



# Transparency Review

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“Poor care quality leads to more deaths than insufficient access to healthcare—1.6 million Indians died due to poor quality of care in 2016, nearly twice as many as due to non-utilisation of healthcare services (838,000 persons). Whether providing health care without ensuring the quality of health services are effective? ”

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## About CMS Transparency

The CMS Transparency team focuses on issues of good governance, raising awareness about the Right to Information Act (RTI) and empowering citizens to benefit from the legislation. CMS Transparency has been providing significant database and momentum to create responsive governance systems in our country.

The team will continue to establish links with civil society groups and design campaigns for RTI to further social objectives like transparency in elections, exposing corruption and improving civic services.

*"I am happy to note that Centre for Media Studies (CMS) has been carrying out the exceptional good work in various areas having substantial public interest. One of their initiatives is the study on corruption in the country in particular in certain geographical areas or on a theme."*

...K.V.Chowdary, Central Vigilance Commissioner, Central Vigilance Commission (2015)



**CMS Transparency**  
Towards Responsive Governance

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# Quality of care must for better health outcomes

Annu Anand

The government has intensified efforts to focus on health programmes to provide good health care to the last person in the country. Recently the government has launched a major programme to achieve the target of universal health coverage. In the last 60 years, several such programmes and policies in the health sector were initiated to expand access to health services, especially in rural areas.

However, results of many survey and research data show that these efforts couldn't achieve the ultimate objective of providing good health to everyone. Despite many efforts, maternal mortality and infant mortality rates could not be improved to the levels necessary to achieve targets in stipulated timeframes.

Health schemes have increased access to health facilities and the number of primary care centres has increased manifolds. The increase in number of health centres has improved access even in remote areas. An increase in the number of institutional deliveries has resulted in a decrease in maternal mortality to some extent in 2016-07. But due to poor quality and inadequate services, the total number of deaths has gone up. Around five million people die every year –almost one third of them in India (1.6 million)- due to inadequate health care, according to a new analysis published in medical journal *The Lancet*.

According to the sample registration system (SRS) data, the maternal mortality rate has declined to 130 in 2014-16 from

167 in 2011-13 — a significant improvement on a parameter widely used by analysts and developmental economists to rate a country's health sector progress. The



socio-economic review of 2016-2017 says that the health infrastructure and services are being constantly improved and enhanced to increase the access, availability and affordability.

## **New schemes to reduce MMR**

The UPA government in 2005 launched the National Rural Health Mission (NRHM) aimed at improving delivery of health services in rural areas. Several significant changes were made in the rural health infrastructure. The programme resulted in improving maternal and child health significantly.

The scheme was launched to strengthen healthcare infrastructure and to boost failing public health indicators in rural areas. By 2013, the considerable success of the mission prompted the Union Cabinet to set up the National Urban Health Mission (NUHM). Both the NRHM and the NUHM currently exist as sub-missions of the National Health Mission (NHM). To complement NRHM, the UPA government then launched national

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insurance programme - Rashtriya Swasthya Beema Yojana in 2008 (RSYB). The idea was to reduce out of pocket expenditure at the time of hospitalisation. RSYB covered around 40 million families and about 190 million individuals, benefiting over 14 million individuals cumulatively. The programme also attracted criticism for many reasons. Due to the increase of utilisation, there was a need to increase budget allocation, so insurance companies succeeded in hiking premium rates. The low enrolment, inadequate insurance cover and the lack of coverage for outpatient costs are main reasons that poor are still forced to pay for health care.

According to a 2017 study published in *Social Science Medicine*, the RSBY did not lead to any reduction in out of pocket expenditure of 150 million beneficiaries. Due to poor implementation, financial constraints, lack of commitment by different states, the objective of the programme couldn't be achieved as conceived. The NDA government after coming to power in 2014 also introduced structural reforms with objective of reforming the health and social structure, and also announced national health policy in 2017 (NHP2017).

### **National health policy**

The NHP proposed an ambitious health agenda, especially in respect to enhancement of public spending on health from the current level of 1.15% of GDP to 2.5 % by 2025. In addition, it also proposed to increase health spending of states to over 8% of their budget by 2020. India's public expenditure on health is rising, but it is very low compared to the increasing

population – an addition of 26 million each year. NHP focused on primary care services and continuity of services, besides 'Health for All' approach. It also emphasised that Right to Health cannot be perceived without improvement in basic health infrastructure like doctor-patient ratio, patient- bed ratio, nurses-patient ratio etc.

To achieve NHP objectives, the government in September 2018 launched an ambitious health insurance scheme - Ayushman bharat- Pradhan mantri Jan Arogya Yojana (PM-JAY). According to recent data, the scheme has already benefited five lakh people.

When fully rolled out, the health protection scheme will cover 10 crore poor and vulnerable families (about 50 crore people) providing up to five lakh rupees per family per year for secondary and tertiary hospitalisation care. It is expected that with the implementation of the scheme out of pocket expenditure will be reduced. Every person enrolled in Social Economic Caste Census (SECC) database will be automatically included in the scheme. According to SECC survey 2011, there were 24. 49 crore household out of which 17. 97 crores rural household and 6. 51 crores were urban household. The beneficiaries can avail the scheme both public and empanelled private hospitals, the payment for the bill will be made on the package basis, which will be defined by the government in advance.

The scheme been criticised on the grounds that its focus is on secondary and territory care while in reality dependency on primary health care is more. In addition, hospital care package prices are too low to encourage private hospitals. PM-JAY may be providing some relief to

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### Addressing quality of care

Poor quality of care is responsible for high maternal mortality rates. Access to health services which is prime focus of the UHC can't ensure achieving the SDG goals, according to the report of *The Lancet Global Health Commission on High Quality Health Systems*, published in *The Lancet* in September 2018. The study was part of a two-year project that brought together academics, policy-makers and health systems experts from 18 countries to examine how to measure and improve health systems' quality worldwide.

Almost 122 Indians per 100,000 die due to poor quality of care each year, the study said, showing up India's death rate due to poor care quality as worse than that of Brazil (74), Russia (91), China (46) and South Africa (93) and even its neighbours Pakistan (119), Nepal (93), Bangladesh (57) and Sri Lanka (51).

Poor care quality leads to more deaths than insufficient access to healthcare—1.6 million Indians died due to poor quality of care in 2016, nearly twice as many as due to non-utilisation of healthcare services (838,000 persons). Whether providing health care without ensuring the quality of health services are effective?

Some 2.4 million Indians die of treatable conditions every year, the worst situation among 136 nations studied for a report published in the *Lancet*.

The findings of another qualitative study about delivery care done by PHFI in Uttar Pradesh also finds that the safety of the poor is being compromised due to lack of quality care like poor hand hygiene, usage of unsterilized instruments; inadequate clinical care like lack of monitoring of labour progression in public health facilities. Apart from compromising clinical care the study findings also observed compromising privacy, incidence of abuse and demand for informal payment.

At the global level, data also shows that deaths due to poor quality care are more than the HIV/AIDS or diabetes for that matter. The total number of deaths from poor-quality care globally—5 million per year—is estimated to be five times as many as the annual global deaths from HIV/AIDS (1 million) and nearly three times more than deaths from diabetes (1.4 million), according to the *Lancet* study.

Given the current global focus on universal healthcare (UHC), the Commission found that expanded healthcare coverage does not always mean better quality. The central role of quality is not yet sufficiently recognised in the global discourse on UHC and is underappreciated in many countries, the report says. Citing the example of Janani Suraksha Yojana, the survey, mentioned that a cash incentive programme for births facility, which massively increased delivery facility did not measurably reduce maternal or new born mortality.

The central role of quality is not yet sufficiently recognised in the global discourse on UHC and is underappreciated in many countries, the report says. Citing the example of Janani Suraksha Yojana, the survey, mentioned that a cash incentive programme for births facility, which massively increased delivery facility did not measurably reduce maternal or new born mortality.

## Better health with quality of care

India has an elaborative health care delivery system for rural areas but the system is not able to deliver quality care. The Primary Health Centre (PHC) is the first point of contact between a village community and the health system. The centre PHC is headed by a medical officer and acts as a referral centre system for six sub centres, which provide curative and preventive services to 20,000 to 30,000 people.

To cover such large population, these centres should be equipped with at least six beds, a doctor and sufficient manpower, besides having enough stock of medicines and equipment to provide good and hygienic delivery care. However, the manpower and other facilities needed to run these centres are alarmingly low. Patients who reach these centres are not sure about the kind of care they require.

For providing good quality care we need to have sufficient resources, for infrastructure. Primary centres should be well equipped with doctors, medicines

and equipment for diagnosis. In 24 states, instances of non-availability of essential drugs were observed by an audit by Comptroller Auditor General (CAG). Further, there was a 24%-38% shortfall in the availability of medical personnel at primary health centres, sub centres, and community health centres in 28 states/ union territories of India, as per CAG report.

It is clear that just improving access to healthcare is enough to ensure better outcomes. As the study on Janani Suruksha Yojana observed : "it has increased facility delivery but did not measurably reduce maternal or new born mortality." While it led to 50 million births in health facilities, many of them occurred in primary care centres that did not have sufficiently skilled staff to address maternal and new born complications. It is essential to invest in primary care and do so with the objective of improving both access and quality of care. Only this approach can help India achieve the dream of better health for all.

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## Srikrishna panel for changes in RTI Act

**T**he Justice Srikrishna panel on data protection has called for amending the Right to Information Act to restrict non-disclosure of information only in cases where harm to an individual outweighs the common good of transparency and accountability in the functioning of public authorities. In its 213-page report that calls for a new legislation to protect an individual's right over his data, the committee said neither the right to privacy nor the right to information is absolute and the two will have to be balanced against each other in some circumstances.

The panel said data protection law is designed to limit the processing of personal data to legitimate reasons and adds there is a conflict between transparency and privacy. "This requires

careful balancing," it said. Chapter II of the RTI Act grants citizens a right to obtain information from public authorities but certain exemptions are provided for in Section 8 of the Act in which case the disclosure of the requested information is not necessary. This section requires the Public Information Officer to generally provide information unless such information has no relationship to any public activity or interest or causes unwarranted invasion of privacy.

"If the condition that the information bears no relation to any public activity or public interest is met, the burden shifts on the seeker of information to establish that the disclosure of the information is in larger public interest.

*Times of India (July 30,2018)*

# Hazards of a poor healthcare system

**Archana Jyoti**

**U**nsatisfactory health coverage and inadequate budget allocations are the primary reasons for growing rift between doctors and patients

Universal Health Coverage (UHC) is one of the major ambitious healthcare agendas of the Narendra Modi Government. The 12th Five Year Plan targeted a long-term goal of UHC where “each individual would have assured access to a defined essential range of medicines and treatment at an affordable price, which would be entirely free for a large percentage of the population”.

However, when this is going to be realised in its letter and spirit, only time will tell. A recent spate of violence against medical staff, particularly doctors, by the patients and their relatives in the country speaks volume of the gaps that need immediate attention to be filled before such protests escalate to become a routine affair.

According to a study carried out last year by the Indian Medical Association at a large hospital in New Delhi, 40 per cent of the medical residents had been exposed to violence in the previous 12 months. It said that 75 per cent of Indian doctors have been attacked either physically or verbally by patients’ families at some point.

Vivekanand Jha, executive director of the George Institute for Global Health feels that, such cases certainly raise troublesome questions and doubts in the mind of the people about the Government’s plan to achieve the UHC objective. The attack incidents need to be seen in the context of the general

resentment in the minds of the public against the healthcare system.

While the Government is, on the face of it, raising expectations of the people by making big promises

under the UHC through plethora of publicity media at the ground level much is yet to be done: Neither the technology nor the resources are available for it. Patients are being seen as adversary, or a consumers while doctors are under the lens of suspiciousness. Needless to say, challenges to achieve the UHC are huge, given the dismal current health scenario plagued with shortage of doctors, inadequate facilities and medicines and equipment in the public sector.

India is short of nearly 500,000 doctors, based on the World Health Organization norm of 1:1,000 population. Absence of facilities has led to huge out of pocket expenditure which leaves the patient’s and their relatives quite frustrated, inflamed by apathy of the overburdened doctors. One of the major reasons for overflow of patients in hospitals in metropolitan cities is because of the absence of adequate basic medical facilities at their door steps.

In contrasts, private hospitals where facilities exist treatments are far too expensive and patients are looked as consumers and clients with communication and empathy missing on



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According to the Niti Aayog, health-related issues push 39 million people every year into poverty; 47 per cent and 31 per cent of hospital admissions in rural and urban India respectively are financed by loans and asset sales; and 30 per cent in rural India and 20 per cent in urban areas go untreated due to financial constraints.

the part of the administration and medical professionals.

The string of attacks has also drawn the attention of the President Pranab Mukherjee who during the inauguration of the Indian Institute of liver and Digestive Sciences, set up by the liver Foundation West Bengal in Kolkata rued that the concept of 'service' was now taking the backseat in the medical profession.

Member of the Alliance of Doctors for Ethical Healthcare, G S Grewal said that doctors are being used as a tool in this environment of medical corruption because 90 per cent of them don't know who's fixing what prices and in Government's sector, it's lack of proper facilities for which doctors are not responsible but have to take ire of the angry patients and their relative.

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domestic product on healthcare — well below the six per cent world average and the 3.1 per cent spent in China, its more affluent rival.

Clearly, India has a long way to go before it can claim to achieve UHC. In fact, in what could be indication of what lies ahead, Naresh Trehan, a leading cardiac surgeon says:

"The National Health Policy missed outlining the need to protect medical professionals, the most important part of the healthcare delivery ecosystem. Recent events of growing mistrust and violence against medical professionals will halt the growth of the sector."

However, Sumit Ray, a senior consultant, Critical Care Medicine feels that doctors should too, fight for patients' rights and better access to healthcare.

"Why do our representative bodies talk of patients in terms of us versus them? If we do not stand up for patients' rights as a profession, patients will never see us as their advocates. We shall, unfortunately, remain adversaries and the violence will be difficult to stop", he notes.

*The writer is Special Correspondent, Pioneer (July 18, 2017)*

# Living with HIV and living with dignity

Apoorva Nagarajan

The HIV AIDS prevention and control ACT was implemented in April of 2017. The objective of the ACT is *'to prevent spread of HIV/AIDS and for protection of human rights of persons affected by said virus and syndrome and for matters connected therewith or incidental hitherto'*.

The Act is still a work in progress but it has underscored some clearly defined guidelines and rules to be followed regarding the rights of people living with HIV and the treatment to be accorded to them right from the time of their diagnosis and testing to the duration of treatment. These include prohibition of certain acts such as

- discrimination against PLHIV on the basis of employment, unfair treatment,
- denial or discontinuing of treatment or unfair treatment in healthcare services
- denial of services in educational establishments
- Voyeurism, communication by signs or visual representation of feelings of hatred against PLHIV

It also puts emphasis on the importance of informed consent of the PLHIV ranging from their treatment to disclosure of their status to individuals closest to them. This act also identifies the responsibilities to be undertaken by health care providers, family members, and legal officials to ensure the correct care towards PLHIV.

In relation to this ACT, CMS conducted a study in 2018 to understand knowledge, awareness and media habits related to HIV among those who possess high risks of contracting HIV.



Based on the work done, it became interesting to note why such a clearly defined set of guidelines are even needed, people who live with HIV (PLHIV) and those who are prone to high risk to transmission such as female sex workers, trans-genders, gay population (in them men having sex with men) and injected drug users have continued to face many hurdles toward correct treatment and prevention. It is important to highlight these hurdles and what we can do if we hope for a better future

One of the biggest hurdles they have historically faced and continue to face is the stigma and discrimination from society. This stigma, violence and discrimination endangers female sex workers, homosexuals and the trans community even more due to the added disadvantage of the nature of their work as well as their sexual identity. This is relegated to not just civil society but also

In fact, many of the health care professionals claim that it is incredibly difficult to work with vulnerable populations especially to convince them to start treatment as they believe it can jeopardise their livelihood prospects. Female sex workers don't prefer going for treatments as to receive treatment they have to first reveal their true identity by showing some kind of identification.

to the medical community which on several instances have not provided timely treatment, created a non-conducive environment at testing centres such as discriminatory behaviour, stigmatisation and also refused priority treatment to some. As a result, many of these people become dissuaded from taking treatment.

Another set of hurdles include many myths, misconceptions and incorrect knowledge regarding this disease. While familiarity with the name HIV or AIDS was fairly high, there was incomplete knowledge on its modes of transmission, duration of treatment and even on the kind of treatment to have among general population. People still today hold strongly rooted myths and misinformation that it spreads only through unsafe sex, oral or anal sexual encounters, something that continues to be a subject of ire for the gay community. Another misinformation people hold is regarding the length of time the virus takes to spread which makes them misinterpret and miscalculate its dangers, they think that they have a lot of time to treat it or that it's not that big a disease for them to treat, understanding it to be more of a lifestyle problem.

This also leads to irregular adherence to treatment or none at all. Dispelling the preconceived notions regarding its modes of transmission has proven to be a huge challenge. Even today some people understand there to be more than four ways of transmission! Some even confuse AIDS and HIV interchangeably!

But hurdles have also been created not just by civil society but also the medical community. PLHIV and individuals who are at high risk are in constant fear of their status and their identity being disclosed. In fact, many of the health care professionals claim that it is incredibly

difficult to work with vulnerable populations especially to convince them to start treatment as they believe it can jeopardise their livelihood prospects. Female sex workers don't prefer going for treatments as to receive treatment they have to first reveal their true identity by showing some kind of identification.

Many of these individuals don't possess any identification which can lead to them not getting any treatment at all. They constantly shift cities in search of new jobs in fear that their current employers might know of their HIV status or might suspect it due to them going for medical check-ups. This adds further damage to the intensity of their treatment making them prone to higher risks.

Their socio-economic conditions and education levels also play a role in creating barriers to receiving proper treatment which cannot be ignored.

However, it is crude to assume that work is not being done to prevent spread of the virus as well as misinformation. Correct and consistent knowledge on this is regularly given by health professionals as well as social workers working in constant interaction with these groups.

Despite these interventions, poor practice on this does exist. Not to mention there is poor awareness on mechanisms created to provide institutional help such as the National 1097 helpline number. Individuals and community members, despite possessing full awareness about its dangers tend to be negative in their approach to it. Some of them even with high risk and proper knowledge feign ignorance due to risk of losing their livelihoods over this. Some despite knowing their status and high risk of transmission don't seem to care about it, like few trans gender community members we interviewed who solicit for sex

Myths need to be dispelled regularly and this can happen only if an informed society works towards this. The medical community needs to be made aware of the provisions of this ACT in order to dispel proper treatment.

continued to have sex without condom as they think that “*Agar ho bhi gaya hai, to kya farak padta hai mai kisko doo? Dhand band nahi hona chahiye*”

This cannot be a deterrent. Regardless of all this, there needs to be a collective effort from all sides. The HIV ACT is just the first of many measures to be taken in this regard. Dispelling proper, correct and consistent knowledge of this disease and the heavy risk this virus poses is the need of the hour. Myths need to be dispelled regularly and this can happen only if an informed society works towards this. The medical community needs to be made aware of the provisions of this ACT in order to dispel proper treatment.

It's crucial to provide support to the vulnerable sections, and this support first and foremost needs to come from within the community itself.

Scrapping of legal provisions such as Section 377 is bringing a new ray of hope to the vulnerable communities such as the LGBTQs. This can help in two ways, first, the verdict can be helpful in bringing the community out from the fringes where they have been confined to for way too long, Second, and now with this section being legal it will be easier for healthcare professionals to target the LGBTQ community more aggressively on awareness related to HIV.

Governmental support is also necessary, activities of the National Aids Control Organisation and its targeted interventions at the ground level need

better institutional support for maximum impact. Community based testing picked up by Targeted intervention centres is a crucial first step in improving uptake of treatment for this disease. Another important factor to be kept in mind is their right to privacy and disclosure of identity. Making identification a non-compulsory measure can help increase the uptake and number of interventions to vulnerable and sensitised populations which although will be extremely challenging, may also be a right step in the direction toward an empowering goal.

In conclusion, the HIV AIDS prevention and control ACT is historic in its measure, in creating accountability measures As per the guidelines of the ACT, any individual discriminating against PLHIV in any regard, whether it be in not giving employment or not providing timely treatment may face a jail term of 10 years and/or a penalty of one lakh rupees depending on the extent of the crime

Implementing and adhering to this ACT will be a tough challenge. However, it certainly will lead to many long term positive effects to a community deterred and disheartened by the social consequences of this ailment they live with and all that comes with it. In turn creating a confidence building measure in not just seeking redressal against ill treatment but also creating a conducive environment where PLHIV or people with risk can speak up and discuss their ailments openly.

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# Why India's national health insurance scheme has failed its poor

Prachi Salve

India's health-related out-of-pocket expenditure, which pushes families into indebtedness and deeper poverty, is among the world's highest.

India's nine-year-old government health insurance programme, the world's largest, has not eased the burden of healthcare costs borne by its poorest families, a new study has found.

The Rashtriya Swasthya Bima Yojana (RSBY) offers medical insurance up to Rs 30,000 for a family of five living below the poverty line (BPL)—defined as the ability to spend Rs 33 per day in urban India and Rs 27 per day in rural. It is, however, limited to inpatient treatment or hospitalisation.

The programme has not led to any reduction in out-of-pocket expenditure—personal spending—by its 150 million beneficiaries, according to a 2017 study published in *Social Science Medicine*, a global journal.

India's health-related out-of-pocket expenditure, which pushes families into indebtedness and deeper poverty, is among the world's highest. In a low-middle income group of 50 nations, Indians ranked sixth among the biggest out-of-pocket health spenders in 2014, as *IndiaSpend* reported on May 8, 2017.

Why are the poor still paying for healthcare despite the RSBY? Low enrolment, inadequate insurance cover and the lack of coverage for outpatient costs are reasons, said the study.

The cost of outpatient treatment, which the poor prefer over hospitalisation, forms 65.3% of out-of-pocket expenditure in India, according to a 2016 Brookings report. But these are not covered by RSBY.

This is a critical reason for a probable 23% increase in outpatient costs in the households that enrolled in the RSBY

before 2010, found the 2017 study, which evaluated the programme up to March 2012.

Also, while the cost of hospitalisation has gone up more than 10% between 2004 and 2014,

RSBY's insurance coverage has remained unchanged.



## RSBY started as a healthcare 'experiment'

In April 2008, the ministry of labour and employment launched the RSBY. The government decided to “experiment” with the insurance schemes after it failed to provide stronger public health infrastructure, said the RSBY website.

The RSBY covers pre-existing diseases and also offers a transport cost of Rs 100 along with the hospitalisation costs. Both public and selected private hospitals are part of the scheme.

The beneficiaries pay Rs 30 during registration and the remaining premia are paid by the state and central governments. Only households on the BPL list maintained by the Census can be enrolled in RSBY.

The programme covers nearly 460 of India's 707 districts.

Almost 40% BPL beneficiaries still not covered of the 59 million households eligible, over 36.3 million (61%) were covered by RSBY. However, it needs to cover a large proportion of the poor for its impact to be noticeable, said Anup Karan of the Indian Institute of Public Health (IIPH), Public Health Foundation of India, and one of the authors of the study.

*India Spend*

# **RTI Act is a people's Act, say experts**

## **Has it really served its purpose?**

*A Report of RTI Meet organised by CMS*

**TR Team**

**A** meet of Right to Information (RTI) activists and researchers who have been involved in supporting the Act and its implementation across the country from the very outset of 2005, met at India International Centre on October 12, 2018 on the occasion of the Act completing 13 years.

The meet started by paying condolences and homage to 70 RTI activists, who were killed while upholding the RTI Act in various parts of the country in recent years. Experts paid condolence to eminent activist Professor GD Agarwal who had done a number of fasts to stop many projects on River Ganga. His fast in 2009 led to the damming of the Bhagirathi River being stopped.

Giving the opening remarks, Dr. N Bhaskar Rao, Chairman, Centre for Media Studies (CMS) said, "RTI is a people's act. RTI is a means to communicate with the people. Sadly, common people are not able to use RTI till date effectively."

The meeting was chaired by Dr. V.A. Pai Panandiker. Expressing his opinion, he said, "British colonial government left in 1947. But for all purposes the colonial government continues. You do not find adequate recognition of the Indian constitution. If I have to say in brief, RTI is a very important right. But still we are not able to exercise it properly."

Giving an example, Dr. Panandiker said "When a child is born in India, it must have three things with birth. One is health and nutrition. Second is education and skills. And as the child moves towards adulthood, third things step comes in, a good income. otherwise he can't sustain."

Likewise, it's the right of the public to have regular updates on the various tasks performed by the government. And government should fulfil its task. Give information regularly to the public instead

of waiting for an RTI to be filed, he added. Section 4 was the key to the whole RTI Act. The huge shortcoming is that it has not been implemented, mentioned by Prof Sanjoy Hazarika from Commonwealth Human Rights Initiative (CHRI). "If section 4 of the RTI act have been implemented properly then the people would have downloaded most of the information from published government material. For any further information people would have approached to information officers," added Prof Hazarika.

Every public authority has to comply with the norms laid down in clause (b) of sub-section (1). It mentioned that all government authorities have to provide maximum information to the public at regular intervals through different communication means. Technological resources should be used to disseminate information timely and the public should use RTI only in rare cases.

"There is still certain information which are not disclosed to the public like of finance. It is not available for the public on grounds like strategic information and others, but actually the people should know about it. Here the information commission has to plays an active role," said Wajahat Habibullah from CHRI.

It is important that the government should recognise that it is designed to strengthen the government. Unfortunately, the attitude is different. RTI has not been able to create much impact on various sectors, mentioned Dr. Rao. The government itself is not able to make full use of the act. It is the failure of the governance, past and present both. The government should look it as a means of strengthening governance, by itself and by the feedback of the people, added Prof Hazarika.



“Union Public Information Commissioner and officers don’t not have good attitude and pretty unsatisfactory responses. After two years of formation of the commission, a report was made to rectify the gaps in the law and I made it personally and take full responsibility of it. Firstly, we have not given information commission a proper role. Except as an affiliate authority commission has no other purpose. Secondly, we actually wanted the commission to be declared as a public records authority, to monitor the records, to preserve and so on. Sadly, none of the pointers were taken into consideration,” told Mr. Jaya Prakash Narayan from Lok Satta.

Ms. Pradeepta Nayak from Society for Participatory Research in Asia (PRIA) asked that is there any probation to provide any training to the of Public Information Officers (PIO) on how to give information. Because, even after 13 years the style of information giving is not up to the mark.

Answering the question, a participant said that the government has always been defensive when it comes to disclosure of any information. We all need to understand that it is for our own good when we disclose information to the public. When the officials will realise it, they will provide satisfactory information. A change in attitude is required to solve the problem.

On this occasion the 13th Annual Convention of the Central Information Commission(CIC) was also organised in New Delhi. Many RTI workers, officers and experts participated and shared their experience regarding implementation of the ACT.

The President of India, Shri Ram Nath Kovind, inaugurated the Convention. Speaking on the occasion, the President said that a free flow of information is the essence of democracy. And for the people of a free and free-spirited country, information is power. They have a right to know how they are being governed, how public money is being spent, how public and national resources are being deployed, how public services are being delivered, and how public works and welfare programmes are being carried out. In a democracy, there is no such thing as too much information. Information overload is always preferable to information deficit.

The President said that RTI is not a standalone. It is part of the larger narrative of strengthening Indian democracy, of ensuring transparency across systems of governance, and of building capacities of the common citizen to enable him or her to take informed decisions and make informed choices. Above all, it is about nurturing the social contract of trust between the citizen and the state – where both must have faith in

each other. A related and parallel implication is to ensure rational use of public resources to check instances of corruption or waste.

Social activist Nikhil Dey talked about the need of information. He mentioned that it should not be obligatory but mandatory. He mentioned that there is a need of a research institute.

RTI even has a significance in the state of Jammu & Kashmir. While speaking on this context in the RTI Meet, Dr Sheikh Ghulam Rasool, an activist of J&K RTI Movement & The National Campaign for Peoples' Right to Information (NCPRI) said, "In the beginning there were lot of flaws in the RTI act implemented in J&K." The experts present in the meet also felt that the partnership with media proves to be more important. For an investigative journalist RTI might not be very useful but for getting information from government departments, it can help to any media person in general.

Mr. Habibullah informed participants that RTI has helped a lot to cancel many dummy account that were operated by various bank officials in Jan Dhan Yojna. It was due to RTI that it came into limelight and the government implemented a revised scheme. This was a big achievement for the RTI.

It was observed that initially, approximately 4% of news was based on RTI. Though the situation has approved

with the time and percentage has gone up to 8% or 9 %. However, still RTI has to cover a long distance to reach to the general public.

The meet unanimously appealed to the Government to expedite implementation of the Whistle-blower Act by framing rules as required without further delay. Participants expressed its anxiety that over all there has been slippage in the fervour with which the Act took off in the initial few years. The meet appealed the Union Government to do the needful to renew its support and continued commitment and not to do anything to weaken the objectives of the Act.

It also recommended that the Union and State governments should make the maximum use of the RTI Act to bring the government closer to the people and implement its provisions particularly the Section 4.

Civil society organisations, activists and other crusaders are suggested to take a holistic view of 'Rights Regime'. Instead of limiting to RTI provisions they also take on Citizen Charter, Right to Service Delivery Act of the state concerned, other citizen rights provisions and take to social audit of certain basic public services starting with Section 4 of RTI by various government departments. The meet appealed activists not to misuse the opportunity of RTI Act in such a way that the Act get adverse image.



# India's elite should take responsibility to reduce rising inequality: Narayana Murthy

**W**ith 400 million semi-literates and 400 million illiterates in a country like India, job creation will have to come from manufacturing and low tech services, he said.

INDIA'S rich, powerful and the elite need to take responsibility and demonstrate that rising inequality in the country can be reduced to ensure peace and harmony in the society or risk violence, the founder of one of India's top software services firm, N R Narayana Murthy, has said.

Given that the Gini coefficient — which measures income distribution among countries — has been rising, a fact which has been flagged by the International Monetary Fund and economists such as Thomas Piketty, it is important for the rich, the powerful and the elite which includes politicians and the media to recognise this and work towards reducing the Gini coefficient. "When does violence pervade a society? When people lose hope. And who is responsible for hope? It is the rich, the powerful and the elite who can enhance hope. Therefore, it is their responsibility to keep hope alive. The day, the rich, the powerful and the elite do not take responsibility for this and for ensuring peace, you will have violence," he said in an interview to *The Indian Express*.

Leaders of capitalism too in the country need to exercise self-restraint in granting benefits to themselves or their friends. "If

this does not happen, you won't have peace and harmony in a society. In some cases it has not happened. My hope is that good sense will prevail."

The International Monetary Fund, the World Economic Forum and others had flagged rising inequality in economies such as India and China. The IMF had said that Gini coefficient for India rose to 51 in 2013 from 45 in 1990, reflecting the rising concentration of wealth at the top.

Murthy has, in the past, criticised the level of inequity including at Infosys in which case he had publicly disapproved of the wide differentials in salaries or compensation between senior management and

those at the basic level. "Something is wrong in a society when this happens. All of us have to open our eyes and do something about this," he said.

Similarly, the elite have an onerous responsibility to exercise self-restraint when it comes to using social media, he said. "It is like the power of a gun. It depends of the quality of the heart. If you give a gun to a person with a good heart, he or she will use it to defend people. But a person with a bad heart will use it to kill people."

On the current discourse on jobs, Murthy said that unlike a decade ago when software services companies were top recruiters, sectors like information technology cannot create a large number



When does violence pervade a society? When people lose hope. And who is responsible for hope? It is the rich, the powerful and the elite who can enhance hope.

of jobs now. He cited the case of Infosys which as late as 2014 used to have an annual intake of 25,000 which has now dipped to 15,000 owing to slower growth, leaving an impact on the number of jobs which are created. Productivity improvements too have also contributed to this lower recruitment by firms posing a challenge on the jobs front. “It is a worrisome trend,” he said.

With 400 million semi-literates and 400 million illiterates in a country like India, job creation will have to come from manufacturing and low tech services, he said.

“The Prime Minister’s emphasis on Make in India is very good .But we have to reduce the friction to Indian entrepreneurs and foreign companies to

start new manufacturing entities in India as manufacturing has considerable scope for even semi-illiterates and illiterates too.”

It is in this context that the government — both at the federal level and in states — and the bureaucracy ought to end the tyranny of factory inspectors, eliminate conflicts around GST and other issues and reduce the time frame for a host of approvals to a fortnight to boost entrepreneurship. That is why it was important for politicians, bureaucrats and corporate leaders to sit together and think of how to accelerate growth and create more jobs, he said.

*Source: Indian Express  
(September 06, 2018)*

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## Book Release

‘Sustainable Good Governance, Development and Democracy’, a new book, authored by Dr N Bhaskara Rao and published by Sage Publication was released by Union Minister Shri Suresh Prabhu at International Centre on Wednesday, 28 November 2018.

It was followed by panel discussion chaired by Dr Subhash C Kashyap on ‘Good Governance’.



# Need for follow-up news stories on crime against women

Paramita Dasgupta

News media presence in India is growing at a pace which is nothing like before. With around 400 television news channels in the country and around 85000 daily newspapers for a population of more than 1.25 billion, India is experiencing variety in news presentation. Whether that increases the viewership base or exposes more people to news and updates is a different debate altogether. But the critical question today is whether this expansion and wider reach of media is anyway contributing towards informing and updating people about development programmes, solving some deep rooted behavioural problems in our society, reducing crime or positively contributing to the development process of the society?

In the recent times, e-newspapers and online social media channels of the media houses releases and updates news stories in real time. Real time news reporting helps readers and viewers in sectors like health (outbreak of diseases/epidemic), natural disasters or environmental concerns (poor air quality, cyclone, rain, floods, and earthquake), financial (stock market) and last but in no way least is crime reporting (incidences of house-breaking, vehicle lifting, sexual abuse and assault, particularly against children and women). Warnings issued in media for natural calamities and epidemics/disease outbreaks help citizens to take immediate preventive or precautionary measures. The real time reporting in case of crime, specifically to do with crime/ violence against women keep the audience updated on whether the perpetrator was caught, tried in court and penalized. The real time reporting of the trial procedures reaching out to audience indirectly creates pressure on the judiciary and law enforcing

agencies to take action against the perpetrators.

Media has, in many cases followed a particular case, questioned relevant authorities and created a

campaign where the judiciary and the police had to act on an immediate basis. But is it helping in reducing the crime?

Theoretically, one could expect that there would be some positive influence of so many television channels on such deviant behaviour (Rao, 2012). But, the reports of NCRB indicate otherwise. Let us take the example of the recent release of data by National Crime Bureau Records (NCRB) on the crime scenario in the country. This data is of great concern not only for policy makers and law enforcing agencies but for common citizens as well. More so, when one come across the data like “Rape cases recorded an increase of 12.4% from 34,651 cases in 2015 to 38,947 in 2016. The total number of crimes against children in 2016 was 1,06,958 which is 13.6% more than 2015 (94,172 cases).” Crime against women has been on increase in the last decade all over the country. The percentage of news reporting on crime shows a similar rise.



	2011	2012	2013	2014	2015	2016
Total IPC Crime against women[1]	2,28,650	2,44,270	3,09,546	3,37,922	3,27,394	3,38,954
Percentage of crime news to total news fall [2]	5.16	6.63	8.31	3.92	5.01	5.06

The statements like ‘number of repeat offenders are on the rise for instance, in Delhi, the national capital of India’ or ‘people don’t come forward to rescue and save victims of crime from the wrongdoers’ does show how we have failed as good Samaritans.

In spite of regular reporting of cases, one is curious about the rise in cases of crime against women. If intensive reporting and regular follow up of such cases by media could result in a campaign (in case of Nirbhaya, Jessica Lal murder justice etc.) why are such follow ups missing for every such crime? Data such as ‘...in 94.6% of cases, offenders were known to the rape victims include neighbours, family member, relatives, husband/live-in partners, employer/co-worker etc.’ or ‘around 82% rise in child rape cases in 2016’ make us ponder whether lack of follow ups of every single crime against women is resulting in this. The statements like ‘number of repeat offenders are on the rise for instance, in Delhi, the national capital of India’ or ‘people don’t come forward to rescue and save victims of crime from the wrongdoers’ does show how we have failed as good Samaritans.

There are many questions to be answered by media? Why in spite of increased reach of media people aren’t getting sensitized about the issue of violence against women and children? Why can’t media go beyond informing people about the crime news? Why is media shying away from following up case of rape of infants and children? Where in their priority list does ending crime and violence against women and children figure?

The style of presentation of such crime stories also need to change. It should not hang just as a news item. Opinion pieces

with prospective solutions citing examples of exemplary punishments and fines need to be put up and repeated with every story that the news media publish. The readers need to be reminded with every crime story the possible penalty that the wrong doer has to pay. The media fraternity should also find a way to portray their agony and disgust over the increased crime rates against women and children year after year. Media should present special stories showcasing how their coverage helped in solving a particular crime or delivering justice to the victim. This should be made a regular affair. Media should also come up with at least a weekly feature programme something like ‘Follow up News’, highlighting the actions or inactions of governments and its enforcement agencies. It can showcase the ‘impact’ of media in bringing positive outcome of the efforts made by them and positively contribute to the development of the society.

<sup>1</sup> NCRB data

<sup>2</sup> Notes on TV News Trends (2008-17\*):

1. Figures are based on Prime Time (7-11 PM) Coverage of 6 National News Channels

2. Figures are Percentage of Total News Time of 6 National News Channels

3. News Channels—Aaj Tak, CNN IBN/CNN-News18, DD News, NDTV 24x7, Star News/ABP News & Zee News

4. Prime Time Slot For 2008-14 Daily Sampling (7-11 PM) & 2015-17\* Ten Days Random Sampling/month (8-10 PM)

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# TRP is driving TV content

## TR Team

**T**he Doordarshan and All India Radio are fulfilling their responsibility of showing and preserving the Democratic and cultural diversity of the country as public broadcaster, Prasar Bharti Chairman A Surya Prakash lamented that other channels have failed to do so and are instead, being governed by the TRPs.

He was speaking on the occasion of release of book 'The TRP Trick, How Television in India Was Hijacked' written by veteran media analyst and founder chairperson of CMS Dr. N. Bhaskar Rao on Dec 4, 2018 at IIC.

Mr Prakash said all media institutions should give space to the voice of the disadvantaged sections and fulfil their responsibility.

'In this country, 35 crore people are living below the poverty line and are illiterate. Hence, it is the responsibility of the media to ensure that it becomes the voice of the under-privileged. Every journalist and media person should fulfill his social responsibility,' he added.

Citing some of the observations made in Mr Rao's book, Mr Prakash said, 'Forty

per cent of the country's advertisements are being aired on television and most of the channels have become entertainment-oriented. Only seven per cent of time on TV is allotted to news. Now, the news is shown only in Doordarshan and for hearing the noise, one can watch the other TV channels. " He said while Doordarshan and All India Radio are fulfilling their social responsibility to preserve India's culture and its diversity, the other channels are not concerned about this.

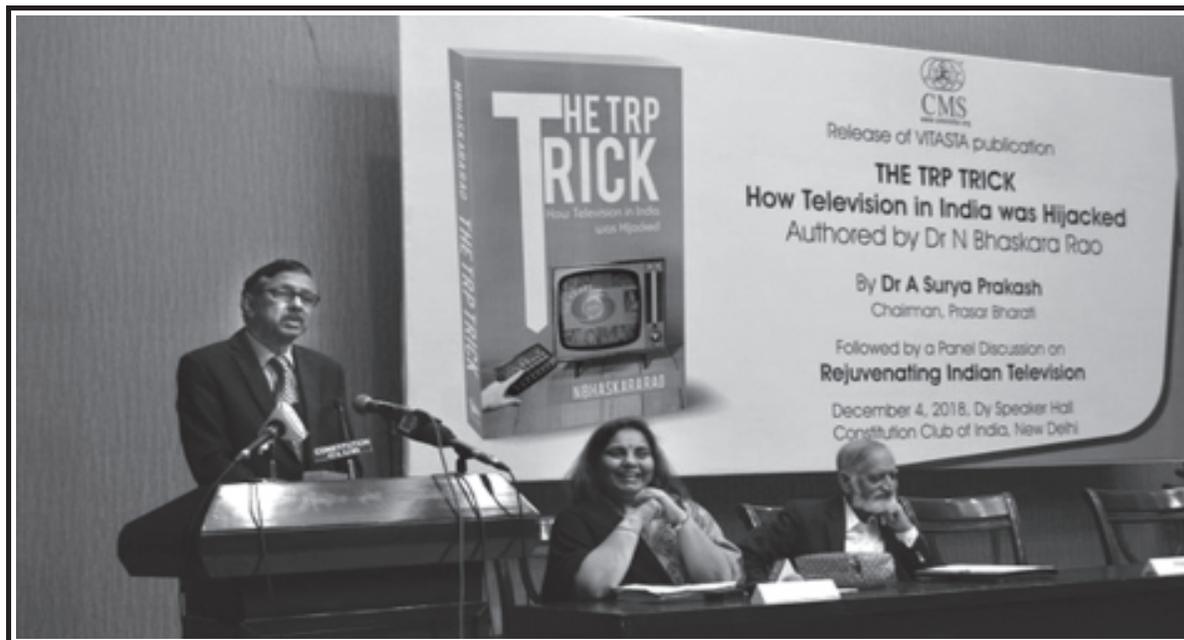
Democracy is not confined to politics and elections, but there should also be Democracy at home, the Prasar Bharti Chairman pointed out. 'However, in TV, there is no democracy,' he said.

According to Mr Prakash, as a member of a government committee, Mr Rao had opposed advertisements on television channels and instead supported the idea of sponsorship of the programmes and had also suggested fixing their duration. But, the government did not accept his suggestion.

Mr Rao said that he has been studying electronic media for 35 years and also



*Releasing the book 'The TRP Trick, How Television in India Was Hijacked' written by veteran media analyst Dr. N. Bhaskar Rao*



**Mr A Surya Prakash ,Prasar Bharti Chairman**

analysed its social impact. 'Only one per cent of people have seen the TRP meter, but the same TPP has captured the Television. So many times, I gave suggestions to the Secretaries of ministers, but nobody took them seriously,' he said.

Kiran Karnik, former head of the Education and Communication Department of ISRO and former CEO of Discovery Channel, while introducing the book on the occasion said, "The TV viewer is not just a consumer, but also a citizen of the country. 'But, only a few channels are fulfilling their role,' said Mr Karnik, who is also the former chief executive of Discovery channel.

The book release was followed by a panel of esteemed speakers discussing the topic 'Rejuvenating Indian Television'. The panel comprised Ashok Venkatramani, Managing Director, Zee Media (News); Anuradha Prasad, Chairperson, BAG Network; veteran journalist Alok Mehta; Sunil Gupta, Secretary TRAI; and K G Suresh, Director General, IIMC.

Moderating the session P N Vasanti, Director General, CMS, started the discussion with posing a question to the panellist that how to make the medium of television more meaningful to our

culture and society. She said, "Compared to television, demand for content is growing higher on video, digital, mobile and YouTube etc. In such times, how are we shifting gears to meet both business and content sides of the TV industry? How can the entire eco-system be made more sensitive to the diverse interest of our audience?"

Commenting on it, Ashok Venkatramani said, "Today, it's a conspiracy of convenience where broadcaster, advertiser, regulator all are happy with the status quo. While this is the reality, it isn't actually a happy situation. I strongly believe that there is space for every single medium in this country. There's enough headroom for growth, be it television, print or digital. India is a young country with high chances of growth in all domains. I don't think there's a need to worry about television being in a bad shape.

The key challenge for TV is about making itself relevant in the changing eco-system today. Television companies are realising very fast that the news and the way it's conveyed is crucial, the platform or the medium isn't. TRPs are not relevant at all, if companies are really interested in creating brand equity or credibility."

Anuradha Prasad, Chairperson, BAG Network, shared the manner in which BAG Network managed its business and content. "It is very easy to discern, dissect and condemn but difficult to survive and be the one executing it out all. I started my news channel with the tagline 'news is back'. I promised myself that I'd remain true to my journalism ethics that taught me to show news and not TRP-favouring shows. But then, the ratings came as -4. I then spoke to authorities at TAM and I was told that I must telecast shows of a certain kind in order to get high TRPs. I wasn't in agreement with what I was told," she said.

"But even then I survived. And it was only because of the passion, commitment and cause. You decide come what may, I would stick to my ethics. I wish there's a competition to TAM and BARC, but sadly there's none. I wish we had set up distribution platforms earlier. If TRAI today announces that there will be no TRP in India, you will see how the content paradigm will shift," Prasad said.

Discussing the future of the television medium in our society, K G Suresh, Director General, IIMC, said, "The concept of TRP goes for a toss here itself. In a country like India, we can surely develop a taste for good content. I don't think the domain of market research in our industry has been discovered entirely before planning the programming. Good content alone can give you audience. Here TRP does not come into the picture. Today, on social media, people are going to rate you and also demolish you if you don't present good content. It's social media that is

driving news agenda today and not television. Topics that go viral on social media end up becoming the 9 pm debate subjects."

Adding to the argument, Alok Mehta, said, "It's crucial to build an eco-system that goes beyond this number-driven practice and is more of citizen-committee driven. Everyone is watching television. What the industry needs to work on is to make sure that media gets to be self-disciplined. Hence I request all media organisations and media schools to make this book a part of their curriculum. The issue with TRPs needs to be resolved."

Explaining the purpose of the consultation paper issued by TRAI the authority's vision for the broadcasting sector in India, Sunil Gupta, said, "When private channels started increasing their operations in India, the primary focus shifted from educating people to making as much money as you want through this business. The mindset of broadcasters and other stakeholders has not changed and customers are not ready to choose from the price options available. When Hindi-speaking viewers are watching an English channel and you count those Hindi viewers as your audience, you as an English channel are modifying the TRPs, which is wrong. While this is happening at a huge scale, the question is who is to be blamed for this. Again, world over, the concept of impression is being adopted to see what is the weightage of a channel. We are fully aware of the incidences of tampering and influences happening around. Once industry reforms and consumers have choices, TRP ratings will not be of consequence any longer."



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