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From the Editor's Pen

The recent advancement in science and technology offers the possibility that human community has been in a stage to address any kind of challenges. Such impression counters with complexity when we observe the reality that it is not just the knowledge of science and technology but also the capacity to manage crises and deliver essential services which is a critical determinant to have a good society. In fact, the relevance of the later continues to be realized when we counter situation like COVID-19. This incident exposed the concern that how far our administrative capacity is good enough to meet the demand for public health. The above is just one of the incidents which generates the realization that public administration must be responsive and accountable in order to create well-being in our society. Further, more challenge continues to haunt our lives when instances of failure of essential services delivery like health, education, sanitation, social security, drinking water, transportation and other civic amenities and effective maintenance of law and order come to our attention though media coverage and statistical data bases.

All the above challenges encourage us to have a rethinking that knowledge production is not sufficient condition to make human life better. It could be effective when enabling condition could work in a sustained manner for application of this knowledge towards the betterment of the society. In providing this enabling condition, the role of public administration has always been valued. In this process, the discipline has also been able to respond towards the transformation in economy, politics and global societies. As an enabler and regulator to the ultimate shock absorber, it has been able to sow the seeds of next level service delivery across various geographical set-ups and sectors. With an agile response to the crisis, the government has proven its abilities to innovate and find quicker solutions. As a scholar of public administration, we should take all these challenges as opportunities to expand our learning and also to explore pathways how to contribute effectively to the society.

In this context, researches on various themes and issues of public administration can expand our understanding about the efficiency of latest administrative techniques and measures. Taking into account the above context, this issue has covered articles on existing administrative capabilities and re-assessment of institutional capacities, efficient management of scarce resources, interoperability among system, administration and citizens, crucial role of digitization, maintenance and implementation of proper IT infrastructure and networks to facilitate the user demands for timely and qualitative core service delivery such as telemedicine, telework modes, online teaching, secure mobile apps, online portals, informative chat bots and other digital repositories. I hope readers will find all these articles enlightening and insightful.

Editor
Prof. Padmalaya Mahapatra

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Juxtaposing Reports of the Special Rapporteur with National Education Policy 2020: India's Compliance with International Norms

Dr. Kumari Nitu

Abstract

Education has a major role to play in the lives of human beings. It opens up opportunities for life and helps both physical and mental upliftment. It helps in elevating a person from ignorance as well as from the vicious circle of poverty. Education has been recognized as a right both in India and also in international human rights instruments. It is also one of the goals to be achieved under SDGs. However, despite its immense importance, it has not received the desired policy and legal priority that it deserves. Especially during this pandemic when the world shifted to an online mode of teaching, it widened the rift between the rich and poor with respect to access to education.

COVID-19 and the subsequent lockdown brought the whole world to a standstill. Due to this, there was an economic slowdown and the process of realization of Sustainable Development Goals was deaccelerated. However, the report of the special rapporteur (thematic reports) unveiled some of the bitter realities of the goals. The Special Rapporteur on the Right to Education Ms. Koumbou Boly Barry submitted her report on the Right to Education with special mention of the impact of COVID-19 on education. The report was submitted on 20 June 2020. She has highlighted some of the crucial issues related to access to education which has been exposed by the pandemic. Meanwhile, the Government of India relaunched the National Education Policy in 2020. This paper will analyze how far the National Education Policy has been successful in addressing the concerns raised by the Special Rapporteur on the Right to Education. It will deal in detail with all such issues ranging from nationwide lockdown in India to problems of online teaching, accessibility and affordability of rural students, and the status of digitalization in India. It also highlights the right to education under international law and the response of UNESCO.

Keywords- *Pandemic, Right to Education, Special Rapporteur, NEP-2020.*

Introduction

The right to education is a basic human right that has been ensured under the international human rights instrument. Universal Declaration of Human Rights (UDHR) is the basic human rights document that incorporates the basic human rights of individuals. It has been further divided into two covenants that deal with two sets of rights. These are International Covenant on Civil and Political Rights (ICCPR) and International Covenant on Economic, Social, and Cultural Rights (ICESCR). Another important international legal provision with respect to education is *General Comment no. 13* which has also been referred by the special rapporteur.

Education under the human rights regime is not only a right but also a crucial means to realize other rights. Education opens opportunities for livelihood in every sector whether it is self-employment or wage employment in the private or public sector. Educating the youth is an investment in human capital which further helps in securing a good job, wages, social status, and national development.[1] The idea of investing in human capital has also been promoted by international organizations such as "World Bank", "IMF" and private foundations.

General Comment No. 13 on the Right to Education

Education as a right in a concrete manner was precisely laid down in the "General Comment no. 13 on Right to Education". It states that "education is not only a human right but also a means for realizing other human rights". It empowers an individual and helps in the upliftment of socially and economically disadvantaged people from the vicious circle of poverty. Such has been the importance of education that ICESCR has devoted two articles on education viz., Article 13 and 14. Article 13 talks about the right to education and Article 14 talks about the "plans of action for primary education"[2] The high priority given to education serves the objectives laid down in "Article 26(2) of UDHR" which states that the "purpose of education should be to direct the full development of human personality and effective participation"[3]

There are four criteria to make education receptive on a global level. These are availability, accessibility, acceptability, and adaptability. Availability means that there has to sufficient number of educational institutions within the national territory and accessibility implies that it can be accessed by all without any discrimination on any ground whatsoever.[4] The notion of accessibility implies three factors i.e. it should encompass no discrimination, physical as well as economic accessibility. Physical accessibility means that either it is within safe physical reach or if not, then has to be provided through modern technology which is also known as a "distance learning" program[5] "Economic accessibility" means "education should be affordable" and if not, it is the "obligation of the State governments" to provide for the same.

Though it states that education at the primary level should be free and that secondary and higher education is subject to progressive realization,[6] post-primary education has not been realized by most countries of the world barring a few which include some European countries.

The four criteria of education have received a complete setback during this pandemic. Availability which ensures that there should be a sufficient number of educational institutions has been negated as during COVID-19 there were not sufficient amounts of educational institutions which were equipped for online learning.[7] Accessibility implies that it can be accessed by all without any discrimination on any ground whatsoever. However, we have seen the disparity regarding access to online learning tools between the students who can afford it and those who cannot.

Accessibility has been a distant goal as neither the distance learning mode was ensured nor any supporting policy was adopted to make it accessible and feasible for low-income households. It was reported that many people lost their job due to the economic recession created by the pandemic.[8]

The General Comment puts the "obligation to respect, protect and fulfill" on the State parties.[9] (para 46). In light of this obligation, the States should have provided monetary support and this should have been enhanced with international cooperation on the basis of "common but differentiated responsibility"[10]

Special Rapporteur on the Right to Education

The mandate of the "Special Rapporteur on the right to education" was originally established by the Commission on Human Rights (now Human Rights Council) in April 1998 by resolution 1998/33.[11] A new "Special Rapporteur on the right to education", "Koumbou Boly Barry" took office on 1st August 2016 following her appointment at the 32nd session of the Human Rights Council.[12]

As the Special Rapporteur, she is mandated "to report on the status, throughout the world, of the progressive realization of the right to education, including access to primary education, and the difficulties encountered in the implementation of this right, taking into account information and comments received from Governments, organizations, and bodies of the United Nations system, other relevant international organizations and non-governmental organizations". She will "report to the Council on a yearly basis and report yearly to the General Assembly on an interim basis". She will also have to "respond to individual complaints/information received on allegations concerning violations of the right to education in particular countries".

Right to Education in India

The right to Education was inserted in the Constitution by the 86th Amendment act, of 2002.[13] Before it was formally enacted by the legislature, it was made a part

of the "right to life" through judicial pronouncements. The "right to education" was made a part of Article 21 in the Supreme Court's decision of "*Mohini Jain v. State of Karnataka*"14.India as a country has struggled a lot to bring drastic changes to the education policy which has primarily remained colonial for decades. India so far has adopted three education policies post-independence viz. in 1986, 1992, and the recent in 2020. National Education Policy is primarily targeted at regulating and promoting education in India in consonance with the demands of time. The Government of India re-launched the National Education Policy in 2020. It was a time of crisis in the education sector due to the pandemic that hit the world in 2019. It would be interesting to see how far the policy has mitigated the concerns of assuring education to all. This will be analyzed in light of the report of the Special Rapporteur on the Right to Education.

Observations of the Special Rapporteur on the Impact of the Right to Education during COVID and the Response of NEP

The Special Rapporteur on the Right to Education Ms. Koumbou Boly Barry submitted her report on the Right to Education with special mention of the impact of COVID-19 on education. The report was submitted on 20 June 2020. In her report, she submitted that the crisis in the education sector is not surprising as the education sector was already going through a crisis and this pandemic has merely exposed the crisis.

The areas of concern raised by the special rapporteur have been discussed below. It will be analyzed how far the national educational policy responds to some of these issues and challenges.

Inequality and Access to Technology

She states that the present crisis in education is due to the past failure in building a strong and resilient education system. As a result, the present crisis aggravated the situation and had made the most vulnerable most marginalized. She suggests that to overcome this situation any temporary measure adopted in haste will not be an adequate response to the problem.

She also cautions against the excessive reliance on the online and distance mode of teaching which has the potential to exacerbate inequality. She supports her contention with data from UNESCO which states that "half of the total number of learners (about 826 million students) kept out of the classroom by the COVID-19 pandemic do not have access to a household computer and 43 percent (706 million) have no Internet at home".[15] She also quotes many reports that have been published about the difficulties faced in accessing online tools, in particular for those in remote or rural areas, including in developed countries.[16]

She stated that in view of the affordability of online education, it is necessary that education during COVID should be an amalgamation of "low-tech, high-tech and no-tech teaching"[17] High-tech means online teaching, low-tech is by using radio or television and no-tech resorts to the distribution of documents[18] However, she also raises about the universal accessibility of radio. She also raises the issue of access to electricity in the rural and remote areas[19]

In India, the situation was no better. This switching from offline to online mode posed a great challenge for the teaching community as online teaching was totally new for them and the struggle was equal for both the students and teachers. It was not so easy to adopt as there have been a lot of difficulties in framing an idea as to how to conduct the online classes, what mode of technology to be adopted etc.

This crisis created an environment for teachers and learners to adapt to this technology-driven teaching and learning process. However, in a developing country like India, it has been reported that online teaching has not been able to reach the rural parts of the country.[20] The availability of internet connectivity in many parts of India is a matter of larger debate.

The NEP 2020 states that India is a global leader in information and communication technology. It underscores the role of the Digital India Campaign. It also highlights the role of technology in the improvement of educational processes and outcomes. NEP advocates the creation of an autonomous body called the National Educational Technology Forum (NETF) which will facilitate the free exchange of ideas on the use of technology to enhance learning.[21]

It recommends the creation and development of educational software to be available in all major Indian languages so that it is accessible to students in remote areas as well.[22]

It also states that teaching-learning e-content will continue to be developed by States as well as by NCERT, CIET, CBSE, and NIOS and will be uploaded on the DIKSHA platform. It also states that technology-based education platforms such as DIKSHA/SWAYAM will be better integrated across the school and higher education.[23]

The NEP has made prompt observations regarding the impact of this pandemic on education as well. It underscores that "New circumstances and realities require new initiatives. The recent rise in epidemics and pandemics necessitates that we are ready with alternative modes of quality education whenever and wherever traditional and in-person modes of education are not possible"[24]

However, it raises a genuine concern that:

"…the benefits of online/digital education cannot be leveraged unless the digital divide is eliminated through concerted efforts, such as the Digital India campaign and the availability of affordable computing devices. It is important that the use of technology for online and digital education adequately addresses concerns of equity".[25]

This observation calls for the status of internet connectivity in India. The vision of 'Digital India' of the Government of India was much ahead of the spread of the pandemic in India. It helped India in coping with the situation to handle the matters through a digital platform. However, there was a great disparity between the stretch of internet connectivity and its access to the people. As per statistics, India has over 560 million internet users out of 1.38 billion people.[26]

The disproportionality has several reasons, one of them being the difference in availability and accessibility. The urban population had more access to the internet as compared to the rural population.

The Internet was first launched in the year 1986.[27] In India, it was launched in 1995. However, it did not have wider outreach. It was limited to a few educational and research communities.28 The situation has totally changed since 1986. By 2019, there were 636.73 million internet subscribers.[29]

Amongst all the internet subscribers, the majority of them use mobile as it is more cost-effective. They have been further enhanced by the cheap data provided by the companies along with the initiative by the Government through *Digital India Campaign.* Despite the efforts made to drive the country towards digital empowerment, there has been a wide gap between the existing internet users. It has been reported that still, a large population belonging to the rural sector, poorer households, and poorer states do not have access to the internet.[30]

To keep the session working and for the timely conclusion of the academic calendar, the government recommended that educational institutions shift to an online mode of teaching. However, this was not easy to accomplish. The online mode was adopted swiftly by private educational institutions as they had adequate material and financial resources for the same. But the same could not be said about the government institutions where neither the teachers nor the students were adequately equipped with technology.

The severity of the problem can be assessed by the fact that the rural population and the schools located in these areas did not have high-speed internet connectivity, an uninterrupted power supply, and the availability of electronic devices.[31]

However, to cope with the situation, the rural population is trying hard. They are trying to learn and adjust to the online mode of learning. However, the lack of infrastructural facilities is creating a major obstruction in their effort[32] (Dhawan, 2021). To overcome this situation, there is a need for proper training for both teachers and students along with adequate infrastructural support.[33]

Also, due to an economic slowdown and subsequent lockdown, many people lost their means of livelihood a large number of whom were daily wage laborers. In light of this financial crunch faced by the families, it became difficult for many students to afford the data pack.

Many students did not have laptops and mobiles are not considered good for long hours of online learning. These factors can be considered a major hurdle in ensuring education to rural populations through online mode.

In light of all this, it becomes very difficult for students to have access to the basic right to education whereas, in the current situation, the right is dependent on the availability, affordability, and accessibility to the internet.

Unless and until these challenges are sorted out through proper government intervention, assuring education through online mode in rural populations will be a Herculean task. Shifting from traditional methods to a digital one cannot happen overnight.

i. Ensuring Education for Girl Child

The special rapporteur has raised particular concerns with respect to the Girls' access to education in the COVID era which is contingent on technology-based online learning. She cites some reports which indicate that "harmful gender norms and perceptions of risk to girls' safety or reputation make some parents reluctant to allow girls access to devices. In the poorest countries, women are 33 percent less likely to use the internet than men"[34]

With respect to girls using technology in India, it is more of an ethical question rather than an equal right to means of education. For instance, one of the members of UP commission for women stated that when girls are given mobiles, they elope with boys.[35] It was also reported that in some of the villages of Gujarat, girls and unmarried women were banned from using mobile phones to prevent 'disturbance in society'.[36]

The NEP has raised this concern as well by noting that "women cut across all underrepresented groups, making up about half of all Socio-Economically Disadvantaged Groups (SEDGs). Hence, it recommends targeted policies and schemes towards girl.[37]

It states that the Government of India will "constitute a 'Gender-Inclusion Fund' to build the nation's capacity to provide equitable quality education for all girls as well as transgender students"[38] (para 6.8 NEP). In addition, Kasturba Gandhi Balika Vidyalayas will be strengthened and expanded to increase the participation in quality schools (up to Grade 12) of girls from socio-economically disadvantaged backgrounds.[39]

To ensure and to increase the participation of girl children in schools, the NEP also provides for free boarding facilities to ensure the safety of girl children[40] (para 6.9 NEP). It also cites the existing efforts such as providing bicycles and organizing cycling and walking groups have proved to be efficient means to ensure the participation of female students in schools.[41]

ii. Needs of Specially Abled

With respect to the specially abled children, the special rapporteur has reported that: "…some Governments did not address the situation of children with disabilities, or did so when it was already too late. Children with intellectual disabilities are at higher risk of exclusion and more likely to drop out of school because few parents or care givers are trained to support them in home schooling. Furthermore, remote learning is frequently not appropriate nor tailored to their educational needs. Children with intellectual disabilities may need additional face-to-face support (This was reported by Submission by the International Disability Alliance and the International Disability and Development Consortium) (para 29). The situation of children with disabilities also demands greater attention. Many learners who are deaf or hard of hearing cannot access education and not all web platforms used for distance learning are accessible to learners who are blind."[42]

The NEP also recognizes the importance of creating mechanisms for *Children with Special Needs* (CWSN) so that opportunities for quality education can be ensured for them. It also cites the Rights of Persons with Disabilities (RPWD) Act 2016 which defines inclusive education as a 'system of education wherein students with and without disabilities learn together and the system of teaching and learning is suitably adapted to meet the learning needs of different types of students with disabilities.'[43]

The NEP has also tried to incorporate provisions that are in compliance with the RPWD Act. For this, it enumerates certain facilities to be provided to the educational institutes which include as follows: [44]

a) Providing resources to schools for the integration of children with disabilities.
b) recruitment of special educators with cross-disability training
c) Establishment of resource centers, wherever needed, especially for children with severe or multiple disabilities.
d) as sistive devices and appropriate technology-based tools, as well as adequate and language-appropriate teaching-learning materials (e.g., text books in accessible formats such as large print and Braille) will be made available to help children with disabilities integrate more easily into classrooms and engage with teachers and their peers.
e) Development of high-quality modules by NIOS to teach Indian Sign Language, and to teach other basic subjects using Indian Sign Language.
f) Choice of regular or special schooling for children with benchmark disabilities.
g) Creation of Resource centers in conjunction with special educators to support the rehabilitation and educational needs of learners with severe or multiple disabilities.
h) Choice of Home-based education for children with severe and profound disabilities who are unable to go to schools which will be subject to audit to ensure its efficiency and effectiveness.

iii. Privacy

The special rapporteur has raised concerns regarding online threats, abuse, and privacy of data due to digital education.

She stresses that:

"…Many countries have regulations that govern the appropriate uses and disclosures of personally identifiable health data, even during emergencies. But while children's school data may be just as sensitive – revealing names, home addresses, behaviors, and other highly personal details that can harm children and families when misused – most countries don't have data privacy laws that protect children. Concern has been expressed regarding the popular distance learning options published by UNESCO in this regard. The remote surveillance of teachers and learners and the sale of data are of particular concern."[45]

The NEP has also addressed this concern in its policy document. It states that all the stakeholders of an education system will be sensitized with respect to privacy concerns.[46] It also states that "Data is a key fuel for AI-based technologies, and it is critical to raise awareness on issues of privacy, laws, and standards associated with data handling and data protection, etc."[47]

iv. Financial Hardship of Students

It has come to the notice of the Special rapporteur that despite students not attending the school in offline mode, schools have demanded payment of fees in advance. This has caused financial hardship to the students in this era of economic slowdown. The schools have justified this demand by stating that the amount will be disbursed for guaranteeing distance education and teachers' salaries. The other concern is wherein the schools have pressurized the families by not enrolling the children.48 However, there has been some sigh of relief as some of the schools have reduced their fees while others have not.

In India, In India, many parents have joined together to ask for a waiver of fees or to charge only 50 percent of the fees as the students are not using the school premises and facilities.[49]

The Maharashtra Government has asked all the schools in the State to show consideration towards the hardship of parents and not make fee payments for the current academic year (2020-21) or the next academic year (2020-21) mandatory during the lockdown period. The decision was taken after some private schools in the city sent out messages to parents asking them to deposit fees. It was also made clear that if the schools still demanded fees, they would be de-recognized.[50]

The NEP also incorporates provisions to provide financial assistance to the students of the marginalized community. It provides for the expansion of the National Scholarship Portal. Even private higher educational institutes (HEIs) will be encouraged to provide scholarships to their students. |

It also provides a targeted approach for Socio-economically disadvantaged groups (SEDGs). It states that "As a part of the efforts to enhance participation in school education, special hostels in dedicated regions, bridge courses, and financial assistance through fee waivers and scholarships will be offered to talented and meritorious students from all SEDGs on a larger scale, especially at the secondary stage of education, to facilitate their entry into higher education."[52]

It also cites the existing policies that have been at a place that has incentivized and ensured the presence of students from SEDGs in schools which includes targeted scholarships, conditional cash transfers, bicycles for transport, etc.[53] It also provides free boarding facilities like the one provided as per Jawahar Navodaya Vidyalayas, especially for SEDG students[54]

Efforts of the United Nations Educational, Scientific and Cultural Organization (UNESCO)

This section highlights the role of UNESCO in spreading the importance and fulfillment of education around the globe. Its preamble outlines the objective of the organization which states that wide dissemination of culture and education is crucial for the dignity of humans.[55] So, in line with the vision to uphold the dignity of humans through education, UNESCO urges the international community for mutual assistance and to come forward for the development of full and equal opportunities for education for all[56]

General Comment no. 13 states that for the effective realization of the right to education international cooperation is essential.[57] Hence, UN agencies and organizations such as UNDP, UNICEF, UNESCO, ILO, World Bank, IMF, regional banks, and civil society organizations should enhance their cooperation for the implementation of the right to education at the national level by using their expertise and mandates.[58]

With this pandemic, the responsibility to ensure education has been equally on this international organization as that of the nation-states. In tandem with this, UNESCO has prepared a *COVID-19 Response* document to address the issue of teaching and learning during this pandemic.[59]

It emphasizes remote learning through the internet. However, at the same time, it also lists the problem with respect to remote learning through online means which include access to the internet, privacy concerns of online mode, limited budget, and unfamiliarity with remote learning solutions.

Conclusion

A comparative analysis of the two documents shows that India has so far tried and fulfilled its international obligations to a reasonable extent. The reports of the Special Rapporteur of the Human Rights Council though not mandatory, carry a normative and persuasive value around them. The traditional way to make the states accountable under the human rights regime is through country reporting, litigation, and 'naming-shaming'. These reports help in the evolution of soft normativity to address a particular problem. These soft laws, though not binding, play an essential role in the development of international law and in the gradual hardening of soft normative structure. A soft normative framework is also appealing and convenient for the state parties as it gives them sufficient time and political latitude to consider the matter and adopt them gradually. Though there have been several other concerns also raised in the report, one should not get hurried in seeing its implementation in toto at ground level in India. With the global economic crisis post-pandemic and at the national level, India will definitely need international cooperation and assistance to fulfill its international obligations in its entirety.

References

i.   Barford, Anna (2009), Challenging Assumptions: World Poverty- What can we do about it. Geography, 94(3), 343, http://www.jstor.org/stable/41555384Barford.

ii.   UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment No. 13: The Right to Education (Art. 13 of the Covenant), 8 December 1999, E/C.12/1999/10, para 2; available at: https://www.refworld.org/ docid/4538838c22.html

iii.   Ibid, para 4.

iv.   Ibid, para 6.

v.   Ibid, para 6 (b) (ii).

vi.   Ibid, para 6 (b) (iii).

vii.   Dhawan, Bulbul (2021), Google for Education: Meet, Classroom to get more tools as Google announces 50 new product features for students and teachers. Financial Express, February 18, 2021, https://www.financialexpress .com/industry/technology/google-for-education-meet-classroom-to-get-more-tools-as-google-announces-50-new-product-features-for-students-and-teachers/2197227/

viii. The Economic Times (2020), 41 lakh youth lose jobs in India due to COVID-19 pandemic: ILO-ADB Report (Aug 18, 2020), https://economictimes.indiatimes.com/news/economy/indicators/41-lakh-youth-lose-jobs-in-india-due-to-covid-19-pandemic-ilo-adb-report/articleshow/77613218.cms?from=mdr

ix.   UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment No. 13: The Right to Education (Art. 13 of the Covenant), 8 December 1999, E/C.12/1999/10, para 46; available at: https://www.refworld.org/ docid/4538838c22.html

x.   Stone, Christopher D. (2004). Common but Differentiated Responsibilities in International Law. The American Journal of International Law, 98 (2), 276–301, www.jstor.org/stable/3176729.

xi.   Subsequent to the replacement of the Commission by the Human Rights Council in June 2006, the mandate was endorsed and extended by the Human Rights Council resolution 8/4 of 12 June 2008. For more details see: United Nations Human Rights, Office of the High Commissioner, "Special Rapporteur on the right to education"; available at: https://www.ohchr.org/en/issues/education/sreducation/Pages/SREducationIndex.aspx.

xii.   United Nations Human Rights, Office of the High Commissioner, "Koumbou Boly Barry"; available at: https://www.ohchr.org/EN/Issues/Education/SREducation/Pages/KoumbouBolyBarry.aspx .

xiii.   Government of India (2002), "The Constitution (Eighty-Sixth Amendment) Act, 2002", National Portal of India, 12 December 2002; available at: https://www.india.gov.in/my-government/constitution-india/amendments/consti tution-india-eighty-sixth-amendment-act-2002

xiv.   Miss Mohini Jain vs. State of Karnataka And Ors, AIR 1992 SCR (3) 658; available at: https://indiankanoon .org/doc/40715/

xv.   UN Human Rights Council, Right to education: impact of the COVID-19 crisis on the right to education; concerns, challenges and opportunities, 15 June 2020, A/HRC/44/39; para 36, https://www.ohchr.org/HRBodies/HRC/RegularSessions/Session44/Documents/A_HRC_44_39.docx

xvi.   Ibid, para 37.

xvii.   Ibid, para 33.

xviii. Ibid, para 19.

xix.   Ibid, para 41.

xx.   Kundu, Protiva. (2020). Indian education can't go online – only 8% of homes with young members have computer with net link. Scroll (May 05, 2020), https://scroll.in/article/960939/indian-education-cant-go-online-only-8-of-homes-with-school-children-have-computer-with-net-link

xxi.   Govt. of India (2020). National Education Policy 2020, para 23.3, https://www.mhrd.gov.in/sites/ upload_files/mhrd/files/NEP_Final_Engli sh_0.pdf

xxii.   Ibid, para 23.6

xxiii. Ibid, para 23.6

xxiv.   Ibid, para 24.1

xxv.   Ibid, para 24.2

xxvi.   Statista. Number of internet users in India from 2015 to 2020 with a forecast until 2025, https://www.statista.com/statistics/255146/number-of-internet-users-in-india/

xxvii. Dominick, Joseph R., ýBarry L. Sherman. (2004), Broadcasting, Cable, the Internet, and Beyond: An Introduction to Modern Electronic Media, p. 105, McGraw-Hill.

xxviii. Kawoosa, Vijdan Mohammad.(2020). Connectivity gets better but parts of India still logged out. Hindustan Times (Aug 14, 2020), https://www.hindustantimes.com/india-news/connectivity-gets-better-but-parts-of-india-still-logged-out/story-VSqXriMdGUudWb7eBcWzjN.html

xxix. Nilekani, N., Shah, V. (2016). Rebooting India. United Kingdom: Penguin Books.

xxx. Kundu, Protiva. (2020). Indian education can't go online – only 8% of homes with young members have computer with net link. Scroll (May 05, 2020), https://scroll.in/article/960939/indian-education-cant-go-online-only-8-of-homes-with-school-children-have-computer-with-net-link

xxxi. India Today. (2020). Covid-19 impact: 4 major challenges faced by students of rural India. (10 Aug 2020), https://www.indiatoday.in/education-today/featurephilia/story/covid-19-impact-4-major-challenges-faced-by-students-of-rural-india-1709294-2020-08-10

xxxii. Dhawan, Shivangi. (2020). Online Learning: A Panacea in the Time of COVID-19 Crisis. Journal of Educational Technology Systems, 49(1), 5–22.

xxxiii. Johnson, A. M., Jacovina, M. E., Russell, D. E., & Soto, C. M. (2016). Challenges and solutions when using technologies in the classroom. In S. A. Crossley & D. S. McNamara (Eds.) Adaptive educational technologies for literacy instruction (pp. 13-29). New York: Taylor & Francis.

xxxiv. Supra note 13, para 42.

xxxv. Rashid, Omar (2021) , "Don't give mobile phones to daughters, says U.P. women's panel member", The Hindu, June 10, 2021; https://www.thehindu.com/news/national/other-states/dont-give-mobile-phones-to-daughters-says-up-womens-panel-member/article34784182.ece

xxxvi. Lewis, Kayleigh (2016), Girls and unmarried women in India banned from using mobile phones to prevent 'disturbance in society', Independent, 22 Feb 2016; https://www.independent.co.uk/news/world/asia/girls-and-unmarried-women-in-india-forbidden-from-using-mobile-phones-to-prevent-disturbance-in-society-a6888911.html

xxxvii. Supra note 19, para 6.7.

xxxviii.Ibid, para 6.8.

xxxix. Ibid, para 6.9.

xl. Ibid, para 6.9

xli. Ibid, para 6.5

xlii. Supra note 13, para 43.

xliii. Supra note 19, para 6.10

xliv. Ibid, para 6.11

xlv. Supra note 13, para 49.

xlvi. Supra note 19, para 6.19.

xlvii. Ibid, para 23.13.

xlviii. Supra note 13, para 71.

xlix. Ganjapure, Vaibhav (2020), 'Demand of parents to reduce 50% school fess is justified' Times of India, Aug 30, 2020, https://timesofindia.indiatimes.com/home/education/news/demand-of-parents-to-reduce-50-school-fees-is-justified/articleshow/77697543.cms

l. Gaikwad, Rahi, Schools told not to demand fess during lockdown period, Mumbai Mirror, April 1, 2020, https://mumbaimirror.indiatimes.com/coronavirus/news/schools-told-not-to-demand-fees-during-lockdown-period/articleshow/74921413.cms

li. Supra note 19, para 12.10

lii. Ibid, para 6.16.

liii. Para 6.4 NEP

liv. Para 6.9 NEP

lv. Burnett, Nicholas (2011), "UNESCO and Human Rights Education" in Gratuit (ed.) Contemporary Issues in Human Rights Education, UNESCO.

lvi. UN Educational, Scientific and Cultural Organisation (UNESCO), Convention Against Discrimination in Education, 14 December 1960; available at: www.refworld.org/docid/3ae6b3880.html (accessed on 21 August 2019); Also see: Singh, Kishore (United Nations Special Rapporteur on the Right to Education) (2014), "Right to Education and Equality of Educational Opportunities", Journal of International Cooperation in Education, 16 (2): 5-19.

lvii. UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment No. 13: The Right to Education (Art. 13 of the Covenant), 8 December 1999, E/C.12/1999/10; available at: https://www.refworld.org/ docid/4538838c22.html (accessed on 21 August 2019).

lviii. Ibid, para 60.

lix. UNESCO. (2020). COVID-19: Education Response, https://en.unesco.org/covid19/educationresponse/learning neverstops

Provision of e-Services in Municipalities: A Status Analysis for Different Tiers of Cities

Leena Sahoo

Abstract

The municipalities act as the first interface between the citizens and the government. ICT was used to further strengthen this bond through the introduction of e-services. It was aimed at making the various services of the urban local bodies available to the citizens more efficiently and transparently. From small to large municipalities, officials have been facing issues and challenges in providing e-services which need to be addressed lately. The paper discusses regarding the evolution of these e-services in the municipalities of India. It further critically studies various e-services provided by different tiered cities of India and analyses the problems and challenges faced in imparting efficient e-services in the municipalities. It finally suggests the lessons learned from the various municipalities that may be used for strengthening the service delivery system to the citizens.

Keywords:- *e-services, citizen satisfaction, municipalities, right to public service, ICT, tiered city*

Introduction

An induced transformation in the field of administration, economics, and society is being experienced in the entire world with the introduction of ICT (Information and Communication Technology). A paradigmatic shift has been brought due to technological advancements in the governance process at different levels of the government. The use of ICTs is being considered an effective tool for service delivery by the local bodies, both in urban and rural areas. Heeks (2001) explained the application of ICT in the government processes for its effective delivery as SMART governance (Simple, Moral, Accountable, Responsive, and Transparent). It developed a collective interaction between the government, citizens, services, and businesses. Three different domains of e-governance were identified, whose activities were interrelated to one another.
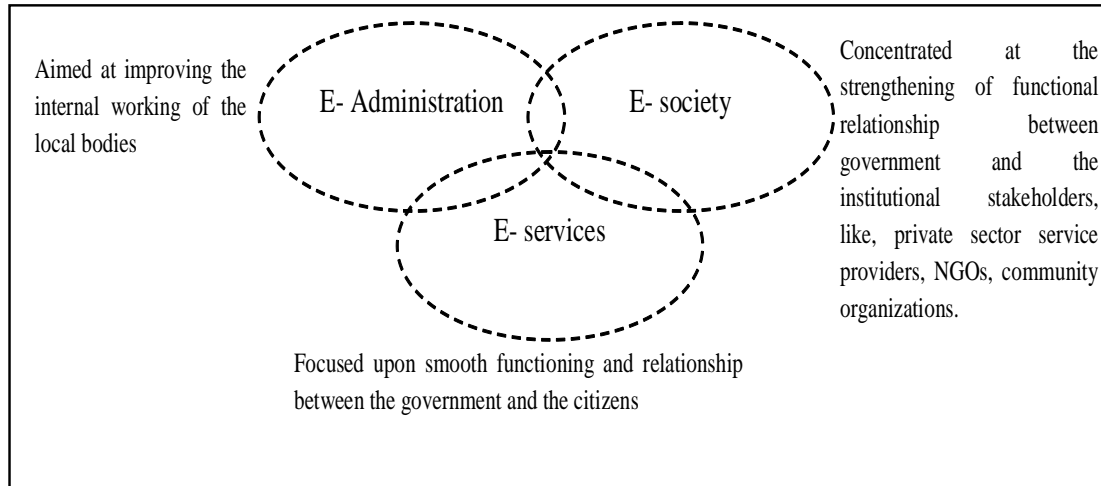
Aimed at improving the internal working of the local bodies

E- Administration

E- society

Concentrated at the strengthening of functional relationship between government and the institutional stakeholders, like, private sector service providers, NGOs, community organizations.

E- services

Focused upon smooth functioning and relationship between the government and the citizens

Fig 1.: Three different domains of e-governance

Source: *Self-analysis*

In India, each municipality faces different challenges to meet the needs and demands of the residing population. The cities of India have been classified into three different tiers by the Government – I, II, and III. The classification of Indian cities has been done by the Government of India to allocate HRA (House Rent Allowance) to public servants. This categorization helps to prepare strategic plans for the development of the cities, implementation of various social and economic schemes, etc. Based on the tier rankings of the cities, there is a difference in the services provided by the respective municipalities. The paper makes a critical study of the various e-services provided by the municipalities of different tiered cities. The paper discusses the evolution of e-services in India and their adoption by different municipalities for providing public services. The paper identifies the issues, challenges, and potential solutions learned from different selected municipalities for strengthening the government sector and public services to the citizens.

Methodology Adopted

The paper is focused on the critical analysis of the e-services provided by selected municipalities of the different tiered cities. The selected municipalities for the study are: for the Tier I city category the *New Delhi Municipal Corporation* and **Chennai Municipal Corporation** e-services, Tier II city category the *Chandigarh Municipal Corporation*, **Jaipur Municipal Corporation, and** *Bhubaneswar Municipal Corporation* e-services, and in Tier III city category the *Jammu Municipal Corporation* e-services is being studied.

The assessment study is based upon a qualitative approach, which has been adopted by reviewing the e-services provided by the above-mentioned selected municipalities for strengthening the government sector and public services to the citizens. The paper is purely based on a literature review and secondary data collected from various websites of the selected municipalities.

Three-tier Municipality Structure in India

As per Census 2011, there are 3892 Census Towns and 4041 many Statutory Towns in India, and a total of 7933 urban centers, constituting 42.6 % of the country's population. Tier 1 cities are the ones with a population above 10 lakhs, which have well-developed real estate markets and social amenities. Some of the popular tier 1 cities are Delhi, Chennai, Hyderabad, Mumbai, and Ahmedabad. Tier II cities with populations between 1-10 lakhs are considered to be very fast-growing and developing. Bhubaneswar, Chandigarh, and Ranchi are a few cities that come in the Tier II category of cities. The rest of the cities with a population of less than one lakh are considered in the Tier III category. These cities are Dehradun, Jammu, and Roorkee to name a few.

Evolution of e-services in India

India is emerging as a powerful country in the field of science and technology, where ICT played a very important role in the promotion of diffused knowledge. In order to make the citizens actively get involved and participate in the various activities of the government, e-services were provided both at the urban and rural levels. This eased the cumbersome job of standing in lines for hours to access the various public services offered by the local bodies.

In 1997, an 'Action Plan for Effective and Responsive government' initiative was taken up at both the central and state level, and thus the **'Citizen Charter'** was formulated. It was considered as an official document that symbolized the conscious effort of the government to provide efficient public services. It mentioned the kind of services to be provided, the details of the service providers, the time frame for completion of the work, the charges involved, and the subsequent steps that a person will take if the services are not provided within the stipulated time period.

Due to the old bureaucratic procedures followed during the 1990s, the Citizen Charter suffered huge obstacles and setbacks in reaching out to the public. The employees of the organization, service providers, and the general public could not get familiar with the philosophy, goals, and features of the Citizen Charter. Adequate publicity and awareness programs were not done, which was another reason for the failed implementation of the Charter.

The concept of e-services

The idea of e-services was developed with the aim to make governmental activities more accountable, transparent, efficient, and particularly, encourage citizen participation in the various activities of government and be involved in the decision-making processes. So as to justify the essence of efficient e-services deliverability, the following interventions were carried out:

- Improvement in the internal functioning of the various departments and organizations.

- Transparency, speed, and reliability in providing information and developing a user-friendly e-service portal.

- Encouraging and promoting public participation and consultation.

- Providing equal access to all categories or people in society.

In 2006, the Government of India launched its most ambitious program, the National e-Governance Plan to make all government services accessible to the general public. The NeGP aimed at providing common services at an affordable price and ensuring efficiency, transparency, and reliability in the delivery of these services. It used information technology to enhance the lives of the citizens and encourage their active participation of the citizens.

The vision of NeGP reads, *"To ensure a Government-wide transformation by delivering all Government services electronically to the citizens through integrated and interoperable systems via multiple modes while ensuring efficiency, transparency and reliability of such services at affordable costs."*

Table 1: Services by NeGP

Central Govt. Projects	State Govt. Projects	Integrated Service Projects
Income Tax	Land Records	EDI (E-Commerce)
Passport	Road Transport	E-Biz
MCA21	Property Registration	Common Services Centres
Insurance	Agriculture	India Portal
National Citizen Database	Treasuries	E-Courts
Central Excise	Municipalities	E-Procurement
Pensions	Gram Panchayats	National Service Delivery Gateway
Banking	Commercial Taxes	Financial Inclusion
e-Office	Police	National Geographical Information System
Posts	Employment Exchanges	Social Benefits
Visa & Immigration	School Education	Roads and Highways Information System (RAHI)
e-Sansad	Health	e-Bhasha
Common IT Roadmap for Para Military Forces	PDS	National Mission on Education Through ICT (NMEICT)
	e-Vidhaan	Urban Governance
	Agriculture 2.0	
	Rural Development	
	Women and Child Development	

Source: NeGP, 2006

An assessment conducted by the Department of Administrative Reforms & Public Grievances ranks the states based upon the effectiveness of e-Governance delivery. The DARPG constituted the National e-Governance Service Delivery Assessment (NeSDA) as part of its mandate to boost the excellence in e-service delivery. The portal assessment was done based upon four parameters - accessibility, content availability, ease of use, and information security and privacy. The paper focuses on the deliverability of the service portals, instead of the respective government portals. While the former focuses primarily upon the delivery of services and primary information to the stakeholders, the latter emphasizes upon the single window access to the information and links to various services.

In the above-mentioned assessment, it was noted a sharp rise of 60% in the delivery of services and more the 70% citizens satisfied with the e-services delivery. There has been a shift from single departmental portals to centralized portals, where multiple departments are working together and the portals are very user friendly.

Right to Public Service Legislation in India comprises a statutory law that guarantees the time-bound delivery of public services to the citizens within the

mentioned time frame. It was aimed at reducing corruption and increasing transparency and accountability to the citizens. In 2010, Madhya Pradesh became the first state to enact the legislation; and subsequently, several other states introduced similar legislation to promote the services to the public.

The Odisha Right to Public Service Act, 2012 is an initiative taken by the Odisha state government to provide public services, within the mentioned time. If services are not provided within the said time, then a penalty is imposed on the concerned official or the concerned service provider agency. The Act marked a significant change in people's faith in availing services and the platform provided grievances redressed within a fixed time. Aggrieved citizens have been facilitated to address their grievances to the Designated Officer or the Appellate Authority or the Revisional Authority.

Advantage of e-services

In order to provide e-services, government offices have gotten to be **automated and computerized**, with minimal human interference. This has increased the efficiency of office operations and has reduced unnecessary delays. Budgeting, accounting, data flow, etc. have become easy. Due to transparency in the dissemination and accessibility of information, the **administration of the organization** becomes determined to be more efficient and responsive.

An immediate impact of the provision and application of e-services has been a **reduction in paperwork**. All communication work to a larger extent is being undertaken in automated electronic mode and thus reduced the consumption and storage of huge piles of paper works. As most of the volume of work is electronically handled, therefore most of the efforts are being put into providing **quality services** in the least possible time, at the least cost involved. The accountability of the officials is ensured through the online grievance redressal system. Possible **procedural delays** caused at various hierarchical levels within the organizations have been substantially minimized.

Another major advantage has been the **multiple language interface** available for accessing the information and this has ensured full participation from both the officials and citizens. The content, payment method, and transactions are flexible, user-friendly, and **citizen-centric**; thus making the service delivery mechanism more efficient.

Digitally linking everyone around the world has become immensely possible due to accessibility to the internet. Let it be urban or rural, the common man has up skilled himself with technology and has reformed himself from a passive to an active e-service user.

e-Services in Municipalities

ICT has been implemented in the municipality sector for smooth functioning, enhancing effective public service delivery, and creating transparency. This adoption of technology has been very beneficial to municipalities. Municipalities are making conscious efforts towards proofing themselves as a well-planned and robust e-service provider, aimed at abridging the gap between rural and urban areas, empowering the less privileged sections of society, and providing equal opportunity to all in accessing information.

Fig 2: Various departmental-level operations within the municipalities

Source: *Self-analysis*

A fully integrated municipal service should involve the following parameters as shown in Fig. No. 2. The Finance department envisages the revenue and expenditure and it handles the different applications that fall in the category, such as financial accounting, payroll, wages, procurement, budgeting, and payment gateways. The Administration department takes care of the employee, visitors, and personnel involved in the delivery of municipal services.

Tier I City

e-services in New Delhi Municipal Corporation: In addition to providing basic civic amenities to its residents, the New Delhi Municipal Corporation also provides various social, cultural, educational, and medical facilities, especially to the government/municipal employees and other sections of society. Actually, the NDMC is a municipality with a difference; the Act enjoins upon it the role of the mini-government, with all facets of city management except that of policing and transportation. It is perhaps the only municipality in the country that supplies electricity and water, and its discretionary functions encompass the promotion of sports, art, music, and culture, the maintenance of libraries, and care for the elderly. It takes care of housing problems, social facilities like Barat Ghars (Marriage Houses), and community centers. The chairman is the head of the organization, which is functional by design. It has departments such as architecture, commercial, civil engineering, education, electricity, enforcement, estates, finance, health, horticulture, information technology, public relations, and welfare. Each department has a director as its head. There are chief engineers, senior engineers, and engineers working under the director. Below them is the clerical level staff. Office automation usage starts from the clerical level.

e-services in Chennai Municipal Corporation: The Tamil Nadu state government has one single website that acts as a guide to accessing all other information about the state. From the '*mother'* website, one can get access to all other *'child'* websites; such as details related to government, citizen services, forms, schemes, grievance redressal, acts, notifications, important links, and RTI contacts. The Chennai Municipal Corporation forms the 'mother' website. They also provide a few more additional online services such as RTO services, entertainment tax, and professional tax payments.

Tier II City

e-services in Chandigarh Municipal Corporation: The various e-services provided in Chandigarh Municipal Corporation websites mention the basic citizen services like registration of birth, death, caste, residence, and legal heir certificate; payment of water bills, electricity, property tax, trade license; land records and cadastral maps. The information regarding courts, health services, and social security services are also available online, which further adds to the advantage of the citizens to access these vital services in a single window. The additional and important information on the Punjab municipalities website is the **'One Unified Platform'** that mentions the various services provided by various departments, complementing the forms required to access the services as well as the charges involved for each of the services. The entire application system is very user-friendly and hassle-free, which probably stands as one of the reasons to put Punjab in the top rank for using citizen services.

e-services in Jaipur Municipal Corporation: The government of Rajasthan has launched the **Rajasthan SSO Portal – Single Sign On**, which will be facilitating different government services to the citizens under a single portal. This step was taken to authenticate the identification of citizens, as registration into the portal is only possible by those who have a valid Aadhar UID Number. This step of linking the UID number is a major takeaway for all other municipalities of India to make public services more effective and authenticated. All the e-services are provided in the state government portal and they are similar to the ones that have already been discussed for Punjab and Tamil Nadu, but the point of accessibility lies only after getting oneself registered in the RSSO Portal.

e-services in Bhubaneswar Municipal Corporation: Odisha has been immensely trying hard to make its e-services facilities reach all the citizens both in the urban, as well as, rural areas. It has a state government portal (https://odisha.gov.in/) that provides information regarding various departments, services provided, schemes implemented, COVID-related information, and other relevant information that can be used to discover the realm and essence of Odisha. There are also links to direct one to the district-level portals, where one can get a brief idea about the district, departmental data, and similar e-services options as discussed previously in other states. The municipal corporation portals mention some very basic e-services, that include the issuance of birth, death, and marriage certificates, booking of marriage mandap, and grievance redressal. Further exploration will lead one to the BhubaneswarME citizen services website (https://www.bhubaneswar.me/) which mentions the various e-services provided by departments. Applying to any of the services will further lead one to other multiple external links, serving similar purposes, such as, for payment of electricity, one may be led to Odishaone – unified citizen portal or may be led to the TPCODL website. Though the same purpose is served by the portals, these multiple options can lead to confusion and disinterest in using the municipalities' e-services.

Tier III City

e-services in Jammu Municipal Corporation: The Jammu Municipal Corporation has a well-designed user-friendly webpage with provision to access the basic public services at their fingertips. The birth and death certificates can be applied online through the portal, along with the public grievance system and online building approval system.

e-services can be termed efficient if they are ranked high in customer satisfaction. Customers can be differentiated based on age groups, educational qualifications, and ease of using the internet for accessing the e-services. Though the entire governmental process has lately become online, still there are challenges and issues faced by the citizens and the stakeholders which need to be immediately addressed and appropriate solutions need to be taken.

Challenges and issues faced

As discussed previously in the paper, a major issue faced during accessing the e-services is the multiple numbers of access points to various websites rather than a single window system, thus causing confusion and also multiple duplications of the data feed in the server. Another major change needs to be carried out by giving preference to Public Private Partnerships in implementing e-services with adequate management. The government has made it mandatory for everyone to have an Aadhar Card. So, we can promote the adaption of the Aadhar number while accessing the various e-services, in order to authenticate the identity of the applicant and also link the database to other services, as and when required. The decision-making process within the organization needs to be re-engineered. The employees need to be delegated with more justified authority, and the change is not only applicable to the employees of the organization but also to the people involved from the private offices. The privacy of the citizens using the e-service portal needs to be ensured. While using e-services, one generally shells out a lot of private information, which may be misused at any level. Therefore, the privacy of the public should be maintained and the flow of information should be carried out in a digital, seamless network.

Conclusion

The paper has discussed the present status of e-service facilities in India. Various procedural steps need to be taken to increase awareness among the citizens to adapt themselves to this new phenomenon. To achieve a result regarding the real requirements or expectations from the municipality, a survey has to be done regarding the department's commitment to providing services, customer satisfaction regarding various services, customer awareness and willingness regarding accessing the e-services, and the various technical issues faced during using e-services. The output of the survey will help in initiating steps of decreasing the footfall of the citizens to their respective ULB offices and instead encourage the use of e-services. E-seva kiosks can be installed at major bus stops in urban areas under CCTV surveillance. For citizens who do not have internet access, such kiosks can be used to access through the internet the various government services. These service kiosks will act as a front-end facility for information dissemination and application submission. We can also use social media like Facebook, Twitter, etc. to offer an efficient way to co-create, inform and engage the citizens. This can be used to obtain feedback and enable public departments to engage with the citizens across alternative channels. There are flaws in the existing system, still, it can be modified and made more efficient by using ICT and the citizens' contribution towards its development.

References

1. Patel, A.R. (2001). E-governance in Gujarat, *ANARTA*, The Journal of North Gujarat University, 9 (10),70-77.

2. Backus, M. (2003), E-Governance and Developing Countries; Introductions and Examples, *Research Report*, No. 3, April.

3. Dey, B. (2000), E-governance in India: Problems, Challenges and Opportunities. A Future's Vision, *Indian Journal of Public Administration*, 46 (1), 300-313.

4. Dr. Nasruddin, et.al. (2019), Role of E-Governance in Municipal Administration, *IJMRT*, 13(1), 29-50.

5. Palvia, S.C.J, Sharma, S. S., (2019), E-Government and E-Governance: Definitions/ Domain Framework and Status around the World, *Foundations of E-government*, 6, 1-12.

6. NeGP, Ministry of Electronics and IT, GoI.

7. Promoting e-Governance (The SMART Way Forward) (2008), Second Administrative Reforms Commission Eleventh Report, Government Of India.

8. Heeks, R. (2001), Understanding e-Governance for Development, *iGovernment Working Paper no. 11*

9. Osborne, D., Plastrik, P. (1997), Banishing Bureaucracy: The Five Strategies for Reinventing Government., *ERIC*, Institute of Education Sciences.

10. Acharya, S. (2010), Implementation of Citizen's Charter and Improving Municipal Services in Nepal: Myth or Reality?, , Department of Public Administration and Organization Theory, University of Bergen, Norway.

11. e-Governance Policy Intitiatives under Digital India, Department of Electronics and IT, Ministry of Communications and IT, GoI, 2015.

12. Gandhi, V., Kumbharana, C.K., (2017), E governance in local bodies in India, *International Journal of Scientific and Research Publications*, 7(2), 122-127.

13. Population Enumeration Data, Census of India, 2011.

14. Urban and Regional Development Plans Formulation and Implementation Guidelines, Chapter 4, Urban Planning Approach, Page 127-128

Reviewing Violence against Women in India : Challenges and Remedies

Bibhabati Dash

Abstract

Although the Women's movement of the 21st century has caused a mass awakening and affected everyone, the holistic development of women is still far away. In the narrow trajectories of our social order, customs and traditions, women are positioned at a lower or secondary level than men. The patriarchal structure of our society confined women and doesn't provide enough access and liberty to measure their lives with full potential and to prove themselves. As a result, they are ignored and treated as subordinates to their male counterparts. Gender-based violence is the result of a deeply rooted patriarchal structure, a malicious mentality towards women, and the inability of the legal system of our country. The objective of this paper is to highlight the prevalence and patterns of violence against women in India and how these are affecting women's lives adversely in many ways.

Keywords: *Women, Patriarchy, Violence, Sexual Harassment, India.*

Introduction

India has one of the world's largest populations, and the Indian Constitution ensures that men and women can participate equally in every aspect for eliminating all injustices and building a nation founded on justice and equality. The repercussions of violence against women in India are complicated and have a long history throughout. Sex is a completely natural and biological distinction. Both sexes have their significance and characteristics. Both men and women contribute equally to the evolutionary process. However, the social discrimination based on gender is purely man-made. Being women, they face various kinds of violence in their own households, they struggle to avail themselves of educational facilities, and they fight to sustain in workplaces with so many evil eyes and insecure environments. At time, they to go through miseries like widowhood and early motherhood. They have to take the whole responsibility of children, family members, and household chores. Still, they are considered as the inferior sex and weaker section of society and they face different forms of violence from their close family members.

Need for Women Empowerment

Women are an inseparable part of the society. No society can be developed enough without ensuring women's empowerment and without eliminating the gender gaps. The main causes of violence against women are unequal treatment, such as disparities in educational attainment and marital age, a lack of personal freedom both inside and outside the home, unemployment, poverty, and alcoholism. Women's physical, psychological, emotional, social, and nutritional statuses are affected by violence against them. But its indirect effects impede both the nation's and humanity's overall progress.

According to M.K Gandhi, the Father of our nation "If you educate a man, you educate an individual, but if you educate a woman, you educate an entire family." He firmly believed in the ability of women to enhance the overall development of society. So, he stressed upon the emancipation of women from the evil shackles and to provide them proper education, employment opportunities and ample facilities to hone their inner qualities. Empowerment of women is essential to establish quality families, communities, to build strong economies for achieving sustainable development.

Violence against Women in India- A Conceptual Analysis

Violence against women is a global phenomenon (Sharma,2012:361). Without violence against women, no stage of history would be complete. Indian society has traditionally been a strong patriarchal system. Patriarchy imposes various controls on women's daily lives. Violence against women is also part of the patriarchal mindset. Women suffer from various forms of domestic and social violence. The term 'violence against women' states to a variety of detrimental behaviours that women face because of their gender. The United Nations has developed a widely accepted definition of violence against women. Article 1 of the declaration on the elimination of violence against women defines it as, "Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life" (DEVAW, 1993).Violence based on gender is the result of deeply rooted patriarchal structure, malicious mentality towards women, and inability of the legal system of our country to prevent or deter such violence. National Crime Records Bureau (NCRB) has defined gender specific crimes as 'Crimes against Women' (NCRB,2015:84). Indian Penal Code classifies those crimes in 9 types. such as-

Table 1: Types of Crimes against Women

1. Rape (SEC 376 IPC)
2. Attempt to commit Rape (Sec 376/511 IPC)
3. Kidnapping & Abduction of Women (Section 363, 364, 364A, 365, 366 to 369 IPC)   3.1 K&A under section 363 IPC   3.2 K&A in Order to Murder   3.3 K&A for Ransom   3.4 K&A of Women to Compel Her for Marriage   3.5 K&A for Other Purposes
4. Dowry Deaths (Section 304B IPC)
5. Assault on Woman with Intent to Outrage Her Modesty (Sec. 354 IPC)   5.1 Sexual Harassment (Sec.354A IPC).   5.2 Assault on Woman with Intent to Outrage her Modesty (Sec. 354C IPC)   5.3 Voyeurism (Sec. 354D IPC)   5.4 Others
6. Insult to the Modesty of women (Sec. 509 IPC)   6.1 at Office Premises   6.2 at Places Related to Work   6.3 in Public Transport   6.4 in Other Places
7. Cruelty by husband or his relatives (Sec. 498A IPC)
8. Importation of Girl from Foreign Country (up to 21 years of age) (Sec. 366 B IPC)
9. Abetment of Suicide of Women (Sec. 306 IPC)

Source- *NCRB Report, 2020*

In addition to the above forms of violence, now a days women are also facing other forms of violence like cyber-bullying, cyber-crimes, mental harassment etc. At every stage of life, violence against women exists in our society. From infancy to the old age, women are struggling to secure their lives and dignity. These days minor girls are more vulnerable as they are ignorant about their insecurities. Many inhumane cases happen to young girls, it's tragic.

Fig 1: Women Victims Crime Head-wise
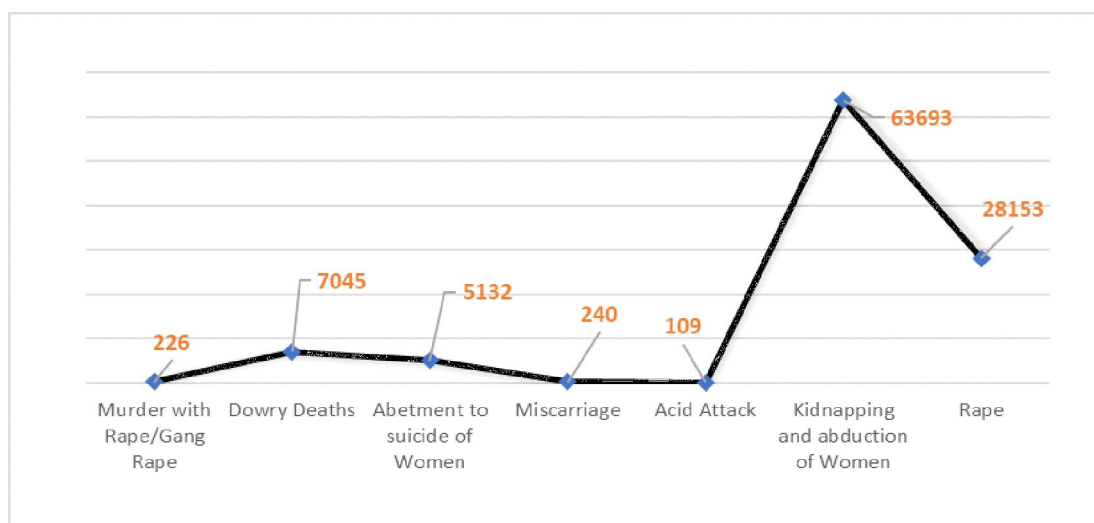
Source- NCRB Report, 2020.

The above data shows the vulnerability of women and the miserable life they are living. Women face some violence perpetrated by individuals such as rape, sexual harassment, female infanticide, prenatal sex selection and forced abortion, marital rape etc. On the other hand, some violence perpetrated by criminal networks and gangs such as mob violence, kidnapping and abduction, forced prostitution, gang rape etc. Women also face much violence during war and conflict such as sexual abuse and slavery, forced sterilization, rape and torture, stoning and flogging etc. Some of the forms of violence are committed by the people with patriarchal mind-set who regard these violences as traditional practices. Patriarchal psychology is the cause of honour killings, dowry violence, female genital mutilation etc.

In the present scenario, acid attack is the worst kind of violence that women face. Domestic violence is widespread in India, causing many forms of violence against women. Due to dissatisfaction over the dowry (money or other physical assets) given by bride's family, grooms family abuse physically and mentally to the bride. Some women are tortured, burned, forced to commit suicide, killed for

dowry. The lives of widows are very vulnerable in some families in India. They are denied to wear colourful clothes, they are supposed to eat simple boiled foods without oil and spices, they are restricted not to participate in any virtuous work. According to the National Crime Records Bureau of India, total 3,71,503 cases of crimes against women reported in 2020. The number of total victims were 3,76,887 of these registered cases. Undoubtedly, there would be more cases which are not registered. Surprising fact is that NCRB report says majority of cases under crimes against women were registered under Cruelty by Husband or his Relatives. This is very shameful that women are not safe within their own family and home in our country.

Sexual Violence against Women: Rape, Sexual abuse and Harassment

Sexual violence is a violation of basic human right "to live with sexual dignity and without fear" (UNFPA,2004:14). Sexual violence against women occurs in different forms like rape, sexual assault and abuse, eve teasing, touching, fondling, all forms of penetration, molestation, trafficking, unwanted physical, verbal and non-verbal conduct of a sexual nature, violence against women with disabilities etc. Rape considered as the inhumane and most vicious crime against women. According to NCRB report, the total 28046 cases of rape were registered in 2020 and the number of victims was 28153. The states in which the higher number of rape cases registered were Rajasthan (5310), Uttar Pradesh (2769) Madhya Pradesh (2339), Maharashtra (2061), Assam (1657), Haryana (1373) and Jharkhand (1321). Unfortunately, the numbers of rapes are huge in India and the laws are not enforced properly to curb this.

Table 2: Crimes against women committed in India

Crime type	No. of victims in 2020	No. of victims in 2019	No. of victims in 2018
Rape	28153	32260	33997
Gang Rape with murder	226	286	296
Attempt to commit rape	3820	4038	4157

Source- *NCRB Report 2020*

The disturbing fact is the number of girl victims (below 18 years) was 2655. Our various initiatives are inefficient to stop the rape of little girls. "Several Women's group have revealed that sexual violence against children is one of the most unreported crimes in India" (UNFPA,2004:17). This is something serious. Various studies indicate majority sexual assault cases happens within family and relations. Most of the people

hesitate to register a case against the culprit in fear of losing family prestige. Sometimes victims also triyes to hide incident fearing shame and embarrassment. These things encourage these types of crimes. Women face sexual harassment in their workplace both in public and private sector. Sexual harassment in work place constitutes a serious violation of fundamental rights to life, liberty equality, freedom and non-discrimination of women.

Dowry death, Acid attack and Cyber Crimes

India is not yet free from the clutches of traditional wrongdoers. Dowry system is prevalent even today which polluted the marriage system. Dowry is a social evil and the government has taken many initiatives to get rid of this problem. The Government of India has come up with many laws and reforms such as Dowry Prohibition Act, 1961. Many NGOs are working to arouse awareness about the ill effects of Dowry system. Still, women are going through exploitations ranging from emotional abuse to injury and even deaths. According to NCRB Report, the number of Dowry death victims was 7045 in 2020 which was 7162 in 2019. This is really shameful that in the 21st century modern world women are still struggling with such illegal and unethical issues.

Acid attack and cybercrimes are the new challenges for women. Acid attack is a heinous crime against women. This attack makes their life so miserable and painful if they survive. Acid attack not only disfigures and causes disability but also affects their psychology and social and economic activities.

Table 3: Acid Attacks on Women in India, 2016-2020

Year	No. of Cases Reported	No. of Victims
2016	206	225
2017	148	148
2018	131	136
2019	150	156
2020	105	109

Source- *NCRB Report 2020*

Survivors suffer severe psychological trauma, depression, insomnia, anxiety and low feeling to face the world. They become subject of pity, scares and mockery. They become dependent both physically and economically.

Despite being educated and professionally competent, an uncountable number of women get trapped to be victim of tortures, harassment and crimes committed Using computers, mobile phones, communication and network systems. Due to growth in innovations and technology and increasing use of internet, social media sites, perpetrators use these to conduct crime against women. They use cyber platforms for cyber harassment, stalking, threatening, extortion, sexual exploitation, blackmailing etc. Lack of awareness and technical knowledge sometimes become the cause of cybercrimes. According to NCRB Report, total 2334 women-centric cybercrimes were as reported in 2020 which was 1621 in 2019. The number of victims also increased from 1645 in 2019 to 2399 in 2020. This is only the number of cases which was registered. But there are many cases which are not registered by victims because of shyness and fear to lose family prestige.

Violence against Women in India: Consequences and Remedies

Violence against women has a catastrophic effect on the social, economic, political, and cultural spheres of society. It not only affects the lives of women; it also becomes a serious obstacle in way of development of any nation. Without providing ample freedom, equal status and opportunities and dignity to women, no society can go ahead. Violence creates complex health problems and chronic illnesses like physical injury, mental disorders, sexual and reproductive health issues and dysfunction, anxiety, depression, suicidal tendency, and sometimes disability. Violence leads to psychological sickness, loss of confidence, a feeling of helplessness, guilt and shame. Violence against women not only affects their physical and mental health, it also has a serious impact on social and economic condition of women. It obstructs social participation and restricts them to move or act freely.

Survivors need medication and psychological support and counselling for their betterment. On the other hand, there is a need to have family rehabilitation to enable the family to accept and support the survivor. There are many organizations are working for women victims. In India NGOs like Guria India works to provide legal aid, Action Aid India works to give shelter, legal and medical help, Majlis Manch team works to deliver socio-legal support to victims. Sayodhya Home for Women in Need, Sikshan Ane Samaj Kalyan Kendra, International Foundation for Crime Prevention and Victim Care, Prerana, The Prajnya Trust etc. are also other active NGOs working in this field (The Deshbandhu Express, 2020).

The Protection of Women from Domestic Violence Act of 2005, the Dowry Prohibition Act of 1996, the Prevention, Prohibition and Redress of Sexual Harassment of Women at Workplace Act of 2013, and other laws that are specifically designed to reduce violence against women and to give them a safe and secure environment are all implemented and administered by the Ministry of Women and Child Development. Though there are several laws existing to protect women rights and

dignity, still the increasing number of incidents is proving that their vulnerability and insecurities in our country. This is the time for introspection and analysis to find out the lacuna in our legal system which fails to secure life and justice to women. At the same time, the implementation of new policies and programs to strengthen the economic status of women would be helpful to upgrade their position in the family as well as society. To make every office, educational institutions and organised working place women-friendly, some gender sensitisation and orientation programmes should be organised. Every child should learn to respect women within his family and educational institution. Through strict policy implementation, raising awareness among youths, sensitizing people about women's rights as well as human rights, the risk of violence can be eradicated from society. This is not only the responsibility of government bodies or NGOs to work for preventing violence against women, but every family and individual must be aware of their duties to become the change-makers in community level. Together we can make this world better for women.

References

1. Declaration on the Elimination of Violence against Women- *UN Document: Gathering a body of global agreements A/RES/48/104*, Accessed on 24.04.2022.

2. *https://thedeshbandhuexpress.wordpress.com/2020/03/22/10-organizations-providing-free-help-to-fight-domestic-violence/* Accessed on 21.03.2023.

3. https://www.giveindia.org/blog/10-ngos-for-women-you-should-support-for-women-rights/ Accessed on 23.04.2022.

4. Kumar, Vidhik. (2021). "Acid Attacks in India: A Socio-Legal Report". *Dignity: A Journal of Analysis of Exploitation and Violence,* 1(6).

5. National Crime Records Bureau (2016), *Crime in India,* New Delhi: Ministry of Home Affairs.

6. National Crime Records Bureau (2017), *Crime in India,* New Delhi: Ministry of Home Affairs.

7. National Crime Records Bureau (2018), *Crime in India,* New Delhi: Ministry of Home Affairs.

8. National Crime Records Bureau (2019), *Crime in India,* New Delhi: Ministry of Home Affairs.

9. National Crime Records Bureau (2020), *Crime in India,* New Delhi: Ministry of Home Affairs.

10. Sharma, Suresh. (2012). "Influence of Domestic Violence on Women Health and Child Nutrition in India: Evidences from NFHS-3 Data" published in *Health, Environment and Sustainable Development* (ed.) by N Audinarayana, U.V. Somayajulu, K.E. Vaidyanathan and C.P. Prakasam, New Delhi: Serials Publications.

11. Tripathy, Swarnamayee. (2017). "Governance in India and the Question of Women's Rights and Violence" in *Public Administration Review*, Bhubaneswar: P.G Department of Public Administration.

12. Violence against Women in India (2004). *UNFPA India: International Centre for Research on Women.*

Tele Medicine: Health Care Facility through E-Governance in Odisha

Samapika Nayak and Prof. Padmalaya Mahapatra

Abstract

India is a vast country with more than 1.15 billion people occupying an area of 3 million sq. km. It consists of 29 states and 6 Union Territories governed by a federal system. Government-supported healthcare delivery follows a three-tier system and is the primary responsibility of each state. It has been observed that in most developing countries like India, there is a great deal of disparity in quality and access to healthcare between urban and rural regions, and that needs specific healthcare support services. Due to shortages of medical experts, hospitals coupled with geographic isolation and lack of opportunities for these experts, the few available medical experts are often reluctant to serve in such rural areas with lesser opportunities and advantages. As a result of this, people living in these rural and remote areas have limited access to basic healthcare services and consequently receive lower quality healthcare services, compared to those living in urban areas where the best-equipped hospitals with medical experts are available. This gap can be bridged through telemedicine technology. Telemedicine is an application of information technology related to patient health care, treatment, education, research, administration, and public health. It forms a potential bridge between the patient and doctor which ages a century with good development in its growth. Telemedicine also helps in the maintenance of electronic health records, remote monitoring of cases, recording and reporting of adverse drug reactions, and continued medical education programs and training programs to health care providers. Telemedicine can be practiced by store and forward method, interactive services, remote monitoring, and tele-pharmacy practices with the help of the internet. Both government and private sector have been actively participating in telehealth programmes. India is starting to make strides in the fields of telemedicine and e-Health. The telemedicine market has witnessed spectacular growth during the last two years mainly because of timely convergence in the areas of Information technology, Communication & Healthcare along with the launching of central e-health schemes including telemedicine by the Ministry of Health & Family Welfare.

Keywords: *e-governance, Telemedicine, e-Health.*

Introduction

Telemedicine is a rapidly developing area in telecommunication technology to provide medical information and services. There is a swift advancement of Information Technology and the growth of medical services. Because of these developments, there is a lot of ongoing research to develop these tools. These tools will be useful in operating monitoring systems and robots for services such as medical interventions, health care, etc. The entire credit of the Telemedicine system is owed to the tremendous advancements in technology and communication system, which is otherwise known as e-system and is a part of e-governance.

The term e-governance came into existence with the advent of government websites in the late 1990s. The "e" in e-governance stands for "electronic" i.e., electronic governance and the electronic denotes the use of technology in the system of governance. It is the application of Information and Communication Technology (ICT) for assisting the government in the efficient and meaningful delivery of government services[1].

E-governance provides a sound strategy to strengthen overall governance. It has ushered in transparency in the governing process; saving time due to the provision of services through a single window; reducing corruption, convenience, and empowerment. E-governance also provides a mechanism for the direct delivery of public services to the marginal segments of society in the remotest corners, without having to deal with intermediaries. The use of the internet not only delivers services faster but also brings more transparency between the government and the citizens.

According to Dr. A.P.J. Abdul Kalam, the former president of our country "A transparent smart e-governance with seamless access, secure and authentic flow of information crossing the interdepartmental barrier and providing a fair and unbiased service to the citizens" i.e., visualized meaning of e-Governance in the Indian context.

E-governance also means e-democracy where all forms of communication between the electorate and the electoral happen electronically or digitally. The last decade has seen a massive explosion of Information and Communications Technology (ICT) all over the world. India is also gearing up for an era of digitalization. It intends to nurture digital ecosystems across all sectors including health, education, agriculture, resources, financial services etc[2].

Pillars of e-governance

E-governance is a holistic initiative with four key pillars: people, technology, process, and resources (Ministry of Electronics & Information Technology, Government of India 2015b)[3].

Objectives of e-Governance

The objectives of e-Governance are:

♦ To exchange information with citizens, businesses, or other government departments.

♦ To provide efficient delivery of public services.

♦ To enhance internal efficiency of the government system.

♦ To reduce cost/increase the revenue.

♦ To re-structure the administrative processes and improve quality of services

The following years have witnessed a massive number of e-governance initiatives which comprise computerization, tele-connectivity, and internet connectivity, both at the state and central levels. There are four types of government interactions in e-governance. These are Government to Government (G2G), Government to Citizen (G2C), Government to Business (G2B) and Government to Employee (G2E) respectively. The maximum number of initiatives have been taken for G2C communication projects. Some of them are computerization of land records, birth and death certificate, e-Mitra project in Rajasthan, e-Seva in Andhra Pradesh, e-PDS and telemedicine in Odisha and Common Entrance Test (CET) etc.

The Indian government is currently trying to push m-government in order to complement its e-governance. M-governance is an instrument to make e-governance a success. M-governance is the method to improve government services and information anytime and anywhere by using a mobile phone or gadgets like tablets and laptops. Although for mobile applications, the ICT must have good infrastructure and work processes. M-governance improves the productivity of public services. Also, it helps in the efficient delivery of government information and services. The lower costs of m-governance will eventually lead to higher participation of people. Mobile Seva is the recent initiative to promote m-governance. The project, "Mobile Seva" has

won the second prize at the prestigious United Nations' Public Services Awards in the category "Promoting Whole of Government Approaches in the Information Age" for Asia Pacific.

E-governance initiative in health care: -

Health care is the effort made to maintain or restore physical, mental, or emotional well-being. It is the maintenance or improvement of health via prevention, diagnosis, treatment, recovery, or cure of disease, illness, injury, and other physical and mental impairments in people[4]. Health care can be divided into a number of different branches. Conventionally, these include:

1. **Hospital care:** Hospitals can be distinguished as acute and long-stay care. Acute care covers the full range of medical specialties, whereas, long stay care is principally used for psychiatric care and continuing nursing care. The current trend is for long stay to be minimised and for acute hospitals to offer a full range of care.

2. **Primary care:** Primary care refers to the basic medical treatment and non-hospital care, including general or family practitioners, professions ancillary to medicine (including dentistry, optics, and pharmacy) and domiciliary health care (home nursing, occupational therapy, etc.). In some countries, the preferred distinction falls between hospital and 'ambulatory' care. Ambulatory care includes primary care and most day care in hospital.

3. **Public health:** This field includes not only preventive medicine (e.g., screening, inoculation, or health education) but also several areas not necessarily linked to conventional health services; including housing, water supplies, sewerage, and food hygiene.

The idea of introducing electronic communication in the health sector was first supported by the National Health Policy, which was approved by the Parliament of India in the year 1983 and later updated in the year 2002. The National Health Policy 2017 further emphasized the role of digital technology in the delivery of healthcare services (Ministry of Health and Family Welfare, Government of India 2017). The policy recommended the use of "Aadhaar" as a unique identification number for the beneficiaries, use of smartphones and National Optical Fibre Network for building the National Health Information Architecture.

In the year 2015, the MoHFW, GoI proposed setting up the National E-Health Authority (NeHA) with the vision to make use of information and communication technologies (ICT) in the delivery of high-quality health care services to the citizens of India (Ministry of Health & Family Welfare, Government of India 2017a). MoHFW has started numerous e-Governance initiatives in health care sector in India under the division called eHealth division[5].

Once Hon'ble PM of India, Sri Narendra Modi said that e-government can be a great problem solver for the people of India. "E-governance can bring minimum government and maximum governance." Modi said, "Through the use of social media we must ensure that the citizens are involved in governance. E-governance is easy, effective, and economic addressing IT."

"E-governance has to be citizen-friendly. Delivery of services to the citizens is considered a primary function of the government. In a democratic nation of over one billion people like India, e- Governance should enable seamless access to information and seamless flow of information across the state and central government in the federal set up. No country has so far implemented an e-Governance system for one billion people. It is a big challenge before us" -Dr APJ Abdul Kalam, Former President of India.

Information & Communication Technology (ICT) can improve the delivery of healthcare services and management of the public health system. MoHFW is therefore promoting eHealth or Digital Health i.e., use of Information & Communication Technology in the direction of "reaching services to citizens" and "citizen empowerment through information dissemination" to bring about significant improvements in the public healthcare delivery. To improve the efficiency of health care delivery, extend health care to rural areas and provide better quality at low cost, certain e-Health initiatives using ICT were undertaken by MOHFW across the country. The purpose of such initiatives is to:

- ♦ Ensure availability of services on wider scale,
- ♦ Provide health care services in remote & inaccessible areas through telemedicine,
- ♦ Address the health human resource gap by efficient & optimum utilization of the existing human resource,
- ♦ Improve patient safety by access to medical records & reducing healthcare cost,
- ♦ Monitor geographically dispersed tasks & effective MIS for meaningful field-level interactions,
- ♦ Help in evidence-based planning & decision making,
- ♦ Improve efficiency in imparting training & capacity building.

The broad activities covered under e-governance for health care services are as below:
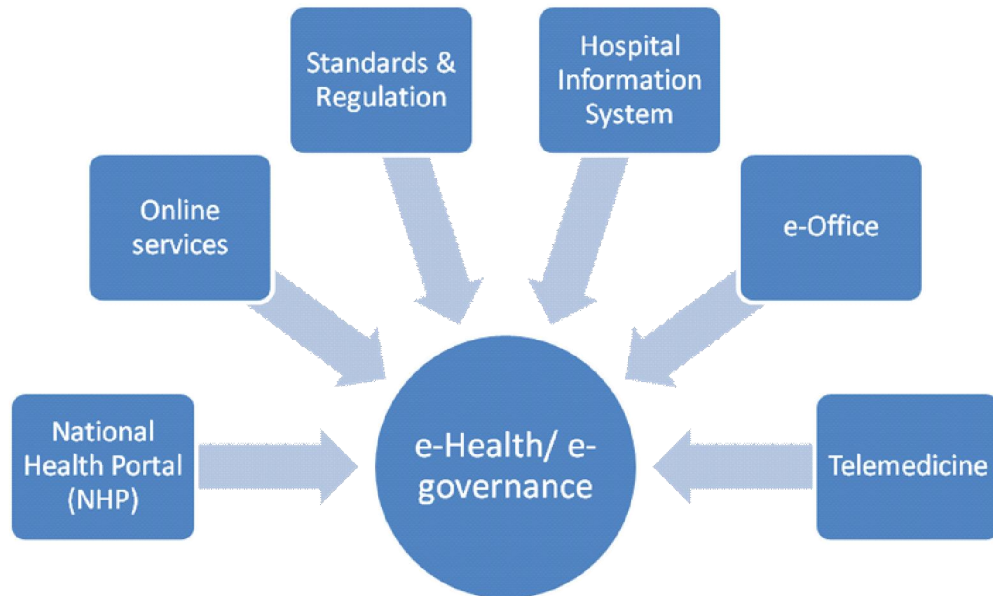
Given the integral role of technology in the healthcare delivery, National Health Policy, 2017 envisaged extensive deployment of digital tools for improving the efficiency and outcome of the healthcare system. In addition, the policy intends to strengthen the health surveillance system and to establish country-wide health information exchange network by 2025. MoHFW has taken various initiatives in 2018-19 towards its aim of implementing e-Health in an integrated manner across central and state levels. These activities/tasks are highlighted as below:

Tele Medicine

The recent pandemic has completely changed our habits. With social distancing being the new norm, we are figuring out alternatives to make things work. Remote collaboration, online fitness classes, online classrooms, etc. have been possible because of the role of technology.

The COVID-19 pandemic has put a great deal of pressure on the healthcare system in the country. With learnings from other countries, that hospitals and clinics have the potential to become super spreader sites, the healthcare system that relied on doctors and patients meeting face to face came to a crashing halt. Telemedicine, (aka telehealth) has become the need of the hour. For those who are unaware, it is the usage of technology to provide remote healthcare services. The entire process of diagnosis and treatment happens primarily using audio, video and/or texting.

The literal meaning of Telemedicine is ¬healing from distance. Telemedicine is the use of electronic information to communicate using technologies to provide and support healthcare when distance separates the participants.

The World Health Organization (WHO) defines Telemedicine as, "The delivery of healthcare services, where distance is a critical factor, by all healthcare professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation and for the continuing education of healthcare providers, all in the interests of advancing the health of individuals and their communities."[6] (Figure-1)

A link between telemedicine and technology
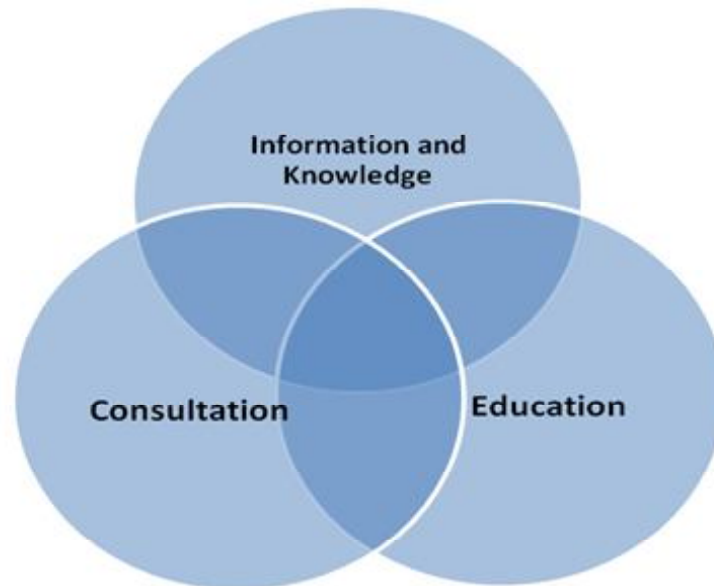
"*Tele*" is a Greek word meaning "distance "and "*mederi*" is a Latin word meaning "to heal". Time magazine called telemedicine "healing by wire". Although initially considered "futuristic" and "experimental," telemedicine is a reality today which has come to stay. Telemedicine has a variety of applications in patient care, education, research, administration, and public health. Worldwide, people living in rural and remote areas struggle to access timely, good-quality specialty medical care. Residents of these areas often have substandard access to specialty healthcare, primarily because the specialist physicians are more likely to be located in the areas of concentrated urban population. Telemedicine has the potential to bridge this distance and facilitate healthcare in these remote areas[7].

Telemedicine is an umbrella term that encompasses any medical activity involving an element of distance. In its commonly understood sense, in which a doctor-patient interaction involves telecommunication, it goes back at least to the use of ship-to-shore radio for giving medical advice to the sea captains. A few years ago, the term telemedicine began to be supplanted by the term telehealth, which was thought to be more "politically correct," but in the past year or so, this too has been overtaken by even more fashionable terms such as online health and e-health[8]. The implementation of telemedicine in routine health services is being impeded by the lack of scientific evidence for its clinical and cost effectiveness. The British government has stated that, without such evidence, telemedicine will not be widely introduced. Policymakers have been warned against recommending investment in unevaluated technologies. Recent advances in telemedicine can therefore be considered to be shown by studies that have obtained evidence of cost effectiveness[9].

The complete setup for telemedicine comprises of:

- **Telehealth: -** Telehealth is the use of electronic information and telecommunication technologies to support long-distance clinical healthcare, patient and professional health-related education and training, public health, and health administration[10].

- **Telemedicine Consultation Centre (TCC)**: - Telemedicine Consulting Centre is the site where the patient is present. In a Telemedicine Consulting Centre, equipments for scanning/converting, transformation and communicating the patient's medical information are available[11].

- **Telemedicine Specialty Centre (TSC): -** Telemedicine Specialty Centre is a site, where the specialist is present. He can interact with the patient present in the remote site and view his reports and monitor his progress[11].

Telemedicine System:

The Telemedicine system consists of an interface between hardware, software, and a communication channel to eventually bridge two geographical locations to exchange information and enable tele-consultancy between two locations. The hardware consists of a computer, printer, scanner, videoconferencing equipment etc. The software enables the acquisition of patient information (images, reports, films etc.). The communication channel enables the connectivity whereby two locations can connect to each other[12]. The features of Tele Medicine are as follows:

- Easy access to remote areas

- Using telemedicine in peripheral health set-ups can significantly reduce the time and costs of patient transportation

- Monitoring home care and ambulatory monitoring

- Improves communication between health providers separated by distance

- Critical care monitoring where it is not possible to transfer the patient

- Continuing medical education and clinical research

- A tool for public awareness

- A tool for disaster management

- Second opinion and complex interpretations

- The greatest hope for use of telemedicine technology is that it can bring the expertise to medical practices once telecommunication has been established.

- Tele-mentored procedures like surgery using hand robots

- Disease surveillance and program tracking

- It provides an opportunity for standardization and equity in provision of healthcare

The Centre for International Rehabilitation recognizes that telecommunication and telemedicine are important technologies to improve and provide rehabilitation services in remote areas. Telemedicine cannot be the substitute for physicians in rural areas especially in developing countries where resources are scarce and public health problems are in plenty. So, it is unrealistic to think at this stage, of substituting unwilling doctors with this technology. However, it can supplement the current health scenario in a huge way in most countries.

Types of Technology Used in Tele Medicine

Two different kinds of technologies make up the most of the telemedicine applications that are in use today. The first, called store and forward, is used to transfer digital images from one location to another. A digital image is taken using a digital camera, 'stored' and then sent ('forwarded') by a computer to another location. This is typically used for non-emergent situations, when a diagnosis or consultation may be made in the next 24-48 hours and sent back. Teleradiology, telepathology, and tele dermatology are a few examples. The other widely used

technology, the two-way interactive television (IATV), is used when a 'face-to-face' consultation is necessary. The patient and sometimes their provider, or more commonly a nurse, practitioner, or telemedicine coordinator (or any combination of the three), are at the originating site. The specialist is at the referral site, most often at an urban medical center. Videoconferencing equipment at both the locations allow a 'real-time' consultation to take place. Almost all specialties of medicine have been found to be conducive to this kind of consultation including psychiatry, internal medicine, rehabilitation, cardiology, paediatrics, obstetrics, gynaecology and neurology[13]

The telemedicine Centers could be broadly classified as Primary Telemedicine Center (PTC), Secondary Telemedicine Center (STC) and Tertiary Telemedicine Center (TTC). PTCs would be based in Primary Health Centers, STCs in Secondary Medical Centers and TTCs in Tertiary Medical Centers. The Hardware requirements/standards will be referred in the context of the Telemedicine Consulting and Specialist Centres (TCC) and (TSC).

Telecommunication Technologies

The first among the challenging questions arising when planning a telemedicine network is 'What is bandwidth?' Bandwidth is the capacity that determines how quickly bits may be sent down the channels in a telecommunication medium. Bandwidth is proportional to the complexity of the data for a given level of system performance[14]. The following technologies are currently in use:

Integrated Services Digital Network (ISDN): - ISDN is a dial-up (not dedicated but used on a call-by-call basis) digital connection to the telecommunication carrier. An ISDN line can carry information at nearly five times the fastest rate achievable, using analogue modems over POTS (plain old telephone service)[14].

T-1: -This is the backbone of digital service provided to the end user (typically business) in USA today, which transmits voice and data digitally at 1.554 megabits per second (Mbps). It can be used to carry analogue and digital voice, data and video signals and can even be configured for ISDN service[14].

Plain Old Telephone Service (POTS): -POTS transmits data at a rate of up to 56 kilobits per second (Kbps) (Bezar 1995) and is the most widely available telecommunication technology in the world. POTS is suitable for audio conferencing, store-and-forward communication, Internet and low bandwidth videophone conferencing[14].

Internet: -The Internet has a strong impact in delivering certain kinds of care to patients. In a survey of 1,000 Chief Intelligence Officers (CIOs) conducted by Internet Health Care Magazine, 65% said their organization had a Web presence and another 24% had one in development. With the increasing proliferation of e-health sites on

the Web today, many consumers are finding access to online patient scheduling, health education, review of lab work, and even e-mail consultations[14].

Application of Telemedicine in Public Health

An epidemiological Surveillance: -Telemedicine applications for epidemiological surveillance are gradually reaching new heights with the development of technology such as Geographic Information Systems (GISs)[15].

- It can give a new insight into geographical distribution and gradients in disease prevalence and incidence and valuable insight into population health assessment.

- It also provides valuable information about differential populations at risk based on the risk factor profiles.

- It helps in differentiating and delineating the risk factors in the population.

- It also helps in interventional planning, assessment of various interventional strategies and their effectiveness.

- It can play a pivotal role in anticipating epidemics.

- It is an essential tool in real-time monitoring of diseases, locally and globally.

- GIS provides the basic architecture and analytical tools to perform spatial-temporal modelling of climate, environment, and disease transmission helpful in understanding the spread of vector-borne diseases. Remote sensing techniques have been recently being used in this regard.

- A GIS-based method for acquiring, retrieving, analysing, and managing data differs from the traditional modes of disease surveillance and reporting. It facilitates aggregation and integration of disparate data from diverse sources so that it can guide the formulation of public health programs and policy decisions.

Interactive health communication and disease prevention: -Information technology and telemedicine can be used to inform, influence, and motivate individuals and population organizations on health, health-related issues, and adoption of healthy lifestyles. The various approaches and applications can advance and support primary, secondary and tertiary health promotion, and disease prevention agendas15.

- It can relay information to individuals as well as to the population as a whole. It can provide an easy access to those living in the remote areas.

- It enables informed decision-making. It also simplifies the health decision-making process/or communication between healthcare providers and individuals regarding prevention, diagnosis, or management of a health condition. As a result, the users are exposed to a broader choice base.

- It can go a long way to promote and maintain healthy behaviours in the community.

- It can also help in peer information exchange and emotional support. Examples include online Internet applications that enable individuals with specific health conditions, needs or issues to communicate with each other, share information and provide/receive emotional support.

- It promotes self-care and domiciliary care practices. Many living in the remote areas can be benefited by self-management of health problems which will supplement existing health care services.

- It can be a very important tool for the evaluation and monitoring of healthcare services.

Telemedicine in India

Looking at the severity of the situation during the COVID-19 pandemic, the Indian government had launched guidelines for telemedicine solutions on March 25, 2020. Previously, telemedicine operations were governed by several statutory guidelines in India.

Commenting on the recent telemedicine guidelines by the Indian government, Ayush Mishra, Founder and CEO of Tattvan E-Clinics added, "Telemedicine is a sector that bridges the healthcare gap between rural India and urban India. In rural India, where the access to medical facilities, specialists' opinion and advance healthcare amenities are limited, telemedicine acts as a healthcare provider bringing access to the specialist doctors to these areas."

While India's healthcare sector is one of the largest and fastest-growing in the world, the number of doctors per people ratio is still quite low. Currently, it is at one doctor per 1457 citizens, which is way behind the WHO's recommendation of one doctor for 1000 people number. But the problem does not end there. More than 70% of India's population live in rural areas with limited to no access to healthcare services.

The Public Health Foundation of India estimated that about 55 million Indians were pushed into poverty in 2017 for having to fund their healthcare and 38 million of them fell below the poverty line due to spending on medical expenses alone.

With telemedicine, this problem can be solved to a great extent. With increasing internet penetration and smartphone popularity, the path for telemedicine has already been paved. It is extremely valuable in India's smaller towns and rural areas where there is a severe shortfall of doctors. For the rest, it removes additional barriers and provides them with the flexibility of accessing healthcare services right from home.

In Utopia, every citizen may have immediate access to the appropriate specialist for medical consultation. In the real world however, this cannot even be a dream. It is a fact of life that "All Men are equal, but some are more equal than others." We in India are, at present, unable to provide even the total primary medical care in the rural areas. Secondary and tertiary medical care are not uniformly available even in the suburban and urban areas. Incentives to entice specialists to practice even in suburban areas have failed16. In contrast to the bleak scenario in healthcare, computer literacy is developing quickly in India. Healthcare providers are now looking at Telemedicine as their newly found Avatar. Theoretically, it is far easier to set up an excellent telecommunication infrastructure in suburban and rural India than to place hundreds of medical specialists in these places. We have realized that the future of telecommunication lies in satellite-based technology and fibre optic cables[16].

In the beginning, the Apollo group of hospitals was a pioneer in starting a pilot project at a secondary level hospital in a village called Aragonda, 16 km from Chitoor (population 5000, Aragonda project) in Andhra Pradesh. Starting from simple web cameras and ISDN telephone lines, today the village hospital has a state-of-the-art videoconferencing system and a VSAT (Very Small Aperture Terminal) satellite installed by ISRO (Indian Space Research Organisation). Coupled with this, was the Sriharikota Space Center project (130 km from Chennai) which formed an important launch pad of the Indian Space Research Organisation in this field.[2]

In India, telemedicine programs are actively supported by:

- Department of Information Technology (DIT)
- Indian Space Research Organization
- NEC Telemedicine program for North-Eastern states
- Apollo Hospitals
- Asia Heart Foundation
- State governments
- Telemedicine technology also supported by some other private organizations (13)

DIT as a facilitator with the long-term objective of effective utilization / incorporation of Information Technology (IT) in all major sectors, has taken the following leads in Telemedicine:

- Development of Technology

- Initiation of pilot schemes-Selected Specialty, e.g., Oncology, Tropical Diseases and General telemedicine system covering all specialties

- Standardization

- Framework for building IT Infrastructure in health

The telemedicine software system has also been developed by the Centre for Development of Advanced Computing, C-DAC which supports Tele-Cardiology, Tele-Radiology and Tele-Pathology etc. It uses ISDN, VSAT and POTS and is used to connect the three premier Medical Institutes of the country viz. All India Institute of Medical Sciences (AIIMS), New Delhi, Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGIMS), Lucknow and Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh. Now, it is being connected to include Medical centres in Rohtak, Shimla and Cuttack. The telemedicine system has been installed in the School of Tropical Medicine (STM), Kolkata and two District Hospitals. In West Bengal, two hospitals where telemedicine centres have been established are the First Coronary Care Unit inaugurated in Siliguri District Hospital, Siliguri, West Bengal on 24 June 2001 and Bankura Sammilani Hospital, Bankura, West Bengal inaugurated on 21 July, 2001. Apart from the project at STM, the Second Telemedicine Project has been implemented by Webel ECS at two Referral Centres, namely, Nil Ratan Sircar Medical College and Hospital (NRS MC and H), Kolkata and Burdwan MC and H, Burdwan and four Nodal Centres including Midnapore (W) District Hospital, Behrampur District Hospital, Suri District Hospital, and Purulia District Hospital. The Project uses a 512 Kbps leased line and West Bengal State Wide Area Network (WBSWAN) (2 Mbps fiber optic link) as the backbone[17].

In the past three years, ISRO's telemedicine network has expanded to connect 45 remote and rural hospitals and 15 super specialty hospitals. The remote / rural nodes include the offshore islands of Andaman and Nicobar and Lakshadweep, the mountainous and hilly regions of Jammu and Kashmir including Kargil and Leh, Medical College hospitals in Orissa and some of the rural/district hospitals in the mainland states[17].

The Telemedicine project is a "Non-Profitable" project sponsored by Rabindranath Tagore International Institute of Cardiac Sciences (RTIICS) Calcutta, Narayana Hrudayalaya (NH) Bangalore, Hewlett Packard, Indian Space Research Organisation (ISRO) and the state governments of the seven North Eastern states of India. The

Rabindranath Institute at Kolkata and Narayana Hrudayalaya at Bangalore will be the main Telemedicine linking hubs for the seven states. The specialists at both the institutions will offer their services for this project entirely free. A 100 bedded hospital will be identified in each of these seven states and the hospitals will be selected based on distance from the state capital and the lack of a coronary care unit.

In the past two years, the pilot project on Telemedicine in Karnataka has already provided more than 10,000 teleconsultations. In the operational phase, the Karnataka Telemedicine Project is expected to bring multi-specialty healthcare to a significant section of the rural population of Karnataka. This network would serve as a model for the utilization of 'HEALTHSAT,' which is proposed to be launched in the future.
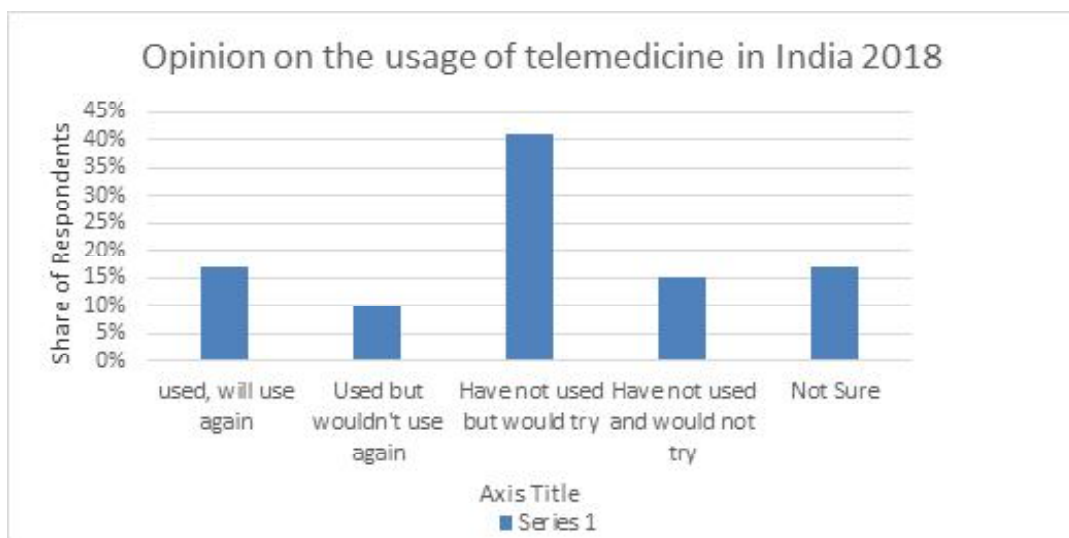
Source-*Statista 2020*

Tele medicine in Odisha

Telemedicine activities were initiated in Odisha in 2001 with support from the Department of Information Technology, Govt. of India and Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow. Subsequently, in the same year ISRO/Dept. of Space, Govt. of India came forward with an offer to establish a telemedicine network in Odisha. Govt. of Odisha accepted the offer from ISRO and provided the necessary infrastructure and human power support. The establishment of the Odisha Telemedicine network was decided to be completed in a phased manner. At present, all 30 districts of Odisha are connected to 3 Govt. Medical colleges and hospitals of the state and the State Institute of Health & Family Welfare situated in Bhubaneswar. The Odisha state-wide telemedicine network is functioning well with total funding from the Govt. of Odisha[18].

Implementation Process of Tele Medicine in Odisha

Phase I: -Odisha Telemedicine Network was established in 2003 that connected all three Government Medical colleges of Odisha (located in the three districts of Ganjam, Sambalpur, and Cuttack) to Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGIMS), Lucknow through Satellite-based VSAT connectivity. The hardware and software were provided by ISRO along with bandwidth free of cost. The network was formally inaugurated by the Hon'ble Chief Minister of Odisha on 13 October 2003 at Cuttack.

Department of Information and Technology, Ministry of Communications & Information Technology, Govt. of India, on the suggestions of SGPGIMS, Lucknow in 2004, agreed to include SCB Medical College, Cuttack in another Telemedicine Project that linked all the three premier medical institutes i.e. AIIMS, New Delhi, PGIMER, Chandigarh, and SGPGIMS, Lucknow. SCB Medical College received an excellent set of Telemedicine equipment under this project in 2005. The network worked on ISDN connectivity with Sanjeevani and Mercury telemedicine software, developed and installed by C-DAC (Center for Development of Advanced Computing), Mohali (Chandigarh) and Pune respectively. For project maintenance and upgradation of the Sanjeevani software by adding additional modules of Nephrology and Dermatology, the project period was extended in 2007 for another 3 years. During this period, the implementing agency i.e., C-DAC, Mohali provided VPN (Virtual Private Network) connectivity for better data and picture transfer[19].

As phase-II implementation of Odisha Telemedicine Network in 2007, with similar support from ISRO, the network expanded further to include the district Headquarters' hospitals of Koraput, Bhawanipatna, Baripada, Rayagada, Sundergarh, along with the Capital Hospital at Bhubaneswar. After a trial period of six months the expanded network was officially inaugurated by Commissioner-cum-Secretary, Dept. of Health & Family Welfare on 12 May 2008. This enabled extension of specialty and super specialty medical care to these districts from SCB Medical College & Hospital, Cuttack.

The third phase of the Odisha Telemedicine Network was launched on 25 November 2011. All the rest 21 district Headquarter Hospitals viz; Balasore, Bhadrak, Jajpur, Kendrapara, Jagatsinghpur, Puri, Dhenkanal, Keonjhar, Deogarh, Jharsuguda, Baragarh, Sonepur, Bolangir, Boudh, Angul, Nayagarh, Kandhamal, Nuapada, Gajapati, Malkangiri, Nabarangpur and Rourkela Government Hospital, Rourkela (total 22 nodes) were provided with telemedicine facility and connected to different Medical College nodes depending on flow pattern of patients and other local factors. The primary communication infrastructure used was MPLS-VPN/VPNoBB connectivity provided by BSNL, Odisha. Each Remote Telemedicine Center (RTC) has been provided with reliable connectivity with upload & download speeds up to 1 Mbps

and each Telemedicine Referral Center (TRC) has been provided stable/reliable connectivity with upload & download speeds up to 2 Mbps with unlimited data volume. Center for Development of Advanced Computing (C-DAC), Pune is implementing the project with help of its technical partner DCL Software, Chennai. The project was implemented on a BOT (Build, Operate and Transfer) model with funding from OHSP. The expenditure for implementation of Phase III network was 508.06 lakhs, excluding the connectivity charges which was Rs 38,44,866 in the first year and around 38 lakhs for each subsequent year[19].

As an expansion of Phase III Odisha Telemedicine Network, three more Telemedicine nodes were added. Two were located at district Headquarter Hospital, Sambalpur, and Berhampur City Hospital respectively. The third one was established at State Institute of Health and Family Welfare, Bhubaneswar. For this, the Govt. of Odisha provided Rs 60 lakhs to C-DAC, Pune for meeting the cost of equipment & to operate the nodes for one year from October, 2013. The Odisha government also gave Rs 7,72,947 to BSNL, Bhubaneswar for connectivity charges of one year.

To create a single telemedicine platform for the state of Odisha, it was decided in July 2013 that Phase I, Phase II and Phase III telemedicine networks would be merged together. Accordingly, C-DAC, Pune was entrusted with the responsibility of procurement, installation and commissioning of new telemedicine equipment with software in the 6 nodes of Phase II Odisha Telemedicine Network viz., DHH Mayurbhanja, Sundergarh, Kalahandi, Koraput, Rayagada & Capital Hospital, Bhubaneswar at a negotiated cost of Rs 60 lakhs. BSNL, Odisha Circle Bhubaneswar was paid an amount of Rs 6,02,480 towards connectivity charges for these six nodes for one year from the date of commissioning. The work was completed in November 2014 and the newly created single telemedicine platform started functioning from 12 November 2014[20].

Govt. of Odisha approved "Telemedicine" as a new scheme during the FY 2015-2016. Annual budgetary provision of approx. 300 lakh rupees was made towards telemedicine services in the state. Grant-in-aid project proposal titled "Setting up of e-ICU Extension and Operation of Odisha Telemedicine Network (Phase-III)" submitted by C-DAC, Pune jointly with DCL Software, Chennai was accorded administrative approval by Govt. of Odisha vide Odisha Govt. order No.16033/H dated July 23, 2015. A Telemedicine Resource Centre was created at SCB Medical College & Hospital, Cuttack in 2016 to centrally monitor the entire state-wide telemedicine network. The centre was renamed later as State Digital Health Resource Centre[20].

An e-ICU network was established in Odisha connecting ICUs located in District Headquarters' hospitals of Koraput, Malkangiri, Nabarangpur, Nuapada, Balasore, Mayurbhanj, Kalahandi, Bolangir, Puri and Capital Hospital, Bhubaneswar to the Medical College Hospital ICUs of SCB MCH, Cuttack, MKCG MCH, Berhampur and

VIMSAR, Burla for ICU Tele care and remote training of ICU staff. This work was undertaken by C-DAC, Pune along with its implementation partner DCL Software, Chennai. It started functioning from 2018. Two more specialty-end telemedicine nodes were established at Regional Cancer Centre (RCC), Cuttack and SVP PG Institute of Paediatrics, Cuttack in 2018.

At present, there are a total of 36 telemedicine nodes functioning in Odisha (30 nodes located in 30 districts and 6 nodes located at SCB MCH Cuttack, MKCG MCH Berhampur, VIMSAR Burla, Acharya Harihar Post Graduate Institute of Cancer at Cuttack, SVP PG Institute of Paediatrics, Cuttack and State Institute of Health & Family Welfare situated at Bhubaneswar[20].

C-DAC, Pune along with its implementation partner DCL Software, Chennai is looking after the operation of the telemedicine network with AMC support of telemedicine equipment at all 36 telemedicine nodes year after year. In 2019, it was decided to replace the non-serviceable telemedicine equipment in a phase-wise manner on the basis of recommendation of a technical committee constituted by the Department of Health & FW, Govt. of Odisha[21].

Bandwidth of all district-level telemedicine nodes was upgraded from 512 Kbps VPNoBB to 2 Mbps MPLS-VPN by BSNL(O), Bhubaneswar in 2019 for improving video and picture quality.

Benefits

The network is being effectively used for benefit of patients, health professionals, paramedical workers, nurses, and medical students[20].

I.   **Benefit to Patients**: The total number of tele-consultations and tele-follow ups till end of May 2017 are **16,556.** Patients suffering from major illnesses have benefited from these services. The type of services availed by the medical professionals of various districts are in the form of seeking second opinion, in planning treatment protocol for diseases like rheumatological problems, complicated malaria, cancer, oral and facio-maxillary diseases, gastrointestinal diseases and head injury etc., modifying drug treatment for various chronic skin diseases, seeking advice to plan operative procedures for difficult surgeries and to seek comments on X-rays, Ultrasound films and CT (Computed Tomography) pictures.

II. **Benefit to Post-Graduate Medical Students:** Tele-medical education has played a significant role in improving the quality of Post Graduate Medical Education in the medical colleges of Odisha. Students by participating in discussions on newer fields of medicine viz. Rheumatology, Radiation Oncology, Neonatology, Genetics, Nuclear Medicine, and Endocrine Surgery etc. have gained knowledge. Some national-level institutions have participated in tele-seminars and tele-

medical video conferences like SGPGIMS, Lucknow, PGIMER, Chandigarh, AIIMS, New Delhi, CMC, Vellore, Amrita Institute of Medical Sciences, Kochi, SRMC, Chennai, Regional Medical College, Imphal, Trivandrum Medical College, Trivandrum and G B Pant Hospital, New Delhi.

III. Benefit to Medical Professionals, Nurses, and Lab. Technicians: The facility has proved extremely useful in updating the knowledge of medical professionals in the District Headquarter hospitals and medical college teachers. Some of the teaching programs transmitted live from SGPGIMS, Lucknow, were Live Demonstration of Minimally Invasive Operative Procedures in Endocrine Surgery, CME (Continuing Medical Education) in Breast Diseases and Diabetic Foot, Scientific Program of National seminars in Paediatrics and Microbiology. The State Institute of Health & Family Welfare, Bhubaneswar, till the end of May 2017, has conducted a total number of **490** training courses for the benefit of medical professionals and para-medical staff of different districts. Regular skill promotion courses are organized for nursing students. The skill classes are being conducted by the Nursing College of SGPGIMS, Lucknow. Distance Education is offered from SGPGIMS, Lucknow to laboratory technician trainees of Odisha. It is hoped that the new medical technology will provide a platform to upgrade the existing health care delivery system in the state of Odisha.

Challenges

a) **Perspective of medical practitioners:** Doctors are not fully convinced about and familiar with e-medicine.

b) **Patients' fear and unfamiliarity:** There is a lack of confidence in patients about the outcome of e-Medicine.

c) **Financial unavailability:** The technology and communication costs being too high, sometimes make Telemedicine financially unfeasible.

d) **Lack of basic amenities:** In India, nearly 40% of population lives below the poverty level. Basic amenities like transportation, electricity, telecommunication, safe drinking water, primary health services, etc. are unavailable. No technological advancement can change anything when a person has nothing to change.

e) **Literacy rate and diversity in languages:** Only 65.38% of India's population is literate with only 2% being well-versed in English.

f) **Technical constraints:** e-medicine supported by various types of software and hardware still needs to mature. For correct diagnosis and pacing up of data, we require advanced biological sensors and more bandwidth support.

g) **Quality aspect:** "Quality is the essence" and every one wants it but this can sometimes create problems. In case of healthcare, there is no proper governing body to form guidelines in this respect and motivate the organizations to follow. It is solely left to the organizations on how they take it.

h) **Government Support:** The government has limitations and, so do private enterprises. Any technology in its primary stage needs care and support. Only the government has the resources and the power to help it survive and grow. There is no such initiative taken by the government to develop it.

Conclusion

From the above discussion it should be clear that Health for all is an ideal which is difficult to achieve in its totality. No political or administrative system can ever be perfect, however nearer it might be towards perfection. Reform in the existing system is the demand of the day and e-governance is the tool that can help to achieve the objectives of Health for all through proper implementation of the need-based health policies.

Although, there was the existence of different health care policies and programmes when nobody was talking about e-governance in health sector. At that time also, there was accountability, transparency, efficiency, citizen-centric and effectiveness of policies related to health care but, after the fruitful implementation of the e-governance, its value has increased manifolds. Even if e-governance has not blossomed to its full size, yet it is still adding charm to people's life and contributing enormously for the social, political, and economic growth of the country. As telecommunication technology has advanced and the costs have declined over the past decade, there has been a steady growth in telemedicine. Much of this growth, however, has been in the form of feasibility studies and pilot trials. As a result, there is little convincing evidence of the cost effectiveness of many applications, apart from teleradiology (box). This paper reviews the recent evidences and describes the clinical applications where there is early evidence that telemedicine is not only of clinical benefit but is cost effective too. The telemedicine system when adapted more vogorously would help in better health care delivery to the remotest places in rural set-ups to save lives, time, and cost of the suffering. Perhaps the slogan "Health for all by 2000" which was forgotten towards the end of last century, can still be achieved towards the end of this decade by making the telemedicine revolution happen in India.

References

1. Fadia&Fadia, Public Administration, Sahitya Bhawan, Agra, 2011, page 849-868.

2. Centre for Development of Advanced Computing (C-DAC). 2019. "Personal Health Record Management system" 2019 .

3. https://www.cdac.in/index.aspx?id=hi mhs product myhealthrecords.

4.   Drishti The Vision Foundation. 2019. "E-Governance." 2019. https://www.drishtiias.com/to-the-points/Paper2/e-governance-1.

5.   Ministry of Communications, Government of India. 2012. "National Policy on Information Technology." 2012. https://pib.gov.in/newsite/Print Release.aspx?relid=87875.

6.   Brown N. A brief history of telemedicine. Telemedicine Information Exchange. 1995;105:833–5. [Google Scholar].

7.   Watson DS. Telemedicine. Med J Aust. 1989;151:62–66. 8,71. [PubMed] [Google Scholar]

8.   Ganapathy K. Neurosurgeon, Apollo Hospitals, Chennai, Telemedicine in India-the Apollo experience, Neurosurgery on the Web. 2001.

9.   Brown N. Telemedicine coming of age. TIE. 1996 Sep 28; [Google Scholar].

10.   Allen A, Allen D. Telemedicine programs: 2nd annual review reveals doubling of programs in a year. Telemedicine Today. 1995;3(1):10–4. [Google Scholar]

11.   Report of the Technical Working Group on Telemedicine Standardization, Technical working group for Telemedicine Standardization Department of Information Technology (DIT), Ministry of Communications and Information Technology (MCIT), May 2003.

12.   Balas EA, Jaffery F, Pinciroli F. Patient care from a distance: Analysis of evidence. Annu Meet IntSocTechnol Assess Health Care. 1996;12:17. [Google Scholar].

13.   Bedi BS. Telemedicine in India: Initiatives and Perspective, eHealth 2003: Addressing the Digital Divide-17th Oct. 2003.

14.   Wachter GW. Telecommunication, linking providers and patients. Telemedicine Information Exchange. 2000 Jun 30; [Google Scholar].

15.   Kopp S, Schuchman R, Stretcher V, Gueye M, Ledlow J, Philip T, et al. Telemedicine. Telemedicine J E-health. 2002;8:18. [Google Scholar].

16.   Saxena G, Singh JP. E-medicine in India: Hurdles and future prospects, paper presentation at an International seminar organized at The International Institute of Professional Studies. Devi Ahilya University; [Google Scholar]

17.   Ministry of Health and Family Welfare, Government of India. 2009. "Integrated Disease Surveillance Programme." 2009. https://idsp.nic.in/.

18.   Ministry of Health & Family Welfare. 2018. "E-Governance & Telemedicine." Annual Report 2017-2018. https://mohfw.gov.in/sites/default/files/20Chapter.pdf.

19.   2015b. "Online Registry of Clinical Establishments." 2015. http://clinicalestablishments.gov.in/AuthenticatedPages/Users/UserLogin.aspx. CSD.

20.   Annual Activity Report: 2019-20, Health & Family Welfare Department Government of Odisha.

21.   Ministry of Health & Family Welfare, Government of India. 2017. "National EHealth Authority (NeHA)." 2017. https://www.nhp.gov.in/national eHealth authority neha mtl.

Political Empowerment of Tribal Women in India: A Review

Sarathi Besra

Abstract

Tribals are the most primitive group of people on earth. Their participation in decision-making is crucial to the development of the nation. As women are considered the backbone of a family, the tribal women can bring change in societal development and pave way for progress; therefore, they must be a part of the decision-makers of the society. Women's political participation is regarded as an element of social, and economic empowerment. Since the independence of India, the government has taken many initiatives to increase the political representation of women, Scheduled Castes, and Scheduled Tribes. The decentralization of power in various levels such as, center, state, and grass root institutions, opens the gate for them to come into power. This study found some major challenges faced by tribal women leaders while dealing with political activities. Therefore, it attempts to explore the political awareness among tribal women and their representation in national and local government. The present study investigates the achievement and the growth of tribal women in the political sphere. This paper is based on various secondary sources such as articles, digital resources, published literature, and government reports. The analysis of this study is done through a conceptual framework. This paper concludes with the positive progress of tribal women in every aspect of life. Women's capacity must be developed to involve them in various productive activities such as active participation in social reform, economical development, and political participation.

Keywords: *Empowerment; Political participation; Tribal Women.*

Introduction:

Empowerment can be defined as the practice of enhancing self-rule skills, and the power of taking decisions, leading to bring some changes in the society. Empowerment involves power to, power with, and power within (Chandra, 2012). Being the citizens of a democratic nation, everyone has to be politically empowered. In India, women's political participation has been neglected for a long period. Some ideals of leadership were seen during the freedom struggle of the nation where women played a significant role. The leaders like Rani Lakshmi Bai, Sarojini Naidu, Annie Besant, Begum Hazrat Mahal, and others have imparted courage and devotion to the nation. The skill of ruling a nation and taking decisions during hard times

is the spirit of women, but the practice of patriarchy stops them from participating in public affairs. In the contemporary period also, women are playing multiple roles in the society. Women have started entering erstwhile male-dominated leadership positions. As a result of increasing globalization and the opening of new markets in developing countries, and above all, the democratization of most countries in the world, we are witnessing a new class of women leaders.

Political empowerment is a method that allows females to boost their mobility and overcome their isolation, create self-confidence and self-image, and create their presence in governance by taking part in decision-making in an increasing context of consciousness and critical assessment to monitor and impact the growth progress. Thus, in most instances, the national government arises as a significant player in promoting women's involvement in the political sphere by attempting to modify the mindset of the society and establish more platforms with women as a part of political decision-making (World Bank, 2001; Oxaal, 1997). According to a census report (2011), the number of Scheduled Tribes in India is 10,42,81034. It is about 8.6% of the total population of India. Schedule tribes have primitive traits. Geographically they are isolated, they are very distinct in their culture, and most of them are economically backward. In tribal communities, people are closely connected to each other, women are very hard-working and they share the family income. Women go to the forest to collect food, leaves, wood, medicinal plants, flowers, etc., they take responsibility of the family and participate in cultural activities. Tribal women are confined to their culture and family responsibilities. Earlier tribal women are not visible in any political event or public office. After the 73rd and 74th constitutional amendments, many women got the opportunity to participate in political affairs. In Panchayati Raj institutions, the participation of women is adequate. Women's participation in state and national politics is very less, especially the tribal women's representation is invisible. In Lok Sabha, ministerial positions are dominated by male members. According to the Ministry of Tribal Affairs report, not a single lady has been in the position of the Head of the Ministry of Tribal Affairs. Political parties are using women members as a token of popularity for the parties. Women are also participating in various political activities but many tribal women are facing problems. The major problems are male domination of power for a long period, domination of non-tribal members in the political parties, lack of political awareness, and inadequate skills to work in a political environment.

Objective

The paper analyses the following objectives:

1. Political participation of tribal women.
2. Role of tribal women in political parties.

3. To examine how far they understand the political activities.

4. The achievements in politics since the formation of the Ministry of Tribal Affairs.

The present study analyses the position of tribal women in politics by reviewing previously published research articles and government reports.

Review analysis

A review of literature is a major component of understanding the present status of tribal women in the existing literature. This study contains certain components to understand the political empowerment of tribal women.

Attaining power is not an easy task for women but there are some ways to acquire power. The pre-requisite for power is knowledge because when a woman is literate in a family then the entire family will be able to lead a good life. So, education is the basic need of an individual to understand the political system. The second important thing is capital or economy, which can free women from suppression. Economic empowerment is another important source of political empowerment. The third point is social empowerment, which is also essential for allowing women to actively participate in political events. Sumita Acharya and Dr. Puspanjali Samantray (2013) explain women's empowerment is a crucial requirement for preventing poverty. Many national and international organizations have emphasized women's empowerment and taken initiatives for their active participation in various social events, decision-making processes, political affairs, business, and education. The government of India has also taken some steps for tribal women's empowerment. The introduction of self-help groups has brought a massive change in the lives of women from the grass root level. The study was a qualitative study of 10 SHGs. The case study was conducted in the Rayagada district of Odisha. SHG schemes are a path to empowerment, on joining the group women can access mobility, participate in decision-making, and get freedom from domination. Thus, women are politically empowered and they are aware of their legal and political rights. Political empowerment is defined as the power to be self-sufficient, self-esteemed, and get legitimacy and involves every individual in the establishment of administration and government. The SHGs are extremely helpful for political empowerment. It will be very useful if more groups are formed in tribal areas so that they can also be empowered and actively participate in the development of the democratic process.

Sheri Kunovichand Pamela Paxton (2005), in their article *Pathway to Power*, extended previous research on the participation of women in politics and the role of élites in the party. The study explains how a female candidate played the role of a gatekeeper in political parties. The study has evidences to support that even after women are capturing higher positions yet they are not being recognized because male members

are getting the attention of political parties. Here the main problem is seen in the behaviour of the parties towards the female candidates.

Ms. Rashmi Rekha Das and Dr. Padmalaya Mahapatra (2017) critically analyzed the status of tribal women in Odisha. The study reviewed the schemes and policy that have been introduced for the empowerment of tribal women in tribal areas of Odisha. It was found that the women have made progress in various sectors, such as to boost economy they are setting up a small business of hand-craft. At the panchayat level, many skill development programs are conducted for poor drop-out students which help them to gain self-employment. In the educational sector, the government has built residential schools for marginalized communities. In the political sphere, fifty percent reservation of seats is available in the panchayats and urban bodies. In other social movements women are actively participating, they fight for banning liquor. Now the status of tribal women in Odisha is quite good; they participate in various political and social activities. To encourage them further, the exercising of existing policies is essential till they are fully empowered.

Role of gender in politics:

In a tribal society, there are no differences between a male and a female, while doing any work. In most tribal cultures, both the males and females are equally responsible for the family's economy. The gender gap in politics is not just a problem in India but all over the world. The reason behind this is lack of political knowledge. Many tribal women are unaware of politics, so how will they take interest in politics? Spreading political awareness among the tribal community can make it possible to remove the gap in politics.

Kishore Roy (2021) argued that the maximum representation of women in the political process and decision-making is not enough in tribal areas. They should know about the implementation of power and policies. Women's participation improves the process of political empowerment. But the real picture is very different for the women who are from tribal areas. Tribal women come from different socio-economic backgrounds. For them, contesting against their male counterparts is very challenging, affecting their empowerment. Here the study found a real image of tribal women's representation and the pros and cons of it. Schedule Tribes are the most primitive and vulnerable group in the society. They settle in hilly areas, forests, deserts, and other places which cannot be easily reached. Poor transportation and communication separate them from the mainstream. They are economically, educationally, socially, and politically deprived. In social parameters, they are considered low-caste people. Scheduled Tribes have a rich culture but due to their innocent nature and illiteracy, they face discrimination and subjugation at different times. When it comes to tribal women, they are more marginalized than their male counterparts.

In tribal communities, women play a major role in cultural, environmental, and economical activities. Despite that, they are still marginalized and not recognized. The main reason for such a condition of the women is the domination over the tribal population by the non-tribal people in social, educational, economical, and political spheres. Another reason is the traditional belief in patriarchy. To overcome such suppression, women need to be socially, economically, and politically empowered. The study describes the dimension of empowerment, with several policies and schemes of government to bring women into the mainstream of society. The various dimensions are social empowerment, economic empowerment, and political empowerment. The entire dimensions are very important to encourage females in the developmental process of the nation.

Mandakini Naik, Dr. Birendra Suna, and Dr. Tusarkanta Pattnaik (2020) explain that for a healthy democratic nation, the active participation of all citizens in political affairs is essential. The role of female leaders in local government has increased because of the reservation policy. A large number of tribal women participants are seen in elections and other political events. But this is not the end of participation, it needs to be qualitative. Women's representation is not visible in decision-making and policy formulation. Incentive plays a very important role in ensuring the participation of elected representatives in decision-making and for that, skill enhancement programs should be conducted.

After the reservation policy at the grass root level, many tribal women have come forward to participate in political activities. In Indian politics, tribal women are behind the mainstream. They need more opportunities along with proper skills and development training to be able to participate in political activities more efficiently. Also, in the state and center, there should be some reservations for them.

Rajeshwari Sharma, Navpreet Kaur, Simranjit Kaur, Akilan N, and Amidala Prudhvi Raj (2021) in their article 'Democratic Decentralization and Women's Role in Community Development' extensively describe the impact of the 73rd amendment act on the disadvantaged community.

The provision of reservation of seats for minorities and women in the Gram panchayat boosted the leadership quality among the women. For a long time, they were deprived of political participation, but after the enactment of the reservation policy in the Panchayati Raj institution, a large number of women came forward to participate in political affairs. It was the first step towards political empowerment, but real empowerment will result when women will participate in the decision-making process. The active participation of female leaders in political affairs needs to be enhanced by conducting skill development programs. Political empowerment is the main engine for the development of society. Besides, the long stake holder of leadership positions by men, in the contemporary period, most women are sharing

fifty percent of family earnings. They are also contributing to community development programs. This is possible due to democratic decentralization, which works multi-dimensionally. Decentralization Decentralization/Decentralized planning gives the stage to enhance skills, discuss local problems, and analyze the schemes.

Chetana Singh (2011), explores the socio-political profile of elected leaders. The study was conducted in the Madhya Pradesh, in which an extensive survey was done to know the condition of elected members in panchayats. The three-tier set-up of government has given special space to women, Scheduled Castes, and Scheduled Tribes in politics. S.N. Chaudhary has argued that 'the acculturation process contributed to social change and class formation and thereby the emergence of the tribal elite in different fields...A large number of tribes have joined Panchayati Raj institutions. Most of them are poor, illiterate, first-generation entrants and are relatively less exposed to the outside world.' The Panchayati Raj institution aims to develop valuable leadership skills within the marginalized group through reservation policy. As a greater part of tribal women is still unaware of their political rights, in such a situation, many questions arise in the minds of people. What is their work? What is the socio-political profile of a leader etc? To know all these answers they should be politically aware and know about their political rights.

Mickevièiaus and Lithuania (2019), argued about Women's Political Participation and Leadership in India. They examined the challenges faced by them. After the decentralization of power, many marginalized groups got the chance to participate in political activities, especially women got more advantages of the Panchayati Raj institution. Due to the reservation of seats in the local self-government, many women are politically empowered and recognized by the society. The path of empowerment is not easy for women as they have to face many challenges and discrimination. Male domination was a big challenge for them, and the lack of political awareness dragged female candidates to domination. The lack of financial instability inhibits women leaders from focusing on creating their space in politics. Besides all the challenges, women politicians revel in politics. To increase women's participation in politics and maintain their participation in governance, it is essential to formulate feasible policy measures at the state and national levels.

Bhajan Basak and Dr. Kaushik Ghosh (2018), stress on participation in the decision-making process of tribal women, in a case study conducted in Jalpaiguri District. The study especially emphasized the constitutional amendment act. After the independence of the nation, women were not that mobilized to take part in political events. It was a long journey of political empowerment; the constitution has taken major steps to encourage people for political participation. Special focus was given to the marginalized such as women, Scheduled Tribes, and Scheduled Caste sections of the society who are living in the village areas. Under the 73rd constitutional

amendment act, the Panchayati Raj Institution (PRI) has been introduced to transfer power to women and other minorities. PRIs promote the democratic decentralization of government with various programs and strategies, achieving the vision of the distribution of power. The male domination in family, society, economy, and public institutions is the major reason for the low participation of females in decision-making. In primitive tribal communities, the status of women is quite good, they enjoy their autonomy and equal treatment in their society. According to their culture, a community head can be both, male and female. A person who has enough capacity or ability for the betterment of the community he/ she will be chosen as the leader. In the tribal community, the role of women is very crucial. They contribute to family income; they participate in cultural events also. Nowadays in political affairs also tribal women are participating in a huge number but they are not visible in the decision-making process. Political empowerment does not mean only the number of participants should be increased but the quality representation is also necessary. The quality of representation will be enlarged when tribal women are allowed to take decisions on their community matters.

Mitra (2008) has compared the position of women of mainstream Hindus to the Scheduled Tribes in India. In social and cultural practices, the women of tribal communities are more active than other women, the practice of patriarchy is not seen in Scheduled Tribe communities; they believe in equal economic and cultural participation. Women of the tribal community are very hard working, they go to the jungle to collect the row leaves, fire woods, and medicinal plants to maintain their daily life. They are segregated from mainstream women because of poor transportation and communication, but it shows that the isolation makes them independent. The status of Hindu women is also not great, they too are the victims of gender discrimination. The patriarchal system is deep-rooted in their society. Women are not enjoying their autonomy like tribal women. But while we relate the status of women in political contests the image is just the opposite. Mainstream women are more advantaged politically because they are literate and many of them come from political family backgrounds. The tribal women are not educated. They face discrimination in the political environment and lose their autonomy. According to the 2011 census report, tribes are the major population consisting of 8.2% of the total population, so for impartial democracy, their participation is very necessary for decision-making.

1. Political participation:

The word political participation is a very broad term. It is related to all activities which are directly or indirectly connected with political affairs such as casting vote, contesting an election, campaigning, political activism, and political consciousness, etc. The beginning of women's participation in politics began in the early 1900s in

response to the national movement for suffrage. After independence, the government introduced the reservation of seats for women, SCs, and STs. It was a great step to give equal opportunity to all for participating in political affairs. Only opportunities are not sufficient to empower them, they need to understand the political system and the activities happening in the country, and for this, they need proper training and education. So that they can actively participate in political affairs and with this, their community will be developed.

2. Role of tribal women in political parties

Women play a very important role in everyday life. In tribal communities, women have a greater role than others as they hold a special status in their community. Moreover, they actively participate in economic affairs. Since the independence of India, the government has taken various steps to involve women in political affairs. In 1993, a constitutional amendment was passed that called for a random one-third of Sarpanch positions in the Gram Panchayat to be reserved for women[60]. It was a great remedy for the political upliftment of women. But in national and state-level politics these communities are used only for reserving a seat in the Parliament. Their participation in the decision-making process is negligible, and many times women face discrimination related to their participation in decision-making. The reason behind this may be the structure of the political party or the male domination in parties, they are not considered fit for taking decisions over major issues. Within a political party, tribal women are seen as just passive members. Major roles are played by the other members.

3. To examine how far they understand the political activities

Participation of tribal women in formal political activities revels through election campaigning, voting, and contesting an election. In these areas, tribal women have achieved a good rank in India. While talking about political empowerment is not just the casting vote and contesting elections and campaigning. Besides that, there are lots of things to understand about political affairs. It directs political events, organizes political rallies or meetings, mobilizes people, etc. As tribal women are settled in the forest areas, many of them are engaged in household work also they are well educated. They need to get training in political affairs to gain command over political activities.

4. To examine the achievements in politics since the formation of the Ministry of Tribal Affairs

'The Ministry of Tribal Affairs is fully committed to the smooth and effective implementation of the direct benefit transfer (DBT).[61] The ministry provides financial support to the state government for the developmental work of the tribal people.

Such an institution is very essential for conducting meetings and programs. It conducts training programs for the development of the Scheduled Tribes, includes all types of training programs such as economic empowerment programs, and also provides scholarships to the students for studies. The main objective of this Ministry is to empower the tribal people. Since the introduction of this Ministry, most of the time, male members are nominated as the head. If we see the record, there is no single woman in the position of a Head. So, these are the major lacuna where preventive measures should be taken to empower tribal women.

Observation and Analysis

The data thus collected is conceptually analyzed in the form of tabulation in the following pages. Various factors influence the political empowerment of tribal women in India. The first one is the SHGs; which improve the economic condition of women. Many women have benefited economically. They can self-renew and start participating in the socioeconomic development process. It helps them to be mobilized and self-empower. The second factor is the involvement of private organizations, the third comprises various social and environmental movements from where women can enhance their leadership skills. fourth is the governmental policies and constitutional recognition.From the Period of the British rule, the Scheduled Tribe communities are subjected to face various deprivation, such as geographical isolation from the mainstream population, and caste and class discrimination. After the independence of India, landmark change has been seen in these communities. Constitutional Article 366 (25) defined Scheduled Tribes as "such tribes or tribal communities or parts of or groups within such tribes or tribal communities as are deemed under Article 342 to be Scheduled Tribes for this constitution". Article 342, is reproduced and prescribes the procedure to be followed in the matter of specification of Scheduled Tribes62.

The Constitution of India gives recognition to the tribes and for their development, a separate ministry was set up by the government in 1999. The Ministry of Tribal Affairs deals with the socioeconomic development of Scheduled Tribes. To involve women in the decision-making process many state governments have reserved fifty percent of the total seats in grass-root governance. Through the reservation policy, they were empowered to participate in political parties. After the enactment of the 73rd and 74th constitutional amendments, many women leaders came forward. To date, women's representation is seen at the grass root level but now the time has come for bringing tribal women into state and national level politics. Politics and law-making institutions have always been dominated by upper-caste men. It is extremely crucial to have all voices in law-making institutions and not to forget the intersectionality of it. However, with changing times more women politicians are making a way in law-making institutions. In 2019, the Lok Sabha Elections constituencies embraced young women from various backgrounds. Mentioned Below are eight

young combative women who braced the 17th Lok Sabha in the 2019 General Elections[63]. In the 2019 Lok Sabha polls, the highest number of women have been elected. Gradually, change is taking place in the political participation of tribal women in India.

Since the formation of the Tribal Ministry, there has not been a single woman Tribal Minister in the country. The status of tribal women's participation can be measured from here. The fact remains that women's representation in the ministerial department is nil. The change should start from the top level of governance so that other women will be influenced. From table no.1, it can be figured that the women's participation in the center is still not visible. There is gender inequality. Tribal women are still not fully empowered; they are suppressed by their male counterparts. More awareness is needed to bring changes to society.

Table 1 -The Minister of Tribal Affairs is the head of the Ministry of Tribal Affairs and one of the cabinet ministers of the govt. of India64.

Name	GENDER	TERMOF OFFICE	POLITICAL PARTY	PRIME MINISTER
Jual Oram	MALE	13 October 1999 – 22 May 2004	Bharatiya janata party	Atal Bihari Bajpai
Paty Ripple Kyndiah	MALE	24 May 2004 -22 May 2009	Indian National Congress	Manmohan Singh
Kantilal_Bhuria	MALE	28 May 2004- 12 July 2011	Indian National Congress	Manmohan Singh
Kishore Chandra Deo	MALE	12 July 2011-26 May 2014	Indian National Congress	Manmohan Singh
Jual Oram	MALE	27 May 2014- 30 May 2019	Bharatiya Janata Party	Narendra Modi
Arjun Munda	MALE	30 May 2019- incumbent	Bharatiya Janata Party	Narendra Modi

Source: *The Ministry of Tribal Affairs, a branch of the Government of India, looks after the affairs of the tribal communities in India. Wikipedia,https://tribal.nic.in/*

Conclusion

Tribal women are playing an important role in the socioeconomic and political structure of the society. Their participation in the policy-making and decision-making process is very crucial for the development of the nation. By nature, tribal women are very hard-working and they can organize people and environmental resources. They have enjoyed their autonomy in their community, exercising a free and firm hand in every aspect of their social and economic life. But the problems began when women participated in political parties and public offices. The first challenge is the male domination over power and authority for a longer period. The second is the domination of non-tribal members in political parties, third is the lack of political awareness and inadequate skills to work in a political environment. To prevent these problems, awareness programs should be conducted, and modifications should be made to the reservation policy. Within the party, one or two percent of seats can be reserved for tribal women. The most important of these is the skill enhancement program, by which women will be able to exercise their power therefore the government should focus more on the skill development program. The change is required in the reservation of seats in the Lok Sabha and Rajya Sabha. Tribal women at the grass-root level are very active and their participation in political affairs has also increased. Now they should get the opportunity to participate in national and state-level political activities. Political empowerment is not a one-day achievement; it takes time, and it will be achieved through collective efforts. Tribal women's empowerment can be possible if they are actively involved in the decision-making process, by getting the political parties' support, and by understanding the political activities of the country. But first of all, they need proper training and knowledge about political participation.

References

1. Acharya,S. & Dr.Puspanjali,P. (2013). A Qualitative Study on Role of Self Help Group In Tribal Women Empowerment In Rayagada Block Of Gajapati District Of Odisha, India. *IOSR Journal of Humanities And Social Science (IOSR-JHSS) 9(3), 15-18.*

2. Basak, B., & Ghosh, K. (2018). Role of Tribal Women in the Decision-Making Process: A Case Study in the Jalpaiguri District with Special Emphasis on Constitutional Amendment Acts. *Indian JL & Just., 9*, 134.

3. Das, R., & Mahapatra, P.(2017). Empowerment of tribal women in Odisha: An analytical perspective. *International Journal of Development Research, 07(09), 14981-14986.*

4. Dauletova, V., Hassan, H., & Zainab Hussain, Y. (2022). Political Empowerment of Women and the Mediating Role of Political Awareness: The Case of Oman. *Journal of International Women's Studies, 23*(1), 11.

5.   Gangarapu, P. (2021). Political Empowerment of Tribal Women: A Study in North Andhra. *International Journal Of English and Studies (IJOES) An International Peer-Reviewed Journal, 3(10).*

6.   Kunovich, S., & Paxton, P. (2005). Pathways to power: The role of political parties in women's national political representation. *American journal of sociology, 111*(2), 505-552.

7.   Mitra, A. (2008). The status of women among the scheduled tribe in India. *The Journal of Socio-Economics, 37(3), 1202-1217.*

8.   Naik1,M., Dr. Suna,B., Dr. Pattnaik,T. (2020). Role of tribal women in Panchayati raj: AStudy of Keonjhar District of Odisha. *Journal of critical review, 7(19), 8819-8826.*

9.   Roy, K., & Teliamura,K,.(2021).Does limited representation matter in the process of political empowerment of women? A study of women representation in Tripura tribal areas autonomous district council. *International journal of multidisciplinary educational research, 11(1),41-45.*

10. Sharma, R., Kaur, Akilan,N., Kaur,S., N, Raj,P.(2021). Democratic Decentralization and Women's Role in Community Development. *Annals of R.S.C.B,* 25(4), 12296 – 12304.

11. Singh, C. (2011). The socio-political profile of the elected tribal leadership of shahdol district. *The Indian Journal of Political Science,* 235-247.

12. Varghese, T. (2020). Women's Political Participation and Leadership in India: Examining the Challenges. *Viešoji politika ir administravimas, 19*(1), 111-125.

Dr. Ambedkar and Untouchability: A Historical Perspective

Dhiren Kumar Patra

Abstract

The term "untouchable" is used to designate castes that are considered polluting. For this reason, Untouchables are not allowed to enter temples of the high caste. The Untouchable Movement in India began in the early twentieth century. Under the leadership of Bhimrao Ambedkar, this movement won political and social rights for the Untouchables. The history of the caste system explains the theories of the birth of caste in Indian civilization. After defining the caste system historically and culturally, arises the birth and spreading of the Dalit movement or low caste mass movements during the 19th and 20th centuries with the influence of British rule. Thus being deprived of social, religious, and civic rights, they had no chance of improving their condition and so these untouchable Hindus lived the life of a bygone and dead age dragging on their miserable existence in insufficient accommodation, insanitary surroundings, and social segregation, in short, they were born in debt and perished in debt. They were born untouchables they lived as untouchables and died as untouchables.

Keywords- *Untouchable, Movement, Caste, Cultural, Social*

"The root of the 'Untouchability' is the caste system, the root of the caste system is religion attached to varna and ashram and the root of varnashrama is Brahminical religion, and the root of the Brahminical religion is authoritarianism or political power." [Raju:2007:115]

Introduction

"Almost everyone who knows anything at all about India has heard of the caste system; almost every outsider and many people in India condemn it or criticize it as a whole. Probably there is hardly anyone left even in India who approves of it in all its present ramifications and developments, though there are undoubtedly many still who accept its basic theory and large numbers of Hindus adhere to it in their lives. [Nehru:2004:263]

Dr. Ambedkar analyzed Hindu society before starting his struggle against untouchability and the caste system. He was a scholar as much as a man of action in any case before becoming one. In his writings, Ambedkar tried hard to show the mechanisms of the caste system and clarified the origin of untouchability to support his fight for equality. For him, if the lower castes were not in a position to overthrow

their oppressors, it was because of two reasons: they had partially internalized hierarchy, and because of the very characteristics of caste-based inequality. The internalization of hierarchy was largely due to what M.N. Srinivas was to call the Sanskritisation process that Ambedkar had identified more than 20 years before. As early as 1916, Ambedkar presented his first research paper at Columbia University and explained that the caste system could not have been imposed by the Brahmins over society, but that it took shape when they were able to persuade other groups that their values were universally superior and that they had to be emulated by others, including endogamy, a marital rule which closed the system upon itself. [Ambedkar:1917:07]

The kind of inequality inherent in the caste system is called "graded inequality" by Ambedkar in a very perceptive way. In Untouchables or the Children of India's Ghetto, he contrasts it with other varieties of inequality that were not so difficult to abolish or correct. In the Ancient Regime, the Third State was able to raise itself against the aristocracy and the monarchy. In industrial societies, the working class can raise itself against the bourgeoisie. The type of inequality from which the caste-ridden society suffers is of a different kind because its logic divides the dominated groups and, therefore, prevents them from overthrowing the oppressor. In a society of "graded inequality", the Bahujan Samaj is divided into the lower castes (Shudras) and the Dalits, and the Shudras and the Dalits themselves are divided into many jatis. One of the main objectives of Dr. Ambedkar was first to unite the Dalits and, then, the Bahujan Samaj and, second to endow them with a separate identity that would offer them an alternative route out of Sanskritisation. To achieve this two-fold objective, he implemented five different strategies in the course of his almost four-decade-long public career.

Ambedkar, who is known as the savior of the untouchables has leveled harsh criticism against the principle of Chaturvarnya, as a basis of social organization. According to him it is not only based on the division of labor, but it is also a division of laborers into water-tight compartments. Chatruvarnya presupposes the classification of people into four definite categories. Ambedkar strongly objected to this. In this respect according to Ambedkar, the ideal of Chaturvarnya has a close affinity to the platonic ideal of the division of society into three classes i.e., Philosopher-king, Soldiers, and Artisans. Therefore, he subjects both to the same criticism. According to him, modem science has shown that lumping together individuals into a few sharply marked-off classes is a superficial view of man not worthy of serious consideration. In his opinion, both Plato and the founder of Chaturvarnya fail to recognize the infinite diversities of the active tendencies and the uniqueness of which an individual is capable. Ambedkar emphasizes the fact that it is impossible to classify people into four definite classes accurately and it is because of this reason that the original poor classes have now become four thousand castes.

Ambedkar points to some other defects in the Chaturvarnya scheme. The defendants of the caste system say that in it the Shudras are looked upon as the wards and the three other Varnas as their guardians. Even if it is accepted to be so, this system is neither knave-proof nor fool-proof, he says. He points out that there is no provision in the scheme of Chaturvarnya to safeguard the interests of the wards from the misdeeds of the guardians. He points out how in India the upper three Varnas had agreed to beat down the Shudra. The latter was not allowed to acquire wealth, lest he should be independent of the three Varnas. He was prohibited from acquiring knowledge lest he should keep a steady vigil regarding his interests. He was prohibited from bearing arms lest he should have the means to rebel against their authority. He says, "That this is the way, the Shudras were treated by the Trya-Varnikas is evidenced by the laws of Manu." Ambedkar indignantly observes, "There is no code of laws more infamous regarding social rights than the laws of Manu. Any instance from anywhere of social injustice must pale before it." Ambedkar has put a pertinent question, in his book, Annihilation of Caste, why one person should depend upon another in the matter of his vital needs. In his view, education and means of defense are needed by everyone for his self-preservation. The Chaturvarnya scheme forbade both things from the Shudras.

According to Ambedkar, the people of India, composed of Aryans, Dravidians, Scythians, and Mongolians, in due course of time, and after inevitable conflicts, settled down as peaceful neighbors. Through constant contact and mutual intercourse, they evolved a common culture that superseded their distinctive cultures. Thus, there is cultural homogeneity, though ethnically the Indians may be heterogeneous. It is because of this fundamental cultural unity and homogeneity that caste becomes a difficult problem. "If the Hindu society were a mere federation of mutually exclusive units, the matter would be simple enough. But caste is the parceling of an already homogenous unit and the explanation of the genesis of caste is an explanation of this process of parceling."

Caste System

Another dimension of Ambedkar to understand the caste system was the concept of purity and pollution. In this concept of purity and pollution, only the religious side of the coin is visible, but it has a serious impact on another side of the social life of the people. This will place the Brahmin caste in the topmost position of the social hierarchy in Hindu society and mainly function based on the principle of Varna order, following the philosophy of Manu Smith. According to the Varna order, the purity concept is considered prominent in placing the castes in the caste stratification system. While discussing the caste system, the concept of purity was used as a tool only. But it is directly related to the norms of the marriage institution, but embedded in the caste itself.

From Ambedkar's perspective, the formation of castes was due to the closed-door policy adopted by the priestly caste, Brahmin in the beginning. This was also one of the parameters of the formation of castes in India. Later on, the principle of purity was followed by other divisions of society. To quote Ambedkar: "At the outset that the Hindu society, in common with other societies, was composed of classes, and the earliest known is the

1. Brahmins or the priestly class;
2. The Kshatriya, or the military class;
3. The Vaishya, or the merchant class and
4. The Shudra, or the artisan and menial class.

At some time in the history of the Hindus, the priestly class socially detached itself from the rest of the body of people and through a closed-door policy became a caste by itself. The other classes being subject to the law of the social division of labor underwent differentiation, some into large, others into very minute groups. The Vaishya and Shudra classes were the original inchoate plasma, which formed the sources of the numerous castes of today. As the military occupation does not very easily lend itself to a very minute sub-division, the Kshatriya class could have differentiated into soldiers and administrators. This subdivision of society is quite natural. But the unnatural thing about these sub-divisions is that they have lost the open-door character of the class system and have become self-enclosed units called castes". [Ambedkar:1917:08]

Dr. Ambedkar's Movement:

Dr. Ambedkar was one of the great philosophers, thinkers, educationists, and social reformers of the 20th Century who gave a new direction to Indian society. He belonged to a Mahar community (lower caste) of Maharastra. From his childhood, he has also been the victim of untouchability from Hindu high castes. But he did not bow down before it and continued his education. After obtaining his Doctorate in Economics from America he came back to India in 1917. As a result of social awakening and under the influence of liberal ideas, he began a new era in the society by criticizing vehemently the prevalent untouchability, ill feelings created by religion, intolerable customs and traditions, and caste system of society and creating the feeling of self-confidence, self - reliance, self-consciousness, equality and liberty in the backward and the downtrodden of the society.

Dr. Ambedkar regarded three great men as his preceptors. The first was Kabir, the second was Phuley and the third was the Buddha. Kabir took him to Bhakticult, Pauley inspired him to strive for anti-Brahminism and amelioration of the masses, their education, and economic uplift; and Buddha gave him mental and metaphysical

satisfaction and a social way leading to the emancipation of the untouchables by resorting to the way of mass conversion. [Kuber:1991:54]

Ambedkar characterized the caste system as irrational and tyrannical, but above all he attacked Brahminism. He enumerated the principles of Brahminism as follows:

"*Graded inequality between the different classes. Complete disarmament of the Shudras and the untouchables; complete prohibition of the education of the Shudras and the untouchables; ban on the Shudras and the untouchables occupying places of power and authority; ban on Shudras and the untouchables acquiring property and complete subjugation and suppression of women*". [Kuber:1991:51]

To remove the inequality and untouchability from Hindu society, he started social reform movement for creating awareness in society that all are the children of God and everyone is a human being equal by Birth.

In his earlier phase of the social reform movement, Dr. Ambeakar thought that by rational argument and by putting out the follies in the high caste Hindu's faith and social custom of high caste Hindu mind could be converted in favor of social reforms in general. The reasoning behind this was simple. Hindus are victims of wrong faith and as a result, they have become slaves of irrational social customs. One of these irrational social customs is untouchability. To eradicate this as well as other pernicious social notions of Hindus, it is necessary to emancipate their minds from the shackles of wrong faith and irrational beliefs. By reasoned discourse and rational argument, their ignorance can be wiped out whereby they willingly throw out the bondage. He believed that once the doors of the temples are opened for untouchable castes, the entire force in the logic of Varnashrama Dharma and the caste system will be wiped out. [Nikam:1998:43]

With this aim, on a few occasions, Ambedkar made many attempts to forcibly enter the Hindu temples. The right to participate in the public Ganapathi festival was secured at least on one occasion. Ambedkar and his followers donned the sacred thread-symbolizing rebirth. The abortive attempt to enter the temple at Amravati was followed in 1930 by large-scale satyagraha at the Kalaram temple in Nasik. Although Ambedkar himself disbelieved in idol worship, the program of temple entry was more for social reform than for religious purposes. These attempts of Dr. Ambedkar normally met with stiff resistance on the part of caste Hindus, particularly the priests. These attempts failed and could not make any perceptible impact on the caste-Hindu minds.

But after 1930 he gave up these attempts and concentrated his attention on the improvement of the educational standard of the community and their political status.

Dr. Ambedekar established a 'Baskiskrt Hitkrini Sabha, on 20lh July 1924 in Bombay for the upliftment of the untouchable. Its work was limited to Bombay, its aims were:

I.   To establish hostels for the spread of education for the downtrodden,

II. To start reading and spiritual center for cultural development,

III. To start a head the movement for eradicating untouchability

IV. To change the hearts of untouchables

V.   To remove the bad traditions of higher classes

VI. To open industrial and agricultural schools for economic development. [Kaushalyayan:2010:38]

Dr. Ambedkar favored human religion. It was the highest of life that backward and depressed classes should get political rights as well as social rights. He had sympathy for weaker sections and was ready to remove their sorrows and sufferings. He started "Mook Naik weekly Patrika" with the help of Maharaja of Kolhapur to clear the views of the downtrodden in the year 1920. He established Bombay as an "Amityaja Sangh" and its main aim was to serve the downtrodden in every respect. In Bombay he started a "Samta Samaj Sangh" and its main work was to safeguard the civil rights of the untouchables. [Bakshi:2002:199]

Dr. Ambedkar addressed the untouchables from Vireshwar Pandal and said: *" You have to establish your right. If you do not do so then there will be no difference between you and the cattle". He drank the water of the tank and removed the bindings and on the legal basis the untouchables were given the right to use the water and the tank was declared a public tank".* [Kaushalyayan:2010:45]

Dr. Ambedkar inspired the untouchables in the direction of struggle for the upliftment of the untouchable's self-help, self upliftment, and respect, which were essential for the social revolution among untouchables. He warned his brethren "Lost rights are never regained by begging and by appeals to the conscience of usurpers but by relentless struggle... Goats are used for sacrificial offerings and not lions". [Keer:1962:82] The lectures and meetings of Dr. Ambedkar left an ever-lasting effect on the depressed classes and they got ready to rise against their slavery and were removed a lot. [Jatava:2017:113]

Dr. Ambedkar participated to represent the views of the downtrodden at the First Round Table Conference in London. He demanded the following rights for the betterment of the down-trodden:

1. Equal right

2. Safeguard against differential behavior

3. Reservation in Govt. services

4. Reservation even in Assembly seats

5. A separate department of their development

6. Arrangement for fine social boycott

7. Attention to keeping society from exploitation

He opposed the class system by burning the Manu Smriti and demanded a new Code of behavior. [Makwana:2019: 63]

Dr. Ambedkar devoted all his time and energy to removing social, economic, and political inequality; creating equality of status for all individuals and equal opportunity for all, and upholding the dignity of the individual. Dr. Ambedkar sought revolutionary changes in Hindu society. He thought that Hindu society needed a drastic change from the base to the roof. He characterized the Hindu religion as a religion of rules instead of a religion of principles, which has the sanctity of the Shastras. The caste system is its offspring. According to him, it is the religion itself that is to be blamed for inculcating the notion of caste.

To make the Hindu religion a dynamic one Dr. Ambedkar suggested the following reforms in the Hindu religion:

1. "There should be one and only one standard book of Hindu religion, acceptable to all Hindus and recognized by all Hindus. All other religious books such as Vedas, Shastras, and Puranas should not be treated as sacred and authoritative and preaching of any doctrine, religious or social, contained in these books should be penalized.

2. Priesthood must cease to be hereditary and there must be an examination to get entitled to be a priest and the person who wants to be a priest must hold a Sanad.

3. No ceremony performed by a priest who does not hold a Sanad shall be deemed to be valid in the law and it should be made penal for a person who had no Sanad to officiate as a priest.

4. A priest should be a servant of the state and should be subject to disciplinary action by the state in matters of his morals, beliefs, and worship.

5. The number of priests should be limited by law according to the requirements of the state - the priestly class must be brought under the control by legislation. It will prevent it from doing mischief and from misguiding people. It will democratize it by throwing it open to everyone. It will certainly help to kill Brahmanism and will also help to kill caste, which is nothing but Brahmanism incarnate. Brahmanism is the poison, which has spoiled Hinduism; you will succeed in saving Hinduism if you will kill Brahmanism." [Ambedkar:1936:89-91]

To rejuvenate the static Hindu society. He pointed out that it is possible to trace the roots of radical thinking to the Upanishads. He advocated a total, radical

change in outlook as the first step towards the establishment of a truly democratic society in India. Such a change, he believed, is necessary if India is to catch up with the advanced countries of the west. [Lokande:1982:131] He suggested that the Hindus should recognize that there is nothing fixed, nothing eternal, nothing Sanatan, and that everything is changing, that the change is the law of life for individuals as well as for society.

Ambedkar made a powerful appeal to all leaders and the public at large, who favored the abolition of untouchability, to transform their sympathies into practicality and bring the reform into reality in their day-to-day life. [Keer:1962:82] Commenting on the state of untouchability Dr. Ambedkar said if Tilak were born into the Harijan family then his slogan might have been "Annihilation of untouchability is my birthright instead of swaraj is my birthright". [The Bahishkrit Bharat:1927]

According to Ambedkar, the system of untouchability was not only a system of unmitigated economic exploitation but it was also a system of uncontrolled economic exploitation. This was because there was no independent public opinion to condemn it and there was no impartial machinery to restrain it. Hindus belonged to the exploiting class. [Ambedkar:1946:37] So Ambedkar wanted to refer the dispute between Hindus and untouchables to an International Board of Arbitration. Ambedkar thought that Swaraj instead of putting an end to untouchability might extend its life. He was of the view that in Swaraj the untouchables would get no privilege but the perpetuation of slavery. He, therefore, maintained that the untouchables were separate elements in the national life of India. He said, "they are distinct and separate from Hindus" [Prem:1993:122] Ambedkar felt that unless the Harijans were delinked from the Hindus and separate provisions were made for them they would never be able to get out of the gang mire of poverty and ignorance. [Hindustan Times:1980]

When the Franchise Committee was preparing its report for Montague, the Secretary, and Chelmsford, the Viceroy. He met the Franchise Committee and made a strong plea for direct representation of the depressed classes in the Bombay legislature in proportion to their population through a separate electorate. At the First Round Table Conference in 1930, probably in the light of Muslim Minority's demand, he also emphasized that the untouchables constitute a distinct group and cannot be looked upon as members of the Hindu community. So he demanded a separate electorate to be established for the untouchables.

The evil of untouchability was not only from the side of Higher Caste Hindus but .also was prevalent among the lower castes themselves. For consolidating the depressed classes and removing this evil. In May 1920, all India Conference of the untouchables was arranged at Nagpur. It was presided over by the Maharaja of Kolhapur. At the end of this conference, Ambedkar attempted to consolidate the

forces of the depressed classes, by arranging an inter-caste dinner. Among the Maharaj alone, there were 18 sub-castes without inter-dining and inter-marriage, Ambedkar found that it was very difficult to get the various sub-castes of the Maharaj and sub-caste of the other castes of the depressed classes to join together. Ambedkar thus faced two problems, namely (i) to consolidate all the depressed classes as one group and (ii) to get all the Hindus, the Savarana, and the Avarna together so that the Avarnas have the rightful place in the Hindu Society. [Kappuswamy:2006:208]

Dr. Ambedkar intended to raise the mental and moral height of his community. He decided to embrace Buddhism. To Ambedkar, Buddhism was a Dharma and not religion, as there was no belief in God or soul, no worship of God, no appeasing God by prayers, no ceremonies, no sacrifices, etc. He was convinced that the contents of Buddhism were rational and scientific. There is no Chaturvarna and it is based on equality and logic. His ultimate aim was to convert all Hindus to Buddhism and believed in its possibility. [Kappuswamy:2006:208]

Conclusion

Dr. Ambedkar was a great leader for all the downtrodden, exploited, and sufferers of society. Whatever revolutionary upliftment of Harijans, Schedules Tribes, downtrodden and other classes is seen in India, it is only as a result of the great contribution of Dr. Ambedkar. In the true sense of the word, his life was meant for the depressed classes. He died while working to bettering a lot of this very class. His name will remain forever in free India. His whole life is the golden page of Indian history which the future generation will give complete honor. [Utter Pradesh Sandesh:1991:76]

Despite various anti-caste social Movements, the caste system in Hindu society has persisted even today, because it is so deeply rooted that it is not easy for any caste group, to get away from its strong grip. Even most intellectuals including those who declare themselves to be the enemies of the caste system are not often entirely free from prejudice, and consciously or unconsciously they act in a manner that gives a fresh lease of life to the caste system. Both by the force of inherited habit and the training imparted to an individual, he feels a deep loyalty to the caste group.

As he neared the end of his oration, Ambedkar put his plea for conversion in a sort of litany, which in the printed Marathi version is lifted out and placed at the front in a poetical format.

Religion is for man; man is not for religion.

If you want to gain self-respect; Change your religion.

If you want to create a cooperative society, Change your religion.

If you want power, change your religion.

If you want equality, change your religion.

If you want independence, change your religion.

If you want to make the world in which you live happily, change your religion.

References

1. Raju, C.B, *Social Justice and the Constitution of India*, New Delhi, Serials Publication, 2006, p.115.

2. Nehru, Jawaharlal, *The Discovery of India*, Delhi, Penguin Books India, 2004, p.263.

3. Ambedkar, B.R., "*Castes in India. Their Mechanism, Genesis and Development*", Indian Antiquary, May 1917, vol. 61, reproduced in Dr. Babasaheb Ambedkar Writings and Speeches, vol. 1, Bombay, Government of Maharashtra, 1979.

4. Kuber, W.N., *Ambedkar: A Critical Study*, New Delhi, Peoples Publishing House, 1991, p.54

5. Nikam, Shri Ram, *This Destiny of Untouchables in India*, New Delhi, Deep & Deep Publication, 1998, p.43.

6. Kaushalyayan, Bhandant Anand, *Yadi Baba na Hote,* Nagpur, Buddha Bhoomi Prakashan Kamathi Road, 2010, p.38

7. Bakshi, S.R. (Editor), *Social Ideology of B. R. Ambedkar*, New Delhi, Deep & Deep Publications, 2002, p. 199.

8. Keer, Dhananjay, *Dr. Ambedkar, Life and Mission*, Bombay Popular Prakshan, 1962, p.82

9. Jatava, *D.R., Vyaktiva Evam Krititva*(Hindi), Jaypur, Samata Sahitya Sadan, 2017, p.l 13

10. Makwana, Kishore, *Dr. Ambedkar: Jeevan Darshan* (Hindi), New Delhi, Prabhat Prakashan, 2019, p.63

11. Ambedkar, B.R., *Annihilation of Caste,* Delhi, Gautam Book Centre, 1936, pp.89-91

12. Lokale, G. S., *Bhimrao Ramji Ambedkar: A Study in Social Democracy*, New Delhi, Intellectual Publishing House, 1982, p.131.

13. *The Bahishkrit Bharat*, Editorial 29 July 1927.

14. Ambedkar, B. R., *What Congress and Gandhi*, Bombay, Thacker& Co. Ltd., 1946, p.37.

15. Prem Prakesh, *Ambedkar: Politics And Scheduled Castes,* New Delhi, Ashish Publishing House, 1993, p. 122

16. *Hindustan Times,* Nov 23, 1980.

17. Kappuswamy, B., *Social Change in India*, Delhi, Konark Publisher, 2006, p.208.

18. *Utter Pradesh Sandesh* Monthly Magazine April 1991, p.76.

Book Review

Sharbani Das
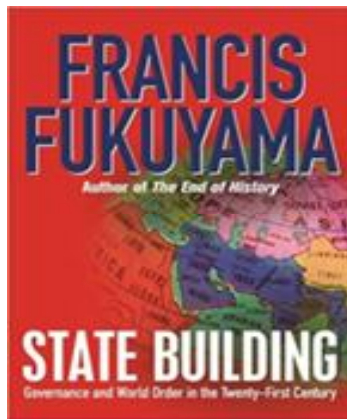
Title of the Book: State Building: Governance and World Order in the Twenty-First Century

Author: Francis Fukuyama

Year of Publication: 2004

Published by: London, Profile Books Ltd

Pages: 208

The idea of state-building continues to be a dominant theme in most of the academic writings of the 21st century. To keep in view the above trend, Professor Francis Fukuyama tries to raise some ambitious questions on a 'state's 'scope and strength' in this significant volume and traces the importance of "institutions as a critical variable for development processes".

This book deliberately argues for state-building in recent times. Additionally, the author points out how a weak innocuous state problem can be transported to the entire world in the form of "poverty to AIDS, to drugs to terrorism" (preface, xvii). Fukuyama through his engaging writing raises the question of the universality of 'the institutions and values of the liberal west'. The book has been divided briefly into three parts. The first part of the book is concerned with the fundamental questions on "Stateness". A very lucid explanation of the subject can be found in the

author's argument. Additionally, the functions, capabilities, and ground for the legitimacy of government have been taken as the important dimensions for explaining the variable. While covering different dimensions of "Stateness", Fukuyama describes developing countries as neither too strong nor too weak. The second part of this volume, while explaining the causes of the state's weakness, briefly talks about "why there can be no science of public administration" (preface, xx) and the third part lays importance on the international dimension of it.

The 9/11 incident is a remarkable event in world history. The paradigmatic policy shift from the forefront of security and threat has cost the entire world, a concern for state building. As a result, this book also grapples with the puzzle of state dynamics in the recent decade. And the author, while differing from his earlier projection over 'the end of history', quite surprisingly talks about the activities of state-building in the 21st century. Numerous case studies are taken into account to understand and prove the recent dynamics of state-building.

Fukuyama has applied a Quadrant Framework to discuss the 'scope and strength of the state'. He analyses the complex structure of governance mechanisms in the failed state. Summing up, Figures 4 (Page 11) and 5 (Page 13) present a picture of "stateness". Through a graphical presentation, the author draws the scope of the state functions on the X-axis and the strength of the state institutions on the Y-axis. Professor to explain that figure 4 develops four quadrants. For him, the worst place for the state to be in Quadrant 4, where a weak state takes a lot of ambitious projects and eventually fails to implement those.

During the 80s and 90s despite several warnings from Washington-based policymakers, economists pushed the idea of liberalization. This resulted in the rolling back of the state. Eventual consequences remind us that "the problem of many countries was that in the process of reducing state scope, they either generated demands for new types of state capabilities that were either weak or non-existent" (page-20).

The author throughout this book pushes for institutional development and reform in the failed state. For him, the four aspects that we need to address are –

1. Organizational design and management,
2. Political system design,
3. Basis of legitimization, and
4. Cultural and structural factors.

While aspiring for reform in the context of a failed state, the internal demand from within the state creates a lasting result, while lack of demand is the major obstacle in the reform process. The conditionality imposed by international financial

institutions mostly failed due to the lack of domestic demand on the subject. Moreover, "the lip service to the importance of capacity building and the continued displacement of institutional capacity by outsiders" derails the actual potential of state building in developing states (page-56).

Fukuyama while exposing the dark side of the donor's agency gives stress to building self-sustaining indigenous institutions. The book minutely explains the inherent problem within the institutional design and administrative structure of poor countries. According to the author, the local cultural factors and norms should be the primary factor while designing institutions.

In the second chapter on the Weak state and the black hole of public administration, Fukuyama refers to his previous argument to say that there is no optimal form of organization with globally valid rules. So, for the author 'public administration is necessarily more of an art than a science'. More precisely, while analyzing the successful programmes, the author says, "the public administration is idiosyncratic and not subject to broad generalizations" (page-113). The complexities of public administration are more susceptible to systematization and transfer to build institutional capacity. The author in his short tract pointed out that administrative capacity is not transferred from one country to another. This means that 'administrative and institutional solutions need to be developed not just with input or buy-in from….but by them'. So before designing an institution, the local character of the knowledge should be kept in mind and the focus must be on increasing institutional capacity. The most interesting part of this tract is that if the developed world wants to develop the institutional capacity in the poor countries, "we need to change the metaphor that describes what we hope to do. We are not arriving in the country with girders, bricks, cranes, and construction blueprints, ready to hire natives to build the factory we have designed. Instead, we should be arriving with resources to motivate the natives to design their factory and to help them figure out how to build and operate it themselves." (page-120-121)

In the last part, the author refers to the nexus between the state and sovereignty and raises concern over the erosion of sovereignty from nation-states. Fukuyama raises concern over the failed states with their lack of institutional capacity and poor governance system, which is being hijacked by non-state actors. At this crucial juncture, the principle on which modern nation-states were laid seems to be irrelevant and incapable to provide effective solutions. Additionally, the power dynamics have been largely altered with the advent of the Weapon of Mass Destruction (WMD) on the world stage. At last, the advent of terrorist networks and the WMD has threatened the very existence of the Westphalian system. So, for Fukuyama, the dilemma of world politics in recent times lies in state-building and developing strong institutional capacity in failed states.

The complex process of state-building is one of the most intriguing features of the 21st century. The author, while analyzing the state-building activities amidst the governance crisis in poor countries, provides the readers with a very limited account of the West-led narrative of state-building. State building as a mutation of ideas fails to provide the historical injustices and colonial and post colonial histories of the developing world. Fukuyama, in his slender volume, raises some pertinent questions related to state-building but fails to provide a local-centric approach to the problem. The idea of state-building around the existing dominant ideologies of the West is too narrow to provide an ultimate solution to the suffering masses. The West-led activities in the name of development aids, packages, and relief materials for the suffering masses of these regions are a broad strategy to create conflict, instability, and unrest in the region. Further, these regions are abundant with natural resources, so a West-led strategy to capture the markets and mobilize resources and manpower to their industry needs closer scrutiny. Lastly, Professor Fukuyama's arguments on state building largely miss out on some of the contemporary underpinnings of global affairs. The dimension of energy security and its implications on global order needs to be discussed.

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