

EDITORIAL

Dear Reader,

At time of India's independence it was a populous country but not a 'healthy' country in terms of its health indicators. In 1950's, life expectancy was 37 years; infant mortality was 146 for 1000 births, maternal mortality was nearly 1300. In past decades, several milestones have been crossed with regard to health in India; life expectancy has increased to 65 years, maternal mortality and child mortality has come down to 254/100,000 and 63/1000 respectively. Several diseases like small pox, malaria and cholera that play havoc with people's lives have seen a steady decline and even elimination. In 1977, small pox was eradicated similarly polio has also been nearly eliminated with only one case being reported. However, diseases like cholera and malaria continue to kill thousands because the associated factors with these diseases like sanitation, clean water, resistance to pesticide(in case of malaria) have to be tackled too in order to prevent people getting afflicted by these diseases.

In such a scenario, the government needs to plan a road map which takes into consideration the diverse situations emerging in the country- five star hospitals for the urban rich and quacks for the rural poor. While on one hand malnutrition, increase of infectious and communicable diseases is on the increase, diseases such as high blood pressure, cancer - due to the increasing levels of stress and pollution, lifestyle choices, alcohol consumption also need to be tackled. For a country to have healthy citizens it needs to set in order several other sectors which impact health- water and sanitation, education, environment being a few. Secondly, the health services and service centre need to be staffed adequately and with competent people. Finally, health centres should be situated in a location where people can access it easily. A 2011 Wall Street Journal investigation into India's government-run healthcare system described public hospitals as "out of date, short-staffed and filthy." It's time to change this. In this context the cover story this week analyses the National Health Policy of 2015.

Other top picks of this week are : dearth of doctors in PM's constituency, nearly 70% of those accused in crimes against women are let off, mobile tariffs are set increase and finally do beauty contests have a role to play in educational institutes

Looking forward to your opinion and feedback.

*Dr. Sushree Panigrahi
Fellow, RGICS*

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Draft National Health Policy 2015: No Policy Compass

Introduction

On the 31st December 2014, the Ministry of Health and Family Welfare released the third of the Draft National Health Policy (NHP) 2015. The first such document was presented in 1983 and second came 19 years later in 2002. Like its predecessors the document promises universal health coverage but what sets it apart from the previous document is the promise to create a fundamental right to health which essentially means that if implemented denying health care would be an offence. The goal of the draft policy is to create 'highest possible level of good health', 'well-being', via a 'preventive and promotive health care orientation' and 'universal access to good quality health care' (paragraph 3.1). By recognizing priority areas like cleaner environment and its role in health, the draft accepts that ensuring health of the population goes beyond the hospital. The document was opened to public consultations and inputs were accepted till 10th March 2015.

The grand vision of 'health' and 'health for all' stated in the document is commendable. Additionally the document also highlights huge gaps and policy challenges in the health sector. However, it has failed to adequately prescribe policy solutions for the same. This cover story provides an overview of key challenges identified in the document and further tries to show its inadequacy in providing conceptual guidance to address them.

Key Concerns:

1) Unclear Provisions Regarding Financing Health Care

The out of pocket (OOP) spending on health is nearly 70 percent, one of the highest in the world (CBGA, 2015). This pushes about 63 million persons in India to face poverty every year due to healthcare costs (EPW, 2015). There is a need for the government to step in and finance health in the country. The NHP 2015 accepts that the health expenditure of the government in India is well below the acceptable rates. In paragraph 2.18 it states "government spending on healthcare in India is only 1.04% of GDP which is about 4 % of total Government expenditure, less than 30% of total health spending." The total government expenditure of India on health is lower than all of the BRIC countries (Brazil- 8.9%; China- 5.1%; Russia- 6.1% and South Africa- 8.7%) (Page 12, NHP). To address such issues the draft prescribes that government needs to increase spending in health to about 2.5% of the GDP, which shall translate into about INR 3800 per capita, a four-fold increase (paragraph 4.1.1)

Draft accepts that even the 2002 draft health policy, which saw an increased expenditure failed (paragraph 2.18). Recognizing this, the draft sees health financing, as a two-way process i.e. raising finance is one challenge and spending it the other (paragraph 6.2). It proposes that the finances for health can be raised via a health cess, on lines of the education cess (paragraph 4.1.2). However, it is difficult to see how one tax can bear the burden of such costs (EPW, 2015). Spending resources on health raise questions of optimum utilization. Moreover, doubts regarding engaging private sector to provide health care still remains.

With regards to involving the private sector to finance health, the document is not clear in its stand. On one hand it says it will buy direct services from the private sector but on the other it says that there is a need to develop a public-private partnership to provide services. Moreover, the document relies too much on the insurance model to generate funds. There are significant issues with insurance based financing many of which the document accepts. These include fragmentation of funds, selective allocation to secondary and tertiary care over primary care services, denial of services, frauds, additional costs due to layer of profit and unaccountability. (Phadke, 2015)

2) No Evidence of Health Infrastructure Priorities

The NHP 2015 understands that the health infrastructure needs significant improvement. Currently, there is a shortfall of about 6700 of Primary Health Centers (about 23%) and Community Health Centers of about 2350 (about 32%) (CBGA 2015). Moreover, even in areas where health centers do exist there is significant shortage of human resources in them. As per estimates, "One Primary Health Centre with a single doctor is responsible for the health of 30,000 people. In Brazil, a comparable centre has four doctors for every 10,000 people" (Devadasan, 2014). Understanding such inadequacies, the policy, among others, outlines plans to upgrade 58 district hospitals, build 600 medical colleges and more 'AIIMS' like institutions in the country (paragraph

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5.3). For enhancing primary health care delivery systems, among others, it hopes to give impetus to the efficiency of ASHAs to act as a between bridge first level of health facility and the community (paragraph 4.3.1.9).

While the aspirations to strengthen health infrastructure is creditable, there is no sense of priori with regards to what health centers is going to be prioritized i.e. whether primary health centers will be given priority over large hospitals. Moreover, the document is silent on creating a balance between creating health infrastructure and producing human health resources. The 2015 budget clearly shows the preferences for building 'AIIMS like institution' in the country, with six being promised in states of Jammu and Kashmir, Punjab, Tamil Nadu, Himachal Pradesh, Assam and Bihar. (India Budget, 2015)

Expenditure on building huge institutions like AIIMS would mean a diversion of resources available for primary health centers. Such centers tend to attract specialists for surrounding primary centers and deplete the human resource pool for district and referral hospitals. Patients also prefer larger hospitals rather than the smaller ones, which lead to an increased pressure on the larger hospitals as is evident in example of AIIMS in Delhi. This compromises quality of healthcare. Strengthening primary centers on the other hand will ensure quality care closer to residence (Devadasan, 2014). The documents accepts that human resources tend to crowd around urban areas (paragraph 5.2), but offers no plan to change this by creating better priorities with regards to health infrastructure.

Responding to emergencies and traumas is a crucial to assure health care in the country. Being able to provide pre-hospital care may also be integral to patient's life. In India, the infrastructure to provide emergency services needs attention. EMS (Emergency Medical Service) system in India can be best described as 'fragmented.' The basic fundamental principal behind EMS systems worldwide is to have a common emergency communication number connected to responsive agencies. Although India has the emergency number 102 for calling ambulances, the responsiveness of the emergency service system has not always been reliable. In 2007, Ramanujam et al. reported that nearly 50% of trauma victims admitted to a premier hospital in an urban Indian city had received no pre-hospital care (Subhan and Jain, 2010). The draft health policy does not provide clear guidelines with regards to trauma policy and emergency care. In rural areas, their reach is worse. The draft hopes to create an emergency response i.e. an ambulance linked to trauma management centers per 30 lakh population in urban and one for every 10 lakh population in rural (paragraph 4.3.9). To enhance the ambulance service, it hopes to engage the private sector via contracts (paragraph 6.6). But what kind of engagement will that be and the role private sector will play is still undefined.

3) Silent on Reorganization and Regulating Private Health Sector

While the policy recognizes that the government needs to 'intervene and (has) to actively shape the growth of this (health) sector' (paragraph 2.12), it does not elaborate the intervention needed and planned in the private health sector. Paragraph 2.13 notes that the private health sector provides 80% of the outpatient care and about 60% of inpatient care making it a \$40 billion dollar industry. Kumar et al point out that India's private sector does not offer quality health care at affordable prices. At one end are the five star hospitals attracting foreign clients while at the other end doctors without training are practicing medicine. Apart from these two options there are several clinics and low-cost for-profit and not-for-profit private hospitals, which are accessed by those who can afford them. There is no effective regulation of the state at any stage.

The draft recognizes that 'without a regulatory structure in place, it would be difficult to ensure public-private partnership...much greater emphasis needs to be given to making regulations work.' However, instead of pointing out changes to be made in the Clinical Establishment Act, 2010, it just broadly says that the act needs to become 'more effective and user-friendly'. "It notes objections of 'some stakeholders' that the act is "intrusive" etc, but does not mention the objections of civil society groups to the absence of a standard charter of Patient's Rights, of grievance redressal, of autonomous regulatory structure, etc." (Phadke 2015)

NSSO data shows that as much as 40% of private care is likely to be provided by informal unqualified providers. The document recognizes this fact (paragraph 2.13), however the response to curb it is negligible. No guidelines regarding making the private practice more accountable is listed. As of now, there is a significant lack of grievance redressal mechanism and laws to prevent malpractice or fraud by private sector (Rao 2015). Moreover, there is no pledge to ban capitation fee or donation collecting private colleges that are negatively affecting the entire health sector (Phadke 2015). Because of lack of regulation in private practice unnecessary tests and procedures, rewards for referrals, lack of quality standards, irrational use of drugs, over diagnosis, over treatment, and maltreatment are common (Kumar et al). No policy response or intervention has been highlighted to curb these practices.

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4) No Action Plan on Changing Approach to Population Policy

Health system in India is centered around and obsessed with population control the burden of which has been placed on women. The draft mentions the success India has had in stabilizing population but is silent on the price women paid for it. As per World Contraceptive Pattern 2013, female sterilization for married women (or in a relationship) in India is about 35.8% while for male it is only 1.1%. "When compared to other countries, only Puerto Rico, the Dominican Republic and El Salvador ranked higher. Even China, notorious for its one child policy and forced sterilization policies, ranked lower than India." (Adam, 2014) "Population Stabilisation Fortnight" organized between July 11, 2013 to July 24, 2013 saw 1.57 lakh women sterilization while the number for men was only 8,130 (Ministry of Health and Family Welfare, 2013-14). Most times sterilization is carried out in camps that are not equipped with adequate equipment and results in disastrous consequences and even death of those undergoing sterilization. The most recent example of this disaster was the death of 19 women in Chattisgarh camp (Daily News and Analysis, 2015).

The draft states that the challenge of population control is now left in six states but does not reflect any desire to transform from the current trend of putting the weight of population control on women and sterilization to do so. Significant void still remains in changing the view that population policy is not just about meeting sterilization targets. The draft aims to increase sterilization among men from the current 5% to 30% (paragraph 4.3.6.7). However, while trying to reduce the burden on women, it becomes crucial that men are not subjected to same coercive methods.

Women rights and gender perspective that involve ensuring complete information, undue external influence and decision to opt out of sterilization are significantly important to change the way population policy is practiced in the country. Alternate options such as mass distribution of free condoms have helped bring down the birth rate over the last three decades (Pandey, 2014). While the draft does promise to take steps on these regards but does not have any policy direction or action plan for the same.

5) Missing Talk on Disability in the Country

According to the 2011 census data there are about 26.8 million people with disability in the country, which was a rise from 21.9 million in 2001. As per the Disabled Rights Group the numbers could be much higher as many people in rural areas do not reveal disability in their family. Disabled have a greater need of medical assistance (Dhar, 2013). The need to provide them with aid/appliances has become crucial to ensure their social, economic and vocational rehabilitation. However, the current system is severely compromised and has inadequate health services to offer them, which makes them a particularly vulnerable group. "Research in Uttar Pradesh and Tamil Nadu states of India found that after cost, the lack of services in the area was the second most frequent reason for people with disabilities not using health facilities" (WHO, 2011). The document fails to deal with the special needs of disability in the country. A comprehensive plan or direction towards making health accessible to disability is missing in the policy.

Budget and the National Health Policy 2015

Successive governments have consistently failed to live up to their commitments of spending in health sector. As per the Twelfth Plan the government commitment was to provide Rs 3,00,018 crore. However, the budgetary releases over the first three years have been only 56% of the plan allocation (Chowdhury, 2015). The budget presented to this year, 2015, also shows that the government's priority towards health is not as significant as is promised in the health policy. The decreased budget allocations to different departments of health ministry clearly reflect this. As per demand for grants, the allocation for Department of Health and Family Welfare was INR 38445.79 crore in 2014-15 (BE). This was decreased to INR 32368.67 crore in 2015-16 (BE). Similarly, Department of AIDS Control saw a decline from INR 1785.00 crore in 2014-15 (BE) to INR 1397.00 crore in 2015-16 (BE) (India Budget, 2015). One may attribute this decline to changing pattern of fund sharing with the state government on certain schemes of the health ministry. Transferring money to the state government without ensuring accountability to health sector does not guarantee that the sector will get the necessary funds it requires. However, to meet the target of expanding health expenditure to 2.5 percent of GDP, health should have been given a greater impetus. As per Centre for Budget and Governance Accountability, the Union Budget 2015-16 should have increased the total allocation in the health sector by at least 1 percent of GDP from the present 1.2 percent.

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Conclusion

The concept of Right to Health is not new in India. This idea was conceptualized in the Draft National Health Bill 2009, which did not move beyond the draft stage. Moreover, question of universal health care was also discussed in the Planning Commission's High Level Expert Group. However the recommendations of documents have neither been included nor discussed in the draft bill. National Human Rights Council has stated that the draft lacks a rights perspective. This is especially evident in paragraph 12.2: while it promises a 'National Health Rights Act', it goes on to say that states will 'voluntarily adopt by this by a resolution of their Legislative Assembly'. Meaning, there may not even be a national legal guarantee to the right.

An integrated health system needs more than a working health care sector. It also involves providing basic amenities including food, water, clean air, sanitation and freedom from violence. Any promise of universal health has to be based around public action. This requires involving panchayats, local level communities and their coordination with public institutions. The draft recognizes these ideals but offers no operational guidelines on financing health, managerial inputs on regulating private sector, administrative framework on infrastructure or any comprehensive policy prescription to achieve its grand goals of 'health for all'. Even when it does so, it is incomplete and offers no commitment for the results. In conclusion, stronger policy plans, formulated in consultation with the public, needs to be adopted to ensure that the goals of the draft become a reality.

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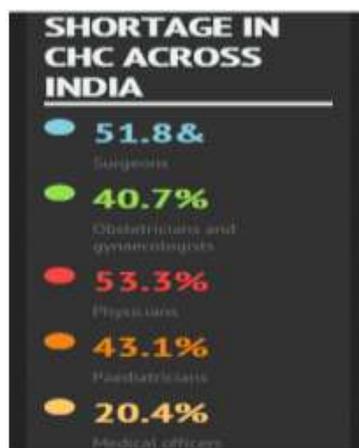
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Dearth of Doctors in PM's Own Constituency

(Swati Chandra, *Governancenow*, March 14, 2015)

Varanasi is the constituency of none other than Prime Minister Narendra Modi himself. He won with a margin of four lakh votes and promised to make Varanasi the next Kyoto during his Japan visit in August-September 2014. Varanasi is one of the 100 smart cities planned across the country for which India is seeking Japanese investment. The agreement with Japan provides for cooperation in heritage conservation, city modernisation and cooperation in the fields of art, culture and education. However, the situation stays dismal on the ground for even basic needs like quality healthcare.



The healthcare infrastructure in the area, which consists of Sir Sunderlal Hospital (SSH) under the Institute of Medical Sciences (IMS), Banaras Hindu University (BHU)- which is called the "AIIMS for the people of eastern UP"- is completely overburdened. The situation can be judged from the case of 47 year old woman from Azamgarh, who died from a burn injury and resulting infection as she was admitted 4 hours after the doctor-in-charge finished his rounds. She was only attended to 12 hours after her death the next day! "According to IMS director Dr RG Singh, there is a 40 percent shortage of doctors in the hospital." Posts in various departments are lying vacant for doctors as well as nursing and technical staff. "Even the newly built trauma centre of the hospital – which is being projected as a boon for the region – could get only 12 consultants while we needed 50. According to Singh, the hospital caters to more than 12 lakh patients in its out-patient department every year and is the only multi-speciality tertiary healthcare available in the 400 km radius of Varanasi for people of low to medium income class coming from eastern UP, Madhya Pradesh, Chhattisgarh and parts of Bihar, Jharkhand and even Nepal." In the case of the woman from Azamgarh, she was refused

first aid at the community health care centre (CHC) of her village as the staffs were not trained to handle burn injuries. The district hospital failed to control the infection from the minor burn she suffered. "According to rural health statistics 2011, about 13,794 more doctors were required at primary health centres (PHCs) and CHCs."

"According to a report of the National Rural Health Mission (NRHM), India has only 1,48,366 sub-centres, 24,049 PHCs and 4,833 CHCs. As per norms, as many as four PHCs come under one CHC, catering to approximately 80,000 people in tribal/hilly areas and 1,20,000 people in the plains. This statistic reveals the sorry state of affairs of the primary and secondary healthcare."

<http://www.governancenow.com/news/regular-story/dearth-doctors-in-pm-constituency-varanasi>

Date Accessed: 13.03.2015

(Rohit Chauhan)

National Health Policy Draft Anti-people, Promotes Privatization

(*Free Press Journal*, March 10, 2015)

Commenting on draft of the National Health Policy 2015, representatives of Medical Service Centre slammed it as anti-people and pro corporate. The organization accused the central government of promoting privatization, commercialization and commodification of health in India. General Secretary of the organization Mr. Bijnan Kumar Bera said, "In the first and second National Health Policies of 1983 and 2002, we observed invitation and encouragement to private sector. Now, with this draft policy, the full circle of privatization of health will be complete."

The organization has raised serious issues regarding health financing as proposed in the policy. Mr. Bera said, "The government has proposed introducing mandatory health entitlement cards for getting cashless health services from primary and higher care centres but has not explained why it is required." Digging into jargon of 'Right to health care' used in the policy he said, "In the name of Universal Health Coverage, the government has contemplated to mobilize reimbursement/fund through insurance policies. As if insurance of health is equal to right of health of people, which is not the case at all."

Mr. Bera accused government of not addressing issues of health infrastructure and increasing demand of it. According to him, the draft has envisaged to depend on private or quasi government hospitals or agencies for fulfillment of people's needs.

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Highlighting a disconnect between the union budget provisions and the policy draft, Bera and other medical practitioners observed increase in number of private/government medical and paramedical institutions will not help resolve deficiency situation unless a realistic approach is taken". Bera said the Centre has declared to grant a maximum allocation of a paltry 2.5 percent of the GDP on the health sector as against the five percent that was laid down in the WHO and UN guidelines for developing countries.

On the issue of Centre's stress on integrating AYUSH with allopathic medicine, organization said, "proper evaluation, research, utilization and scientific integration" of AYUSH is

needed. Unscientific overemphasis on traditions and traditional practices will not help achievement of scientific health, rather encourage superstitious and outdated thoughts and beliefs," he said.

<http://www.freepressjournal.in/national-health-policy-draft-anti-people-promotes-privatisation/>

Date Accessed: 12.03.2015

(Jeet Singh)

ECONOMY

Macro Economic Dimension of India

Table 1: General Inflation Rates in Indian States: January 2015 (%)

States	Rural	Urban	General
All India	4.71	5.32	5.00
Northern Region			
Jammu & Kashmir	4.55	4.72	4.63
Himachal Pradesh	4.66	4.07	4.53
Punjab	5.87	5.01	5.48
Chandigarh	4.18	6.04	5.97
Uttarakhand	3.58	3.48	3.50
Haryana	5.99	5.05	5.66
Delhi	2.31	3.31	3.31
Uttar Pradesh	4.13	4.49	4.24
Western Region			
Rajasthan	6.16	4.49	4.29
Gujarat	4.81	4.44	4.61
Maharashtra	5.53	5.82	5.74
Goa	7.15	4.63	5.87
Lakshadweep	8.87	4.39	6.43
Daman & Die	5.72	7.70	6.42
Dadra Nagar & Haveli	2.68	2.73	2.65
Central Region			
Madhya Pradesh	4.91	5.00	4.94
Chattishgarh	3.85	6.24	4.64
Southern Region			
Andhra Pradesh	3.68	5.48	4.42
Karnakata	5.45	7.44	6.52
Kerala	6.96	8.40	7.50
Tamil Nadu	5.62	7.29	6.52
Puducherry	4.97	6.38	6.01
Andaman & Nicobar Island	9.33	2.12	5.63
Northeastern Region			
Arunachal Pradesh	8.33	-	-
Assam	2.70	6.06	3.36
Manipur	1.82	3.81	2.57
Meghalaya	11.70	8.91	4.05
Mizoram	4.48	3.66	4.05
Nagaland	10.88	6.61	9.17
Tripura	9.14	6.46	8.36
Sikkim	2.93	7.35	3.88
Eastern Region			
Bihar	4.75	3.23	4.50
Jharkhand	1.17	2.94	1.76
West Bengal	2.86	3.94	3.30
Odisha	5.11	5.49	4.64

Source: State-wise monthly inflation rates are estimated from year on year Consumer Price Index (CPI) data of MOSPI. There is one month time lag in CPI data (New Series 2010=100) provided by MOSPI, Government of India.

Table 2: Inflation Analyses for Last Six Months: All India

Months	Rural	Urban	Combined
August 2014	8.45	7.34	7.96
September 2014	8.35	7.04	7.80
October 2014	6.68	6.34	6.46
November 2014	5.60	5.55	5.60
December 2014	4.02	4.69	4.30
January 2015	4.71	5.32	5.00

The above table 2 shows that All India Inflation rates for rural, urban and combined sectors have seen continuous decline over the months from August 2014 to December 2014. While in January 2015, the rates have increased marginally across its rural, urban and combined sectors.

ECONOMY

GDP Projection of 7% too Optimistic, Says Assocham

(*Deccan Herald*, March 9, 2015)

Cautioning against being “too optimistic” about economy as yet, industry body, Associated Chambers of Commerce and Industry of India (Assocham) said that a large majority of Chief Executive Officers (CEO) and Chief Financial Officers (CFOs), within the country, find the revised Gross Domestic Product (GDP) data of over 7 per cent growth as “too good to be realistic”. In a post-Budget survey of 189 CEOs and CFOs, conducted by Assocham, as many as 76 per cent respondents said that “they find the new data showing over 7 per cent growth of GDP as too optimistic since the underlying situation is not all that upbeat”. In the survey, 71 per cent of the CEOs said “they would like to wait for some more time before they could be as optimistic as the government is about the new data”. Besides, 68 per cent CFOs said the picture must “translate into solid sales and production data on the ground” and there was still some way to cover.

Last month, the government released GDP growth figures based on a new methodology, under which it expects economic expansion of 7.4 per cent in the current fiscal ending this month, while GDP growth rate of last fiscal has also been revised upward to 6.9 per cent. Under the previous methodology, the economy grew at 4.7 per cent in the last fiscal 2013-14, while the earlier growth estimate for the current financial year was 5.5 per cent.

Quoting from its survey, Assocham said that “even though the new data series may reflect the best international practices, the shift seems to be so sudden that at times, it looks too good to be realistic”. “While sharing the upbeat mood reflected in the Budget, majority of India’s CEOs and CFOs would like the government not to base its optimism entirely on shifting to the new Central Statistical Organisation (CSO) series of the data on the GDP, as it is still early days for the new numbers to sink in and relate them to underlying figures of the old series.”

<http://www.deccanherald.com/content/464244/gdp-projection-7-too-optimistic.html>

Date Accessed: 09.03.2015

(Devayani Bhushan)

Current Account Deficit Doubles to \$8.2 Billion in October-December Quarter

(*Firstpost*, March 10, 2015)

The current account deficit (CAD), which is the gap between foreign exchange earned and spent, nearly doubled to \$8.2 billion or 1.6% of the GDP in the October-December period, according to the Reserve Bank data. In the same

period a year ago, CAD stood at \$4.2 billion or 0.9% of GDP. Last fiscal year, heavy duties on import of gold were in place, which are partially withdrawn now. Additionally, the country has also benefited from the lower crude prices.

However, a pick-up in services exports, improvement in net earnings through travel and software services and lower net outflows under primary income profit, dividend and interest led to the narrowing of current account deficit on sequential basis. The merchandise trade deficit widened to \$39.2 billion during the reporting quarter as exports declined 7.3% against a 4.5% dip in imports.

The capital account and financial account surplus came in at \$10 billion during the reporting quarter, compared to \$4.8 billion in the year-ago quarter. There was a net accretion of \$13.2 billion to the foreign exchange reserves during the quarter, which was double from \$6.9 billion in the preceding quarter but lower than the special non-residents’ and banks’ overseas borrowings-boosted figure last year. The net inflows under the capital and financial account rose to \$61.7 billion in the first nine months of the fiscal year up from \$39.6 billion in the year-ago period. The total accretion to the foreign exchange kitty for the first three quarters was \$31.3 billion against a low \$8.4 billion in the previous fiscal.

<http://www.firstpost.com/business/economy/current-account-deficit-doubles-to-8-2-bn-in-oct-dec-quarter-2146279.html>

Date accessed: 11.3.2015

(Kasturi Mishra)

How the Budget Short-Changed States' Social Security Schemes

(*Nitin Sethi & Ishan Bakshi, Business Standard*, March 11, 2015)

The 2015-16 Budget brought about a huge change in the sharing pattern of the economic burden for delivering social security between centre and states. The centre's assistance to the states for social sector schemes has been reduced from a budgeted Rs 3.56 lakh crore in 2014-15 to Rs 2.20 lakh crore in 2015-16.

In 2015-16 budget, though on one hand the National Democratic Alliance (NDA) government gave Rs 1.42 lakh crore additionally to the states from the divisible tax pool, while on the other hand it cut back Rs 1.16 lakh under central government schemes. This is presuming the schemes' funding in 2015-16 would have been maintained at least at this year's budgeted levels. This implies, the states will now be required to use their funds to keep their social sector schemes going the way it is. While states will have additional funds at their disposal out of the tax pool share the centre will have no say in how the states spend it. The

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poorest and more populated states would be at the greatest disadvantage unless they ramp up their spending on the social sector considerably.

The government had stopped funding for eight schemes which entailed a budgetary support of nearly Rs 10,000 crore this year. These includes setting up 6,000 model schools, the National Mission on Food Processing and the Backward Regions Grant Fund. Further, the centre has asked states to bear a larger share of spending in 24 schemes, including the government's flagship Swachh Bharat Abhiyan.

The Centre for Budget and Governance Accountability notes that the net increase in spending capacity of the states in 2015-16 is projected to be a small 0.33 per cent of GDP. States now spend 40.5 per cent of their funds on the social sector, said a Reserve Bank of India (RBI) report. If they were to divide the additional bounty of 0.33 per cent of GDP in the same proportion in their state budgets collectively, the social security schemes would now get only 0.12 per cent of GDP as incremental spending.

Further, Dipa Sinha, co-convenor of the Right To Food Campaign, pointed out that the allocations must be seen in light of how some of these schemes were projected to expand. She took the case of maternity benefits under the National Food Security Act. She said the centre has now limited the benefits under Indira Gandhi Matritva Sahyog Yojana (IGMSY) scheme to some states. The Centre has now told states it will be expanded in a phased manner over three years "if funds are available". Only Rs 36 crore of additional funds have been made available for 2015-16. The programme would cost Rs 15,000 crore. The scheme was launched as a pilot in 2011 in 53 districts with budgetary support of Rs 396 crore that year.

Other schemes like, Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGA) also faces an uncertain future. The Centre allocated MNREGA an additional Rs 347 crore of the budgeted amount for 2014-15. The finance minister promised to release Rs 5,000 crore more, if available. But, the government is obligated by law to give the required funds to meet the demand.

As the funds with the states are now unhinged from central schemes and norms, new questions have arisen. Some experts within the government have raised concerns about the ability of the Centre to keep a macro-level focus on spending when it was set to make new commitments under the sustainable development goals (replacement of the millennium development goals).

http://www.business-standard.com/article/economy-policy/how-the-budget-short-changed-states-social-security-schemes-115031101450_1.html

Date Accessed: 12.3.2015
(Shruti Issar)

GOVERNANCE AND DEVELOPMENT

POLITICS AND GOVERNANCE**Disappointment for the North East in Railway and Union Budget***(The Statesman, March 8, 2015)*

In the context of Prime Minister identifying the North-east for a major development thrust much was expected from the railway and Central budgets but these turned out to be damp squibs. The railway minister merely announced that people in Arunachal Pradesh now have a direct rail link with the national capital and Meghalaya is on the railway map. One wonders what happened to the railway development fund Mamata Banerjee had announced in 2009 when she was the railway minister. That was to finance ongoing projects. Sadly there was no mention either of the much-awaited doubling or electrification of the Guwahati-Dibrugarh rail line.

In the central budget the only high points for the region, were the proposals to set up an All India Institute of Medical Sciences in Assam, an Indian Institute of Science and Education in Nagaland and a centre for film production and gaming in Arunachal Pradesh. The allocations for the North-Eastern Council and the ministry for development of the North-east have only been slightly raised and greater emphasis laid on making the entire region an organic hub, though without commensurate financial allocation.

No fund has been earmarked for flood control measures in the region nor for Majuli, the world's largest river is-land which sees the Brahmaputra erode bits of it away every year and whose size now is only half of the original 1,250 sq km. Kazi-ranga National Park, where in the first two months of this year alone poachers have killed 10 protected one-horned rhinoceros, also deserved attention, in the budget, to beef up its security.

<http://www.thestatesman.com/news/opinion/a-damp-squib/51382.html>

Date Accessed: 09.03.2015

(Devyani Bhushan)

Changes in NDA's Land Bill Only Cosmetic*(Nitin Sethi & Ishan Bakshi, Business Standard, March 11, 2015)*

The National Democratic Alliance (NDA) government made 9 amendments to the land bill which was tabled in the parliament on Monday, March 9, 2015. The amendments brought about were mostly cosmetic in nature. The key

elements of the original promulgation remained intact - the lack of need for consent and social impact assessment while acquiring land for private projects; public-private partnerships and government acquisitions. The Rural Development minister's amendment clarified that forceful acquisition for industrial corridors would be permitted only up to one kilometre of land on either side of designated highways or railway lines.

Some of the other amendments are as follows:

- The NDA government in their land ordinance had left the term 'industrial corridor' undefined leading to fear that vast swaths of land would be acquired for various kinds of projects in the name of industrial corridors.
- An amendment is brought in, claiming it would no more acquire land for 'social infrastructure'.
- The government removed the clause that provided government the power to forcefully acquire lands for hospitals and educational institutions built either through the private, PPP or government route.
- A clause is brought in through the amendments that would now require the government to ensure the extent of land required for the acquisitions is the bare minimum. But this too, just as in the case of deciding compensation and rehabilitation packages, would be at the discretion of the state or central government authorities.
- Further moved an amendment, making it mandatory for the acquiring entity to provide employment to one member of a family of farm labour impacted by the forceful acquisition of land. *(But the 2013 Act passed by the UPA not only provided for employment to impacted farm labourer but also other impacted groups of people)*
- The government only changed the technical language about whether an officer making decisions under the law would be prosecuted for any illegal acts. The amended clause makes it mandatory for the prior consent of central or state governments to prosecute any officer that commits a crime under the land acquisition law as per Section 197 of the Code of Criminal Procedure.
- Further, the Centre has now provided that the appeals authority - a single person appointed by the government to review the compensation and rehabilitation package - shall be able to hold hearings in the district where the land acquisition takes place.

http://www.business-standard.com/article/economy-policy/changes-in-nda-s-land-bill-only-cosmetic-115031100030_1.html

Date Accessed: 12.3.2015

(Shruti Issar)

GOVERNANCE AND DEVELOPMENT

Changing Colours

(Anuradha Raman, Minu Ittiye, *Outlook*, March 16, 2015)

A recent ruling of the Supreme Court of India has implicitly given a legal sanction to *ghar wapasi*, the Sangh Parivar's initiative to swell the ranks of the majority Hindu populace by urging converts to Christianity and Islam to escape caste stigma to return to the fold of Hinduism. The court in its order has given an indirect assurance that those who reconvert to Hinduism would be able to claim reservation in college seats and government jobs on the basis of their original caste antecedents constitute. Many in civil society and legal circles have said that the Supreme Court's decision in the case has inadvertently strengthened the hands behind these often forceful conversions. The ruling came in an appeal in the 2006 case of K.P. Manu of Kerala, whose grandparents, belonging to the Scheduled Caste Pulaya community, had converted to Christianity. Manu later reconverted to Hinduism. "A caste scrutiny committee had cancelled his caste certificate on the grounds that he had been born to Christian parents and therefore was not following the traditions of the Pulaya community. This meant that Manu would lose his government job obtained on quota; not only that, in future, his children would not be able to claim college seats or government jobs reserved for the Pulaya community. Manu had challenged the committee's decision in court." In appeal, the court ruled that Manu was eligible to claim scheduled caste status. The court ordered his reinstatement with all benefits and payments of back wages. In its judgement the Court observed that a Mahar or a Koli or a Mala would be recognized only as a Mahar or a Koli or a Mali after reconversion to Hinduism, as he would suffer from the same social and economic disabilities from which suffered before conversion to the other religion. This would advance the object and purpose of the Constitution (Scheduled Castes) Order, 1950 by taking the view that on reconversion to Hinduism, a person can once gain become a member of the Scheduled Castes to which he belonged prior to his reconversion. "The court has also set three conditions for the individual to get reservation benefits: clear proof that the individual belonged to a Scheduled Caste before conversion; proof that he had reconverted to the original religion of his forebears; and that he is accepted into his Scheduled Caste community." An obvious way to read this ruling, under the light of the ghar wapsi programmes, is that reconversion comes with a benefit.

<http://www.outlookindia.com/article/Changing-Colours/293573>

Date Accessed: 10.03.2015
(Rohit Chauhan)

Haryana Government to Introduce Bill on Banning Cow Slaughter

(*Millenniumpost*, March 9, 2015)

Haryana may soon follow in the lines of another BJP ruled Maharashtra in banning cow slaughter. Agriculture Minister Om Prakash Dhankar has announced that the State is all set to introduce a bill for "protection and upkeep of cows" in the State Assembly. The proposed aim behind the new legislation, which is titled 'Govansh Sanrakashan and Gau Samvardhan (Cow Protection and Cow Conservation and Development) Bill', is to ban cow slaughter, better conservation and care of indigenous cattle. The process would include setting up laboratories for scientific text and analysis where tests would be conducted to differentiate between beef from animal meat. The results would then be used in courts for prosecuting violators. Adding to this sale of packaged beef has been banned in the State. The minister noted that there were some 3,000 cows in the state in 400 cow shelters run by NGOs. Besides, some 1.5 lakh cows roam in fields or streets. He also announced that measures will be taken to upgrade existing cow sheds within the state with an aim to make them self-sufficient. Plans are also underway to establishing a brand for the milk of indigenous cows and ensuring A-2 milk at remunerative prices. Under this project the government would provide financial and technical support to cow welfare organisations like Gaushalas, Gau-Grah, Gau-Abhyaranya, Gau-Sadan, Gokul Gram that are engaged in maintenance and care of sick, injured, stray and uneconomic cows.

<http://www.millenniumpost.in/NewsContent.aspx?NID=97563>

Date Accessed: 13.03.2015
(Rohit Chauhan)

DEVELOPMENT**"India's Look East Policy yet to Translate into Action: Experts"**

(*Zee News*, March 10, 2015)

A two-day conference on 'Building Pan Asian Connectivity' has highlighted some faults in India's Look East and counter-terrorism policies. Experts are of the opinion that India must coordinate with ASEAN members to forge closer cooperation in fighting terrorism and needs to have consistency in counter-terrorism policies with clear demands from ASEAN members.

RAND Corporation senior political scientist Jonah Blank said India's Look East policy was yet to translate into

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action and while India's trade relation with ASEAN has improved, it is not fast enough. He added that China is winning the trade war clearly, when Sino-India rivalry in Southeast Asia is considered. India lags far behind in terms of connectivity as commercial flights from India to the region are only a few. Sanjoy Hazarika, director of the Centre for North East Studies at Jamia Millia Islamia, stressed infrastructural deficiencies and the extremely poor internal connectivity, in terms of rail, road or air. He also advised that the north eastern state governments be made stakeholders in India's Look-East policy.

The need for a greater inclusive approach was brought forward, along with the importance of social services as in their absence, roads and railways would fail to connect people. A move to involve state governments into the policy was brought to attention as Sanjoy Hazarika added, "The focus should be more at the micro level initially then we can look at the larger picture."

http://zeenews.india.com/news/india/indias-look-east-policy-yet-to-translate-into-action_1559298.html

Date accessed: 11.3.2015

(Kasturi Mishra)

GOVERNMENT

Right to Information Act is Getting Strangled under Modi Government, Activists Say

(Dhirendra K Jha, *Scroll*, March 11, 2014)

RTI activists have accused government for not appointing chief of Central Information Commission and other important posts in last more than six months. According to them Right to Information (RTI) a tool of accountability has broken down under the Modi dispensation as eliciting information from the government has become nearly impossible. Venkatesh Nayak of the National Campaign of People's Right of Information said, "The commission has been working without a chief for more than six months. The posts of three information commissioners have also been vacant for long, yet the government is simply silent." The post of Chief Information Commissioner is vacant since August 2014.

Activists have raised concern about increasing number of pending cases in CIC. According to Nayak, there are 39,000 pending cases with the CIC, up from 24,150 on October 31 last year. Mumbai-based RTI activist Bhaskar Prabhu said, "Because of top level vacancies at the CIC, officials have developed a tendency to withhold information and force RTI applicants to go for an appeal

knowing well that they won't be able to get anything out of that."

According to the *Scroll.in*, RTI activists across the country believe that a general decay in the atmosphere to provide information has been observed after regime change in the centre. All of them complained that they are unable to get from the authorities any information that goes beyond what is already available on the websites of ministries and departments. They further asserted that "dodging RTI requests have become a norm among officials, the timeline mandatory for providing information is hardly being followed, and that there is no instance of an official being punished for a delay in providing information."

According to Nayak, around 4.5 million RTI requests are being generated every year in India, whereas "in the US, this figure stands between 3 and 3.5 million". According to the article, the legislation is being crushed at a time when the right is getting exercised in the country more than anywhere else.

<http://scroll.in/article/711240/Right-to-Information-Act-is-getting-strangled-under-Modi-government-activists-say>

Date Accessed: 13.03.2015

(Jeet Singh)

SOCIAL AND ECONOMIC EXCLUSION

Union Budget Inadequate for SCs and Tribals

(Jitendra, *Down to Earth*, March 5, 2015)

This article highlights the inadequacy of the Union Budget 2015-16 allocations for dalits and tribals for upliftment of marginalized classes. In this Budget, dalits have been allocated only Rs 30,850 crore and the allocation for adivasis stands at Rs 19,980 crore. In 2014-15, while the Scheduled Caste sub-plan (SCSP) was allocated Rs 43,208 crore, Tribal Sub-Plan (TSP) had Rs 26,714 crore. Therefore, compared to the last financial year, the allocations under SCSP and TSP have dramatically come down.

Under the two programmes, the guidelines state that the Scheduled Castes (SCs) should be allocated 16.6% of the Plan Outlay, which amounts to Rs 77,236 crore towards SCSP. Similarly, Scheduled Tribes (STs) are entitled to get 8.6% of the plan outlay, which amounts to Rs 40,014 crore towards TSP. This clearly implies that the allocation for dalits is short by 61% and that for tribals is short by 53%. The special budgetary components were initiated in 1979.

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According to Paul Divakar, general secretary at National Campaign on Dalit Human Rights, “The allocation for women-specific schemes under SCSP is a meager Rs 73.70 crore (0.23% of total budget) and the same under TSP is Rs 40 crore (0.20% of the total budget).” Additionally, the allocation for education has declined to Rs 10,194.70 crore under SCSP and Rs 5,486.44 crore under TSP.

While the Prime Minister had promised to make the economy fairer for dalits, adivasis and other marginalized sectors, these have not been put to action. The retrogressive allocations seen in schemes like Sarva Shiksha Abhiyan, Mid-Day Meal Scheme and in other higher education programmes for SCs and STs are clearly indicative of the lack of focus on upliftment of the marginalized.

<http://www.downtoearth.org.in/content/union-budget-2015-16-brings-huge-reduction-funds-scs-and-sts>

Date accessed: 11.3.2015

(Kasturi Mishra)

HEALTH

Policy on Malnutrition Uses Old Data

(Rema Nagarajan, *The Times of India*, March 11, 2015)

While the Prime Minister claims to attach supreme importance to child malnutrition, the words have not translated into action. Policymaking is dependent on malnutrition data from 2005-06 while the data from the Rapid Survey on Children (RSOC) carried out by UNICEF and the women and child development (WCD) ministry in 2013 is yet to be made available. The data was sent to the health ministry for review about six months ago by the WCD ministry, but nothing has moved since.

Civil society groups and public health experts stressed the need to monitor nutrition figures for advocacy and scientific policy making, which led to the RSOC to survey malnutrition and hunger. According to UNICEF, the RSOC data was given to the WCD ministry in September, 2014 and summary data was available to the ministry even before in June, 2015. However, since then, the health ministry or statistics department has not reviewed the data or replied. In fact, there had not been a single comprehensive national survey on nutrition since the National Family Health Survey in 2005-06, while other countries do such surveys every three to four years.

Some of the 'provisional' national level figures for underweight, stunted and wasted children were given by the WCD ministry to International Food Policy Research Institute (IFPRI) to prepare the global hunger index and the global nutrition report, released in October last year.

Although the report shows a considerable improvement in the nutritional status of children, there is an evident lack of urgency within the government on getting the data meant to guide policy decisions and putting it to use.

<http://timesofindia.indiatimes.com/india/Policy-on-child-malnutrition-uses-old-data/articleshow/46523739.cms>

Date accessed: 11.03.2015

(Kasturi Mishra)

ENVIRONMENT

Only 5 Out of 47 Reserves can Sustain Tiger Population: Report

(Chetan Chouhan, *Times of India*, March 9, 2015)

Only five tiger reserves in India can sustain big cat population on their own, says the final tiger estimation report. The preliminary findings of tiger estimation 2014 had recorded 2,226 tigers, a 30% increase since 2010, but sources say the final report to be released by end of March will highlight the danger for rising tiger population in India.

“There are not enough green corridors for tigers to disperse and find a new home,” said Qamar Qureshi, co-author of Tiger Estimation 2014 and a senior scientist at the Dehradun-based Wildlife Institute of India. “The report raises ecological issue about future of tigers who are territorial animals.” The final report has identified just five areas — Corbett National Park (Uttarakhand), Kanha Tiger Reserve (Madhya Pradesh), Sunderbans (in India and Bangladesh), Kaziranga National Park (Assam) and Madhumulai-Nagarhole-Bandipur tiger habitat (Karnataka) — where tigers can survive on their own because of good female population.

Tiger reserves having more than 20 adult tigresses can sustain good population on their own because of genetic viability. The other 35-odd tiger reserves of the total 47 need unbroken wildlife corridors to get gene pool support and sustain the big cat population. The condition of green corridors connecting tiger reserves have deteriorated in the last four years, the report says. Around 60% of the 2,226 tigers live inside protected areas tiger reserves and national parks. The final report will show that tiger population has not revived outside the reserves, mainly due to the government announcing a series of linear projects that create hurdle in the movement of animals in the green corridors.

<http://www.hindustantimes.com/india-news/only-5-out-of-47-reserves-can-sustain-tiger-population->

GOVERNANCE AND DEVELOPMENT

report/article1-1324207.aspx#

Date Accessed: 09.03.2015

(Devyani Bhushan)

WRI: India at Highest Risk from River Floods in the World

(Mid-Day, March 6, 2015)

US-based World Resources Institute (WRI) think-tank and four Dutch research groups ranked 163 countries by number of people impacted by river flooding. India has topped the list among countries with population affected by river flooding on average each year. With an increasing number of people threatened by climate change and economic growth in low-lying regions, India is now at a greater risk. According to the study, approximately 4.84 million people get affected by floods in a typical year, in India.

India faces more potential change in exposed GDP than any country at \$140 billion. China is next at \$98 billion. Using "a middle-of-the road scenario," the analyzer estimates India's current GDP exposed annually could increase 10-fold from \$14 billion to \$154 billion by 2030.

With unplanned urban growth, climate change is expected to occur at a faster pace which would then impact both the intensity and the frequency of floods. The experiences of J&K floods in September, 2014 and the 2013 floods in the states of Himachal Pradesh and Uttarakhand give a picture of the cost and loss from floods in India. Actions need to be taken to better combat such incidents in the future and to minimise the impact of urbanisation on climate change.

<http://www.mid-day.com/articles/india-at-highest-risk-from-river-floods-in-world-study/16039194>

Date accessed: 11.03.2015

(Kasturi Mishra)

Move to Dress up Data on Air Pollution in Delhi

(Times of India, March 15, 2015)

The Delhi Pollution Control Committee's (DPCC) portal, which displays data from real-time air pollution monitoring system, stopped uploading data on Monday. As per sources in DPCC, the agency was under pressure as its data showed that air pollution in Delhi had reached alarming levels. In a meeting last week, the Union environment ministry decided that the Central Pollution Control Board (CPCB) would "validate" DPCC's data and that "quality control" mechanisms would be put in place

before it is released online.

A CPCB official said, "Unedited data will not be released. The figures will be validated either by us or a team of scientists. There will be quality control. We have to work out a new system by March 20."

DPCC is the only state agency in India to provide real-time feed from so many stations viz. RK Puram, Civil Lines, Punjabi Bagh, Mandir Marg, Anand Vihar and IGI and for a wide range of pollutant such as PM10, PM2.5, SO2, NO2, CO, ozone and benzene.

Automatic air quality monitoring doesn't require any editing. Moreover, it defeats the purpose of having a real-time monitoring system as any 'validation' would delay the process. Furthermore, experts also fear that the edited data may be "dressed up" and not give the true picture.

Delhi was ranked as the world's most polluted by the WHO in its urban air quality database. "Delhi's average PM2.5 level in 2013 was 153 microgram per cubic metres, based on hourly measurements at six different stations. This is 15 times the safe limit according to the WHO guideline and 3.8 times the national standard."

<http://timesofindia.indiatimes.com/home/environment/pollution/Move-afoot-to-dress-up-Delhis-air-pollution-data/articleshow/46509862.cms>

Date Accessed: 16.03.2015

(Afreen Faridi)

LAW AND JUSTICE

In Delhi, 70% of Accused in Crimes on Women Go Free

(Richi Verma, Times of India, March 9, 2015)

For every four Delhiites charged with sexual offences, nearly three go scot free. Figures from Delhi Commission of Women's (DCW) latest annual report (2013-14) shows the acquittal rate in the capital for crimes against women continues to be as high as 70% even as the number of cases steadily rises. According to the report, released on International Women's Day, not only are women in the capital still vulnerable and unsafe, even justice for assault survivors is delayed.

DCW's rape crisis cell has 3,877 active rape cases pending, which means thousands still await justice. Rape was the most prevalent crime against women case referred to the Delhi Commission for Women. DCW's rape crisis cell saw 1,703 new cases registered in 2013-14, of which almost 50%

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cases (804) were of rape. These cases increased from the first quarter of 2013-14 to the second quarter, but then saw a decline from 218 rape cases in July-September 2013 to 143 in October-December 2013. However, by the final quarter of 2013-14, rape cases had shot up almost 200% to 337. In all, while 243 cases of crimes against women were reported in April-June 2013, these had almost tripled to 725 in the January-March quarter.

In 2013-14, DCW's rape crisis cell disposed of 645 cases of crimes against women, of which only 192 accused were convicted and the rest, 453, acquitted. DCW chairperson Barkha Singh called the high acquittal rate "alarming" and said more fast track courts were needed. DCW's rape crisis cell was established almost 11 years ago and works in coordination with Delhi Police in tackling crimes against women. The number of rape cases in DCW's annual report include minor rapes and rapes in live-in relationships, in line with Delhi high court's observation last week.

<http://timesofindia.indiatimes.com/city/delhi/In-Delhi-70-of-accused-in-crimes-on-women-go-free/articleshow/46497899.cms>

Date Accessed: 09. 03. 2015

(Devyani Bhushan)

SOCIETY

COMMUNALISM**ICHR Member Supports Building of Ram Temple in Ayodhya***(Hindustan Times, March 10, 2015)*

The newly constituted council of the Indian Council of Historical Research (ICHR) supported the demand for Ram temple in Ayodhya with Saradindu Mukherjee, member of the council, said, "The Ram temple must be re-built at Ayodhya.

Meenakshi Jain and Nanditha Krishna, members of the council, also let their voices to support the existence of Ram temple. Mr. Jain, author of the book 'Rama and Ayodhya', claimed that the pro-mosque group could not substantiate their claim that a mosque was built on vacant land. She added that no pro-masjid group could provide proof that Muslims offered prayers at the site, especially after 1934 riots.

Nandita Krishna left it to the 'local people' of Ayodhya to decide upon future course of action, while claiming that "There was a Ram temple at Ayodhya according to the Archaeological Survey of India's reports and records."

<http://www.hindustantimes.com/india-news/ichr-member-supports-ram-temple-at-ayodhya-site/article1-1324579.aspx>

Date Accessed: 10.03.2015

(Afreen Faridi)

PMO Refuses to Disclose Correspondence between Modi and Vajpayee During Gujarat Riots*(Economic Times, March 10, 2015)*

The Prime Minister's Office (PMO) refused to part with correspondence between Shri. Narendra Modi, as the Chief Minister of Gujarat, and the then Prime Minister Shri. A.B. Vajpayee during the Gujarat riots in response to an application filed by activist Subash C. Agarwal under the RTI Act.

The PMO responded by saying that the said information was 'confidential' in nature as per 'concerned third parties' and would impede the ongoing inquiry, investigation and trial related to the riots. The PMO did not specify whether the third party was the Gujarat Chief Minister's Office, Shri. A.B. Vajpayee or Shri. Narendra Modi.

The PMO added that, "The Hon'ble CM being the head of

the council of ministers, the record of deliberations by the Hon'ble CM is required to be constitutionally and legally protected from disclosure. Keeping in view of the said facts, under section 8(1)(h) of the 'Right to Information Act, 2005' the information as sought for by applicant cannot be disclosed."

The correspondence gains significance as Shri. Vajpayee had famously advised Modi to observe his "Raj Dharma (ruler's duty)", under which no one should be discriminated, while addressing a media conference in 2002.

http://articles.economictimes.indiatimes.com/2015-03-10/news/59970327_1_pmo-raj-dharma-narendra-modi

Date Accessed: 10.03.2015

(Afreen Faridi)

GENDER**Pay Equality for Women May Take Over 70 Years, Says ILO***(Hindu businessline, March 8, 2015)*

It may take more than 70 years for women to get equal pay status with men. Also one out of three women will suffer some form of physical and/or sexual violence that cripples their ability to work, as per the International Labour Organisation (ILO). "We cannot accept that at current rates of change," Guy Ryder, ILO Director-General, said in a statement, calling upon governments to "act, rethink and innovate" to ensure that the future of work also deals with the future of women at work.

It was two decades ago that the 4th World Conference on Women in Beijing had adopted a Declaration and Platform for Action on gender equality and women's empowerment. Twenty years later, while much has been achieved in the areas of national gender equality policies and legislation against discrimination based on sex, progress on the ground remains elusive. "A large gender pay gap hasn't narrowed much, with women still earning on average 23 per cent less than men. And new evidence is emerging that mothers suffer a wage penalty, often over and above the gender pay gap," said Ryder.

With more and more women joining the workforce, the percentage of women in top management and in positions of political leadership has also improved, but only 5 per cent of Fortune 500 companies are headed by women, and only one out of 12 governments worldwide has a woman head. The dichotomy does not end there. On the one hand, the percentage of women who work as self-employed or unpaid

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family members has declined, but on the other, more women are now working in low-paid jobs worldwide. Calling for more supportive policies, ILO suggests maternity protection and work-family policies, as 41 per cent of working women still don't have adequate maternity protection. Child care facilities, equal pay, closing the gender gap in education and jobs are some other measures that could help, it adds.

<http://www.thehindubusinessline.com/news/pay-equality-for-women-may-take-over-70-years-says-ilo/article6971765.ece>

Date Accessed: 09.03.2015
(Devyani Bhushan)

India Lowest Among Asia Pacific Nations in Women's Advancement: Report

(*The Indian Express*, March 7, 2015)

The socio-economic standing of women in India is the lowest among 16 Asia Pacific countries, even less than Bangladesh and Sri Lanka, indicating that much more needs to be done to achieve gender parity, says a MasterCard survey. According to MasterCard's latest Index of Women's Advancement, which measures the socioeconomic standing of women across Asia Pacific, progress towards gender parity is "still sluggish".

"Although women in Asia Pacific are increasingly more educated than their male counterparts, progress towards gender parity is still sluggish, especially in the areas of business leadership, business ownership and political participation," the survey said. Across the region, New Zealand had the highest overall Index score of 77, followed by Australia (76), the Philippines (72.6) and Singapore (70.5). On the other hand, India (44.2), Bangladesh (44.6) and Sri Lanka (46.2) had scores below 50, indicating that much more needs to be done to achieve gender parity. The survey further said that five markets, namely New Zealand, the Philippines, Vietnam, Sri Lanka and Thailand had a score of 100.0, indicating that women are on par or better represented in secondary and tertiary institutions than their male counterparts. Comparatively, women in India (85.7), South Korea (85.9) and Bangladesh (87.6) have fewer opportunities than men when it comes to secondary and tertiary education. Moreover, women in India (99.0), Bangladesh (102.4) and China (99.6) have made the biggest strides towards attaining gender parity in "Regular Employment" over the past nine years, rising 39.6, 21.1 and 16.0 index points, respectively.

MasterCard group head, Communications Asia Pacific Georgette Tan said "in a highly competitive market,

companies are beginning to understand why integrating talented women into leadership structures is imperative for sustainable economic growth and innovation in both developed and developing markets."

<http://indianexpress.com/article/india/india-others/india-lowest-among-asia-pacific-nations-in-womens-advancement-report/>

Date Accessed: 09.03.2015
(Devyani Bhushan)

Mobile Tariffs to go High

(*The Hindu*, March 13, 2015)

Cellular Operators Association of India (COAI) said that huge outgo in spectrum auction would increase tariff rates for mobile services in the long term. The proceeds from spectrum auction crossed Rs 1 lakh crore mark due to aggressive bidding.

Rajan S. Mathews, Director General of COAI responded to a question on impact of spectrum auctions on tariffs saying, "Not immediate, it's going to take about nine months to a year before you begin to start seeing the impact in terms of the implementation, roll out, investment in new equipment, all of these things have to happen."

The ongoing spectrum auction has resulted in a locking of horns between incumbents such as Airtel, Vodafone, Idea and Reliance Communications with operators such as Reliance Jio and others to protect their existing spectrum holdings. This has led to aggressive bidding which will result in an increase in operating costs for the operators.

"In the longer term, from the industry perspective you can't see how you continue to increase the input cost and not expect the output cost to increase," added Mr. Mathews.

<http://www.thehindu.com/business/Economy/mobile-tariffs-will-go-up-but-not-immediately-coai/article6990650.ece>

Date Accessed: 13.03.2015
(Afreen Faridi)

INDIA AND WORLD

INTERNATIONAL AFFAIRS

New UN-Backed Report Reflects ‘Crushing’ Impact of Conflict in Syria on its People

(United Nations News Centre, March 10, 2015)

A report produced by the Syrian Centre for Policy Research shows that four years of conflict has had a catastrophic impact on Syria. The violence has led to a fall in life expectancy from 76 to 56, emptied the nation of 15% of its population and led to economic disintegration and social fragmentation. Currently, four out of five people live in poverty while 30% of the population is in abject poverty. The HDI position of Syria has fallen to 173 in a total of 187 countries.

“While crushing the aspirations of the Syrian people and their ability to build and form institutions that can restore human security and respect human dignity and rights, the armed conflict has depleted the capital and wealth of the country,” according to the Syria: Alienation and Violence, Impact of the Syria Crisis Report.” About 10 million have left their homes and neighborhood due to fear, violence, intimidation and homelessness. Close to “3.33 million Syrians fled as refugees to other countries, together with a 1.55 million persons who migrated to find work and a safer life elsewhere.” About 6.80 million are internally displaced.

The report highlights the ‘appalling’ loss of life. The death toll has reached 210,000 whereas approximately 840,000 have been wounded. Together, about 6% of the population has been killed, maimed or wounded in the conflict.

Social life is degrading rapidly with over “half of all school-age children no longer attending school, with almost half of all children already losing three years of schooling.” The total economic loss of the conflict in from 2010 to 2014 is about \$202.6 billion, approximately, 383 per cent of the GDP of 2010.

The report concludes by saying that people in Syria are living in “terrible state of exception, estrangement and alienation with a massive social, political and economic chasm dividing them from those involved in violence and the institutions of violence.” The Palestinian refugees in Syria are also facing tremendous trauma. As of now, UN relief agencies are supporting close to 460,000 refugees with their basic needs. However, the relief agencies are not able to keep up with the rising needs of the poor and displaced

whose numbers are increasing due to continued violence.

<http://www.un.org/apps/news/story.asp?NewsID=50291#.VQAFHkttIpE>

Date Accessed: 12.3.2015

(Shriyam Gupta)

Lessons from Japan Tsunami Vital to New Disaster Risk Reduction Agreement

(United Nations News Centre, March 11, 2015)

Three days before the Third World Conference on Disaster Risk Reduction, United Nations paid solemn remembrance to those who died in the Great East Japan Earthquake and Tsunami of 11 March 2011 and emphasized lessons learnt from the same. These lessons could be the fulcrum around which the conference on Disaster Risk Reduction could formulate its new policy plans.

Over the last decade over 700,000 people have lost their lives due to disasters and over 1.7 billion people have been affected. The economic loss for the same is estimated to be around \$1.4 trillion. Margareta Wahlström, the head of the UN Office for Disaster Risk Reduction (UNISDR), noted that Japan was a reminder that a new robust agreement is needed on disaster management. The world conference in “Japanese city of Sendai, will see the adoption of a successor agreement to the Hyogo Framework for Action, which was agreed by governments 10 years ago in the wake of the Indian Ocean tsunami.”

The focus of the new framework is expected to be on reducing existing levels of risk and avoiding creation of new risks. A strong emphasis will be placed on “tackling the underlying drivers of risk such as poverty, climate change, eco-system decline, bad urban planning, land use and risk governance.”

<http://www.un.org/apps/news/story.asp?NewsID=50298#.VQEVHtIpE>

Date Accessed: 12.3.2015

(Shriyam Gupta)

OPINION/BOOKS

OPINIONS

Do Beauty Contests have any Place in Institutions of Learning?

(Economic and Political Weekly, March 7, 2015)

Post 1990s, the number of beauty competitions have has been on the rise and have also found place in educational institutions with the backing of big business and corporates. Shortlisted candidates for the competition are judged via reader or viewer ratings. Ultimately, it boils down to the question of big bucks and physical grooming of the candidates. In this regard, an interim order passed by the Madras High Court banned beauty contests in all colleges and deemed universities in Tamil Nadu. The order raises two questions, whether beauty contests have a place in educational institutions and secondly, whether they should be held at all.

Beauty contests have been criticized by feminists and activists saying that they demean women. In India, the opposition is complex as raising concern about beauty contests on grounds that they objectify women could be playing into the hands of 'conservative' forces to further repress women. Pageants are also ways to open untapped markets to cosmetic products. Male and transgender pageants are rising along with male cosmetics that emphasize skin type and fairness. "India's retail beauty and cosmetics industry that market analysts estimate that the \$950 million industry is likely to expand to \$2.68 billion by 2020. Not surprisingly, skin-whitening products lead the market"

The contests promote a cultural stereotype of beauty. "Many of these competitions are won by tall, fair and thin women with India's diversity totally subsumed in this prototype." Studies show that female contestant go to coercive methods to lose weight and lighten skin at the cost of physical harm.

Advocates of beauty pageant pointed out that such competitions are opening chances of social mobility and allowing women to negotiate patriarchy in the country. However, currently, such competition runs on "big money, cultural stereotypes and plain voyeurism, leading young people to aspire to impossible standards of physical beauty." There is a need to debate their role especially in educational institutes.

<http://www.epw.in/editorials/not-beautiful-business.html>

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(Shriyam Gupta)

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