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MK Yadav Sir

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STREET VENDOR ACT 2014

(Syllabus: GS Paper 2 – Vulnerable Sections)

Implementing the Street Vendors Act



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A decade has passed since the Street Vendors (Protection of Livelihood and Regulation of Street Vending) Act came into effect on May 1, 2014, marking a significant milestone after nearly four decades of legal jurisprudence and the tireless efforts of street vendor movements across India. Celebrated as a progressive legislation, the Act now faces numerous challenges in its implementation. Looking back, the mere enactment of a law did not ensure the protection and security of street vendors in Indian cities; there was much to be desired in its execution.

Provisions of the law

Street vendors, estimated to constitute 2.5% of any city's population, play multifaceted roles in city life. Local vegetable sellers and food vendors are essential providers of daily services. Vending offers many migrants and the urban poor a source of modest yet consistent income. The vendors also make city life affordable for others by providing vital links in the food, nutrition, and goods distribution chain at reasonable prices.

Street vendors are also integral to Indian culture – imagine Mumbai without its *vada pav* or Chennai without its roadside *dosai*. The law was enacted to acknowledge this reality. It aimed to 'protect' and 'regulate' street vending in cities, with State-level rules and schemes, and execution by Urban Local Bodies (ULBs) through by-laws, planning, and regulation. The Act clearly delineates the roles and responsibilities of both vendors and various levels of government. It recognises the positive urban role of vendors and the need for livelihood protection. It commits to accommodating all 'existing' vendors in vending zones and issuing vending certificates. The Act establishes a participatory governance structure through Town Vending Committees (TVCs) and mandates that street vendor representatives must constitute 40% of TVC members, with a sub-representation of 33% of women street vendors. These committees are tasked with ensuring the inclusion of all existing vendors in vending zones. Additionally, the Act outlines mechanisms for addressing grievances and disputes, proposing the establishment of a Grievance Redressal Committee chaired by a civil judge or judicial magistrate. Its provisions set a crucial precedent for inclusive and participatory approaches to address street vending needs in cities, at least in theory.

Three broad challenges

However, the Act has faced three broad challenges. First, at the administrative level, there has been a noticeable increase in harassment and evictions of street vendors, despite the Act's emphasis on their protection and regulation. This is often due to an outdated bureaucratic mindset that views vendors as illegal entities to be cleared. There is also a pervasive lack of awareness and sensitisation about the Act among state authorities, the wider public, and vendors themselves. TVCs often remain under the control of local city authorities, with limited influence from street vendor representatives. And the representation of women vendors in TVCs is mostly tokenistic.

Second, at the governance level, existing urban governance mechanisms are often weak. The Act does not integrate well with the framework established by the 74th Constitutional Amendment Act for urban governance. ULBs lack sufficient powers and capacities. Schemes like the Smart Cities Mission, laden with resources and pushed through as policy priorities from the top-down, mostly focus on infrastructure development and ignore the provisions of the Act for the inclusion of street vendors in city planning.

Third, at the societal level, the prevailing image of the 'world class city tends to be exclusionary. It marginalises and stigmatises street vendors as obstacles to urban development instead of acknowledging them as legitimate contributors to the urban economy. These challenges are reflected in city designs, urban policies, and public perceptions of neighbourhoods.

The way forward

While the Act is progressive and detailed, its implementation requires support, possibly (and ironically) necessitating top-down direction and management starting from the Ministry of Housing and Urban Affairs. This needs to be decentralised over time to ensure effectiveness in addressing the diverse needs and contexts of street vendors nationwide. PM SVANidhi, a micro-credit facility for street vendors, has been a positive example in that direction. There is a strong need to decentralise interventions, enhance the capacities of ULBs to plan for street vending in cities, and move away from high-handed department-led actions to actual deliberative processes at the TVC level. Urban schemes, city planning guidelines, and policies need to be amended to include street vending.

The Act now faces new challenges such as the impact of climate change on vendors, a surge in the number of vendors, competition from e-commerce, and reduced incomes. The Act's broad welfare provisions must be used creatively to meet the emerging needs of street vendors. The sub-component on street vendors in the National Urban Livelihood Mission needs to take cognisance of the changed realities and facilitate innovative measures for addressing needs. The case of the Street Vendors Act highlights the complex interplay of contestation over space, workers in urban areas, and governance, offering valuable lessons for future lawmaking and implementation.

Celebrated as a progressive legislation, the Act now faces numerous challenges in its implementation

Context: Recently, a decade has passed since the enactment of the Street Vendors (Protection of Livelihood and Regulation of Street Vending) Act, marking a significant milestone following decades of legal jurisprudence and the relentless advocacy of street vendor movements throughout India.

Street Vendors (Protection of Livelihood and Regulation of Street Vending) Act:

- **About:** The Act, 2014, aimed to regulate street vending and safeguard vendors' rights.
- **Provisions of the Street Vendors Law**
  - **Street Vendors' Importance**: Street vendors, comprising 2.5% of a city's population, fulfill vital roles in urban life.
    - ✓ They provide essential services, offering affordable goods and food, especially for migrants and the urban poor.
  - **Impact of COVID-19 on Street Vendors**: Despite government loans, street vendors feel vulnerable post-COVID, facing economic uncertainty.
  - **Cultural Significance**: Integral to Indian culture, street vendors contribute iconic dishes like vada pav in Mumbai and dosai in Chennai.
  - **Purpose of the Law**: Enacted to protect and regulate street vending, with state-level rules and execution by Urban Local Bodies (ULBs).
  - **Town Vending Committees (TVCs)**: The Act empowers state governments to constitute TVCs for: (i) identifying street vendors, (ii) issuing vending certificates, and (iii) keeping records of vendors.
  - **Governance Structure:** Mandates 40% vendor representation in TVCs, with 33% representation for women vendors, promoting inclusivity.
    - ✓ Committees ensure the accommodation of all existing vendors in designated zones.
  - **Grievance Resolution**: Proposes a Grievance Redressal Committee, chaired by a judicial magistrate, to address disputes and grievances.

INDIAN EXPRESS

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TTS SYNDROME

(Syllabus GS Paper 3 – Sci and Tech)

COVID VACCINE LINK TO BLOOD CLOTS: THE LAWSUIT IN UK ON COVISHIELD

EXPRESS NEWS SERVICE
NEW DELHI, APRIL 30

PHARMACEUTICAL GIANT AstraZeneca has said its AZD1222 vaccine, which was made under licence in India as Covishield, could cause low platelet counts and cause the formation of blood clots in "very rare" cases. These characteristics are linked to Thrombosis with Thrombocytopenia Syndrome (TTS). For the first time, AstraZeneca has accepted a link between its vaccine and TTS.

Based on its formula, the Serum Institute of India manufactured Covishield during the coronavirus pandemic. More than 175 crore Covishield dose have been administered in India.

What has AstraZeneca said?

AstraZeneca spoke about TTS in court documents following a suit against it in the United Kingdom. The company is being sued over health claims related to the vaccine, which was developed along with the University of Oxford in 2020.

The UK's *The Telegraph* reported that with more than 51 cases filed, damages "worth up to £100 million" have been sought. In court documents, AstraZeneca denied that "TTS is caused by the vaccine at a generic level". However, it admitted to the possibility of TTS in "very rare cases".

What are the symptoms of TTS?

TTS is linked to a range of symptoms, including breathlessness, pain in the chest or limbs, pinhead-size red spots or bruising of the skin in an area beyond the injection site, headaches, etc.

The website of Johns Hopkins Medicine says, "Thrombosis can block the blood flow in both veins and arteries. Complications depend on where the thrombosis is located. The most serious problems include stroke, heart attack, and serious breathing problems."

What have earlier reports said?

Before the vaccine rollout in 2021, the Indian government had said in a fact sheet that Covishield should be given with "caution" to people having low platelet counts. In March 2021, many European countries temporarily paused the use of AstraZeneca's vaccine, after a few cases of blood clotting were reported.

The WHO acknowledged the cases and said: "Based on latest available data, the risk of TTS with... Covishield vaccines appears to be very low. Data from the UK suggest the risk is approximately four cases per million adults (1 case per 250,000)... while the rate is estimated to be approximately 1 per 100,000 in the European Union (EU)."

What about cases in India?

The Indian government said in May 2021 that based on the total doses administered, the incidence of TTS-like events was 0.61 cases per million doses.

The Ministry of Health had termed this as "minuscule" and said Covishield "continues to have a definite positive benefit-risk profile".

More recently, the government's committee on Adverse Events Following Immunization said at least 36 TTS cases have been confirmed due to Covishield. Its last report, made public in June 2023, showed 18 deaths were reported from these cases.

For Covaxin, no potential thromboembolic events had been reported.

Context: Global pharmaceutical giant AstraZeneca has said that its AZD1222 vaccine against Covid-19, which was made under licence in India as Covishield, could cause low platelet counts and formation of blood clots in "very rare" cases.

Thrombosis with Thrombocytopenia Syndrome (TTS)

- **About:** TTS is characterized by blood clots (thrombosis) combined with low levels of platelets (thrombocytopenia), which are necessary for blood clotting.
    - It often involves unusual blood clot locations, such as in the brain (cerebral venous sinus thrombosis) or abdomen.
- **Symptoms of TTS:** Severe or persistent headaches, blurred vision, Shortness of breath, Chest pain, Leg swelling, Persistent abdominal pain and Easy bruising or tiny blood spots under the skin beyond the injection site.
- **Age Factor**: TTS risk slightly higher in individuals under 60.
- **Variety of Blood Clot Locations**:
    - Blood clots associated with AstraZeneca vaccine can manifest in multiple areas:
    - Brain (CVST)
    - Abdomen (Splanchnic vein thrombosis)
    - Lungs (Pulmonary embolism)
    - Limb veins (DVT)
    - Arteries (Arterial thrombosis)

Were incidents of blood clots reported in India as well?

- **Incidents of Blood Clots in India**: The Indian government reported 26 potential thromboembolic events related to Covishield in May 2021.
- **Occurrence Rate**: With over millions of doses administered, the rate of potential thromboembolic events for Covishield was 0.61 cases per million doses, or 0.000061%.
- **Government Assessment:** The Union Health Ministry labeled the risk as "minuscule," emphasizing Covishield's positive benefit-risk profile and its potential in combating Covid-19.
- **Covaxin's Status**: No potential thromboembolic events were reported for Covaxin, Bharat Biotech's indigenous vaccine.
- **Ethnic Risk Variation**: The Ministry highlighted scientific literature indicating a 70% lower risk of blood clotting in individuals of South and Southeast Asian descent compared to those of European descent.

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EXPANDED PROGRAMME ON IMMUNIZATION

(Syllabus: GS Paper 3 – Sci and Tech)

Make EPI an 'Essential Programme on Immunisation'



Dr. Chandrakant Lahariya

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Dr. Rakesh Kumar

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The year 2024 marks a significant milestone for immunisation programmes, both globally and in India. It commemorates 50 years since the launch of the Expanded Programme on Immunization (EPI) by the World Health Organization (WHO) in 1974. The EPI was introduced as the eradication of smallpox virus was on the horizon, and a need to leverage the then immunisation infrastructure and a trained workforce was recognised to expand the benefit of available vaccines. Following the announcement, nearly every country across the world initiated its national immunisation programme. India launched the EPI in 1978, which was later renamed as the Universal Immunization Programme (UIP) in 1985. In India, this year is also two decades since the country conducted the last nationwide independent field evaluation of the UIP, in collaboration with international experts. This is an opportune moment to assess the progress made and envision the future.

Globally, and in India, there has been significant progress in terms of the impact of immunisation and vaccines. While in 1974, there were vaccines to prevent six diseases, five decades later, there are vaccines against 13 diseases which are universally recommended; and vaccines against 17 additional diseases are recommended for a context-specific situation. There is research in progress to develop vaccines against nearly 125 pathogens – many would prevent diseases prevalent in low- and middle-income countries.

A success story

The children with three doses of DPT, a tracer indicator of coverage, has been rising over these years. In the early 1970s, around 5% of children in low- and middle-income countries had received three doses of DPT, which increased to 84% in 2022 at the global level. Smallpox has been eradicated, polio eliminated from all but two countries and many vaccine preventable diseases have nearly disappeared. In India, the coverage has increased every passing year and in 2019-21, 76% of children received the recommended vaccines.

Since the launch of EPI, studies have shown that vaccines have saved millions of lives and prevented billions of hospital visits and hospitalisations. Economic analyses have estimated that vaccines are highly cost-effective interventions, with every single dollar (or rupee) of expenditure on vaccination programmes ensuring a seven to 11-fold return.

In nearly all low- and middle-income countries, including India, the immunisation programme remains a success among all government initiatives, nearly always with far greater coverage than any other health programme. Moreover, in mixed health systems with both the public and private sector delivering services, immunisation often remains the only health intervention with greater utilisation from the government sector. For instance, in India, the share of the private sector in overall health services is nearly two thirds; however, nearly 85% to 90% of all vaccines are delivered from government facilities. Experts often argue that the immunisation coverage is a tracer indicator of the possible highest coverage any government intervention can achieve in a given setting.

Yet, it is not without challenges. In early 2023, the UNICEF's 'The State of the World's Children' report revealed a concerning trend: for the first time in more than a decade, the childhood immunisation coverage had declined in 2021. In 2022, globally, an estimated 14.3 million children were zero dose (did not receive any recommended vaccine) while another 6.2 million children were partially immunised. Over the years, the vaccination coverage in India has increased, both nationally and State-wise. However, there are persisting inequities in coverage by geography, socio-economic strata and other parameters, which demand urgent interventions.

From childhood focus to life course

It is interesting that when it comes to vaccination, people often (and wrongly) believe that the vaccines are only for children only. The truth is that in nearly 225 years since the availability of the first vaccine against smallpox in 1798, vaccines have always been available for individuals of all age groups, including adults. The first anti rabies vaccine, cholera, and typhoid vaccines developed between 1880s to mid 1890s were primarily for adults. The first vaccine ever developed in any part of the world against plague (in 1897) was from India and meant for individuals across all age groups. The BCG vaccine (against tuberculosis) was first introduced in a nationwide campaign in 1951 and was also administered to the adult population. Influenza vaccines have always been administered to adults and children alike. This history clearly illustrates that vaccines have always been intended for individuals of all age groups.

However, considering that children are most vulnerable from vaccine-preventable diseases, they have rightly been prioritised for vaccination. A few decades ago, the supply of vaccines was limited, and the financial resources and trained workforce that governments had were scarce. Thus, vaccines were aimed to be delivered to the population groups which would benefit from them the most – children.

However, in the last five decades, things have changed for the better. With increased vaccine coverage, children are better protected. However, diseases that are preventable with vaccines are increasingly becoming common in the adult population.

Therefore, it becomes imperative that government policies now focus on the vaccination of adults and the elderly, as well, as is happening in many countries. For better coverage of adult vaccines, we can learn from the past and five decades of the EPI.

First, there are some initial policy and technical discussions regarding expanding immunisation coverage in additional populations. The recent announcement on HPV vaccines for teenage girls is a good start.

However, the Indian government needs to consider providing recommended vaccines for a wider section of adults and elderly population. Considering that vaccines are highly cost effective, once recommended by the National Technical Advisory Group on Immunization (NTAGI), vaccines for all age groups should be made available as free at the government facilities.

Second, the NTAGI in India, which provides recommendations on the use of vaccines should start providing recommendations on the use of vaccines in adults and the elderly. We need to remember that once a vaccine is recommended by the government body, the coverage is likely to be far greater than if the vaccines are not recommended by the government.

Third, the prevailing myths and misconceptions about vaccines must be proactively addressed to tackle vaccine hesitancy. The government must consider the help of professional communication agencies to dispel myths (and in a layperson's language and with the use of social media). This also requires citizens to learn and educate themselves about these vaccines from reliable sources.

Fourth, various professional associations of doctors – community medicine experts, family physicians and paediatricians should work to increase awareness about vaccines among adults and the elderly. Physicians treating patients with any disease should use the opportunity to make them aware of vaccines.

Fifth, medical colleges and research institutions should generate evidence on the burden of diseases in the adult population in India.

There are studies which have noted that the introduction of new vaccines in national programmes contributes to increased coverage of all existing vaccines. Therefore, it is likely that expanding coverage of vaccines for adults and the elderly may result in improved coverage with childhood vaccines and reduced vaccine inequities. India's EPI has made major progress and it is arguably a time for another independent national level review of the UIP in India, engaging key partners and international experts.

In late 2023, India launched a pilot initiative of adult BCG vaccination as part of efforts to 'end TB' from India. The COVID-19 vaccination of the adult population has made the public sensitized to the need for and the benefits of adult vaccination. This is a right opportunity to start a new journey of adult vaccination in India. In the 50 years of the EPI, it is time for another expansion of the programme with focus on zero dose children, addressing inequities in vaccine coverage and offering vaccines to adults and the elderly. It is time to make EPI an 'Essential Program on Immunization'.

In the 50 years of the Expanded Programme on Immunization, it is time for another expansion

Context: The year 2024 recently commemorates the 50th anniversary of the **World Health Organization's Expanded Programme on Immunization (EPI),** representing a pivotal moment for global and Indian immunization efforts.

Expanded Programme on Immunization (EPI)

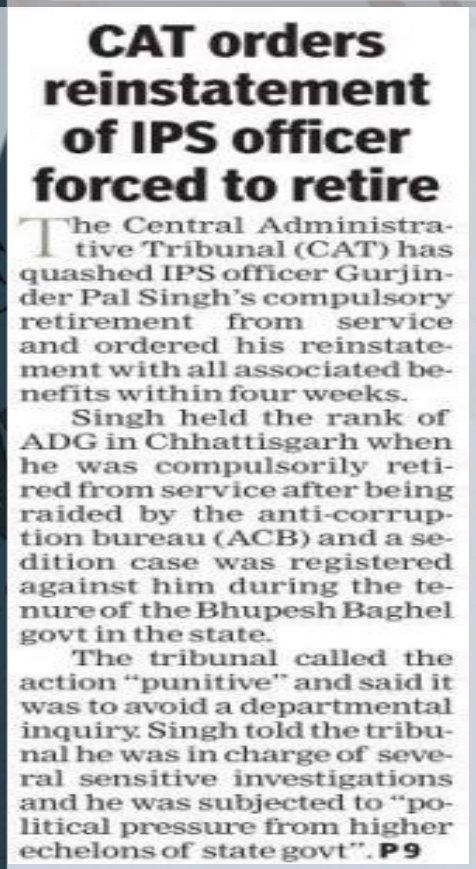
- **About:** The EPI was launched in 1974 by the World Health Organization (WHO) as a global initiative.
- **Mandate:** EPI aimed to ensure equitable access to life-saving vaccines for every child worldwide, irrespective of their geographic location or socioeconomic status.
- **Smallpox Eradication Momentum**: EPI built upon the success of the smallpox eradication effort, aiming to extend similar achievements to other vaccine-preventable diseases.
- **Evolution into EPI:** Over time, EPI transformed into the Essential Programme on Immunization, broadening its scope to encompass comprehensive immunization efforts for individuals of all ages.
- **Initial Focus:** Initially, EPI targeted protection against six childhood illnesses, including tuberculosis, diphtheria, tetanus, pertussis, polio, and measles.
- **Expansion of Vaccines**: There are now 13 vaccines (antigens) recommended by WHO for the EPI programme. They are: Bacillus Calmette-Guérin (BCG), diphtheria, pertussis, tetanus, Haemophilus influenzae type B (Hib), Hepatitis B (HepB), polio, measles, rubella, pneumococcal disease (PNC), rotavirus (Rota), human papillomavirus (HPV), and COVID-19 (for adults).

TIMES OF INDIA

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CENTRAL ADMINISTRATIVE TRIBUNAL (CAT)

(Syllabus: GS Paper 2 – Polity)



CAT orders reinstatement of IPS officer forced to retire

The Central Administrative Tribunal (CAT) has quashed IPS officer Gurjinder Pal Singh's compulsory retirement from service and ordered his reinstatement with all associated benefits within four weeks.

Singh held the rank of ADG in Chhattisgarh when he was compulsorily retired from service after being raided by the anti-corruption bureau (ACB) and a sedition case was registered against him during the tenure of the Bhupesh Baghel govt in the state.

The tribunal called the action "punitive" and said it was to avoid a departmental inquiry. Singh told the tribunal he was in charge of several sensitive investigations and he was subjected to "political pressure from higher echelons of state govt". P9

Context: The Central Administrative Tribunal (CAT) recently overturned IPS officer Gurjinder Pal Singh's compulsory retirement and directed his reinstatement into service.

Central Administrative Tribunal (CAT)

- **About**: It was established under Article 323-A of the Constitution to adjudicate disputes and complaints regarding recruitment and conditions of service in public services under the Union or other government authorities.
- **Jurisdiction**: CAT's jurisdiction extends to Ministries, Departments of the Central Government, and approximately 214 other organizations designated under the Administrative Tribunals Act, 1985.
- **Bnches**: With 17 Benches and 21 Circuit Benches spread across India, CAT ensures accessibility to justice in administrative matters.
- **Composition**: A CAT bench comprises one Judicial Member and one Administrative Member, mirroring the composition of other administrative tribunals.
  - The Chairman and Members of CAT enjoy the same conditions of service as a High Court Judge.
- **Regulation of Personnel**: Salaries, allowances, and conditions of service for CAT officers and employees are determined by the Central Government.
- **Appeals Process:** Orders of CAT can be challenged through Writ Petitions under Article 226/227 of the Constitution, filed in the respective High Court's jurisdiction.
- **Powers**:
  - CAT's jurisdiction is confined to service matters under the Administrative Tribunals Act, 1985.
  - It operates based on principles of natural justice, independent of the Civil Procedure Code.
  - CAT has the authority to establish its procedural rules.
  - It can address contempt cases related to its proceedings with the same authority as a High Court.

ECONOMIC TIMES

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DEBTS RECOVERY TRIBUNALS

(Syllabus: GS Paper 3 – Economy)

PSBs Told to Speed up Recovery at Tribunals

Around 215,000 cases are pending before debt recovery tribunals till January 2024, according to FinMin data

Dheeraj.Tiwari
@timesgroup.com

New Delhi: The Centre has directed state-owned lenders to avoid seeking unnecessary adjournments before debt recovery tribunals, a government official said.

Banks have been asked to conduct monthly reviews to expedite the debt recovery process and reconcile cases that have already been settled.

"An observation was made by Presiding Officers (POs) of debt recovery tribunals (DRTs) that the legal representative from banks often seeks adjournments on minor issues, which often leads to delays in resolution of cases," the official said, adding lenders have been told to ensure that they should advise their legal teams to keep a tab and conduct reviews on unnecessary adjournments.

As per latest data from the finance ministry, around 215,000 cases are pending before DRTs till January 2024, of which 162,000 are original applications (OAs) filed under Section 19 of Recovery of Debts and Bankruptcy Act (RDB Act), 1993. RBI data showed in FY23, around 58,000 cases with amounts totalling about ₹4.02 lakh crore were referred to DRTs.

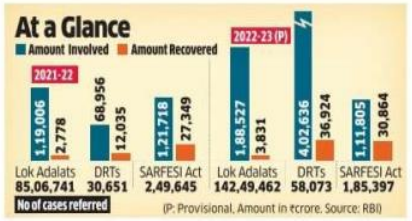
"While some pendency is on account of the legal remedies being pursued by litigants, like going to higher courts, it was pointed out that lack of an aggressive approach from bank legal representatives also led to inordinate delays," said the official cited above.

The government has also set up a panel to suggest amendments to SARFAESI and DRT Acts, including adding a provision for granting legal sanctity to e-notices to debtors to fast-track the recovery process.

"The report will be tabled soon, and necessary amendments will be pursued after the new government takes over," the official said.

Earlier this year, the finance ministry, after a review meeting to enhance efficacy of DRTs, directed banks to conduct periodic reviews of the performance of empanelled advocates and rationalise assignment of their cases, considering their performance. Banks were further directed to ensure the presence of their officers at all case hearings before judicial forums.

This February, minister of state for finance Bhagwat Karad observed that pendency is also sometimes caused by the absence of lawyers, either on one side or both sides, or by requesting adjournments.



Context: A government official recently stated that the Centre has instructed state-owned lenders to refrain from seeking unnecessary adjournments before debt recovery tribunals.

Debts Recovery Tribunals

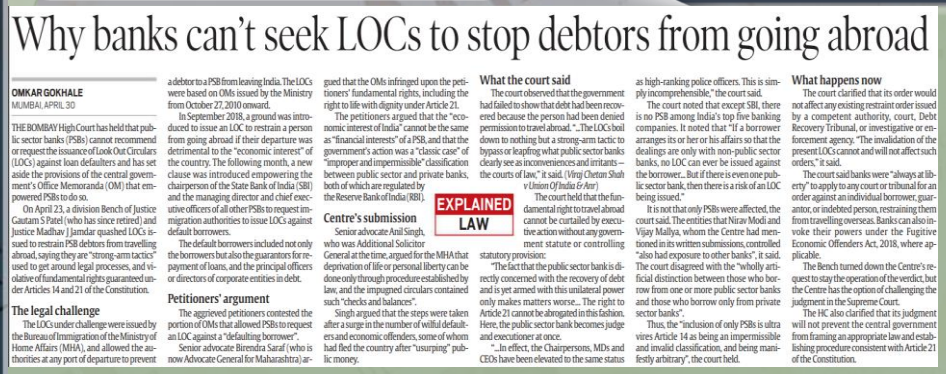
- **About**: DRTs were established to facilitate debt recovery involving banks and other financial institutions with their customers.
- **Establishment**: DRTs were set up after the passing of the Recovery of Debts due to Banks and Financial Institutions Act (RDBBFI), 1993. Section 3 of the RDDBFI Act empowers the Central government to establish DRTs.
- **Current Status**:Presently, there are 39 functioning DRTs and 5 DRATs nationwide.
- **Leadership Structure**: Each DRT is headed by a Presiding Officer, while each DRAT is headed by a Chairperson.
- **Tenure of Officers**: The Presiding Officer of a DRT serves a five-year term with eligibility for reappointment.
- **Powers and Functions**:
    - DRTs enforce provisions of the RDDBFI Act, 1993, and the SARFAESI Act, 2002.
    - They possess broad authority to issue comprehensive orders, including hearing cross suits, counter claims, and allowing set-offs.
    - However, they are limited in hearing claims of damages, deficiency of services, breach of contract, or criminal negligence by lenders.
    - DRTs can appoint Receivers, Commissioners, pass various types of orders, review their decisions, and hear appeals against Recovery Officers' orders.

INDIAN EXPRESS

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PUBLIC SECTOR BANKS

(Syllabus: GS Paper 3 – Economy)



Why banks can't seek LOCs to stop debtors from going abroad

OMKAR GOKHALE
MUMBAI, APRIL 30

THE BOMBAY High Court has held that public sector banks (PSBs) cannot recommend or request the issuance of Look Out Circulars (LOCs) against loan defaulters and has set aside the provisions of the central government's Office Memoranda (OM) that empowered PSBs to do so.

On April 23, a division Bench of Justice Gautam S Patel (who has since retired) and Justice Madhav J Jamdar quashed LOCs issued to restrain PSB debtors from travelling abroad, saying they are "strong-arm tactics" used to get around legal processes, and violative of fundamental rights guaranteed under Articles 14 and 21 of the Constitution.

The legal challenge

The LOCs under challenge were issued by the Bureau of Immigration of the Ministry of Home Affairs (MHA), and allowed the authorities at any port of departure to prevent a debtor to a PSB from leaving India. The LOCs were based on OMs issued by the Ministry from October 27, 2010 onward.

In September 2018, a ground was introduced to issue an LOC to restrain a person from going abroad if their departure was detrimental to the "economic interest" of the country. The following month, a new clause was introduced empowering the chairperson of the State Bank of India (SBI) and the managing director and chief executive officers of all other PSBs to request immigration authorities to issue LOCs against default borrowers.

The default borrowers included not only the borrowers but also the guarantors for repayment of loans, and the principal officers or directors of corporate entities in debt.

Petitioners' argument

The aggrieved petitioners contested the portion of OMs that allowed PSBs to request an LOC against a "defaulting borrower".

Senior advocate Birendra Saraf (who is now Advocate General for Maharashtra) argued that the OMs infringed upon the petitioners' fundamental rights, including the right to life with dignity under Article 21.

The petitioners argued that the "economic interest of India" cannot be the same as "financial interests" of a PSB, and that the government's action was a "classic case" of "improper and impermissible" classification between public sector and private banks, both of which are regulated by the Reserve Bank of India (RBI).

EXPLAINED LAW

Centre's submission

Senior advocate Anil Singh, who was Additional Solicitor General at the time, argued for the MHA that deprivation of life or personal liberty can be done only through procedure established by law, and the impugned circulars contained such "checks and balances".

Singh argued that the steps were taken after a surge in the number of wilful defaulters and economic offenders, some of whom had fled the country after "usurping" public money.

What the court said

The court observed that the government had failed to show that debt had been recovered because the person had been denied permission to travel abroad. "...The LOCs boil down to nothing but a strong-arm tactic to bypass or leapfrog what public sector banks clearly see as inconveniences and irritants – the courts of law," it said. (*Viraj Cheton Shah v Union Of India & Anr*)

The court held that the fundamental right to travel abroad cannot be curtailed by executive action without any government statute or controlling statutory provision:

"The fact that the public sector bank is directly concerned with the recovery of debt and is yet armed with this unilateral power only makes matters worse... The right to Article 21 cannot be abrogated in this fashion. Here, the public sector bank becomes judge and executioner at once.

"...In effect, the Chairpersons, MDs and CEOs have been elevated to the same status as high-ranking police officers. This is simply incomprehensible," the court said.

The court noted that except SBI, there is no PSB among India's top five banking companies. It noted that "If a borrower arranges its or her or his affairs so that the dealings are only with non-public sector banks, no LOC can ever be issued against the borrower... But if there is even one public sector bank, then there is a risk of an LOC being issued."

It is not that *only* PSBs were affected, the court said. The entities that Nirav Modi and Vijay Mallya, whom the Centre had mentioned in its written submissions, controlled "also had exposure to other banks", it said. The court disagreed with the "wholly artificial distinction between those who borrow from one or more public sector banks and those who borrow only from private sector banks".

Thus, the "inclusion of only PSBs is ultra vires Article 14 as being an impermissible and invalid classification, and being manifestly arbitrary", the court held.

What happens now

The court clarified that its order would not affect any existing restraint order issued by a competent authority, court, Debt Recovery Tribunal, or investigative or enforcement agency. "The invalidation of the present LOCs cannot and will not affect such orders," it said.

The court said banks were "always at liberty" to apply to any court or tribunal for an order against an individual borrower, guarantor, or indebted person, restraining them from travelling overseas. Banks can also invoke their powers under the Fugitive Economic Offenders Act, 2018, where applicable.

The Bench turned down the Centre's request to stay the operation of the verdict, but the Centre has the option of challenging the judgment in the Supreme Court.

The HC also clarified that its judgment will not prevent the central government from framing an appropriate law and establishing procedure consistent with Article 21 of the Constitution.

Context: The Bombay High Court has held that **public sector banks (PSBs) cannot recommend or request** the issuance of Look Out Circulars (LOCs) against loan defaulters and has set aside the provisions of the central government's Office Memoranda (OM) that empowered PSBs to do so.

Court's Observation

- **Critique of LOCs**: The court criticized LOCs as mere strong-arm tactics to bypass legal procedures, implying they were used by public sector banks to avoid legal inconveniences.
- **Fundamental Right Upheld**: The court upheld the fundamental right to travel abroad, asserting it cannot be restricted by executive actions without proper statutory provisions.
- **Criticism of Bank's Unilateral Power**: The court condemned the unilateral power granted to public sector banks in matters of travel restriction, asserting it violated Article 21 rights.
- **Bank's Dual Role**: The court highlighted the conflict of interest where public sector banks act as both judge and executioner in debt recovery, undermining fair legal processes.

Public Sector Banks

- **Ownership Structure**: Public Sector Banks (PSBs) are characterized by government ownership exceeding 50%.
- **Government Regulation**: Due to government ownership, financial guidelines for PSBs are regulated by the government, instilling a sense of security among depositors.
- **Customer Base**: Public sector banks typically boast a large customer base, owing to the perceived security of deposits.
- **Exemplary Case**: The State Bank of India (SBI) stands as the largest public sector bank in India, with the Indian government holding more than 63% of its shares.

Legal Challenge

- **Issuing Authority**: The LOCs under challenge were issued by the Bureau of Immigration of the Ministry of Home Affairs (MHA).
- **Purpose**: These LOCs allowed the authorities at any port of departure to prevent a debtor to a PSB from leaving India.
- **Legal Basis:** The LOCs were based on Office Memorandums (OMs) issued by the Ministry from October 27, 2010 onward.

ECONOMIC TIMES

Apr 30

STREEDHAN PROPERTIES

(Syllabus: GS Paper 3 – Economy)

Husband has no control over wife's 'stridhan,' rules Supreme Court

Context: The Supreme Court recently reaffirmed that stridhan remains the "absolute property" of a woman, emphasizing that husbands hold no authority over it.

Streedhan Properties

- **Definition**: Streedhan properties encompass gifts bestowed upon a woman before, during, or after marriage, inclusive of assets received at the time of bidding farewell.
- **Essentials**: It constitutes all movable and immovable assets, including gifts, acquired by the woman throughout her life, covering periods such as pre-marriage, marriage, childbirth, and widowhood.
- **Stridhan Nature**: Streedhan is endowed voluntarily to the woman, devoid of any coercion or undue influence, ensuring her absolute ownership.
- **Breakdown of Marriage**: In the event of marital dissolution, the woman retains the right to reclaim her Streedhan assets.
- **Legality**: The act of endowing Streedhan is legally recognized, offering protection to the woman's ownership rights.
- **Governing Act**: Streedhan properties are governed by the Hindu Succession Act of 1956, safeguarding women's inheritance and property rights.

Legal Judgments on Stridhan Property

- **Family Court Decision:** The Family Court, in 2011, ruled in favor of the appellant, finding that the husband and his mother misappropriated her gold jewellery.
- **Kerala High Court's Intervention**: The Kerala High Court, however, partially overturned the Family Court's decision, stating that the woman failed to prove the misappropriation of gold jewellery by the husband and his mother.
- **Judicial Interpretation:** Justices emphasized that 'stridhan' property remains the absolute property of the wife and doesn't become joint property with the husband.

TRIBUNE Apr 30

KALESAR WILDLIFE SANCTUARY
(Syllabus: GS Paper 3 – Eco and Environment)

Supreme Court stays construction of four dams inside Haryana's Kalesar Wildlife Sanctuary

Context: The Supreme Court has stayed the construction of 4 dams in the Kalesar Wildlife Sanctuary following the Wildlife Institute of India' report.

Kalesar Wildlife Sanctuary

- **Location:** Situated in Haryana, Kalesar Wildlife Sanctuary is a haven for nature lovers and wildlife enthusiasts.
- **Establishment**: Designated as a sanctuary in 1996, Kalesar National Park (KNP) and Kalesar Wildlife Sanctuary (KWLS) represent the westernmost edge of the Terai Arc Landscape within the Shivalik mountain range.
- **Significance of Name**: Named after the Kaleshwar temple, the sanctuary is graced by the presence of the Yamuna River on one of its sides.
- **Coverage**: Spanning across 11,000 acres, the sanctuary is a vital part of Haryana's natural heritage.
- **Flora**: Khair and Sal trees, providing a habitat for diverse wildlife.
- **Fauna:** Leopards, sambar deer, barking deer, hyenas, and many more, Kalesar Wildlife Sanctuary boasts a rich biodiversity.
- **Topography**: From plains to hills reaching an elevation of 700 meters, the sanctuary's landscape is marked by narrow valleys locally known as 'khols' and seasonal rivulets called 'soats'.
- **Dams:** Chikan, Kansli, Khillanwala, and Ambawali, enhancing its ecological diversity.

DTE Apr 30

RED COLOBUS

(Syllabus: GS Paper 3 – Eco and Env)

Red Colobus: Conserving these Old World primates could help save Africa's tropical forests, says study



Context: A recent study by an international team of scientists highlighted that Red colobus monkeys serve as primary indicators of biodiversity decline in the continent's tropical forests, suggesting that conserving them could be crucial for protecting these vital ecosystems.

Red Colobus

- **About:** These a rare group of imperilled monkeys spread across Africa.
- **Classification:** Red colobuses belong to the Old World monkey genus Piliocolobus, formerly considered a subgenus within Procolobus.
- **Relationship with Other Species**: They are closely related to black-and-white colobus monkeys and are often found in groups with blue monkeys.
- **Hunting**: The western red colobus faces significant predation pressure from common chimpanzees.
- **Geographical Distribution**: Red colobus monkeys inhabit regions spanning from Senegal to Zanzibar.
- **Dietary Distinction**: Red colobus monkeys represent one of two major simian groups globally, known as colobines.
- **Feeding Behavior**: Colobines, including red colobus monkeys, primarily consume leaves, distinguishing them from the omnivorous cercopithecines.
- **Complexity**: Colobines, encompassing species like langurs and African colobus monkeys, must carefully select and process plant materials due to their specialized diet.
- **IUCN Status**: Critically Endangered.

ECONOMIC TIMES

Apr 30

SALMONELLA

(Syllabus: GS Paper 3 – Sci and Tech)

After pesticide, MDH now faces heat for Salmonella contamination. Here's what it is

Context: The United States has reportedly refused almost a third of shipments from MDH since October 2023 due to salmonella contamination.

Salmonella

- **About**: It is a group of bacteria causing gastrointestinal illness known as salmonellosis.
  - It resides naturally in the intestines of animals and can be present in their faces.
- **WHO & Salmonella**: The World Health Organisation (WHO) identifies Salmonella as **one of four key global causes of diarrhoeal diseases.**
- **Transmission:** Humans can contract Salmonella by coming into contact with infected animals or contaminated items in their surroundings.
  - The WHO says Salmonella can pass through the entire food chain from animal feed, primary production, and all the way to households or food-service establishments and institutions.
- **Survivability and Distribution**: Salmonella is ubiquitous and robust, capable of surviving for weeks in dry environments and months in water.
- **Symptoms**: Diarrhea, fever, and stomach discomfort.
- **Risk Group**: Certain demographics, like children under 5, adults over 65, and those with weakened immune systems, are at higher risk.
- **Severity of Illness**: Individuals with weakened immune systems may experience more severe illness, requiring medical attention or hospitalization.

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