

**Draft National Child Protection Policy**

*Syllabus: Mechanisms, laws, institutions and Bodies constituted for the protection and betterment of these vulnerable sections.*

**In News**

- The **Ministry of Women and Child Development** has developed the Draft National Child Protection Policy and placed it on its website and invited comments from various stakeholders.
- This will be the **first policy dedicated to the protection of children**, an area that until now was only a part of the broader *National Child Policy, 2013*.
- In the wake of sexual abuse cases of more than 30 girls in a shelter home in Muzzafarpur, the Supreme Court had asked the Centre to frame a national policy on protection of children.
- India is a young nation, with a **child population of more than 472 million** and protection of this 40% of the young population is **not only a matter of their human rights but also an investment towards building a robust nation**.
- The Constitution of India recognizes children as equal right holders and grants highest priority for their protection and well-being.
- India is also a **signatory to the United Nations Convention on the Rights of the Child (UNCRC)** and accordingly has a strong legal framework to protect children which include the Juvenile Justice (Care and Protection of Children) Act 2015 and the Protection of Children from Sexual Offences Act 2012.

**Provisions of Draft Policy**

- The policy **will apply to all institutions and organisations** (including corporate and media houses), **government or private sector**.
- All organisations must have a code of conduct based on **zero tolerance of child abuse and exploitation**. It requires organisations to lay down that employees don't use language or behaviour that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
- Institutions should also designate a staff member to ensure that procedures are in place to ensure the protection of children as well as to report any abuse.
- Any individual who suspects physical, sexual or emotional abuse must report it to the helpline number 1098, police or a child welfare committee.
- The document also comprises a list of behaviours towards children that are punishable by law, including the POCSO and JJ Acts.
- Organisations must establish and strengthen monitoring mechanisms to ensure that industry/subsidiaries are not using child labour in any form.
- Institutions and organizations must ensure stringent background check (including police verification) of all employees - regular or contractual; volunteers and others who may come in contact with children.
- Institutions and organizations must train all employees on child rights, provisions of POCSO Act, JJ Act and other legislations for children and ensure that corporal punishment, bullying and any other form of abuse is prevented.

- Crèches/ mobile crèches for employee's children including those on daily wages/contractual basis if the number of employees is fifty or above otherwise appropriate space and facility for baby care to be provided for mothers with infants

### Missing Elements

- Unlike the National Child Policy, 2013, the latest document doesn't talk about children who may need additional special protection measures: including those affected by migration, communal or sectarian violence, children forced into begging or in conflict with the law, and those infected with HIV/AIDS.
- The document needs to define what child protection is, as well as what it means by institutions or organisations.
- While it talks about organisations laying down a code of conduct, it doesn't explain what exactly is acceptable behaviour, such as conduct of teachers in schools.

### Way Ahead

- The norms should be designed in such a way that organisations can customise their policies according to the nature of their work, thereby, giving them a sense of ownership on safeguarding children's rights.
- A policy has four aspects — **creating awareness, prevention, reporting and responding**. This document needs to go into all these aspects, especially a reporting structure involving various nodal bodies and a monitoring mechanism for implementation of the guidelines.
- All children deserve a happy childhood and the opportunity to lead a dignified life safe from violence, exploitation, neglect, deprivation and discrimination and this policy will go a long way in creating such an ecosystem.

### Guidelines For Setting Up Of Crèches At Workplaces

*Syllabus: Mechanisms, laws, institutions and Bodies constituted for the protection and betterment of these vulnerable sections*

### In News

- The Centre has prepared the guidelines for setting up of crèches at workplaces, which prescribe trained personnel to man the facility as well as infrastructure requirements and safety norms.
- In March this year, Parliament passed the **Maternity Benefit Amendment Act, 2017**, enhancing paid maternity leave from a period of 12 weeks to 26 weeks. The law is applicable to **all institutions with 10 or more employees**. It also makes it **mandatory for every organisation with 50 or more employees to have a crèche**.

### Guidelines

- The guidelines recommend that a **crèche be either at the workplace or within 500 metres of it**. Alternatively, it could also be in the beneficiaries' neighbourhood.
- The facility should be **open for 8 to 10 hours** and if the employees have a shift system, then the crèche should also be run accordingly.
- A crèche must have a **minimum space of 10 to 12 sq ft per child** to ensure that she or he can play, rest and learn. There should be no unsafe places such as open drains, pits, garbage bins near the centre.
- The crèches should have at least **one guard**, who should have undergone police verification. There should also be at least **one supervisor** per crèche and a **trained worker** for every 10 children under

three years of age or for every 20 children above the age of three, along with a helper. The crèche staff should be **paid at least minimum wages**.

- It also recommends that no outsiders such as plumbers, drivers, electricians be allowed inside the crèche when children are present.
- A **crèche monitoring committee** with representations from among crèche workers, parents and administration should be formed. Further, there should also be a **grievance redressal committee** for inquiring into instances of sexual abuse.
- The guidelines are **not mandatory but are a yardstick for NGOs and organisations for setting up of creches**.

### **Global Gender Gap Report 2018**

*Syllabus: Mechanisms, laws, institutions and Bodies constituted for the protection and betterment of these vulnerable sections*

#### **In News**

- The World Economic Forum has released the Global Gender Gap Report 2018. It has been **published annually since 2006 by the WEF**.
- The report benchmarks 149 countries on their progress towards gender parity across four thematic dimensions: **Economic Participation and Opportunity, Educational Attainment, Health and Survival, and Political Empowerment**.

#### **Global Findings**

- The **world has closed 68 per cent of its gender gap** and at the current rate of change, it will take 108 years to close the overall gender gap and 202 years to bring about parity in the workplace.
- Despite the global gender gap narrowing slightly in 2018, **proportionately fewer women than men are participating in the labour force or in political life**.
- Overall, the economic gender gap narrowed in 2018; however, access to health and education, and political empowerment suffered reversals.
- Women are under-represented in growing areas of employment that require **STEM** (science, technology, engineering and mathematics) skills and knowledge.
- Infrastructure needed to help women enter or re-enter the workforce – such as childcare and eldercare – is under-developed and unpaid work remains primarily the responsibility of women.
- The corollary is that the substantial investments made by many economies to close the education gap are failing to generate optimal returns in the form of growth.
- The global list was **topped by Iceland having closed more than 85.8 per cent of its overall gender gap**. Iceland holds the top spot in the index for the 10th consecutive year.
- **Nordic countries Norway (2nd, 83.5 per cent), Sweden (3rd, 82.2 per cent), and Finland (4th, 82.1 per cent) dominated the top slots**.
- Other countries in the top-10 include Nicaragua (5th, 80.9 per cent), Rwanda (6th, 80.4 per cent), New Zealand (7th, 80.1 per cent), the Philippines (8th, 79.9 per cent), Ireland (9th, 79.6 per cent) and Namibia (10th, 78.9 per cent).
- **South Asia was the second-lowest ranking region in the index**, with only 65 per cent of its gender gap now closed. However, it is worth noting that, from a low base, South Asia has made the fastest progress on closing its gender gap of any world region over the past decade.

#### **Indian Findings**

- India has been **ranked 108th** in the index, same as 2017. It maintains a stable ranking this year, but its gap is directionally larger this year, with a **33 per cent gap yet to be bridged**.
- India **continues to rank third-lowest in the world on health and survival**, remaining the world's least-improved country on this sub index over the past decade. In fact, India actually widens the gender gap on this sub index this year.
- Interestingly, India **has the second-largest artificial intelligence (AI) workforce but one of the largest AI gender gaps**, with only 22 per cent of roles filled by women. It ranks 142nd out of 149 countries in the economic opportunity and participation subindex.
- However, on the positive side, India has slightly improved in WEF's wage equality for similar work indicator, where it stood at 72nd place. The country has also **closed its tertiary education enrolment gap for the first time in 2018 and has managed to keep its primary and secondary gaps closed for the third year running**.
- India needs to make improvements across the board, from women's participation to getting more women into senior and professional roles.

### Way Ahead

- Gender parity is fundamental to whether and how economies and societies thrive. Ensuring the full development and appropriate deployment of half of the world's total talent pool has a vast bearing on the growth, competitiveness and future-readiness of economies and businesses worldwide.
- The economies that will succeed in the fourth industrial revolution will be those that are best able to harness all their available talent.
- Proactive measures that **support gender parity and social inclusion and address historical imbalances** are therefore essential for the health of the global economy as well as for the good of society as a whole.

### Reasons for Gender Pay Gap in India:

#### 1. Occupational segregation:

- Preference is given to male workers while recruiting or promoting to senior roles.
- The rate of female participation in the paid labour market is generally low, and is primarily concentrated in rural areas in the agricultural sector.
- Women's participation is also higher in light industries and the unorganized sector, where the wages are usually lower.

#### 2. Cultural barriers:

- Women are not promoted to seek gainful employment outside their home.
- Due to role stereotyping, childcare, cooking etc. is viewed primarily as a women's job.
- It leads to interrupted careers of women (career-breaks women take for certain personal and societal reasons)

#### 3. Education and training:

- Biased socialisation processes do not encourage women to pursue higher education or to upgrade their skills.
- The literacy rate for women in India is far lower than the rate for men, and it has been observed that many girls drop out of school and fail to fully complete their education.

**4. Unpaid work:** According to the Human Development Report 1995, women spend about two-thirds of their working time on unpaid work, while men spend only one-fourth of their time towards unpaid labour.

#### **Way Forward**

- Introduction of women friendly policies in organisations on voluntary basis can help in improving the situation. E.g. - Very recently, Tata Sons announced a seven months' maternity leave for its women with an extension of up to 18 months.
- Leadership intent to engage women, especially returning women, is crucial. This is 'inclusion in action'.
- Training the hiring team on how to assess women on breaks, how to identify potential and to match the same with the right job is essential.
- Having a clear strategy in place, as well as policies that direct and guide are also critical. But, most important is the realisation that women are a crucial talent pool that needs to be engaged at all life-stages.
- It is also the responsibility of women to stay up-to-date of these changes, and upskill themselves constantly, especially when they need to take career breaks. Women must identify a re-entry path. It could be through an internship (there are many such internships being offered – primary among them being the Tata SCIP programme) or through a second-career programme of a company.

### **J&K Becomes First State to Criminalise 'Sextortion' by Public Servants**

*Syllabus: Mechanisms, laws, institutions and Bodies constituted for the protection and betterment of these vulnerable sections*

#### **In News**

- The administration led by the Governor in J&K has amended two state laws to **introduce a fresh offence called sextortion**, making sexual exploitation of women by people in positions of authority, having a fiduciary relationship or public servants a criminal offence.
- With the approval of amendments to **Jammu and Kashmir Prevention of Corruption Act and Ranbir Penal Code and Evidence Act, J&K would become the first state in the country to have an explicit law banning sexual exploitation of women.**
- The two new Bills — Prevention of Corruption (Amendment) Bill, 2018, and Jammu and Kashmir Criminal Laws (Amendment) Bill, 2018 — were approved by the State Administrative Council (SAC) led by Governor Satya Pal Malik.
- The administration has passed these amendments in the wake of a recent order that the Jammu and Kashmir High Court passed earlier this year in October. In its order, the court directed the administration to look into the possibility of introducing new laws or amendments to existing laws to criminalise "sextortion".
- The court's rationale lay in the belief that sextortion lies at the intersection of sex and extortion under the overarching ambit of corruption. Instead of money, sex is the currency of the bribe. In other words, sextortion is nothing but an institutionalised system of blatant abuse of power.
- The underlying idea is the element of quid pro quo where the perpetrator demands and accepts the sexual favour in exchange for a benefit that he is empowered to withhold or confer. The imbalance of power between the perpetrator and the victim allows the perpetrator to exert psychological pressure, which most significantly is not very different from that of monetary corruption

- As per the amendments, any person in a position of authority or in a fiduciary relationship, or a public servant who abuses such position or fiduciary relationship to employ physical or non-physical form of coercion to extort, request or demand sexual favours from any woman in exchange for some benefits or favours that such person is empowered to grant or withhold shall be guilty of offence of sextortion.
- Moreover, the law makes it abundantly clear that **it shall be no defence that the sexual benefit was derived with the consent of the victim.**
- Punishment for the offences ranges from three to five years of rigorous imprisonment with a fine. Also, these amendments clearly state that the offence is **non-bailable and not compoundable.**

**No Religious Minority Tag To Lingayat/Veerashaiva Community**

*Syllabus: Mechanisms, laws, institutions and Bodies constituted for the protection and betterment of these vulnerable sections*

**Background**

- The Union government has **rejected the recommendation of the State government to grant religious minority status to Lingayat and Veerashaiva communities.** The centre reiterated its earlier stand that these communities are part of the Hindu religion ever since 1871 census and do not form another religion of their own. Rationale for rejection of the demand:
- **Other justification:** If Lingayats/Veerashaivas were to be treated as a separate religion by providing separate code other than Hindu, all members of the Scheduled Caste (SC) professing the said religion would lose their status as SC along with the consequential benefits available to them.
- Lingayats and Veerashaivas have been demanding status of a separate religion for a long time. The movement for a separate religion tag, which was started as far back as 1942, was resurrected in 2017. In August 2017, through a massive rally in Bidar, the Lingayats demanded a minority status for their community similar to Sikhism or Buddhism as they believe they are distinct from Hindu religion.
- In December 2017, a seven-member expert committee under **Nagmohan Das** was formed to study five separate demands, three of which were for a separate minority religion status for Lingayats.
- In January 2018, the committee recommended 'religious minority tag' for Lingayats. It concluded that Lingayat religion is different from Hindu religion.
- Post which, in March, 2018 the Karnataka state cabinet decided to recommend to the centre grant of religious minority tag for Lingayat and Veerashaiva community.

**Lingayats and Veershaivas**

- Lingayats are followers of 12th-century social reformer **Basavanna** and his vachana (verses) philosophy while Veerashaivas are a **sub-sect of Lingayats who preceded Basavanna.**
- It was Basavanna and his contemporary Sharanas who launched a very strong spiritual, social and religious rebellion against **Brahminical hegemony.**
  - Sharanas rejected the Vedas, Shastras, Smritis and Upanishads.
  - They denounced temples and idol-worship.
  - They rejected discrimination based on Caste and Gender.
- In order to take the social movement closer to the people, Basavanna and all the other Sharanas voiced their concerns in simple Kannada vachanas so that even lay people could comprehend them.

17%

Estimated Veerashaiva-Lingayat population in state. Veerashaivas make up about 3%, it's believed

LINGAYAT	VEERASHAIVA
Different from Hindu religion. Worship one god. Oppose Vedic rituals like Homa. No caste system. Do not believe in rebirth. Started by Basavanna	Part of Hindu religion. Worship mainly Shiva. Believe in rebirth. Most of the sects of Veerashaivas follow Basavanna's philosophy

- **Veerashaivas worship Lord Shiva**, the one mentioned in Hindu mythology; but the Shiva that Basavanna referred to in his vachanas (verses) is not the Hindu god Shiva but the ishtalinga (formless God), which people of the community wear around their neck.
- **Veerashaivism has its roots in the Vedas and Agamas**, and they do not worship any god other than Shiva. They accept Vedic texts, caste and gender discrimination. The sub-sect can be found spread across states of Karnataka, Kerala, Maharashtra, Andhra Pradesh and Telangana.

#### **A Note On Minorities In India**

- The Constitution of India does not define the word 'minority'. However, Articles 29 and 30 of the constitution of India stand guarantee to the interest and protection of minorities in India.
- Article 29 states "Any Section of the citizens residing in the territory of India or any part thereof, having a distinct language, script or culture of its own, shall have the right to conserve the same".
- Article 30 provides for the right of the minorities" based on religion or language, to establish and administer educational institutions of their choice".
- By combining these two articles together, it can be inferred that the Indian constitution safeguards the interests of three different categories of minorities, based on language, religion and culture.
- The communities notified as minority communities by the Government of India, are Sikhs, Muslims, Christians, Zoroastrians, Buddhists, and Jains.

#### **Transgender Rights Bill**

*Syllabus: Mechanisms, laws, institutions and Bodies constituted for the protection and betterment of these vulnerable sections*

#### **In News**

The Transgender Persons (Protection of Rights) Bill, 2016, which **aims at defining the transgender people and prohibiting discrimination against them**, has been passed with 27 amendments in the Lok Sabha.

#### **Provisions of the Bill**

- The passed bill removes the reference to a transgender person as one who is neither wholly female or male; a combination of female and male; neither female nor male; or whose sense of gender does not match the gender assigned at birth.
- It now states that a transgender person is one whose gender does not match the gender assigned at birth. It includes trans-men and trans-women, persons with intersex variations, and gender-queers. It also includes persons having socio-cultural identities as kinnar, hijra, aravani, and jogta
- It defines a person with intersex variations as a person who at birth shows variations in his or her primary sexual characteristics, external genitalia, chromosomes, or hormones from normative standard of male or female body.
- A transgender person **may make an application to the District Magistrate for a certificate of identity**, indicating the gender as 'transgender'. After the issue of a certificate of identity, a transgender person may apply for a revised certificate only if the individual undergoes surgery to change their gender either as a male or a female.
- It removes the earlier threshold of 100 or more people and states that **every establishment must designate a complaint officer**.
- It prohibits any person or establishment from discriminating against a transgender person, including unfair treatment or denial of service.

- The government will cover medical expenses by an insurance scheme for sex reassignment surgery, hormonal therapy, laser therapy or any other health issues of transgender persons.
- A **National Council for Transgender persons** will be set up to advise the central government on policies and legislation related to transgender persons. It will also be empowered to redress the grievances of transgender persons.

### Grievances

- Transgender people will be subject to certification by a District Screening Committee to be acknowledged as transgender, and those wishing to identify as either a man or a woman will need to go through gender affirmation surgery (popularly known as sex reassignment surgery, or SRS). This completely violates the Supreme Court judgment which states that the only thing needed to acknowledge a person's gender identity is their word for it.
- Furthermore, the presence of screening committees and the need for medical certification open up a space where a transgender person's very identity is subject to doubt until approved by external gatekeepers, which is inherently problematic. It will also inevitably lead to more discrimination and harassment by people empowered to screen and scrutinise trans people's lives.
- The bill both infantilises trans people and places them in harm's way by insisting that **when a parent or immediate family member is unable to take care of a transgender** – no age qualification is provided in the law – **they should be sent to a rehabilitation centre**. In a country where cisgender people (people who identify with the same gender identity they were assigned at birth) are free to live where they please, this is a brazen way to **control the movements of trans people and make them subjects of care which they may not want or need**.
- It also **criminalises whoever compels or entices a transgender person to indulge in the act of begging**. It betrays an ignorance of the way certain transgender communities (like hijras and kinnars) are structured, functioning on traditional systems such as badhai and mangti. This can be counterproductive since transgender people do not have access to employment in the way that other Indians do.
- Moreover, the bill is **problematically silent on the the matter of reservation** for transpersons in jobs and education sector.
- It **does not mention any punishments for rape or sexual assault** of transpersons as according to Sections 375 and 376 of the Indian Penal Code, rape is only when a man forcefully enters a woman. In terms of protection, the Bill offers a measly six months to two years imprisonment for those found guilty of atrocities against transpersons as mentioned in the Bill.

### Partners' Forum

*Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.*

### In News

- **Ministry of Health** in association with the **Partnership for Maternal, Newborn and Child Health (PMNCH)**, organised a two-day international conference – **Partners' Forum** in New Delhi, bringing together about 1500 participants from across 85 countries.
- This is the 4th in a series of global high-level multi-country, multi-stakeholder events aimed at sustaining global momentum for issues related to **health of women, children and adolescents**.



- The invited countries have been selected from across all regions and income levels and include countries that are currently chairing key global and regional bodies (e.g. G7, G20, BRICS, etc.).

### **Partners' Forum**

- Partners' Forum is a global health partnership, launched in September 2005, to accelerate efforts to reduce child and maternal mortality, improve adolescent, child, newborn and maternal health.
- This partnership is an alliance of more than 1,000 plus members, across 10 constituencies in 92 countries: academic, research and teaching institutions; donors and foundations; health care professionals; multilateral agencies; non-governmental organizations; partner countries; global financing mechanisms and the private sector.
- It aims to unite the partners around common strategies so that every woman, child and adolescent – no matter where they live – can **survive, thrive and transform the world**.
- PMNCH's mission is to support the global health community to work successfully towards achieving the Sustainable Development Goals (SDGs), particularly the health related SDGs as articulated in the Strategy for Women's Children's and Adolescents' Health in support of **Every Woman Every Child (EWEC) movement**.
- A big focus of the forum will be to share stories of how countries are successfully collaborating across sectors and stakeholders to fast-track improvements.
- A set of 12 case studies will be launched at the event showcasing the power of partnership, cross-sectoral action, accountability and political leadership across partner countries.
- One such success story chosen from India is **Mission Indradhanush**, an unprecedented collaboration between India's Ministry of Health & Family Welfare and 11 other ministries to increase immunization coverage among children and pregnant women to 90% by 2020.

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

*Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.*

### **In News**

- 2014 onwards **Universal Health Coverage Coalition** began to celebrate 12 Dec' as UHC Day, to commemorate the UN's landmark decision and hold leaders accountable to their promise of health for all.
- In **2017**, United Nations proclaimed 12 December as International Universal Health Coverage Day (UHC Day), making it **an official UN-designated day**.
- The day aims to mobilize diverse stakeholders to call for stronger, more equitable health systems to achieve universal health coverage, leaving no one behind. It has become the annual rallying point for the growing global movement for health for all.
- Every year on this day people across the world raise their voices to share stories of millions of people still waiting for health, call on leaders to make bigger and smarter investments in health and remind the world that health for all is imperative for the world we want.

### **Why Universal Health Coverage?**

- **Health is a human right, not a privilege**. Access to quality health services should never depend on race, gender, age, ability, wealth or citizenship. Universal health coverage leaves no one behind.

- No one should go bankrupt when they get sick. Everyone should be able to get the health care they need without being pushed into poverty or giving up other life necessities to pay for it.
- **Good health transforms societies** and when people are healthy, families, communities and economies can reach their full potential.
- Achieving UHC will accelerate efforts to end extreme poverty, reduce burdens of infectious and non communicable diseases, promote economic growth and job creation, achieve gender equality and **realize all the Sustainable Development Goals**.

### **National Medical Devices Promotion Council**

*Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.*

#### **In News**

- To give a fillip to the medical device sector, which is a sunrise sector, a **National Medical Devices Promotion Council** will be set up under the **Department of Industrial Policy and Promotion (DIPP)** in the Ministry of Commerce & Industry.
- The Council will be headed by Secretary, DIPP. Apart from the concerned departments of Government of India, it will also have representatives from health care industry and quality control institutions.

#### **About Medical Device Industry**

- The Medical Devices Industry (MDI) plays a critical role in the healthcare ecosystem and is indispensable to achieve the goal of health for all citizens of the country.
- The medical devices industry in India is currently valued at \$5.2 billion and growing at 15.8 percent annually. India is among the top 20 global medical devices market and is poised to grow to **\$50 billion by 2025** led by a growing middle class, health insurance penetration and expansion of hospitals, leading to greater need for sophisticated medical devices and better healthcare.
- However, the **medical devices market is dominated by imported products, which comprise about 80 % of the market**. While there are around 800 medical device manufacturers in India, only 10 percent of them have a turnover in excess of Rs 50 crore, most of them are involved in manufacturing low-end products such as consumables and disposables, very few manufacture and export high-value implants and equipment.
- Whereas, in China local companies contribute around 70-80 percent, and even multinational companies have made the country as their manufacturing hub.
- As Indian manufacturing companies and startups move towards creating innovative products, the setting-up of the Council will spur domestic manufacturing in this sector.

#### **Objectives**

- It will act as a facilitating, promotional & developmental body for the Indian MDI.
- Hold periodic seminars, workshops and all related networking activities to garner views of the industry and understand best global practices in the sector.
- Render technical assistance to the agencies and departments concerned to simplify the approval processes involved in medical device industry promotion & development.
- Enable entry of emerging interventions and support certifications for manufacturers to reach levels of global trade norms and lead India to an export driven market in the sector.

- Drive a robust and dynamic Preferential Market Access (PMA) policy, by identifying the strengths of the Indian manufacturers and discouraging unfair trade practices in imports; while ensuring pro-active monitoring of public procurement notices across India to ensure compliance with PMA guidelines of DIPP and DoP.
- Undertake validation of Limited Liability Partnerships (LLPs) and other such entities within MDI sector, which add value to the industry strength in manufacturing to gain foothold for new entrants.
- It is hoped that similar to Pharmexcil (set up in 2004) that helped Indian pharmaceutical exports grow significantly, the Medical Devices Promotion Council will similarly help realise the vision for India to be among the **top 5 medical devices manufacturing hubs worldwide**.

### **Ujjwala Sanitary Napkins Initiative**

*Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.*

#### **In News**

- The Ujjwala Sanitary Napkins initiative by three oil marketing companies – **IOCL, BPCL and HPCL** – was recently launched by Union Petroleum and Natural Gas Minister **in Odisha**.
- The **Central scheme** will be a counter to the Odisha government's Khushi scheme, in which sanitary napkins are provided free of cost to female students of government and government-aided schools in the state.
- As per the **National Family Health Survey (NFHS) report, the overall use of sanitary napkins in Odisha is 33.5 per cent**. Hence the initiative emphasizes on the need to make the use of sanitary napkins a mass movement.
- The three companies will set up **100 manufacturing units at the Common Service Centres (CSC)** covering 93 Blocks across 30 districts of Odisha. CSCs are facilities set up to deliver the Central government's e-services in rural and remote locations.
- The mission, which forms part of the CSR initiative of OMCs in Odisha, is **aimed to educate women on female hygiene and health, improve accessibility to low cost eco-friendly sanitary pads and boost rural employment and economy**.
- At least 10 Ujjwala beneficiary women will get employment at each CSC. Each facility will have a capacity to produce 1,200-2,000 pads per day and will have a sterilisation room to ensure that the napkins are sterilised before they are packed for use by rural women.
- The CSCs are also being provided with raw material, enough to make 45,000-50,000 pads. These napkins will be priced at ₹40 per pack, each containing eight pads. The pads will be made of virgin wood pulp sheet, non-woven white sheet and a gel sheet which are all biodegradable in nature and will leave minimal carbon footprint.

### **Oxytocin Ban Quashed By Delhi HC**

*Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.*

#### **In News**

- The Delhi High Court has quashed the government's decision to ban private companies from making and selling Oxytocin in the country, which had come into effect from July 1 this year.

- The Health Ministry had called for a ban on the private production of the drug to prevent its misuse in cattle and poultry which can cause infertility in dairy animals, its abuse in young girls to advance puberty, and to induce ripening in fruits and vegetables.
- To cater to domestic supplies, the Centre had appointed a public sector unit Karnataka Antibiotics & Pharmaceuticals Ltd (KAPL).

#### About Oxytocin

- Oxytocin is a hormone produced **by the hypothalamus and secreted by the pituitary gland** of mammals during sex, childbirth, lactation or social bonding. It also helps with male reproduction and is also called the **love hormone**.
- It is chemically synthesised and sold by pharmaceutical companies across the world in the form of an injection or a nasal solution.
- It is used as a life saving drug during childbirth because it can contract the uterus and induce delivery, stem postpartum bleeding, and promote the release of breast milk.

#### The Issues

- The government's move had gynaecologists raising an alarm on the possibility of hospital supplies of this critical drug being hit by the ban on private producers. They also cautioned against depending on a single company, albeit a PSU, who had not made the product earlier.
- The court observed that the government's decision to allow only a single, state-run entity — with no prior experience in manufacturing Oxytocin — to make and sell the drug, was fraught with potential adverse consequences.
- The risk of such a consequence can be drastic as the scarcity of the drug, or even a restricted availability can cause **increase in maternal fatalities during childbirth**, impairing lives of thousands of innocent young mothers. It could also lead to **price hike** due to monopolistic tendencies.
- However, even if the ill-effects of oxytocin are real, a ban is not the answer. Oxytocin is simply too important to Indian women, 45,000 of whom die due to causes related to childbirth each year.
- So critical is its role in maternal health that the World Health Organization recommends it as the drug of choice in postpartum haemorrhage.
- Further, much is unknown about the ill-effects of oxytocin on cattle. There was no scientific basis, and insufficient data to support the conclusion that the drug's existing availability or manner of distribution posed a risk to human life.
- In a Lok Sabha answer in 2015, the National Dairy Research Institute was quoted as saying there was no evidence that oxytocin led to infertility. Further a 2014 study by researchers at the National Institute of Nutrition concluded that oxytocin content in buffalo milk did not alter with injections.

#### Global Nutrition Report (GNR) 2018

*Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.*

#### In News

- The GNR for the year 2018 was released recently. GNR was conceived following the first **Nutrition for Growth Initiative Summit (N4G)** in 2013 as a mechanism for tracking the commitments made by 100 stakeholders spanning governments, aid donors, civil society, the UN and businesses.

- Malnutrition is a universal issue holding back development with unacceptable human consequences. Yet the opportunity to end malnutrition has never been greater. The **UN Decade of Action on Nutrition 2016–2025** and the Sustainable Development Goals (**SDGs**) provide global and national impetus to address malnutrition and expedite progress.
- The report collates existing data, presents new innovations in data and conducts novel data analysis, focusing on five areas: **the burden of malnutrition, emerging areas in need of focus, diets as a common cause of malnutrition in all its forms, financing of nutrition action, and global commitments.**
- Around the world, malnutrition has become a problem that **costs a staggering \$3.5 trillion** per year, with *obesity alone costing \$500 billion per year.*

### Highlights Of The Report

#### Alarming Figures

- The burden of malnutrition across the world remains unacceptably high and progress unacceptably slow. Malnutrition is responsible for more ill health than any other cause.
- Children under five years of age face multiple burdens: **150.8 million are stunted, 50.5 million are wasted and 38.3 million are overweight.** Meanwhile 20 million babies are born of low birth weight each year.
- Overweight and obesity among adults are at record levels with **38.9% of adults overweight or obese**, stretching from Africa to North America, and increasing among adolescents.
- **Women have a higher burden than men when it comes to certain forms of malnutrition.** One third of all women of reproductive age have anaemia and women have a higher prevalence of obesity than men. Millions of women are still underweight.
- Several countries are on course to meet at least one of the globally adopted nutrition targets set for 2025, but most are off-track and none are making progress on the full suite of targets.
- Of the 141 countries with consistent data on three forms of malnutrition – childhood stunting, anaemia in women of reproductive age and overweight among women – 88% (124 countries) experience a high level of at least two types of malnutrition, with 29% (41 countries) experiencing high levels of all three.

#### Ray Of Hope

- Yet significant steps are being made to address malnutrition. Globally, stunting among children has declined and there has been a slight decrease in underweight women.
- Many countries are set to achieve at least one of the targets set by the global community to track progress on nutritional status to 2025.
- There has been an increase in the number and breadth of national nutrition policies and nutrition targets, with the outstanding challenge being the financing and action to deliver them.
- Donors have met the funding commitment made at the Nutrition for Growth Summit in 2013, but globally there is still a significant financing gap.
- The level of knowledge on what it takes to deliver results has never been greater. The global community and national stakeholders have never been better placed to deliver results, with more governance, policies, actions, plans and targets.
- Advances in data are enabling the progress in understanding the nature of the burden of malnutrition in all its forms and its causes and therefore guide and inspire action and improve the ability to track progress.

**Indian Scenario**

- The health, longevity and well-being of Indians has improved since Independence and the high levels of economic growth over the past two-and-half-decades have made more funds available to spend on the social sector. Yet, the reality is that **a third of the world's stunted children under five** — an estimated 46.6 million who have low height for age — live in India.
- Further, **a quarter of the children who display wasting** (low weight for height) also inhabit in India.
- In India, **two out of five children are stunted**, which is far higher than the global average of 21%.
- District-level data show high and very high levels of stunting mainly in central and northern India (more than 30% and 40%, respectively), but less than 20% in almost the entire south.
- This shows the **important role played by political commitment, administrative efficiency, literacy and women's empowerment in ensuring children's health**.
- Among the factors affecting the quantity and quality of nutrition are **maternal education, age at marriage, antenatal care, children's diet and household size**.

**Way Ahead**

- Break down silos between malnutrition in all its forms. The data shows that different forms of malnutrition coexist but are being tackled at different rates, vary between populations, and overlap with each other in various ways. Therefore, they **require integrated approaches and cohesive work to address them**.
- **Prioritise and invest in the data needed and capacity to use it**. Designing actions that result in impact is impossible without adequate knowledge of who is affected by malnutrition and why. Governments, international organisations, research organisations and academic institutions must continue this ongoing data revolution in nutrition.
- **Scale up financing for nutrition – diversify and innovate to build on past progress**. Without adequate and appropriate funds invested towards all forms of malnutrition, it is not possible to make progress.
- **Galvanise action on healthy diets** – engage countries all over to address this universal problem. Governments and business need to implement a holistic package of actions to ensure that food systems and food environments are delivering healthy diets that are affordable, accessible and desirable for all.
- **Make and deliver better commitments to end malnutrition in all its forms** – an ambitious, transformative approach will be required to meet global nutrition targets. Only commitments designed for impact that signatories consistently report on and deliver will be fit for purpose to end malnutrition in all its forms.

**FSSAI Launches Campaign To Eliminate Trans Fats**

*Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.*

**International Relations****In News**

- The Food Safety and Standards Authority of India (FSSAI) has launched a new mass media campaign calling for the elimination of industrially produced trans fats in the food supply.

- It is a follow-up to an earlier campaign called **Eat Right**, which was launched in July 2018. As part of the campaign, edible oil industries took a pledge to reduce trans fat content by 2 % by 2022. Later, food companies also took a pledge to reformulate packaged foods with reduced levels of salt, sugar and saturated fat.
- Currently, the permitted levels of trans fats in vegetable oils and hydrogenated vegetable oils is 5 %, a percentage that **FSSAI wants to bring down to less than 2 % by 2022**, albeit in a phased manner.

### Background

- Called **Heart Attack Rewind**, the 30 second public service announcement (PSA) - the first mass media campaign of its kind – will support FSSAI's global target of eliminating trans fats in India by the year 2022, a year ahead of the global target by the World Health Organization (WHO).
- In May 2018, WHO launched a comprehensive plan to eliminate industrially-produced trans fats from the global food supply by 2023. **REPLACE** provides a roadmap about how countries can remove and replace all trans fats from their food supplies with the intention to eradicate it from the globe.
- Since then, a lot of countries have made efforts to reduce the levels of trans fats and in some cases, have completely banned them.

### About The Campaign

- The campaign will concentrate on the demand side (consumers), who in turn, will push the supply side (food manufacturers) to come up with various strategies in order to reduce and later replace trans fats.
- It warns citizens about the health hazards of consuming trans fat and offers strategies to avoid them through healthier alternatives.
- The messages are personalised, and urge people to check the labels before buying food so that they make informed choices.
- It will be broadcast in 17 languages for a period of four weeks on major digital platforms such as YouTube, Facebook, Hotstar, and Voot.
- Additionally, the campaign will also be placed on radio channels and outdoor hoardings in Delhi/NCR along with a corresponding social media campaign.

### About Trans Fat

- Trans fats are made by **adding hydrogen to liquid vegetable oils to make them more solid, and to increase the shelf life of foods**. They are largely present in Vanaspati, margarine and bakery shortenings, and can be found in baked and fried foods.
- Since they are easy to use, inexpensive to produce, last a long time, and give foods a desirable taste and texture, they are still widely used despite their harmful effects being well-known.
- Trans fats raise bad (LDL) cholesterol levels and lower good (HDL) cholesterol levels. Eating trans fats increases the risk of developing heart disease and stroke. It's also associated with a higher risk of developing type 2 diabetes.
- Globally, trans fats intake leads to more than 500,000 deaths of people from cardiovascular disease every year.

### Shiksha Setu App

*Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.*

**In News**

- Haryana Government has developed a mobile app called Shiksha Setu in order to streamline the education process and help students.
- The launch of this app would **bring transparency in the Department and college administration and enable better connectivity between students, parents, teachers and administration.**
- Attendance of students would be online and it could be updated within 15 days only and thereafter no change would be possible in it.
- Through this app, students and teachers would get instant updates of important notices, circulars and other programmes.
- Apart from this, students would also get instant information of assignments and notifications.
- The students can also pay their fee online through this app and college administration can also check whose fee is pending and how much fee has been collected.
- During admissions, the students would be able to check through the app the status of seats or course in every college in the state.
- Students would also be able to get all information of scholarships such as details of scholarships, eligibility conditions and details of applying students.
- Directions have been issued to Principals of all government colleges to inspire students and teachers in their respective colleges to download and use the app.