**  
India's public investment in R&D as a fraction of GDP has remained stagnant over last two decades, the report said

**UP TO 0.7%:** Investment in R&D has remained constant at around 0.6% to 0.7% of GDP and this is well below the major countries such as the US (2.8%), China (2.1%), Israel (4.3%) and Korea (4.2%)

**FOR LEADERSHIP ROLE:**  
Need to ensure a leap into a leadership role in innovation by stimulating private sector's investment in R&D from current 0.35% of GDP

**INVESTMENT IN RESEARCH:** A minimum

**75K cr corpus**  
The report also pitched for creating 30 dedicated R&D Exports Hub and a corpus of Rs 5,000 crore for funding mega projects

percentage of turn-over of the company may be invested in R&D by medium and large enterprises registered in India, the report said

**TO KEEP ENTHUSED:** To help and keep the industry enthused to invest in R&D, there is case for not enforcing the complete withdrawal of weighted deduction provisions on R&D investment by April 1, 2020

**STATE-CENTRE:** It will be appropriate that states partner with the Centre to jointly fund research and innovation programmes through socially designed Central Sponsored Schemes (CSS)

### 31. Triple talaq bill

- Imprisonment of 3 years on pronouncement of talaq e biddat
- Triple talaq void: gives effect to SC ruling
- Provides for maintenance to the wife when the man is jailed

#### Pros

- Give effect to SC ruling
- Women's rights

#### Cons

- Can lead to excessive litigation
- Can be misused
- Triple talaq has no force. Why criminalize it now
- Issue of maintenance etc come up only when woman is divorced. But here, she is still legally married. The situation is akin to a divorce
- Already, provisions like Sec 498A, Domestic violence act enough to deal with issues like cruelty

### 32. NMC Bill

- Distributes power between 4 boards: undergraduate, post graduate, medical assessment and rating, ethics and registration
- Includes non-doctors like patient-rights advocates, ethicists, etc
- Eases regulatory requirements for setting up private medical colleges
- Bridge courses from Ayush to allopathy to deal with doc Shortage. [removed]

<https://indianexpress.com/article/explained/national-medical-commission-bill-what-changes-in-medical-education-5843397/>

#### Pros

- Removes opaque nature of MCI

- Has non doctors also
- Tries to ease the Shortage of rural doctors
- Help in modernizing curricula and multisectoral perspectives
- Can encourage research and innovation by laying down rules that make research a prerequisite in medical colleges
- NEXT is a good way to standardize quality of doctors. End license raj of MCI which had to undertake 25 inspections to get final recognition

### Cons

- Election of officials removed. Govt will appoint the officials. Possibility of political interference
- Bridge courses can give rise to quacks. **Currently:** Allowing RMP to prescribe medicines is problematic, as AYUSH practitioners can prescribe medicines leading to AMR
- By allowing half the private seats to have higher pricing, it'll promote unethical practices and commercialisation

### Way Forward

- Allow informal health workers to provide minimal surgeries and drugs as in African countries, after a small course
- Continue with elections
- Improving primary medical education (MBBS) to focus more on community medicine and prevention and hygiene rather than making MBBS a stepping stone to specialisation/superspecialisation which makes doctors unwilling to work in rural areas. Need to change attitudes towards rural areas in MBBS education itself

### 33. Water Sanitation and Hygiene (WASH)

- Recently, trials conducted in Kenya and Bangladesh showed no effect of WASH on child stunting
- But it is too early to reject the link between sanitation and stunting
- Stunting occurs because of inflammation of tissue: inflammation is also caused by exposure to pathogens due to unhygienic conditions
- Open defecation in urban India just 7%, rural 52%. But stunting much more in rural areas.
- Important to follow Bangladesh example where Open defecation fell from 42% to 1% in a decade

### 34. Regulating private healthcare

- Only the Clinical Establishments (Registration and Regulation) Act, 2010 can nominally regulate private sector.
- But it has been ratified by only 10 states, and without any rules
- As per High Level Expert Group, 82% of all outpatient visits coming from private sector in 2012
- Activism has made HIV drugs affordable. Same needed here
- In the case of J&J implants, it took a year for CDSCO to ban imports and send advisories to orthopaedic surgeons
- Drugs and Cosmetics Act, 1940 does not have scope to cover modern medical devices, including hip implants

### What Implant Files Reveal

#### 3 actors complicit in malpractices:

- Pharma companies: live surgeries performed on adults to showcase efficacy of implants potentially harm patients. J&J paid hefty compensation in US, but nothing in India
- Physician: Freebies distributed by companies, promote their products, poor reporting of adverse events- leads to erosion of trust among patients

- Government: Need better regulation after reforming MCI, Medical Device Regulation Bill pending in the Parliament, as bureaucracy feels it will curtail growth and innovation. But China, Japan, SK have much stronger regulation.

### 35. Public health

- Includes both curative and preventive medicine
- Involves the community, especially in preventing the spread of communicable diseases
- Need to increase health coverage and medical infra
- NHPS good step

### 35. Rising sexual harassment against women

- Need data
- But surveys need to be designed appropriately, keeping privacy and safety in mind

### 36. Increasing public sector capacity to produce medicines

- India has used CL only once: Nexavar, a cancer drug made by Bayer. Cipla and Natco given CL
- But many drugs have become unaffordable
- APIs imported from China
- Need to increase capacity of PSUs to produce these life saving drugs

### 37. Problems with CAMPA act

- Monetizes the value of loss and displacement of tribals
- But the money flows to the state and not to the tribals
- Gives immense power on the forest bureaucracy
- Massive scope for corruption with the funds
- Afforestation of degraded lands not taking place. Instead, rights of tribals under FRA 2006 encroached
- Under-utilization of funds by forest dept.
- 4 **problems of afforestation**: poor survival rate of saplings (30%), land has poor quality soil (reason why it is vacant in the first place), fast-growing ornamental plants dont have a large canopy for combating air pollution, native tree saplings not available so exotic invasive species used sometimes (eg: Eucalyptus), forest Dept not trained to rejuvenate new forests.

**Recently, tribe in Ecuador** won legal battle against govt selling rainforest land to oil companies

### Proposed amendments in IFA

- Forest depts can use firearms and veto power to override FRA
- If FRA seen as hampering forest conservation efforts, then state may commute such rights after compensation of tribals
- Propose to open up forest land specifically for commercial exploitation of timber and NTFP

### 38. Proposal for autonomy of colleges

- Divide the universities into Category I, II, III. I has highest autonomy
- Cat I can decide on syllabus, Cat II can follow
- Scrap UGC and set up Higher Education Regulatory Commission
- HERC will perform two functions: Funding and Accreditation
- Two independent boards to be set up: Finance Board and Accreditation Board

- Set up guidelines for establishing institutions
- Draw up standards and grading systems for Accreditation
- Set up grievance redress office
- Allow top 200 foreign universities to set up campus in India
- Hire foreign faculty

#### **Another scheme: Institutes of Eminence (IoE)**

- 10 public, 10 private colleges.
- Public colleges will be given significant govt. funds, not private
- Enhanced autonomy

**eminence'**



**IISc. Bengaluru | IIT-D  
| IIT-M | BITS Pilani |  
Manipal | Jio Institute**

- **These institutions will have full flexibility in fixing their curricula and syllabi**
- **Can admit 30% foreign students with no restrictions on fees**
- **Will be free from the regulations of the AICTE, the UGC, or the HECI**

#### **Problems with the scheme**

- Excessive focus on international rankings, without due regard to relevance of outcomes. Questions on the surveys too: QS and THE surveys not purely academic, but aimed at attracting fee-paying undergraduate students
- Improvement in rankings will make little difference to the kinds of students they get (through JEE exams) or faculty they hire
- Lack of transparency in selection process. How JIO selected instead of KREA, Manipal accused of taking capitation fees

- Only science and technical institutes included. No universities included. Also, no social sciences included
- Already, the IITs, IISc enjoy complete academic freedom in syllabi, research. Yet, they are not able to attract foreign faculty
- Could have allowed the private and public sector to compete for the funds, and allowed to invest. eg: trinity College gets money from land bought in 1930s where a container terminal is built
- Insulate appointment of VCs from political interference: not done.
- No plans to raise expenditure on R&D from 0.8% of GDP

### **Other steps by govt. to internationalise education**

- Study in India: To attract foreign students mainly from Asian and African countries and raise global student share to 2%
- Sign pact on mutual recognition of degrees with 30 countries. Recently, MoU signed with France

### **3 challenges in achieving academic excellence**

- **Talent:** Need to attract the best faculty and students, at competitive rates
- **Resources:** Require a lot of funds, without placing undue burden on students, making it inclusive
- **Favourable governance:** Greater autonomy to faculty, collaboration with foreign faculty, creating an atmosphere of innovation

### **Way Forward**

- Implement Narayana Murthy committee recommendations to increase corporate ownership in higher education: free land for 999 years, 300% deduction in taxable income, 10-year multiple entry visas, 1000 cr scholarship grant to make education inclusive and affordable

### **39. Problems with MGNREGA implementation (same problems with DBT)**

- Lack of funds. From 48000 crore in 2017-18 to 11000 cr in 2018-19. Plus, NeFMS says that states will not generate more employment than the limit agreed to in the Approved Labour Budget. This puts a restriction on the actual amount that can be employed under the scheme
- Delayed payments: Only 32% of payments in 2017-18 made on time
- Rejected payments: due to aadhaar authentication issues like 'inactive aadhaar'
- Diverted payments: wages paid to Aadhaar linked Jan Dhan account opened without workers' knowledge
- Locked account: Workers unable to open account for not completing e-KYC norms
- Wages are delinked from Minimum Wages Act 1948. So, wages have stagnated forcing workers to undertake more hazardous activities.
- Lack of grievance redressal
- Delayed payments major source of corruption as middlemen siphon off funds

### **Way Forward**

- Skill development centres can be set up under NREGA
- Convergence of schemes like PMAY, SBM, etc
- Data collection and aggregation at district level for real-time monitoring

### **40 NHPS- PMJAY**

- National Health Agency with full time CEO set up to implement scheme
- Beneficiaries identified by SECC. Existing workers under RSBY will be automatically included

- 60:40 funding, 90:10 for SCS. Will be implemented with other state schemes like Aarogyashri in Telangana
- 100% portability across country
- Aadhar must for enrolment
- Two modes: trust and 'mixed-mode'
- Penalty for delay in insurance payment and fraud detection
- IT platform to be developed with C-DAC
- JWG between IRDAI and NHA- to recommend measures to improve implementation, hospital infrastructure and facility audits

### Potential problems

- Funding likely to be inadequate. Insurance companies rejected Rs. 1082 per person premium
- Private hospitals complained that rates for 1300 packages lower than CGHS rates. CGHS rates for C-section Rs. 7000 just to maintain a bed, but NHPS rate for entire procedure 9000
- Clustering of diseases. Same amount for both. But TB and HIV require different treatment costs
- 47% of packages require pre-authorization from Implementation Support agency. eg: heart ailments, cancer surgeries. Might lead to excessive delays
- Can result in unnecessary hospitalisation.
- Several procedures covered only if treatment in public hospital. eg: nebuliser, dengue treatment. But PHCs are under-staffed and lack infrastructure. So, this can force patients to go to private hospitals
- Acc to IMA, rates too low, will compromise health of patients. Remove insurance companies and other intermediaries. Instead have direct purchase of medical care from hospitals. Spend 2 cr per district hospital to improve infra. Lack of beds still a major problem
- Too much dependence on private sector: But private sector caters to only 25%, and that too in Tier 1 cities mostly
- As per NSS: average expenditure per hospitalisation is around Rs. 15244 in 2014, now 19000 assuming 5% inflation. But the scheme provides effectively Rs. 2850 per hospitalisation- **only 15% of the total expenditure**
- **Update:** Most claims for **dialysis** under PM JAY- despite the fact that National Dialysis Programme, launched in 2016, provided free dialysis to kidney patients. **Proof of India's hypertension and kidney disease burden.**

### 5 potential concerns according to Kant

- Focuses on secondary and tertiary care, taking away focus from primary care.
- In a supply-deficit environment, raising demand will not help
- Current package prices are too low to encourage private sector hospitals
- hospital insurance addresses only a small fraction of OOP expenditures
- Budget inadequate.

### Benefits

- Reduce OOP and catastrophic expenditure for families and prevent them from falling into poverty, especially for poorest 40%. Study of Karnataka's scheme shows positive results
- Health and wellness centres focus on primary care
- Provides opportunity to private sector to cater under-served population, especially the economies of scale generated by larger demand. Currently, **more than 80%** hospital beds in private sector.
- Hospitals will be paid at pre-agreed rates, leaving no scope for over-charging
- Public hospitals will be able to retain the money it earns through NHPS and invest in improving healthcare infra
- Takes unique features of state schemes and leaves it to states to decide their mode of implementation. Merge existing schemes into one large pool, providing choice and economies of scale

### **Trust mode and cost cutting**

- No insurance has financial resources like the Centre and States. So, govts should bear risk themselves- known as 'trust mode'
- By taking the risk themselves, govts can reduce costs by 15% or upto 6000 crore per year.

### **Govt plans to launch a Digital Health Mission**

- NDHS will use data generated from PM JAY
- To create an ecosystem that would bring together health records of patients benefitting from PMJAY

#### **Benefits**

- Digital tech can make treatments more personalised and precise
- Big data can be used to prevent epidemics
- Improve efficiency of drugs

#### **Concerns**

- Privacy of patients
- Data breaches- EHR of 35000 patients from an MH based lab were leaked in 2016

### **Way Forward**

- MoHFW framed a draft Digital Information Security in Healthcare Act (DISHA)- placed onus of data protection on service provider

### **Universal Health Coverage(UHC)**

WHO: Ensuring that *everyone, everywhere* can *access essential quality* health services *without facing financial hardship*.

### **41 WHO's new classification of diseases**

- International Classification of Disease (ICD 11)
- Contains unique codes for 55000 diseases, injuries and problems, including gaming
- Completely electronic
- Can be used by insurers and health care professionals and policymakers
- Includes new chapters on traditional medicine and sexual health
- Reflects progress in medicine and incorporates GLASS (Global AMR Surveillance System)

### **42 Recent issue on organ donation**

- Foreign transplants usually for heart and lungs as the waiting lists for Indians are small. Liver and kidney transplants have high Indian waiting lists
- As success in heart and lungs increase, indian waiting lists will increase
- While kidney and liver can be preserved for 12-18 hours, heart and lung can be preserved for only 6 hours. So, need to immediately transplant and within same state
- No transplant takes place without approval from TRANSTAN
- Most organ donation now taking place in private hospitals with very high costs, excluding the poor

### **Way Forward**

- Develop infrastructure to allow sharing of organs across states, eg: publicly funded air-ambulance service

- Make approval process more transparent. Report on outcome of every transplant every week, month or year
- Foreigners should not be barred as this affects medical tourism
- Strengthen capacity of public hospitals for organ donation
- Provide subsidies or introduce affirmative action (reserved for poor, or private hospital must perform a fraction for a reduced amount)

### 43 POCSO provisions

- Special fast track courts
- Special Juvenile Police to investigate child abuse cases
- Statement of child to be taken at home or where comfortable by a lady officer
- Identity cannot be revealed
- Now, death penalty for child rapists below 12 years.

### Way forward

- Implementation of above provisions in letter and spirit. Currently not happening (eg: Kathua victim name revealed)
- Stricter enforcement of provisions
- Punish half-hearted investigations
- DO away with intimidating procedures
- Improve judicial delays
- India can accede to Hague Convention on Civil Aspects of International Child Abduction or frame a law on it.
- Need to work towards **restorative justice** instead of punishment to the offender: Most victims want the offenders to go through similar pain and trauma- naming and shaming them in society is a way forward. In 90% cases, offender is known to the victim or his/her relative
- Act should concentrate on the victims' needs- material, financial, emotional and social instead of too much focus on punishment

**Restorative Justice:** Involves bringing the victim and offender together to remedy the harm- it makes the offender accept his/her offence.

### Juvenile Justice Act: 2015 amendment

- Allows children between 16-18 years to be tried as adults for heinous offences- one that attracts minimum punishment of 7 years
- Not mandatory. Need to be done on case-by-case basis
- Three criteria to be followed by Juvenile Justice Board:
  1. Whether child has mental and physical capacity to commit such an offence
  2. Whether child has ability to understand its consequences
  3. Circumstances in which offence was committed
- Trial in the court is offence-oriented, but in children's court, it is reform-oriented

### 44 Types of feminism

- **Liberal:** Bring about change within the existing capitalist system. Advocated by Mill, Ram Mohan Roy, Jyotiba Phule, Karve, Maharaja of Kolhapur etc. Led to women's vote, end of child marriage, sati, dowry, women's education, right to work etc
- **Socialist:** Inspired by Engels, overthrow capitalism to end patriarchy. They feel capitalism led to patriarchy
- **Radical:** Overthrow patriarchy itself. Advocates moving beyond the idea of family if needed for women's emancipation.



- **Post-modern:** Extend rights to all orientations: LGBTs. It is okay to have multiple relationships and adultery as long as there is consent

#### 45 Out-migration problem from Indian villages

- UK facing problem: As per State's Migration Commission 734 villages have become totally depopulated after 2011 census
- Unemployment, lack of good education, lack of healthcare facilities: 3 main problems

#### 46 Need for new Caste census

- Only caste census undertaken is 1931 census and a few sample surveys
- But land ownership and population change has undergone many changes.
- Affirmative action has enabled some Jatis to pull out of poverty and marginalisation, while agricultural stagnation has weakened relative position of some landed classes

#### Way Forward

- Constitute expert and ML techniques to prepare a proper questionnaire for 2021 census

#### 47 Govt. steps to bridge rural-urban divide

- NFSM
- RKVY
- PM Fasal Bima Yojana
- NAM
- PM Krishi Sinchai Yojana
- Jan Dhan
- DAY-NRLM
- Rashtriya Gram Swaraj Abhiyan: capacity building of PRI, strengthen gram sabhas, implement PESA etc
- Mission Antyodaya: Convergence of schemes to ensure measurable growth
- MGNREGS

#### 48 Problems with HECI

- HRD ministry to disburse funds to universities. Can lead to political interference in functioning of universities (**HRD Min:** funds to be given by new and independent body of academics using ICT)
- Possibility of micro-managing universities as it seeks to evaluate academic performance and learning outcomes
- Govt. can remove HECI chairman and vice chair on grounds of 'moral turpitude': can be arbitrary and affect autonomy of HECI
- Difficult to quantify quality
- Low presence of professional academics in proposed 'bureaucrat-heavy' body
- Allows private and deemed-to-be universities to affiliate colleges. Can lead to unhealthy competition for affiliation of colleges for purely commercial reasons
- Different colleges can award different degrees, as power to define degree is removed. Can lead to issues of equivalence and acceptance
- Accreditation under the same body. Can lead to conflict of interest, as we see now.

<https://www.thehindu.com/education/colleges/how-different-is-the-proposed-heci-from-the-present-ugc/article24287473.ece> (HECI vs UGC) [**BIFS**]

#### Some good steps

- States represented in advisory council: gives a federal character. But ultimate say rests with Centre

- Attempt to weed out private dubious institutions along with imprisonment for management officials who defy the HECI
- Separation of regulatory and financial functions.
- UGC too busy with disbursement of funds, unable to focus on education quality, research etc. So, grant giving function taken away from HECI
- Open and Distance Learning will continue to be under the HECI

### **Way Forward**

- Implement Yash Pal Committee recommendations to bring all technical regulators (AICTE, MCI, etc) under single body. Also National Knowledge Commission
- Take long term measures, including Granting autonomy to colleges, increase public spending to 2% of GDP, **improve school education**, increase number of seats in HEIs
- Create an arms-length body for disbursement of funds instead of MHRD
- Give more teeth to mainstreaming skills into the education system

### **49 Why language diversity needs to be adequately recorded?**

- When a language disappears, it takes away knowledge gathered over centuries and a unique world view.
- A culture is lost
- First record of language and caste 1931 census. In 1961, 1600 languages identified. But 1971 census reduced this number to 109 as language defined as having at least 10000 speakers
- In 2011 census, 121 languages, of which 22 scheduled languages. Significant overlap as Bhojpuri with 5 crore speakers is included under Hindi
- But English records just 2.5 lakh speakers in the mother tongue category. No data on number of users as second language, although it is the effective lingua franca
- UNESCO bringing out Atlas on World's Languages in Danger to underscore importance of preserving language diversity
- **Odisha** now has a lexicon for rare tribal languages

### **50 India's performance with AIDS**

- Acc to UNAIDS, India reduced number of new cases and deaths by 27% and 56%
- Able to treat over 90% notified TB patients
- Social stigma around AIDS falling
- But 2.1 million cases
- Laws, like Sec 377 and Immoral Trafficking Prevention Act, legitimise social stigma against homosexuals and sex workers who are more prone to HIV. So, they do not come for treatment

### **India's programmes**

- NACO
- Operation Sunrise in NE states
- COmmunity interventions- treatment, counselling etc

### **51 Health and Wellness Centres**

- Sub-centres converted to HWC
- To be operated by mid-level health provider. eg: Nurse
- Supported by team of frontline health workers
- Deadline of converting 1.5 lakh sub-centres into HWC by 2022

- Co-funded by states

### **Concerns**

- Decisions on recruitment/relocation of health centres should be done professionally
- Doctors should not be absent
- No misuse of govt vehicles/assets
- Professional delivery system
- Susceptible to pull of influencers' - depoliticising the delivery system
- Ensuring accountability

### **52 Steps by Justice Party for empowerment of lower classes (later by Self-Respect Movement)**

1. Gave reservations to various communities in government jobs.
2. Legislation that allowed Dalits to use all the public space without discrimination.
3. Temple entries to non-Brahmins were allowed.
4. Marriages without Brahmin priests and increased acceptance of inter-caste marriages.
5. The abolition of Devadasi system.
6. Allowing women to contest elections.
7. Initiating the mid-day meal scheme.

### **53 Breastfeeding:**

- WHO+UNICEF raised awareness through 10 point program
- Breastfeeding for first 2 years saves lives of more than 8,20,000 children annually
- Recommends breastfeeding in the first hour after birth
- Infants consume colostrum-the first secretion from mammary glands after giving birth
- Colostrum 1) high in antibodies, 2) reduces risk of death from hypothermia 3) helps in epithelial recovery 4) protects children from infectious diseases
- Early initiation has numerous immunological + nutritional benefits that reduce mortality in babies under 1 year age
- Breastfed infants have a reduced risk of infectious diseases eg. diarrhoea
- Only 1 out of 3 babies breastfed exclusively within 6 month, results in higher risk of death
- Requires multi-pronged approach: educating women and health providers
- Limited public knowledge, social norms that trend towards formula feeding, lack of access to lactation services and education have to be addressed through awareness initiative
- Partial breastfeeding has a modest protective effect than to no breastfeeding
- Only mothers suffering from severe illnesses or other issues affecting lactation should go for bottle feeding or milk substitutes
- Factors that delay early breastfeeding: 1) Caesarean delivery 2) use of anaesthesia 3) fatigue 4) Use of pre-lacteal feeding with formula milk
- Health Ministry planning to increase network of human milk banks across the country

### **54 Mental Health:**

- Mental Health care a justiciable right following the enforcement of Mental Healthcare Act (MHCA), 2017.
- First time law recognised the right to access healthcare for citizens
- According to National Mental Health Survey (NHMS) of India, 2016, India spends less than 1% of its entire health budget on mental health
- Up to 92% of them do not have access to any form of mental health

3 immediate steps recommended:

- 1st: Govt will have to make appropriate budgetary provisions to plug existing infrastructure gaps
- Promoting innovative models of community mental health care can support the MHCA using existing community resources. Atmiyata project in Mehsana project in Gujarat
- 2nd: State Govt will have to immediately set up and ensure functioning of State mental health authorities and mental health review boards. State authorities are legally

mandated to establish regulations for registering mental health establishments and professionals, conducting social audits and defining quality standards for mental health services and facilities

- Mental health review boards, as quasi-judicial bodies, will play a crucial role in ensuring a day-to-day implementation of the MHCA such as monitoring long-stay admissions, registering advance directives
- 3rd: implementation of MHCA requires coordinated efforts of all stakeholders concerned. Law enforcement officials, judges, mental health professionals and govt officials need to be trained as a matter of priority to develop the necessary attitudes and skills for implementing the MHCA
- Most importantly civil society will pursue efforts with Govt. in setting up the necessary infrastructure.

## 55 Feminization of agriculture

Globally, there is empirical evidence that women have a decisive role in ensuring food security and preserving local agro-biodiversity. Rural women are responsible for the integrated management and use of diverse natural resources to meet the daily household needs

women farmers, which will prove to be advantageous in bridging the policy gaps which exist in the sector. The following measures have been taken to ensure mainstreaming of women in agriculture sector:

- Earmarking at least 30 per cent of the budget allocation for women beneficiaries in all ongoing schemes/programmes and development activities.
- Initiating women centric activities to ensure benefits of various beneficiary-oriented programs/schemes reach them.
- Focusing on women self-help group (SHG) to connect them to micro-credit through capacity building activities and to provide information and ensuring their representation in different decision-making bodies.
- Recognising the critical role of women in agriculture, the Ministry of Agriculture and Farmers Welfare has declared 15th October of every year as Women Farmer's Day.

## 56 NAS and ASER

Comparison between National Achievement Survey and ASER	
National Achievement Survey	ASER
<ul style="list-style-type: none"> <li>• This is a school based survey</li> </ul>	<ul style="list-style-type: none"> <li>• Household Survey</li> </ul>
<ul style="list-style-type: none"> <li>• Conducted by NCERT for students in class 3<sup>rd</sup>, 5<sup>th</sup> and 8<sup>th</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Conducted by ASER</li> </ul>
<ul style="list-style-type: none"> <li>• It is based on a pen-paper test</li> </ul>	<ul style="list-style-type: none"> <li>• One-on-one assessment</li> </ul>
<ul style="list-style-type: none"> <li>• It takes into account the children enrolled in government schools.</li> </ul>	<ul style="list-style-type: none"> <li>• All children irrespective of whether they are school going or not</li> </ul>
<ul style="list-style-type: none"> <li>• Based on wide variety of skills</li> </ul>	<ul style="list-style-type: none"> <li>• Based on foundational skills such as reading and math</li> </ul>

## 57 HWC

### 2.9.1. Health and Wellness Centre

- Health and Wellness Centres were envisioned under National Health Policy, 2017.
- Under this 1.5 lakh centres will bring health care system closer to the homes of people.
- These centres will provide comprehensive health care, including for non-communicable diseases and maternal and child health services.
- Contribution of private sector through CSR and philanthropic institutions in adopting these centres is also envisaged.
- Augmented by induction of non-physician healthcare providers such as nurse practitioners, in addition to the existing staff, the HWC will provide essential drugs and basic diagnostic free of cost.
- Various vertical disease control programmes will find convergence at this delivery point.
- Using technology, HWCs can generate real time data for monitoring various health indicators.
- **Challenges** - shortage of human resource along with concerns related to lower budget allocation.

## 58 Skill

population, there is a huge opportunity of serving the booming market.

### Why India lacks skilled workforce? – Challenges and Issues

- The focus in India has always been on education but unfortunately not on overall skill development.
- Sheer magnitude of the people who needs to be skilled. The study by national Skill Development Council (NSDC) indicates that a net requirement of about 12 crore skilled manpower would be required in 24 key sectors by 2022.
- The diverse nature of skill sets required varies across the geography of country depending on industrial demand in cluster which further makes need to have location specific strategies for skilling
- The target demography for the skilling initiative is also diverse with people from various education backgrounds who aspire to be skilled
- Perception about vocational skilling vis-à-vis higher education needs to be changed
- Social Acceptability: Vocational courses and skill development courses are looked down upon and such students do not have acceptability in the society as compared to other courses
- Pending Labour reforms: The multiplicity and complexity of labour laws is an inhibiting factor. The employers generally prefer automation and contract labour over permanent to save themselves from labour laws. This growing practice impedes skill development in India.
- Rapidly changing technology: In the era of rapidly changing technology, it is difficult to estimate the quantity and areas in which skilled workforce is required. It also raises requirement of higher order skill sets
- The vocational courses are terminal in nature – there is lack of vertical mobility from certificate to diploma to degree courses in vocational education. As a result parents who feel that their child has an inherent skill do not influence him/her to take up a vocational career.
- Lack of infrastructure and poor quality of courses: The infrastructure in most skill training centres is of poor quality and not upgraded. Hence the gap between what the industry desires and the machinery being used for training is wide.
- Poor quality of trainers: The trainers who impart this skill training are not up-to-date with the skills required by the industry and hence the outcome of training is not as per desired quality. As such, students who complete these courses also do not find ready employment in the industry.
- Lack of Initiatives from industry: The industry especially the small and medium enterprises do not emphasize on vocational certification or formal training as this sometimes increases the cost of manpower. At times, it is observed that SMEs prefer to hire an untrained or semi-trained worker at a cheaper pay-out than a formally trained or skilled worker.
- Lack of standardization: Several ministries offer skill courses increasing the confusion amongst students also resulting in lack of standardization. Furthermore, there is no single comprehensive model addressing all the concerns of this sector
- Gender disparities: The skill programmes are biased towards trades which are more favourable to men reinforcing the exclusion of girls. There is challenge of providing facilities like female teachers, hostels and transport along with introducing flexible courses in terms of time for their better participation.
- Recognition of Prior Learning: Although the workers like Diamond cutters in Pune may have requisite skills passed on from generations, but in absence of any certificate they are not able to take decent job or start a venture

### 3.3.11. National Skill Development and Entrepreneurship Policy, 2015

- It is India's *first integrated* national policy for skill development and entrepreneurship which seeks to improve employability of workers and boost job creation.
- The policy aims to align supply with demand, bridging existing skill gaps, promoting industry engagement, operationalise a quality assurance framework, leveraging technology and promoting apprenticeship to tackle the identified issues.
- The policy would have **four thrust areas**. It addresses key obstacles to skilling, including low aspirational value, lack of integration with formal education, lack of focus on outcomes, low quality of training infrastructure and trainers.
- It also seeks to connect entrepreneurs to mentors, incubators and credit markets; foster innovation and entrepreneurial culture; improve ease of doing business; and focus on social entrepreneurship.
- **Equity** is also a focus of the Policy, which targets skilling opportunities for socially/geographically marginalised and disadvantaged groups. Skill development and entrepreneurship programmes for women are a specific focus of the Policy.

## 59 Skill interventions in sectors

- **Cultural and creative sectors, especially for minorities in traditional handicraft**
  - **Tourism**
  - **Leather**
  - **Textiles**

### Scheme of Capacity Building for Service Providers: Implementation

- **Hunar Se Rozgar:** The Programme was launched in August, 2009 for creation of employable skills. The Programme offers short ( 6 to 8 weeks ) quality training courses covering Food & Beverage Service, Food Production, Bakery and Housekeeping.
- **Certified Hospitality Trainers Programme:** This Programme was started as a measure to meet the shortage of teachers specific to hospitality education.
- **Earn While You Learn Programme:** Under this Programme of the Ministry, the Indian Institute of Tourism and Travel Management conducts training programmes for college-going students for a period of 21 days. The basic purpose of the trainings is to sensitize youths to tourism in the country and also give skills to handle tourism related functions.
- **Training of Taxi/Auto Rickshaw Drivers:** These trainings are conducted by the Haryana Institute of Public Administration (HIPA), Governments of UP and MP presently. Each training course runs over four days and aims at not only improving the drivers and others in their manners and attitude but to also give them skills in communication, first aids and yoga.

## 60 Teacher Education

To deal with this issue, a statutory body viz National Council for Teacher Education (NCTE) was established in 1993 to regulate teacher education system in India. With the setting of NCTE, there was a large scale increase in the number of Teacher Education Institutes (TEIs). It also prepared the National Curriculum Framework of Teacher Education but not much improvement was seen in the quality of teacher education.

### Shortcomings of Teacher Education System

- Focus is on the quantity of teachers rather than their quality.
- Corruption in granting licenses to TEIs by NCTE which has resulted in poor quality of output from these institutes.

- Lack of training infrastructure and even in the existing ones, close to 90% of the teacher training institutes lie in the private sector where standards of training are low.

### **Justice Verma Commission based on SC verdict 2011**

#### **Recommendations of Commission**

- Increase public investment in teacher education system.
- Transparent procedure of pre-entry testing of candidates to pre-service teacher education programs.
- New TEIs must be set-up in multi-disciplinary academic environment.
- Make Teacher education as a part of higher education to introduce the necessary rigour and exposure to various integral disciplines.
- Teacher education programs must be aligned with National Curriculum Framework 2009 to make it more relevant.
- Set-up expert academic body at national level for continuous analysis and reform of the teacher education programs.
- Focus should also be on in-service teacher education by strengthening the existing infrastructure and making periodic in-service training compulsory for teachers.
- Functioning of NCTE should be reformed by increasing its accountability; increasing tenure of Chairperson; reforming appointment procedure for members of NCTE etc.

The commission's recommendations were accepted by the Union Government and

### **61 Mental Health Policy**

<http://pib.nic.in/newsite/PrintRelease.aspx?relid=137749>

<https://www.thehindu.com/news/national/all-you-need-to-know-about-the-mental-healthcare-bill/article17662163.ece>

### **62 AYUSH Mission**

Government recently approved National AYUSH Mission (NAM) which aims at:

- Addressing gaps in health services by supporting AYUSH care and education.
- Supporting the efforts of state governments.

### **63 RUSA**

10. *Highlight some of the problems, which plague Higher Education in India. How far has RUSA (Rashtriya Uchchatar Shiksha Abhiyan) been able to address them?*

**Answer:**

A centrally sponsored scheme (CSS) for reforming the state higher education system gets the government approval. During 12<sup>th</sup> Plan period, 80 new universities are proposed to be created by converting autonomous colleges in a cluster to state universities. Hundred new colleges, including professional/ technical colleges would be set up and 54 existing colleges would be converted into model degree colleges. Infrastructure grants would be given to 150 universities and 3500 colleges to upgrade and fill critical gaps in infrastructure especially libraries, laboratories etc. RUSA would also support 5000 faculty positions.

## 64 Small Towns in India

### Problems

- Lack of basic services
- dilapidated infrastructure
- overcrowded spaces
- dwindling job opportunities

### Positives

- Marketplaces
- supermarkets, beauty parlours and gyms
- private schools and clinics
- fast food eateries
- modern tailoring shops
- mobile and electronic shops
- thriving entrepreneurial spirit

With

### Issues

- JNNURM and Smart Cities focus only on Class I cities (population > 1 lakh)

### Other benefits

- Enormous growth potential
- Spillover effects to nearby villages, especially for empty generation
- Reduction in migration

## 65 Brahminical Patriarchy

- A social order characterised by two inter-connected hierarchies: gender and caste.
- Women inferior to men: Male control of female sexuality and focus on purity of women through menstruation, etc - related to the Sabarimala episode too
- Focus on caste purity: graded inequality of caste
- Ambedkar: Acting against Brahmanism is not acting against Brahmins, but acting against the negation of liberty, equality and fraternity

## 66 Odisha's success in malaria reduction



- DAMaN initiative
- Recruiting ASHAs
- Distribution of insecticide-treated bednets
- Strategies to encourage health-seeking behaviour
- WHO has commended

## **67 The Sentinelese Tribe and recent killing of John Allen Chau**

- Not completely as Census 1931 and other colonial records reveal ability of officials to meet them. Even Govt's own official contact photos of 1970s reveal contact with sentinelese.
- Evidence of use of iron, glass beads, tarpaulin sheets etc suggest contact with other humans
- Only 7 out of 26 visits by Anthropological Survey of India met with hostility. So, these tribes are not hostile by nature
- Indian govt follows a policy of protection while recognising their rights of self-determination. No pacification via coercion as seen in colonial times
- But protection policy in conflict with policy of treating AN as terra nullius-empty space- where govts can settle excess population from the mainland- that is, refugees and migrants. This requires original inhabitants to be moved to tribal reserves.

## **Development of protection of AN indigenous people**

- Main tribes: Negrito- Jarawas, Sentinelese, Onge and Great Andamanese; Mongoloid- Shompen and Nicobarese (only tribe whose population is rising)
- Nehru's Tribal Panchsheel -guiding principles that led to AN Islands (Protection of Aboriginal Tribes) Regulation, 1956 (ANPATR) promulgated by President.
- A policy of non-intervention also proposed by expert committee under SC in July 2003
- In 2005, ANPATR was amended to increase unishments
- Policy for protecting Shompen released in 2015.
- But Andaman Trunk Road increased outsider interaction with tribals. Civilian intrusion into Jarawa reserves.
- In August 2018, government relaxed Restricted Area Permit (RAP) for 29 islands in the Andaman and Nicobar Islands, including North Sentinel Island
- International conventions: Indigenous and Tribal Populations Convention, 1957 and 1989 (ILO)- 1989 CONvention insisted on non-intervention policy. But India has only ratified th 1957 Convention.

## **68 Problems with PM Matru Vandana Yojana -maternity benefit programme**

- Benefits reduced from Rs. 6000 to Rs. 5000 per child
- Restricted to first living child- first order births make up only 43% of all births in India
- Restricted to women above 18 years of age
- Exclusionary: forms have to be filled, AADHAAR numbers seeded, no assistance to women who lose their baby.

## **Way Forward**

- Raise benefits to Rs.6000
- Make it available for all pregnancies and not just first child.

## **69 Education of migrant children**

- As per Global Education Monitoring Report, 8/10 migrant children in worksites across 7 Indian cities did not have access to education.

- 28% identified as illiterate or had incomplete primary education
- 40% of seasonal migrant children likely to end up in work rather than school.
- Education planning does not seem to take these migrant children into account.
- Interventions designed by states aimed at helping children who are in their home communities.
- Teachers report culture, language, lifestyle, cleanliness and clothing as major barriers between them and kiln labour community

### **Some steps**

- RTE makes it mandatory to admit migrant children.
- National-level guidelines allow for flexible admission of children, providing transport and volunteers to support mobile education, seasonal hostels
- Gujarat opened seasonal boarding schools
- Maharashtra- authorities work with local volunteers to provide after-school psychosocial support to children left behind by seasonal migrating parents.
- TN provides textbooks in other languages

### **What census 2011 reveals about migration**

- Marriage and employment- primary causes of migration in India
- Bulk of migration within individual states- Only 11.9% moved inter-state
- UP from where travel to all over India hosts 5.65 crore migrants
- In Assam, about 1 lakh migrants from outside India, of which 64000 from Bangladesh.
- In Assam, about 4.96 lakh Indian migrants- mostly Biharis

**Definition under Census:** When a person enumerated in Census is at a different place than his/her place of birth, she/he is a migrant. Migrant data collected from 1872.

### **70 Problems faced by Denotified and Nomadic Tribes (DNT)**

- They were denotified from Criminal Tribes Act 1871 and Habitual Offenders' Act enacted in states.
- Face ostracization by society at large
- Do not possess any residential roof, making them unable to avail govt. schemes
- Randomly grouped into STs or OBCs
- First National Commission for DNT, 2003 under Renke- recommended repealing HOA
- Idate Commission with similar mandate, but lacks funds and scientific data.
- Their unique lifestyle requires positive affirmation

### **71 Problems with Transgender Persons (Protection of Rights) Bill, 2016**

- Freedom to define oneself as male or female completely missing. A district screening committee will certify the person as trans.
- A person wishing to transition from male to female or vice versa will be allowed to do so only after a gender reassignment surgery. This goes against NALSA judgement.
- Does not allow recognition of male or female gender identity. Only allows for an identity certificate that recognises 'transgender'
- They need to live with their natal family or be sent to rehabilitation homes. But it is at home where the discrimination begins.
- Silent on reservation in jobs and colleges, and punishment for abetting discrimination.
- Criminalises begging by trans- violates the Delhi HC judgement (*Harsh Mander, 2018*), Art 19,21
- Fails to extend protection to victims of sexual assault, as IPC defines it strictly between man and woman, with woman as the victim.

## Way Forward

- Follow UK's Gender Recognition Act 2004 that allows people to change gender without surgery.
- Allow for distinction between Transgender and Intersex [**Transgender**- gender identity different from that assigned from birth, **Intersex**- Ambiguity in anatomical genitalia]
- Have a different bill named- Gender Identity, Gender Expression Bill
- Make forced sex assignment surgery illegal

## 72 Problems with Surrogacy Bill

- Outright prohibition of commercial surrogacy will push it underground. Stricter punishments will make the whole process invisible.
- According to Parliamentary Standing Committee, it reinforces the idea that a woman's body is not her own. Altruistic is tantamount to exploitation. It suggested *compensated* surrogacy.
- Need to include divorcees, widows and same-sex couples
- Altruistic surrogacy can wrongfully associate women with incest, as they are close relatives like sisters.
- Strangers can be dressed up as close relatives. Close relatives not defined
- Excludes couples who might not have close family unit-like inter-caste marriages which are shunned by families.

## Why Bill is necessary

- Reports of exploitation of women- surrogate mothers kept confined in hostels during pregnancy, putting bodies at risk, paid low amounts
- Trafficking
- Foreigners abandoning children born through surrogacy
- Commercial surrogacy allowed only in Russia, Ukraine and California.

## Certain provisions

- All clinics to be registered. They can charge for their expenses but cannot surrogate mothers cannot be paid.
- Max punishment of 10 years
- Forbids the surrogate mother to use her own eggs, allows her to withdraw before embryo is implanted
- Couple must provide 16-month insurance coverage for the surrogate mother including post-partum complications.

## Way Forward

- Ensure sound financial remuneration to surrogate mother
- Regular health check ups
- Proper documentation

## 73 Why Upper class continues to neglect Dalits in urban areas?

- Thanks to Constitution and laws, abhorrent forms of casteism have been criminalised
- Overt casteism no longer visible in cities
- Mandatory quotas etc make them feel that it is up to Dalits to lift themselves up.

## 74 WHO's ten threats to global health in 2019

- Air Pollution, climate change
- NCDs
- Global influenza pandemic
- Fragile, vulnerable settings leading to famines, droughts, poor health services and conflict
- Antimicrobial resistance
- Weak primary healthcare
- Vaccine hesitancy
- Dengue
- HIV
- Ebola, Zika, Nipah, SARS and other pathogens

## **75 Soil Transmitted Helminth (STH) infections- worms**

### **Causes**

- Open defecation
- Contaminated soil and water
- Uncooked food
- Not following basic hygiene

### **Consequences**

- Decline in iron, protein and vitamin A levels
- Anaemia
- Lower appetite
- Malnutrition
- Diarrhoea

### **Steps taken**

- National Deworming Programme- fixed-day, mass drug administration programme reaching out to 230 children through primary schools and anganwadi centres- Drug given is Albendazole

### **Way Forward**

- Engagement of community volunteers, youth and health officials
- Special focus on out-of-school children and adolescents
- Private schools can raise awareness among parents
- Better coordination and drug procurement by state Health Depts
- Focus on preventive chemotherapy, improved sanitation facilities, clean drinking water
- Integrating it with SBM, Iron and Folic Acid Programme, making it a part of urban planning

## **76 Problems SDG India Index: Baseline Report 2018 by NITI Aayog**

- 3 goals have been left out due to lack of identification of appropriate indicators or inability to compare different states.
- Scale 0-100: achievers, front runners, performers and aspirants- arbitrariness in the exercise. Those states with scores till the midpoint categorised as aspirants and a cluster of states in a close range of progress are termed performers
- Differences emerging due to different number of indicators considered under different goals
- Merely averaging the scores compromises on robustness and masks disaggregated story to a large extent
- Overlooks interdependence across different goals

### **Way Forward**

- Use geometric average

### **77 Why women entrepreneurs less in number**

- Absence of mentoring
- Patriarchal family and societal norms
- Lack of awareness
- Formal finance
- Poor customer management skills

### **Steps taken by govt**

- TREAD- Trade Related Entrepreneurship Assistance and Development
- MUDRA
- Stand up India

### **78 ICDS**

Six services

- Supplementary nutrition
- Non-formal early education
- Health and nutrition education
- Immunisation
- Health checkup

### **Way Forward**

- Health-ICDS synergy
- More local govt involvement
- Decentralised data to guide frontline workers
- Convergence with civil society, NGOs on matters including drinking water and sanitation

### **79 Problems with BBBP**

- Inadequate allocation of funds- shortfall of 77 crore
- Lack of monitoring at the district level
- Skewed allocation- 47% spent on IEC activities, only 5% on education

### **Way Forward**

- Train district level workers
- Increase funds
- Better allocation across sectors
- Use tech for monitoring and easy implementation

### **80 WHO strategy to fight flu pandemics**

- Strengthen routine health programmes
- Disease surveillance
- Annual flu vaccines for healthcare workers

### **81 Problems faced by TB patients**

- Difficulty in getting a clear diagnosis
- Doctor-shopping
- Lack of info on treatment
- Side-effects
- Loss of income
- Stigma and discrimination

## 82 Draft New Education Policy

<https://indianexpress.com/article/explained/simply-put-government-wish-list-for-schools-hrd-ministry-national-education-policy-draft-5772434/> (**Schooling**)

<https://indianexpress.com/article/explained/simply-put-how-education-can-be-flexible-national-education-policy-5774128/> (**Higher education**)

### Problems:

- **Language: 1.** Most Western countries- children learn in their mother tongue, and one extra language later, usually english. In India, extra burden of 3 languages. **2.** Issue of imposition of Hindi. **3.** There is no authentic data available on the numbr of Hindi speakers- but surely below 40%, as in 2011 Census- many dialects like Bhojpuri, etc clubbed into Hindi in HP, UK, HR, BH, JH, CH, MP. **4.** According to UNESCO- such an imposition amounts to 'genocide' . **5.** Opposition to Hindi reflects the democratic aspirations of non-Hindi languages. **5.** We will need at least 1 million additional teachers to teach TLF.
- **Omissions: 1.** Not taking steps for adequate representation of marginalised communities in higher education, **2.** Protecting public higher educational institutions from govt interference. National Education Commission to be chaired by PM clearly shows political interference
- **Functional literacy: 1.** Teaching listening, speaking, reading, writing sequentially. Rather, it should be done simultaneously **2.** Higher order meaning making, critical thinking, reading and writing literature should not be reserved for later years. **3.** How to prepare teachers for foundational literacy in a multilingual country? It simply recommends recruiting volunteers and community members.
- Doesn't deal with the hostile takeover of science by competitive exams, and the centralising tendency of research by central agencies.
- The proposed NRF is similar in functioning to DST. It is likely to cater to Tier I institutions engaged in 'world class research' and have no linkage with Tier II and III institutions
- Liberal arts universities are likely to top-down approaches with no pedagogical vehicles
- **Finance:** Doesn't talk about how to raise finance. Emphasis on private sector or CSR will not be ideologically neutral. Greater focus on **privatisation** will lead to inequalities
- **Federal Structure:** Appears to have a centralising tendency with HEERA, NEC etc at the centre
- **English:** Moving away from English can generate inequalities in this era of globalization
- **Persons with Disability:** Commercialisation will make it difficult for PwD children to access schools+ different disabilities require different interventions

### Positives

- Integrating liberal arts with technical professional education, simialr foreign universities
- Bringing a common entrance exam for all public colleges and universities: **1. Flexibility to students as multiple times a year, 2.** Aptitude tests will test skills and concepts, **3.** Private universities will be encouraged to accept the scores
- Inclusion of pre-school from 3-6 years -**1.** pre-school crucial to stimulate a child's curiosity and help her prepare for schooling **2.** Focusing on nutrition brings about holistic devt of child. "Over **85% of a child's cumulative brain** devt occurs prior to age 6"- But focus should be on **play-based-learning**
- To have well-designed school complexes from pre-school to secondary cclasses

- Seeks to ensure that the language of culture remains the language of education and profession. Best teaching takes place in the mother tongue
- State's commitment to public education, moving away from privatisation, and against adhoc appointments
- National Research Foundation- separate autonomous body
- **Language: 1.** 3 languages is welcome. Most European schools teach up to three languages. **2.** Foreign languages in class 9-12 will increase employability. **3.** Teaching on "Languages of India" in class 6-8 will make children understand Indian language diversity. **4.** Those pursuing doctoral research need to be able to communicate their research to locals in their mother tongue
- **Technology:** Need to make use of platforms like Khan Academy

### Way Forward

- Undergrad students can be given scholarships to stay in another state and teach their language.
- Need greater use of tech
- Establish direct links between Tier I,II, III institutions
- Try to decentralise MHRD, DST and other agencies

### Some general recommendations

India needs: (a) dramatically increased funding from diverse sources, and the NEP's recommendation for a new National Research Foundation is a welcome step in this direction; (b) significantly increased access to post-secondary education, but with careful attention to both quality and affordability, and with better rates of degree completion; (c) longitudinal studies on student outcomes; (d) to develop "world class" research-intensive universities, so that it can compete for the best brains, produce top research, and be fully engaged in the global knowledge economy; (e) to ensure that the private higher education sector works for the public good; (f) to develop a differentiated and integrated higher education system, with institutions serving manifold societal and academic needs; (g) reforms in the governance of college and universities to permit autonomy and innovation at the institutional level; and (h) better coordination between the University Grants Commission and ministries and departments involved in higher education, skill development, and research.

## 83 Delhi's move towards making metro and bus rides free for women

### Rationale

- Make it easier for women to move from informal and more unsafe modes of transport such as shared autos and cabs to safer formal modes like metro.
- To help women enter the labourforce, as women's economic choices affected by safety of transport and travel- occupy public places and their right to work and commute freely. As per **WB study**, female students willing to choose a lower quality college, travel longer and spend much more than men in order to travel by safer route.
- Public service should be inclusive. Post 2017 fare hike- metro ridership dropped by 3 lakh per day. Male to female commuters **4:1**
- Takes into account the large gender pay gap, unpaid women labour or how public spaces are visibly gendered

### Elsewhere

- In **Talinn, Estonia**, a leap in share of women using public transport after it was made free.
- Experimented elsewhere in Europe and US by making public transport free
- But reason is mostly for reducing congestion and incentivising public transport, not women's safety

## Challenges

- Funding- need Rs. 1200 crore additional funding. **One possibility:** High congestion charges, parking taxes, fuel taxes can be levied to discourage private transport. Funds gained can be used for free metro rides.
- Ensuring capacity building- adequate number of buses, metros, women's coaches, street lighting, deploying women personnel. Apparently, Delhi's buses running on 80% capacity. So, they can take in additional 10% increase in capacity due to more women commuters. **Connect Delhi** to improve reliability of buses.
- How to isolate entry at the metro station for women. Special cards or token can be used
- Can perpetuate the notion that women is the 'weaker sex'
- Last mile connectivity continues to be a big issue. Can start a pilot project by ensuring adequate street lighting and making available modes such as small buses to commuters.
- Sreedharan- will increase demands from other sections to have free rides, thereby leading to inefficiency in the metro.

## 84 Three-Languages Formula

- Introduced in National Policy on Education 1968
- Hindi States: English, Hindi, preferably a Southern language
- Non-Hindi States: English, Regional Language, Hindi
- Objective is devt of Hindi as link language
- Establishment of Hindi medium colleges and HEIs should be encouraged in non-Hindi states
- NPE 1986 made no change to NPE 1968 on TLF

## TN's opposition to TLF

- It sees it as imposition of Hindi. It follows a two-language formula
- English is seen as bulwark against Hindi imposition and language of empowerment and knowledge. They feel Hindi will eliminate English as the link language of the country
- Under TN Tamil Learning Act, Tamil has to be compulsorily learnt in schools operating in the state- private and public
- It opposes Navodyaya Vidyalayas being established in the state

## TN's exceptions

- It is not opposed to Hindi per se, but its forcible imposition
- Dakshin Bharat Hindi Prachar Sabha established by MK Gandhi in 1918 continues to operate in the State. It imparts Hindi learning to anyone willing to do so.
- Private schools and CBSE schools can also teach Hindi, as long as they teach Tamil.

## Why people are sensitive about their language

- Instrument by which we describe the outside world. Ways to describe our thoughts and communicate.
- Language makes certain features of an entity more salient than others- pushes some into the background. eg: Table
- Develops a whole gamut of social relations- informal, friendly, casual, serious. Recognition of a standard, distinction between right and wrong done in mother tongue
- Strong communitarianism- language needs a speech community to exist- in a way, devet of sensibilities, aspirations etc develop.



- Language makes us at home in the world- Tamil speaker finds relief in finding another Tamilian in Punjab

### Why English is an enigma

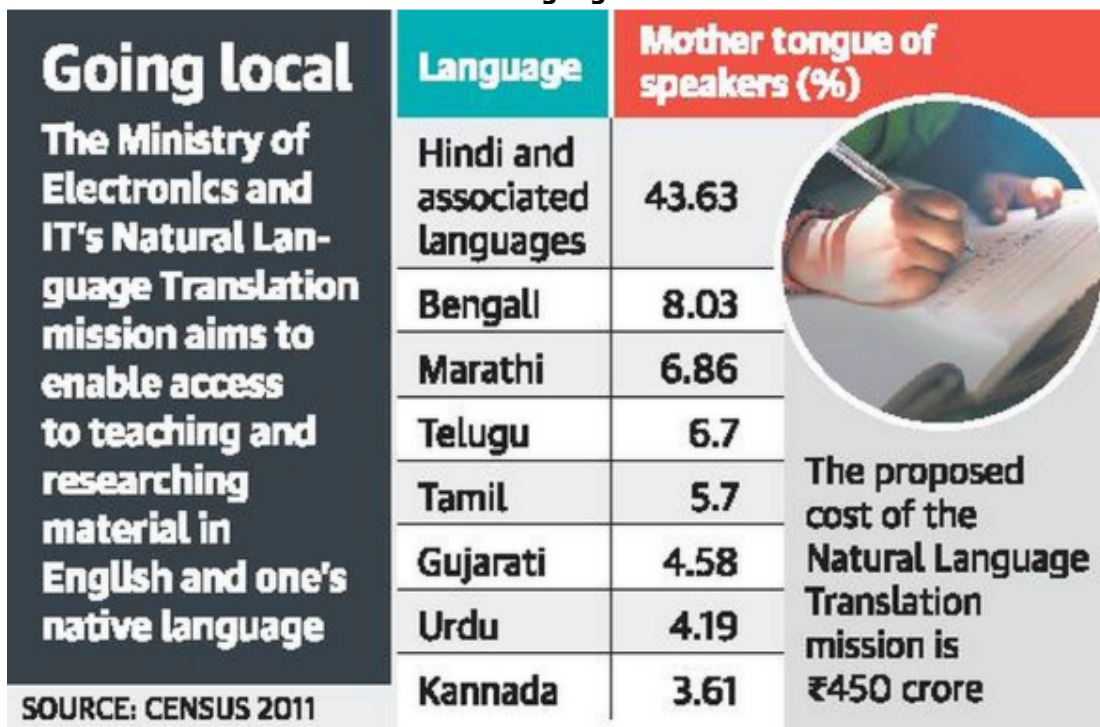
- English considered a language of the elite
- Seen as exclusionist- universities or workplaces exclude those weak in English language skills

### Positives

- English lifts an individual from social envt of deprivation to a life of freedom and presitige
- Only available communication means for speakers of two mutually unintelligible languages
- English is lending its words to languages of Indian origin (eg- missed call)
- 2nd most widely spoken 2nd language in the country (**Refer Mint datapoints**)

In the last few years, Hindi and other regional languages have developed and gained greater attention due to social media and greater assertion of those speakers.

### India's national mission on natural language translation



One of the mission's identified by **PM-STIAC**  
**Potential**

- Make S&T accessible to all by facilitating access to teaching material bilingually
- Generate employment for educated unemployed, teachers, translators etc.

### 85 Do exams throttle India's education system

- Exam system introduced in latter half of 19th century as a *means to eliminate students* from class 10 who wanted to pursue class 12 and university, due to limited number of seats in higher education
- Continuation of the same system currently as secondary education not widespread and higher education less so
- BUT it has very little scientific basis to assess the potential of a young person

- The other function: Create an illusion of equity in a highly unequal society. All children-rich or poor- have to appear in the same exam
- In the process, children do acquire snippets of info but whether they construct that into knowledge is doubtful
- This exam system also the outcome of intense competition in society
- Other countries: have moved away from our exam system-Other countries have reformed their evaluation from within by equipping their teachers with an understanding of what they are looking for in a child. China, Japan, Europe, US
- Our system becomes competitive and stressful right from the start
- RTE introduced CCE as the right step. But it has been opposed by schools and teachers. No detention till class 8 has been removed due to protests by states
- Apart from modular exam format (as proposed in RTE), one needs to improve the functioning of Boards, their manpower, induction of more academic faculty etc
- Need functional autonomy, motivated faculty and adequate resources.
- System perpetuates rote learning and perpetuates coaching culture characterised by over dependence on class notes. 1/4 children take coaching (NSSO)
- Rising anxiety and depression among students

## 86 Why rising violence against doctors

- Doctor-patient relationship in India not merely professional. Doctors treated as Gods by people. SO, they expect miracles from them.
- Gods are not supposed to be mint money or have flaws. When they fail, deprived and poor patients unleash violence
- Is the larger manifestation of an institutionalised violence faced by common people through caste, gender, poverty and inequality
- Corporatisation, erosion of medical ethics and misbehaviour of some doctors
- Lack of proper infra- 1 doctor for every 2000 people. Leads to overcrowded and unhygienic facilities, long waiting times etc
- Working hours of residents irrational
- Junior doctors lack the communication skills to engage with emotionally charged relatives of patients suffering life-threatening diseases.
- Huge workload in teaching hospitals- also the result of poor capacity of suburban and rural hospitals to handle sick patients.
- Excessive centralisation of staff, funds and equipment
- Absence of a protocol on triage- rapid examination of patient to determine whether he/she needs instant care, early care or care that can wait. So, emergency wards filled with patients with minor injuries.

## Why strike is not justified

- Turning anger against all patients when only a few indulge in violence. Anger should be directed at systemic failures leading to infra shortage
- They are still under Hippocratic Oath, and cannot refuse treatment to any patient
- Loss of public sympathy
- Brinkmanship by administrators
- Demonising by media

## Way Forward

- Implement and enforce provisions of Medicare Service Institutions (Prevention of Violence and Damage to Property) Act in all states. **But** law might not work as patients and families don't come to a hospital with a plan to attack. Attacks are impulsive responses in an emotional moment
- Improve public health infra
- Train junior doctors in communication skills
- Prevent malpractices in medicine

## 87 Concept of One Health

- Defined by World Organization on Animal Health: Human health and animal health are interdependent and bound to the health of the ecosystems in which they exist.

### Why it is important for India

- As human pop expands, it results in greater contact with dom and wild animals, leading to greater transmission of disease. Nearly 60% of human infectious diseases are zoonotic
- Climate change, deforestation and intensive farming disrupt ecosystems
- Travel and trade lead to greater interactions
- Loss of animals, especially livestock, can affect livelihood of farmers
- Diseased animals become a public health issue

### Way Forward

- Strengthening vet services and institutions
- Health surveillance
- Disease reporting and control systems
- Encouraging pvt sector in vet care
- Health and hygiene standards for greater food safety
- Effective communication systems between animal and public health systems

## 88 Highlights from World Population Projections 2019

<https://indianexpress.com/article/explained/how-india-world-are-ageing-india-population-growth-5787303/>

## 89 Traditional and Complementary Medicine

- Ayurveda
- Siddha- Tamil word for *Siddhi*- perfection. Developed by the *Siddhars*. Based on the imbalance of the 3 humours- *vazhi* (air), *azhal* (heat), *Iyyam* (cold)
- Unani
- Yoga
- Homeopathy
- Sowa Rigpa

### Benefits

- Can be complementary to modern medicine
- Deal with NCDs
- Cost-effective
- Natural products with lesser side-effects
- Bring in a more holistic approach to health- mind and body

### Problems

- Lack of standardisation
- Absence of proper scientific testing
- Prevalence of quacks
- Low awareness among people
- Drug testing absent-so efficacy not known

## **Steps taken by govt to promote TCM**

- AYUSH Ministry
- Ayush Mission- Education, increasing complementarity with modern medicine, medicinal plants, drug quality testing
- Mission Madhumeha
- Rashtriya Swasthya Yojana
- Training of AYUSH practitioners- currently 7.7 lakh
- Central Council of Research in Homeopathy, Siddha etc established.
- AYUSH Research Portal
- Pharmacopoeia Commission for Indian Medicine- for drug quality
- Prakriti web portal- a major parameter to assess health and disease in individualised form
- NAMASTE portal-Morbidity data collection e-portal

## **90 Maharaja Ranjit Singh**

<https://indianexpress.com/article/explained/punjab-ruler-maharaja-ranjit-statue-pakistan-lahore-5803723/>

## **91 Delhi govt's proposal to use CCTV in schools**

### **Concerns**

- Schools into Panopticons and students into compliant inmates
- Affects privacy
- Monitoring behaviour and instilling discipline can prevent them from nurturing creativity, divergent and critical thinking
- Even teachers will be conscious about being monitored.
- Questions over whether parents and teachers taken into confidence

### **For**

- Govt schools are a key public good funded by taxpayers. Parents demand accountability from the school for their children. CCTVs are a way of monitoring school performance
- The School Management Committees will be aided by these inputs
- Aid parents in identifying several problems children may be facing including bullying, corporal punishment and teacher absenteeism
- Feed restricted- no audio allowed, can be only viewed live and only thrice a day, for max 15 minutes each
- Very helpful for parents cannot afford to miss a day's wage to attend PTMs
- All stakeholders consulted, pilots done
- School is not a private place- it has teachers, students and staff. Murders of school children etc have taken place in these. CCTVs ensure security

## **92 #MeToo**

- Social media providing a huge platform in helping women express their ordeal and find solidarity and support
- Forced many powerful men to quit. Lose their reputation and income

### **Concerns**

- Apparent misuse of these tools by some for personal agendas such as failed relationships
- A lot of women anonymously share stories about their harassers but refuse to take further legal or police action. This raises questions on their legitimacy, and allow men to go scot-free

## Way Forward

- Evolve mechanisms to translate complaints into actions
- Strengthen ICCs

## 93 Secularism in Indian context

- Connote an ethics of tolerance and multireligious existence
- Non-discrimination on the basis of religion
- Used to provide state protection to religious minorities- navigate uniform rights and special rights for minorities on the other
- An inclusive India 'free of the need to adopt each other's religious customs'
- But this should not mean that we are not open to merging of socio-religious cultural traditions that is inevitable through centuries of actual communal co-existence

## 94 Explaining growing mental problems among youth

### Reasons

- Growing consumerism, affluenza (affluence + Influenza) and growing competitiveness
- When they sense disconnection and despair they go for- non stop gaming, social media, drugs, casual hookups
- They have internalised the propaganda that the only way they are worth something is if they get into good colleges and have financially stable career

### Way Forward

- Stop seeing the youth as the problem. Understand that the problem has social roots
- Taking them to psychiatrists and professional help
- Let them express their talents in whatever way they can
- Help them build human connections
- Build safe, inclusive spaces in our homes, colleges, neighbourhoods where they can explore art, music, critical thinking and express their angst

## 95 How a Bastar district reached the top of aspirational district rankings

- **Healthcare**- Special care for sick newborns
- **Agriculture**- Kisan Clubs to train farmers
- **Skill devt**- Workshops for women

## 96 Data officers for smart cities

### Challenges

- No city has a data policy
- No lateral entry
- Sometimes mindless collection of data takes place
- Privacy issues

Nagpur only city to have submitted a city data policy

## 97 Problems with MTP Bill

- Woman has to lie or plead to doctor for abortion- only on grounds of grave risk of injury to woman or foetus
- Contraception failure reason only for married couples