



SOCIAL ISSUES

(May 2017 – February 2018)

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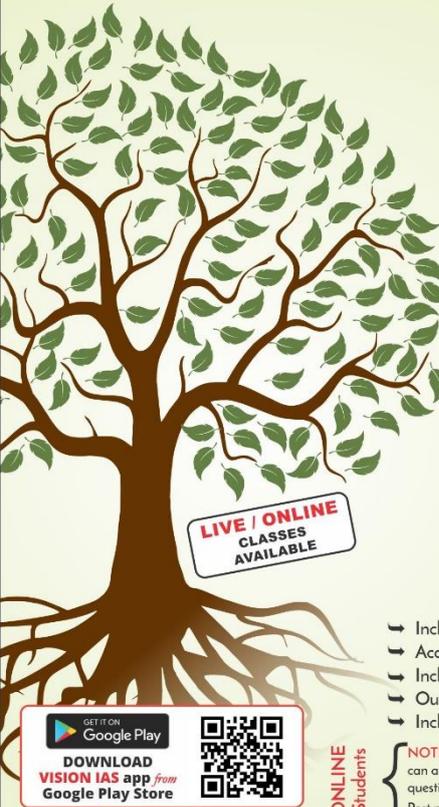
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1. GENDER RELATED ISSUES

1.1. MISUSE OF ANTI-DOWRY LEGISLATION

Why in News?

Supreme Court has ordered a number of safeguards to prohibit the misuse of the anti-dowry provisions, under section **498a of IPC**.

Anti Dowry Act 1961

- It prohibits the giving and taking of dowry.
- It had **consolidated the anti-dowry** laws which had been passed in certain states.
- It **defined dowry as any property or valuable security given or agreed to be given in connection with the marriage.**
- It does not apply for the presents given at the time of wedding.

Changes by Supreme Court

- It called for **involvement of civil society and sensitisation of investigation officers.**
- The court ordered setting up of **Family Welfare Committees** (to be set up by **District Legal Services Authorities**) in every district to look into complaints related to Section 498a of IPC.
- No arrest should normally be affected until the committee submits its report on the matter.
- There must be a **designated officer to investigate** such complaints who should be cautious in matters of bail.
- The court also made it clear that these directions will not apply in offenses in which there is tangible physical injury or death.

Related Provisions of IPC

- **Section 498A**- Whoever, being the husband or the relative of the husband of a woman, subjects such woman to cruelty shall be punished with imprisonment for a term which may extend to three years and shall also be liable to fine. It is *separate from the Anti Dowry Act*.
- **Section 304B** relates to Dowry Deaths.

1.2. TRIPLE TALAQ

Why in news?

The two recent developments related to triple talaq are:

- Recently, constitution Bench set aside the practice of instant triple talaq (talaq-e-bid'a) in Shayara Bano case.
- Also, Lok Sabha passed 'The Muslim Women (Protection of Rights on Marriage) Bill, 2017'.

Background

- In 2002 case, a two-judge bench of the Apex Court had delegitimised this instant talaq (Shamim Ara case). However, it was invalid only when it was not properly pronounced and not preceded by attempts at reconciliation.
- This latest ruling completely and unconditionally invalidates **talaq-e-bid'a**
- The **Koranic procedure of talaq** is the only way by which Muslim husband will be able to divorce his wife from now on.

The Muslim Women (Protection of Rights on Marriage) Bill, 2017

- It makes all declaration of talaq, including in written or electronic form, to be **void and illegal**. It **defines talaq as talaq-e-biddat** or any other similar form of talaq pronounced by a Muslim man resulting in instant and irrevocable divorce. **Talaq-e-biddat** refers to the practice under Muslim personal laws where pronouncement of the word 'talaq' thrice in one sitting by a Muslim man to his wife results in an instant and irrevocable divorce.
- **Offence and penalty**- It makes declaration of **talaq a cognizable and non-bailable offence**. A husband declaring talaq can be imprisoned for up to three years along with a fine.
- **Allowance**- A Muslim woman, against whom talaq has been declared, is entitled to seek **subsistence allowance** from her husband for herself and for her dependent children. The amount of the allowance will be decided by a First Class Magistrate.
- **Custody of minor children** will be determined by the Magistrate.

1.3. SHE-BOX

Why in News?

Recently government launched an **online platform, SHe-Box**, which enables women employees to file complaints related to **sexual harassment at the workplace**.

Highlights of SHe-box

- It seeks to ensure effective implementation of the **Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 [SHW ACT]**.
- Once a complaint is submitted to the portal, it will be directly sent to the ICC/LCC of the concerned authority having jurisdiction to take action into the matter.
- Both, Ministry of Women & Child Development Ministry as well as complainant, **can monitor the progress of inquiry**.
- Users of SHe-Box also have the option of interacting with Ministry of WCD through this portal, with an assured time-bound response.

Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013:

- It **defines sexual harassment** at the work place and creates a mechanism for redressal of complaints. It also provides **safeguards against** false or malicious charges.
- It includes **all women** both from organised and unorganised, public or private sectors, regardless of hierarchy. The **domestic workers** are also included within its ambit.
- Every employer is required to constitute an **Internal Complaints Committee (ICC)** at each office or branch with 10 or more employees. The District Officer is required to constitute a **Local Complaints Committee (LCC)** at each district, and if required at the block level.
- The **Complaints Committees** have the powers of civil courts for gathering evidence. They are required to provide for conciliation before initiating an inquiry, if requested by the complainant.
- Penalties have been prescribed for employers for non-compliance of the act and repeated violations.

1.4. GLOBAL GENDER GAP REPORT 2017

Why in news?

Recently, World Economic Forum released the Global Gender Gap Report.

Global Gender Gap Report

- The report was introduced by the **World Economic Forum** in 2006 as a framework for capturing the magnitude of gender-based disparities and tracking their progress over time.
- It captures four dimensions **Economic Participation and Opportunity, Educational Attainment, Health and Survival and Political Empowerment**.

Findings of the Report

- According to the latest report, **about 32% of the gender gap still remains to be closed as compared to 31.7% in 2016**.
- **Iceland** was ranked 1st in the list of 144 countries.
- A significant feature of the 2017 report is that it analyses the dynamics of gender gaps across **industry talent pools and occupation**. It found that men were distinctively under-represented in Education and Health sector where as women in Engineering, Manufacturing Construction and IT etc.

Gender Gap in India

- India has closed its gender gap by 2 per cent in a year but slipped 21 ranks to 108.
- India's greatest challenge lies in the **economic participation and opportunity pillar** where it ranked 139 and **health and survival pillar** where it ranks 141.
- India ranked 15th in terms of **political participation** and 112 in terms of **education attainment**.

1.5. WOMEN SET TO BE INDUCTED IN TERRITORIAL ARMY (TA)

Why in news?

Delhi High court has paved way for induction of women into TA units by quashing Centre's notification barring the same.

WHAT IS TERRITORIAL ARMY?

- The Territorial Army (TA) is a voluntary force of civilians donning the uniform for a few months every year without joining the regular Army
- Those interested can join the TA from the age of 18-42 years
- One of the eligibility criteria is that an individual must be well-settled and employed
- The maximum rank reached is that of a Brigadier
- The TA also has departmental units such as Railways, IOC, ONGC etc
- The TA was raised by the British in 1920 with two wings, one for Europeans and Anglo-Indians, the other for Indian volunteers
- Of Late, the TA has become a way of lateral entry with officers being take for full-time employment
- It is a part of the regular Army and assists it in civil administration, maintenance of essential services and so on

In 1948 the Territorial Army Act was passed

Details

- **Section 6 of the Territorial Army Act,1948** lays down rules on who is eligible for enrolment in the Territorial Army, which is also known as the second line of defense after the regular Army.
- As per the rules, TA recruited only gainfully employed men and thus barring women's entry in infantry units in army.
- The two judge High Court bench held that policy of restriction on enrolment of women ultra vires Articles 14, 15, 16 and 19(1)(g) of the Constitution of India.

Current Status of women in Defense forces

- The Indian Army, the Indian Navy and the IAF allow women in various courses but till recently restricted their entry into combat roles.
- Indian Airforce and Indian Navy in 2015 and Indian Army in 2017 allowed women in combat roles.

1.6. SCHEMES FOR ECONOMIC EMPOWERMENT OF WOMEN

1.6.1. KANYASHREE PRAKALPA SCHEME

Why in news?

- West Bengal Government's Kanyashree Prakalpa scheme has won the United Nations Public Service Award.

- India was named first in the Asia-Pacific group for the category: 'Reaching the Poorest and Most Vulnerable through Inclusive Services and Participation'.

About Kanyashree Prakalpa Scheme

- It seeks to improve the status and wellbeing of girls, specifically those from socio-economically disadvantaged families through Conditional Cash Transfers aimed at incentivizing for continuing education and disincentivizing marriage till the age of 18.

1.6.2. PRADHAN MANTRI MAHILA SHAKTI KENDRA (PMMSK)

Why in news?

Recently the Government introduced a new scheme 'Pradhan Mantri Mahila Shakti Kendra' (PMMSK) under the umbrella scheme "Mission for Protection and Empowerment for Women" of the Ministry of Women and Child Development.

More about PMMSK

- It will act as -
 - One-stop convergence **support service for empowering rural women** with opportunities for skill development, digital literacy, health and nutrition and employment.
 - Way to improve declining child sex ratio (CSR).
 - An interface for rural women to approach government for getting their entitlements.
 - It is envisaged to work at various levels. While, National level (domain-based knowledge support) and State level (State Resource Centre for Women) structures will provide technical support to the respective government on issues related to women, the District and Block level Centres will provide support to MSK and also give a foothold to BBBP in 640 districts to be covered in a phased manner.
 - Student volunteers will provide an interface for rural women to approach the government for availing their entitlements.

1.6.3. 'SHE MEANS BUSINESS' PROGRAMME

- Recently Odisha Government launched SheMeansBusiness program to train women entrepreneur and Self Help Groups (SHGs).
- Under the Scheme, 25,000 women entrepreneurs and Self Help Groups will be provided **training on Digital Marketing** skills within next one year free of cost.
- Facebook will also develop a **database of entrepreneurs** and track their **growth, turnover and profit** after one year.
- This is a joint venture between **MSME Department, Directorate of Mission Shakti and Facebook**.

Mission Shakti

- It is one of the **key initiatives** undertaken by government of Odisha for women empowerment
- It promotes women's SHGs with a specific aim of economic empowerment.

1.7 SCHEMES IN CONTEXT OF VIOLENCE AGAINST WOMEN

1.7.1. SWADHAR GREH SCHEME

- It targets the **women victims of difficult circumstances** (including the victims of sexual harassment) who are in need of institutional support for **relief and rehabilitation**, so that they could lead their life with dignity.
- **Ministry of Women and Child Development** is administering the scheme, focusing on establishing **one Swadhar Greh in each district**.
- It is **incumbent upon the State/UTs** to setup the Swadhar Grehs in their State/UTs.

1.7.2. NIRBHAYA FUND

- The Ministry of Finance, Government of India had set up a dedicated fund called Nirbhaya Fund in 2013, for implementation of initiatives aimed at enhancing the safety and security for women in the country.
- It is a non-lapsable corpus fund.
- Various schemes and programmes, related to security of women, are being implemented under the fund by the Ministry of Women and Child Development along with various other ministries.

- 3 such schemes are- 'One Stop Centre', 'Universalisation of Women Helpline' and 'Mahila Police Volunteer'.
- **Central Victim Compensation Fund** has been created under Nirbhaya, which is a corpus fund to support States/UTs for their Victim Compensation Scheme. This helps in ensuring adequate and timely support for women survivors of crime and violence.

1.8. SCHEMES TO DEAL WITH SON PREFERENCE & GIRL CHILD DISCRIMINATION

1.8.1. BETI BACHAO BETI PADHAO

Why in news?

- Recently, The Ministry of Women and Child Development (WCD) had claimed an increase in sex ratio under BBBP scheme.

Sex Ratio at Birth (SRB): is the number of girls born per 1,000 boys.

Child Sex Ratio: is the number of girls per 1,000 boys between 0-6 years of age. In India it is 919 females per 1000 males.

Other Initiatives to augment the BBBP outcomes

- **'Sukanya Samridhi Account:** is a small deposit scheme for the girl child with a higher interest rate of 9.1 per cent and income-tax benefit. It is also a part of BBBP.
- **Selfie with daughter:** An initiative with the aim to motivate society to feel proud to be parents of a girl child.
- **Balika Manch-** under BBBP to encourage girl students' participation and improve awareness related to gender issues.

Background

- The trend of decline in the Child Sex Ratio (CSR), defined as number of girls per 1000 of boys between 0-6 years of age, has been unabated since 1961.
- The decline from 945 in 1991 to 927 in 2001 and further to 919 in 2011 is alarming.
- The decline in the CSR is a major indicator of women disempowerment. CSR reflects both, **pre-birth discrimination** manifested through gender biased sex selection, and **post birth discrimination** against girls.

Beti Bachao Beti Padhao Scheme

- Launched in 2015 at Panipat, Haryana to address the declining Child Sex Ratio (CSR)

and related issues of women empowerment over a life-cycle continuum.

- It is a **tri-ministerial effort** of Ministries of Women and Child Development, Health & Family Welfare and Human Resource Development.
- The objectives of this initiative are:
 - Prevention of gender biased sex selective elimination
 - Ensuring survival & protection of the girl child
 - Ensuring education and participation of the girl child
- The scheme has **no provision for individual cash transfer** component or Direct Benefit Transfer scheme.
- The efforts include;
 - Enforcement of **Pre-Conception & Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994**
 - Nation-wide awareness and advocacy campaign and multi-sectoral action in select districts (low on CSR) in the first phase.
 - Emphasis on mindset change through training, sensitization, awareness raising and community mobilization on ground.
- Help from **grass root participants** like, ANM (Auxiliary Nurse Midwife) and ASHA (Accredited Social Health Activists) is prescribed to 'encourage' the community and its members to promote girls' education, nurture their health, etc.
- It is mandatory to display gender disaggregated data related to birth of girls and boys through the '**Guddi-Gudda**' boards which are to be displayed at prominent public places like Panchayats, Anganwadi Centres, etc.

**The scheme is a collaborative initiative under-
Ministry of WCD**

- Promote registration of pregnancies in first trimester in Anganwadi Centres (AWCs)
- Undertake training of stakeholders
- Community mobilization & sensitization
- Involvement of gender champions
- Reward & recognition of institutions & frontline workers.

Ministry of Health & Family Welfare

- Monitor implementation of Pre-Conception and Pre-Natal Diagnostic Techniques (PCP&DT) Act, 1994
- Increased institutional deliveries

- Registration of births

Ministry of Human Resource Development

- Universal enrolment of girls
- Decreased drop-out rate
- Girl Child friendly standards in schools
- Strict implementation of Right to Education
- Construction of Functional Toilets for girls.

About PCPNDT Act, 1994

- At the national level the Act was enacted on September 20, 1994. This act came into force in the year 1996.
- It was amended in 2003 to improve regulation of technology capable of sex selection.
- The main purpose of enacting the PC & PNDT (prohibition of Sex Selection) Act, 1994 has been to:
 - Ban the use of sex selection techniques before or after conception
 - Prevent the misuse of pre-natal diagnostic techniques for sex selective abortions
 - Regulate such techniques
- All bodies under the Act cannot function unless registered.
- It prohibits sex selection before or after conception and misuse of pre-natal diagnostic techniques for determination of the sex of the foetus and also advertisements in relation to such techniques for detection or determination of sex.
- The Act and Rules deal elaborately with the maintenance and preservation of proper records.
- The Appropriate Authorities are empowered with the powers of Civil Court for search, seizure and sealing the machines, equipments and records of the violators of law including sealing of premises and commissioning of witnesses.

1.8.2. MISSION FOR PROTECTION AND EMPOWERMENT FOR WOMEN

Why in news?

Recently, Cabinet approved the expansion of **Mission for Protection And Empowerment for Women**.

About Mission for Protection and Empowerment for Women

- It is a **social sector welfare schemes** for care, protection and development of women.

- It aimed at **improving the declining Child Sex Ratio**; ensuring survival & protection of the girl child; ensuring her education and empowering her to fulfill her potential.

About National Mission for empowerment of Women

- **Aim:** To achieve holistic empowerment of women through convergence of schemes/programmes of different Ministries/ Department of Government of India as well as State Governments.
- It provides expert and technical support in
 - Poverty alleviation economic empowerment,
 - Health and nutrition,
 - Gender budgeting & Gender mainstreaming,
 - Gender rights gender based violence & law enforcement,
 - Empowerment of vulnerable & marginalised groups,
 - Social empowerment & education.
 - Media and advocacy and
 - Information technology
- **Nodal agency:** Ministry of Women and Child Development (MWCD)
- **Coverage area:** All State/UTs will be covered under this Scheme through the State Resource Centre for Women (SRCWs).
- **Implemented** through the States/UTs and Implementing Agencies.

1.9. SCHEMES RELATED TO WOMEN'S HEALTH

1.9.1. PROJECT STREE SWABHIMAN

Why in news?

Recently, Ministry of Electronics and Information technology (MeITY) announced a project Stree Swabhiman.

About the project

- It aims to create a sustainable model for providing adolescent girls and women **affordable sanitary products in rural areas**.
- According to health ministry data, only 12% of India's 355 million women use sanitary napkins while remaining resort to unsanitary alternatives due to which 70% of these women suffers from the incidents of reproductive tract infection.
- Under this project, sanitary napkin micro manufacturing units (semi-automatic and manual process production unit) are being set up at Common Service Centres across India, particularly those operated by women entrepreneurs.

Common Services Centers (CSCs) are ICT enabled kiosks with broadband connectivity for delivery of essential public utility services, social welfare schemes, healthcare, financial, education and agricultural services, apart from host of B2C services to citizens in rural and remote areas of the country.

- The product will be sold under local brand name and marketed by village level entrepreneurs.
- Each facility will **employ 8-10 women** to **educate** women of their society to overcome this social taboo.
- It also has a menstrual hygiene related **awareness generation component** and is also expected reduce drop out rates in girls on reaching puberty.

Other related schemes

Menstrual Hygiene Scheme (MHS)

- Being implemented by **Health Ministry** as part of **Rashtriya Kishor Swasthya Karyakram**.
- It provides subsidized sanitary napkins among adolescent girls residing primarily in rural areas.
- **Aim:** to reach 15 million girls aged 10 to 19 and in 152 districts across 20 states

Menstrual Hygiene Management National Guidelines, 2015

- Issued by **Ministry of Drinking Water & Sanitation**.
- It covers the aspects of providing adolescent girls with menstrual hygiene management choices and menstruation hygiene management infrastructure in schools and the safe disposal of menstrual waste.

Rashtriya Madhyamik Shiksha Abhiyan

- Under this centrally sponsored scheme of **Ministry of Human Resource Development**, sanitary pads are provided in schools and girls hostels.

1.9.2. SUB-SCHEMES UNDER ICDS

Why in news?

Recently, Cabinet Committee on Economic Affairs approved the continuation of the sub-schemes under ICDS.

Supplementary Nutrition Programme (ICDS)

- Designed to bridge the gap between the Recommended Dietary Allowance (FDA) and the Average Daily Intake (ADI).
- Provide Take Home Ration (THR) in the form of Micronutrient Fortified Food and/or energy-dense food marked as 'ICDS Food Supplement' for various age groups of children.

Integrated Child Development Scheme

- It is a flagship government scheme which aims to improve the nutrition and health status of children in age group of 0-6 years and lays foundation of psychological, physical and social development of the child.
- It was launched to reduce the incidence of mortality, morbidity, malnutrition and school dropout among children.
- It provides an **integrated package of six services** which include i) Supplementary nutrition programme (ii) Immunization (iii) Health check-up (iv) Referral services (v) Pre-school non-formal education and (vi) Nutrition & health education.
- It involves 5-tier monitoring and review mechanism at National, State, District, Block and Anganwadi Levels.
- It also aims to enhance the capability of mothers to take care of the health and nutritional needs of the children.
- In 2016-17, government had rationalised some schemes such as **Anganwadi Services, Scheme for Adolescent Girls, Child Protection Services and National Crèche Scheme** and brought them under **Umbrella ICDS** as its sub-schemes. These schemes have been continuing since 12th Five year plan.

Sub-Schemes under Umbrella ICDS

- **Anganwadi Services** – It is for holistic development of children under the age of 6 year and pregnant and lactating women.
- **Scheme for Adolescent Girls** – It aims to facilitate, educate and make them self-reliant through improved nutrition and health status.
- **Child Protection Services** – It aims to provide safe and secure environment for children in conflict with law and children in need of care and protection and reduce vulnerabilities.
- **National Crèche Services** – It aims to provide a safe place for children of working mothers while they are at work. Thus, empowering them to take up employment.

1.10. MATERNITY BENEFIT SCHEMES

1.10.1. VATSALYA-MAATRI AMRIT KOSH

Why in News?

- National Human Milk Bank and Lactation Counselling Centre (Vatsalya – Maatri Amrit Kosh) has been set up at Lady Hardinge Medical College Delhi.
- It is established in collaboration with the Norwegian government, Oslo University and Norway India Partnership Initiative (NIPI).

MAA (Mothers Absolute Affection)

- Flagship programme to **ensure that adequate awareness** is generated among masses, especially mothers and related family of newly born child, about the **benefits of breastfeeding**.
- To enhance optimal breastfeeding practices. Programme will focus on **initiation of breastfeeding within an hour of birth, exclusive breastfeeding for the first six months**, and continued breastfeeding for **at least two years**
- Training for nurses in government hospitals, Accredited Social Health Activists (ASHA), Auxiliary Nurse Mid-wives (ANM) to provide relevant information and counselling support to mothers for breastfeeding.
- **MAA secretariat** and a **steering committee** will be created in all states and at the district level.
- The programme will be **monitored by UNICEF** and other partners.

Background

- In India, nearly 13% of newly born children die below 5 years of age, owing to poor breastfeeding practices.
- Despite the institutional delivery has increased to 78.9% of total delivery, the early initiation of breastfeeding is only 40% of total lactating mother.

1.10.2. PRADHAN MANTRI MATRU VANDANA YOJANA

Why in News?

- Recently, draft guidelines for implementation of **Pradhan Mantri Matru Vandana Yojana (PMMVY)** have been prepared by the **Ministry of Women and Child Development**.

Pradhan Mantri Matritva Vandana Yojana was previously known as Indira Gandhi Matritva Sahyog Yojana.

Features

- The draft guidelines provide for
 - Aadhaar linkage
 - **Direct Benefit Transfer** of Rs. 5000 in beneficiary's bank/post office account in three instalments
 - ✓ at the stage of early registration of pregnancy
 - ✓ after six months of pregnancy on at least one antenatal check-up and registration of child birth &
 - ✓ first cycle of immunization of the child.
- It is **Centrally Sponsored Scheme**. The cost sharing ratio between –
 - The Centre and the States & UTs with Legislature is 60:40
 - For North-Eastern States & three Himalayan States, it is 90:10, &
 - 100% Central assistance for Union Territories without Legislature.

About the Scheme

- It is available to all Pregnant Women & Lactating Mothers (PW&LM) except those in regular employment with the **Central or State Government or PSU** or those who are in receipt of similar benefits under any law for the time being in force.
- It is available for first living child of the family as normally, the first pregnancy of a woman exposes her to new kind of challenges and stress factors.
- The objectives of the scheme are-
 - **providing partial compensation** for the wage loss in terms of cash incentives so that the woman can take adequate rest before and after delivery of the first living child; and
 - the compensation provided would lead to improved health seeking behavior amongst the Pregnant Women and Lactating Mothers.

1.10.3. MATERNITY BENEFIT (AMENDMENT) ACT, 2017

Why in News?

Maternity Benefit Amendment Act, 2017 were recently notified.

Important Provisions of the Act

- It amends the Maternity Benefit Act, 1961.
- It has **increased the duration of paid maternity leave** available for women employees to 26 weeks from 12 weeks. However, the increased Maternity Benefit is only available for the first two children.
- It has extended the benefits applicable to the **adoptive and commissioning mothers** and provides that woman who adopts a child will be given 12 weeks of maternity leave.
- It has introduced an enabling provision relating to “**work from home**” that can be exercised after the expiry of 26 weeks’ leave period.
- It has mandated **crèche facility** for every establishment employing 50 or more employees.
- Every establishment will be required to provide woman, at the time of her initial appointment, with information about every benefit available under the Act.

1.11. OTHER SCHEMES

1.11.1. ONLINE PORTALS ‘NARI’ AND ‘E-SAMVAAD’

Why in news?

The government has launched two online portals- ‘NARI’ and ‘e-Samvaad’.

NARI

- Due to scattered information on various women centric schemes/legislations there is a lack of awareness among people regarding the same. To address this problem government launched NARI portal as a **single window access to information and services**.
- It is a Mission Mode Project under the National E-Governance Plan (designed and developed by National Informatics Centre (NIC), Ministry of Electronics & Information Technology).

e-samvaad Portal

- It is a **platform for NGOs and civil society** to **interact** with the Ministry of Women and Child Development (MWCD) by providing their feedback, suggestions, put up grievances, share best practices etc.

- This will help in formulation of effective policies and measures for welfare of women and children.

1.12. DEVELOPMENTS RELATED TO TRANSGENDER

- India's First Transgender Sports meet was organized by the **Kerala State Sports Council** at Thiruvananthapuram.

- **Kerala was the first state which formulated the Transgender Policy** to enforce the constitutional rights of transgenders.
- **Odisha** is the first region in the country to give transgender people social welfare benefits - such as a pension, housing and food grains.
- **Andhra Pradesh**, also, recently announced pension scheme for transgender community.

फाउंडेशन कोर्स सामान्य अध्ययन

इन्वेटिव क्लासरूम प्रोग्राम के घटक

○ प्रारंभिक और मुख्य परीक्षा के लिए

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- ▶ मौलिक अवधारणाओं की समझ के विकास एवं विश्लेषणात्मक क्षमता निर्माण पर विशेष ध्यान
- ▶ एनीमेशन, पॉवर प्वाइंट, वीडियो जैसी तकनीकी सुविधाओं का प्रयोग
- ▶ अंतर - विषयक समझ विकसित करने का प्रयास
- ▶ योजनाबद्ध तैयारी हेतु करंट ओरिएंटेड अप्रोच
- ▶ नियमित क्लास टेस्ट एवं व्यक्तिगत मूल्यांकन
- ▶ कॉम्प्रीहेंसिव स्टडी मटेरियल
- ▶ **PT 365** कक्षाएं
- ▶ **MAINS 365** कक्षाएं
- ▶ **PT** टेस्ट सीरीज
- ▶ मुख्य परीक्षा टेस्ट सीरीज
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- ▶ सीसेट टेस्ट सीरीज
- ▶ निबंध लेखन - शैली की कक्षाएं
- ▶ करंट अफेयर्स मैगजीन

2. CHILD RELATED ISSUES

2.1. CHILD LABOUR

Why in news?

India has ratified two key ILO conventions on child labour: The Minimum Age Convention (No 138) and the Worst Forms of Child Labour Convention (No 182).

Background

- The main bottleneck in the way of India ratifying Conventions 182 and 138 was addressing forced or compulsory recruitment of children and appropriately raising the age of employment in hazardous occupations from 14 to 18 years.
- Consequent to the passing of the Child Labour (Prohibition and Regulation) Amendment Act, 2016 by the Indian Parliament, prohibiting the employment of children up to 14 years of age, and children up to 18 years of age in hazardous occupations, India could now ratify Conventions 182 and 138.

The Minimum Age Convention (No 138)	The Worst Forms of Child Labour Convention (No 182)
It requires ratifying states to pursue a national policy for effective abolition of child labour and to raise progressively the minimum age for admission to employment or work.	By ratifying this Convention, a country commits itself to taking immediate action to prohibit and eliminate the worst forms of child labour. The worst forms of child labour prohibited under this are all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict.

Related Information

India is a **founder member** of the International Labour Organization (ILO), which came **into existence in 1919**.

Conventions and Recommendations: ILO sets **International labour standards** in the form of conventions and recommendations. They are legal instruments. **Conventions** are legally binding international treaties that may be ratified by member

states while **recommendations** serve as non-binding guidelines. In many cases, a convention lays down the basic principles to be implemented by ratifying countries, while a related recommendation supplements the convention by providing more detailed guidelines on how it could be applied. Recommendations can also be autonomous, i.e. not linked to any convention.

Fundamental conventions: The ILO's Governing Body has identified eight conventions as "fundamental" or Core. They cover subjects that are considered as fundamental principles and rights at work. These principles are also covered in the ILO's Declaration on Fundamental Principles and Rights at Work (1998).

With ratification of these two core ILO conventions, India has now ratified 6 out of 8 core ILO conventions. The other four core **ILO conventions ratified by India** are:

- Forced labour convention (No 29) and Abolition of Forced Labour convention (No 105) relating to abolition of forced labour,
- Equal Remuneration convention (No 100)
- Discrimination (Employment and Occupation) convention relating to removing discrimination between men and women in employment and occupation.

Two core **ILO conventions which are yet to be ratified** by India are:

- Freedom of Association and Protection of the Right to Organise Convention (No 87)
- Right to Organise and Collective Bargaining Convention (No 98).

National Child Labour Policy (NCLP)

- The National Policy on Child Labour, 1987 contains the action plan for tackling the problem of child labour. It envisages-
 - A legislative action plan
 - Focussing and convergence of general development programmes for benefiting children wherever possible, and
 - Project-based action plan of action for launching of projects for the welfare of working children in areas of high concentration of child labour.
- In pursuance of National Child Labour Policy, the **National Child Labour Project Scheme(NCLPS)** was started in 1988 to rehabilitate child labour.
- NCLPS is a central sector scheme where 100% of the funding is provided by the Government of India through the Ministry of Labour and Employment. It seeks to-

- Eliminate all forms of child labour through
 - ✓ Identification and withdrawal of all children and preparing them for mainstream education along with vocational training;
 - ✓ Ensuring convergence of services provided by different government departments/agencies for the benefit of child and their family;
- Contribute to the withdrawal of all adolescent workers from Hazardous Occupations / Processes and their skilling and integration in appropriate occupations by facilitating vocational training opportunities for such adolescents through existing scheme of skill developments;
- Raise awareness amongst stakeholders and target communities on the issue; and
- Creation of a Child Labour Monitoring, Tracking and Reporting System.

Child Labour (Prohibition & Regulation) Amendment Act, 2016

- It seeks to amend the Child Labour (Prohibition and Regulation) Act, 1986.
- In light of the Right of Children to Free and Compulsory Education Act, 2009, the Act seeks to prohibit employment of children below 14 years in all occupations except where the child helps his family after school hours.
- It adds a new category of persons called “adolescent”. An adolescent means a person between 14 and 18 years of age. It prohibits employment of adolescents in hazardous occupations as specified (mines, inflammable substance and hazardous processes).
- The central government may add or omit any hazardous occupation from the list included in the Act.
- It enhances the punishment for employing any child in an occupation. It also includes penalty for employing an adolescent in a hazardous occupation.
- It empowers the government to make periodic inspection of places at which employment of children and adolescents are prohibited.

PENCIL (Platform for Effective Enforcement for Child Labour) Portal

- It is an **electronic platform** that aims at involving Centre, State, District Governments, civil society

and the general public in achieving the target of child labour free society.

- Its main components include-
 - Child Tracking System
 - Complaint Corner
 - State Government
 - National Child Labour Project
 - Convergence

Constitutional Provisions Against Child Labour

- **Article 23(1)** provides that trafficking in human beings and beggar and other similar forms of forced labour are prohibited and any contravention of this provision shall be an offence punishable in accordance with law
- **Article 24** provides that no child below the age of fourteen years shall be employed to work in any factory or mine or engaged in any other hazardous employment.
- **Article 39(e)** provides that the state shall, in particular, direct its policy towards securing that the health and strength of workers, men and women, and the tender age of children are not abused and that citizens are not forced by economic necessity to enter a vocation unsuited to their age or strength.

2.2. CHILD SEX ABUSE

Why in News?

National Commission for Protection of Child Rights has now enhanced its scope to handle cyber bullying, cyber stalking, morphing of images and child pornography.

Nobel Peace laureate Kailash Satyarthi announced ‘Bharat yatra’ to increase national awareness regarding child sex abuse.

What is Child Sexual Abuse (CSA)?

According to **1999 WHO Consultation on Child Abuse Prevention**, “Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society.”

UN Convention on Rights of Child

- It came into force in 1990. It prescribed a set of standards to be followed by all State parties in securing the best interests of the child. India ratified it in 1992.
- It is the **first legally binding international instrument** to incorporate the full range of human rights for children —civil, cultural, economic, political and social.

- State parties to the Convention on the Rights of the Child are required to undertake all appropriate measures to prevent—
 - The inducement or coercion of a child to engage in any unlawful sexual activity;
 - The exploitative use of children in prostitution or other unlawful sexual practices;
 - The exploitative use of children in pornographic performances and materials.
- Apart from this there are 3 Optional Protocols (under the Convention on the Rights of the Child) which state may independently choose whether or not to be bound by them.
 - Increase the protection of children from involvement in armed conflicts
 - Protection from sexual exploitation
 - Allowing children to bring complaints directly to the Committee on the Rights of the Child.

*India has ratified only the first two protocols.

About Protection Of Children from Sexual Offences

- It protects children from offences of sexual assault, sexual harassment and pornography and provides for **establishment of Special Courts** for trial of such offences and for matters connected therewith or incidental thereto.
- It defines a child as any person below the age of 18 years and provides protection to all children under the age of 18 years from the offences of sexual assault, sexual harassment and pornography.
- For the first time it listed aspects of **touch as well as non-touch behaviour** (example- it brought photographing a child) under the ambit of sexual offences.
- It incorporated **child friendly procedures** for reporting, recording of evidence, investigation and trial of offences.
- The **attempt to commit an offence** has also been made liable for punishment for up-to half the punishment prescribed for the commission of the offence.
- It also provides for **punishment for abetment** of the offence, which is the same as for the commission of the offence. This would cover **trafficking of children for sexual purposes**.

- For the more heinous offences of Penetrative Sexual Assault, Aggravated Penetrative Sexual Assault, Sexual Assault and Aggravated Sexual Assault, the **burden of proof is shifted on the accused**.
- The media has been **barred from disclosing the identity** of the child without the permission of the Special Court.

POCSO e-box

- It is a National Commission for Protection of Child Rights (NCPCR) initiative to help children report such crimes directly to the Commission.
- The online complaint management system enables easy reporting and timely action against the offenders under the POCSO Act, 2012.

2.3. SAFE CHILDHOOD PROGRAMME

Why in News?

Recently, NCPCR, Ministry of Panchayati Raj and UNICEF has released the handbook about the guideline on safe childhood programme.

Related News

UNICEF recently released a report named- 'State of World's Children Report: **Children in the Digital World, 2017**'.

About Safe Childhood Programme

- It provides children (aged three to ten) with a set of skills to **help them prevent** sexual, emotional, and physical abuse.
- It emphasizes on **child's security** which can be enhanced without creating misunderstanding, fear, or anxiety or reducing a child's sense of trust.
- It will contribute in **improving the current scenario** related to health, development, education and protection of children.

Related Information

National Commission for the protection of Child Rights

- This **statutory body** at the National and State level has been proposed to be set up under the Commission for Protection of Child Rights Act 2005.
- It is under the control of the **Ministry of Women & Child Development**, set up in 2007.
- It consists of one Chairman and Six other member (out of which atleast two are woman having experience in Child Psychology, Education etc.).

Bal Panchayat: Initiated and supported by the United Nations Children's Fund (UNICEF), this model.

- The formation of the Bal-Panchayat ensures participatory governance in the village and inculcates a sense of democratic values in the children.
- India has **ratified the United Nations Child Rights Convention** in the year 1992 and this Act was passed as one of the necessary steps to protect the rights of the children in the country.

Integrated Child Protection Scheme

- It has been introduced to **bridge the gaps** in previous schemes & their implementation and to provide safe and secure environment for overall development of children in difficult circumstances, by the Ministry of Women and Child Development.
- There is a **provision for opening up of 'Open Shelters'** for children in the need of care and protection, including the street children, in urban and semi-urban areas, activities of which includes access to vocational training, recreation, bridge education, etc.
- It provides for **setting up of District Child Protection Societies (DCPS)** by the State Governments/ UT Administrations in every district of the State responsibility of which includes identifying families and children at risk to prevent destitution of children.

2.3.1. NATIONAL POLICY FOR CHILDREN 2013

- It recognizes a child to be a person below the age of 18 yrs.
- It recognizes that children are not a homogenous group and require different responses.
- It aims to give a social safety net to family to help nurture child.
- It says that every child has universal, inalienable and indivisible human rights.

- It has four priority areas:
 - Survival, health and nutrition
 - Education and development
 - Child Protection
 - Child Participation

2.3.2. NATIONAL ACTION PLAN FOR CHILDREN, 2016

Some of the provisions of the National Child Action Plan of 2016 are as follows-

- **On Child Survival, Health and Nutrition**
 - It will help in the improving child health by universalizing the maternal and child healthcare.
 - It will also give emphasis on new born care by initiatives like universal immunization.
 - It will prevent mental and physical disabilities through timely measures for pre-natal, peri-natal and post-natal care of mother and child.
- **On Education and Development**
 - It will provide universal and equitable access to quality Early Childhood Care and Education (ECCE) for all children below six years of age.
 - It will promote affordable and accessible quality education up to the Secondary level for all children.
- **On Child Protection**
 - It will help strengthen legislative, administrative, and institutional redressal mechanisms for Child Protection at all level.
- **On Child Participation**
 - It will ensure that children actively participate in planning and implementation of programmes concerning them.

3. OLD AGE/DISABLED/VULNERABLE SECTIONS

3.1. ELDERLY IN INDIA

3.1.1. NATIONAL COUNCIL OF SENIOR CITIZENS

Why in News?

Recently, Ministry of Social Justice and Empowerment has organised second meeting of **National Council of Senior Citizens (NCSrC)**.

Related Information-

- **Article 41:** The State shall, within the limits of its economic capacity and development, make effective provisions for securing the right to work, to education and to public assistance in cases of unemployment, **old age**, sickness and disablement.
- India is signatory of **Madrid Plan of Action and Barrier Free Framework** which intend to work towards an inclusive, barrier-free and age-friendly society.

About National Council of Senior Citizens

- It was originally known as National Council for Older Persons (NPOP) and was renamed in 2012.
- It is chaired by the Minister of Social Justice & Empowerment and have to meet at least **twice a year**.
- It is the **highest body to advise** the Central and State Governments on issues related to the welfare of senior citizens and enhancement of their quality of life.

About Rastriya Vayoshri Yojana

- It provides Physical Aids and Assisted-living Devices for Senior citizens belonging to BPL category' with 30% of the beneficiaries in each district to be women.
- It is a Central Sector Scheme which is being implemented with the expenditure being met from "**Senior Citizens' Welfare Fund**".
- Artificial Limbs Manufacturing Corporation (ALIMCO) is the **sole implementing agency**, a PSU under the Ministry of Social Justice and Empowerment.

3.1.2. POLICY RESPONSE TO AGING

Recently the report, "**Caring for Our Elders: Early Responses, India Ageing Report – 2017 (UNFPA)**", has been released that takes stock of ageing concerns and policy response in the country.

Policy Response to Ageing

- **Maintenance & Welfare of Parents and senior citizen Act 2007:** This act provides a legal framework for the maintenance of the elderly parents & grandparents and was promulgated by the States and Union Territories in stages. It defines the senior citizen as any person being a citizen of India, who has attained the age of 60 years and above.
- **Integrated Programme for Older Persons:** It is a central sector scheme.
 - Its objective is to **improve the quality of life of the Senior Citizens** by providing basic amenities like shelter, food, medical care entertainment opportunities and by encouraging productive and active ageing.
 - It aims at generating support for capacity building of Government/Non-Governmental Organizations (NGOs)/ Panchayati Raj Institutions (PRIs)/ local bodies and the community at large.
- **Health care for Older Persons:** The health care programme namely **National Programme of Health Care for Elderly (NPHCE)**, for the elderly is being implemented by the MOHFW from 2011 under the **National Rural Health Mission**.
- **Social Pensions:** The **National Social Assistance Programme** was launched to provide social assistance to the poor and the destitute.
- **National Policy for Older Persons (NPOP), 1999**
 - The policy is aimed at providing assistance to senior Citizens through Pension Scheme, Tax Exemption, and Subsidised Food and health services.
 - Established a Multi-Service Citizens Centre, outreach services, supply of disability related aids and appliances etc. and setting up a welfare fund for older persons.
- **Senior Citizens Welfare Fund**
 - Established under Senior Citizen Welfare Rule 2016.
 - It is an interest bearing account in the Public Account of India and shall be administered by the Committee.

- The fund will be credited from unclaimed PPF, EPF and other Govt sponsored Small Savings funds such as National Saving Certificate, Kisan Vikesh Patra, Sukanya Samridhhi Accounts etc.
- The **National Policy on Senior Citizen, 2011**, also, focused on various aspects related to old age like Income security, healthcare, safety security, housing, productive aging, welfare, multigenerational bonding, etc. It also established a **National Council for Senior Citizens** to suggest required policy changes for the elderly.

United Nations Population Fund

- It is the UN's reproductive health and rights agency created in 1969.
- It calls for the realization of reproductive rights for all and supports access to a wide range of sexual and reproductive health services – including voluntary family planning, maternal health care and comprehensive sexuality education.

3.2. DISABLED

3.2.1. THE RIGHTS OF PERSONS WITH DISABILITY ACT, 2016

Why in News?

The Rights of Persons with Disability Rules, 2017 (**Rules**) were notified to supplement the provisions of the Rights of Persons with Disability Act, 2016.

UN Convention of Rights of Persons with Disability

- Entered into force in 2008, it is the first comprehensive human rights treaty of the 21st century and first legally binding instrument with comprehensive protection of the rights of persons with disabilities.
- Its guiding principles include- respect for inherent dignity, non-discrimination, participation and inclusion in society, equality of opportunity, accessibility, equality between men and women and respect for the rights of children with disabilities.
- Though the convention does not explicitly define disability, it recognizes that the notion of “disability” is not fixed and can alter, depending on the prevailing environment from society to society.
- **India has ratified the convention.**

Provisions of the Act

- It replaces the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.

- The Act is in line with the principles of the **United Nations Convention on the Rights of Persons with Disabilities** and aims at encouraging establishments to have a disabled friendly workplace.
- The types of **disabilities have been increased** from existing 7 to 21 and the Central Government will have the power to add more types of disabilities.
- Persons with "**benchmark disabilities**" are defined as those certified to have at least 40 per cent of the disabilities mentioned in the Act.
- **Additional benefits** such as reservation in higher education, government jobs, reservation in allocation of land, poverty alleviation schemes etc. have been provided for persons with benchmark disabilities.
- Every **child with benchmark disability** between the age group of 6 and 18 years shall have the right to free education.
- **Reservation in vacancies** in government establishments has been increased from 3% to 4% for certain persons or class of persons with benchmark disability.
- It has now brought **private establishments** within its ambit. Though it does not require private establishments to mandatorily appoint Persons with Disabilities (**PwD**), there are certain obligations imposed on private establishments under the Act.
- Broad based **Central & State Advisory Boards** on Disability are to be set up to serve as apex policy making bodies at the Central and State level.
- Creation of **National and State Fund** will be created to provide financial support to the persons with disabilities.
- For strengthening the Prime Minister's **Accessible India Campaign**, stress has been given to ensure accessibility in public buildings (**both Government and private**) in a prescribed time-frame.
- It provides for **penalties for offences committed against persons** with disabilities and also violation of the provisions of the new law.
- **Special Courts** will be designated in each district to handle cases concerning violation of rights of PwDs.

3.2.2. DIVYANG SARATHI MOBILE APP

- The Govt recently launched a mobile app named “Divyang Sarathi” for easy information dissemination to Divyangjans (Persons with disabilities)
- It aims at providing all relevant information pertaining to the Department of Empowerment of Persons with Disabilities (DEPwD), Ministry of Social Justice and Empowerment, including its various acts, rules, regulations and guidelines, schemes, information about the various outreach institutions, employment opportunities, and the disability market in an accessible format.
- It is also an integral part of the ICT (Information and Communication Technology) component of the **Accessible India Campaign**.

Related Information

Sugamaya Pustakalaya

- It is an online platform that makes accessible content available to print-disabled people.
- It has been created by Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment in collaboration with member organizations of Daisy Forum of India and powered by TCS Access.
- Books are available in Accessible formats for people with visual impairment and other print disabilities.

- One of the unique features of the app is its audio notes. This is so because the app comes embedded with **(text-to-voice conversion software)** which converts the written information into an audio file as well as the adjustable font size which can be altered as per the user’s requirement.

Accessible India Campaign

- It is the nationwide flagship campaign of the **Department of Empowerment of Persons with Disabilities (DEPwD)**.
- The aim of the Campaign is to make a barrier free and conducive environment for Divyangjans all over the country.
- It is based on the principles of the **Social Model of Disability**, that disability is caused by the way society is organised, and not the person’s limitations and impairments.

- It has been divided into **three verticals**: Built Environment; Transport and Information & Communication Technology (ICT) ecosystem.

3.3. MINORITY

3.3.1. GARIB NAWAZ SKILL DEVELOPMENT CENTRES

- The Minister of State for Minority Affairs & Parliamentary Affairs said that Garib Nawaz Skill Development Centres will be established in 100 districts of the country.
- These centres will effectively ensure employment-oriented skill development of youth belonging to Minority communities.
- The courses will be short term (2 to 6 months) in fields such as mobile and laptop repairing, security guard training, housekeeping training, etc.

Other skill development schemes for minorities are:

- Seekho aur Kamao
- USTTAD (Upgrading the Skills and Training in Traditional Arts/ Crafts for Development)
- Nai Manzil
- Maulana Azad National Academy for Skills (MANAS)
- PM’s 15 points programme for welfare of minority - Lending to minority
- Nai Roshni

3.3.2. JIYO PARSI

Why in News?

Union Ministry of Minority Affairs launched the **2nd phase** of publicity campaign of “Jiyo Parsi”.

About Minorities

- Minorities in India are **notified** by the **Government of India**.
- Presently, **minorities** in India include: Sikhs; Muslims; Christians; Zoroastrians (Parsi); Buddhists; Jains.

About Jiyo Parsi

- It is a **central sector scheme** formulated in September 2013 **for containing population decline of Parsis** in India.
- Need of the Scheme: **Population of Parsi community** in India declined from 114,890 in 1941 to 57,624 as per Census 2011, thus **declining by almost 50%** in last 60 years.
- **Objective of Scheme**: To **target an increase in the Total Fertility Rate** of the Parsi

community, in order to **stem** or at least **slow** its population decline.

- The Scheme will be **implemented** by the **Parzor Foundation** with the help of the **Bombay Parsi Panchayat** (BPP) and through the organizations/societies /Anjumans and Panchayat of the community concerned in existence for not less than three years.

3.4. TRIBALS

3.4.1. HABITAT RIGHTS TO PVTGS

Why in news?

The National Commission for Scheduled Tribes (NCST) has temporarily banned displacement of tribals from forest areas and critical tiger reserves to ensure tiger conservation does not infringe on tribal rights.

Background

Mankidia, one of the 13 Particularly Vulnerable Tribal Groups (PVTG) in Odisha, were recently denied habitat rights inside the Similipal Tiger Reserve (STR) under the Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006.

About Particularly Vulnerable Tribal Groups (PVTGs)

- In 1973, the **Dhebar Commission** created Primitive Tribal Groups (PTGs) as a separate category, who are less developed among the tribal groups. They were later renamed as PVTG.
- States/UTs submit proposals to the Central Ministry of Tribal Welfare for identification of PVTGs.
- **Some basic characteristics of PVTGs are:**
 - Mostly homogenous
 - A small population
 - Relatively physically isolated
 - Primitive Social institutions
 - Absence of written language
 - Relatively simple technology and a slower rate of change
 - Their livelihood depends on food gathering, Non-Timber Forest Produce, hunting, livestock rearing, shifting cultivation and artisan works.

What is the Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006?

- It came into force in 2006. The Nodal Ministry for the Act is Ministry of Tribal Affairs.
- It has been enacted to recognize and vest the forest rights and occupation of forest land in forest dwelling Scheduled Tribes and other traditional forest dwellers, who have been residing in such forests for generations, but whose rights could not be recorded.
- It not only recognizes the rights to hold and live in the forest land under the individual or common occupation for habitation or for self-cultivation for livelihood, but also grants several other rights to ensure their control over forest resources.
- The Act also provides for diversion of forest land for public utility facilities managed by the Government, such as schools, dispensaries, fair price shops, electricity and telecommunication lines, water tanks, etc. with the recommendation of Gram Sabhas.

3.4.2. EKLAVYA SCHOOLS

Why in news?

In his budget speech 2018-19, the Finance Minister announced establishment of Eklavya Schools.

Details

- They are to be established in all Tribal blocks with more than 50% ST population and at least 20,000 Tribal persons will have Ekalavya Model Residential School (EMRS) by 2022.
- Ekalavya schools provide **boarding and lodging facilities** to tribal students.
- They are at par with the **Jawahar Navodaya Vidyalayas** (schools aimed at providing high quality education to all students irrespective of their socio-economic backgrounds).
- These schools will have special facilities for **preserving local art and culture** besides providing training in sports and skill development.

Census 2011

- 104.2 million Indians notified as STs (8.6% of the total population and 11.3% of the total rural population).
- literacy rate-58.96%
- Drop-out rate 70.9% in Classes I to X in 2010-11
- **Mizoram** has the highest population of STs (94.5%)

ASHRAM SCHOOLS: These are also residential schools which impart education up to the secondary school level to ST children. They are established throughout India under central scheme funded by Ministry of Tribal affairs.

3.5. OTHER ISSUES

3.5.1. MAHARASHTRA SOCIAL BOYCOTT ACT

Why in news?

The Maharashtra government's Prohibition of Social Boycott Act got the assent of the President.

What is Social Boycott?

If any individual or group tries to prevent or obstruct another member or group from observing any social or religious custom or from taking part in a social or community function, the act amounts to social boycott.

Provisions of the Act

- Maharashtra is the first state in the country to formulate such a law which is against the parallel justice system of the gaviks or jati panchayats. This Act can lead to other states following this step.
- It provides for prohibition of social boycott of a person or group of persons, by an individual or a group like caste panchayat.

3.5.2. MANUAL SCAVENGING

Why in news?

Recently Madras High Court passed an order asking Government to take stringent measure to enforce **the Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013**.

About the Act

- This Act intends to, inter alia, achieve its objectives to:
 - Eliminate the insanitary latrines.
 - Prohibit:
 - ✓ Employment as Manual Scavengers
 - ✓ Hazardous manual cleaning of sewer and septic tanks.
 - Survey of Manual Scavengers and their rehabilitation, within a time bound manner.

Main features of the Act are:

- **Definitions of manual scavengers** and insanitary latrines widened to cover not only dry latrines but other insanitary latrines as well.

- Offences under the Act are **cognizable and non-bailable** and attract stringent penalties.
- **Vigilance/Monitoring Committee** at sub-Division, District, State and Central Govt. levels.
- **National Commission for Safai Karamcharis (NCSK)** would, inter alia, monitor implementation of the Act and enquire into complaints regarding contravention of the provisions of the Act.
- Provision of construction of adequate number of **sanitary community latrines** in urban areas, within three years from the date of commencement of this Act to eliminate the practice of open defecation.

The National Career Services also has listed the **manual scavengers under 'unorganised sector'** thus recognising their work.

National Career Services

- It is an ICT based portal launched by the Ministry of Labour and Employment.
- The portal facilitates registration of job seekers, job providers, skill providers, career counsellors etc.

3.5.3. STREET VENDORS (PROTECTION OF LIVELIHOOD AND REGULATION OF STREET VENDING) ACT, 2017

Why in news?

A series of studies and reports have pointed out that there is an uneven implementation of the Street Vendors (Protection of Livelihood and Regulation of **Street Vending**) Act, 2017 across the country.

Important Provisions of the Act

- It aims to protect the livelihood rights of street vendors as well as regulate street vending through demarcation of vending zones, conditions for and restrictions on street vending.
- It provides for constitution of a Town Vending Authority in each Local Authority, which is the fulcrum of the Act, for implementing the provisions of the Act.
- Any person intending to undertake street vending needs to register with the Town Vending Committee (TVC) and then apply for vending certificates.
- TVC comprises of the municipal commissioner, representatives of street vendors, local authority, planning authority,

local police, resident welfare association and other traders associations.

- Procedure for relocation, eviction and confiscation of goods has been specified and made street vendor friendly.
- State government shall frame a scheme for street vendors. The local authority shall, in consultation with the planning authority, frame a street vending plan once every five years.

3.5.4. INCLUSIVE INDIA INITIATIVE

Why in News?

- Ministry of Social Justice & Empowerment in collaboration with key partners organised the conference-Inclusive India Initiative: Towards an Inclusive India.
- National Trust will be the nodal agency for the initiative.

The National Trust

- A **statutory body** of the Ministry of Social Justice and Empowerment.
- CEO of trust is **Joint Secretary** level officer.
- Established under National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities” Act (Act 44 of 1999).
- Works towards **providing opportunities** for capacity development of Persons with Disability namely education, employment and community sensitisation.
- Evolving procedures for appointments of guardians and trustees for persons with disabilities.

More on News

- A vision document on ‘Inclusive India Initiative’ was released with the collaboration of various partner and ministries.
- The three core focus areas of Inclusive India Initiative are:
 - **Inclusive Education**
 - ✓ Awareness campaigns and involvement of private organisations for making the infrastructure of educational disabled friendly.

- **Inclusive Employment**

- ✓ Engage with corporate sector organisations; public and private, for creating awareness towards inclusive employment

- **Inclusive Community Life**

- ✓ Civil Society organisations and State Government connect initiative creating awareness among general public, ensuring that the people becomes sensitive towards the focus group.

- The conference stressed need to take advantage of all 10 schemes of the national trust namely;

- **DISHA:** Early Intervention and School Readiness Scheme

- **VIKAAS:** Day care scheme, primarily for enhancing interpersonal and vocational skills.

- **SAMARTH:** Respite Care for orphans or abandoned, families in crisis and also for Persons with Disabilities (PwD) from BPL & LIG families including destitute.

- **GHARAUNDA:** Group home for adults and an assured home and minimum quality of care services throughout the life of the PwD.

- **NIRAMAYA:** affordable insurance for pwd, health insurance cover upto 1 lakh.

- **SAHYOGI:** Provide training and create a skilled workforce of care associates to provide adequate and nurturing care for Person with Disabilities (PwDs) and their families who require it

- **GYAN PRABHA:** to pursue higher education or skill development courses.

- **PRERNA:** Marketing assistance to create viable and widespread channels for sale of products and services produced by PwDs.

- **SAMBHAV:** collate and collect the aids, software and other form of assistive devices developed with a provision of display and demonstration of the devices.

- **BADHTE KADAM:** aims at community awareness, sensitisation, social integration and mainstreaming of Persons with Disabilities.

3.5.5. 2016 INDIAN EXCLUSION REPORT (IXR)

- The 2016 Report **released by Center of Equity Studies** reviews exclusion with respect to four public goods: pensions for the elderly,

digital access, agricultural land, and legal justice for undertrials.

- Most severely and consistently excluded from provisioning tend to be the same historically disadvantaged groups: Dalits, Adivasis, Muslims, and persons with disabilities and age-related vulnerabilities.

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4. EDUCATION

4.1. PRIMARY & SECONDARY EDUCATION

4.1.1. INTEGRATED SCHOOL EDUCATION SCHEME

Why in news?

Government has decided to subsume Sarva Shiksha Abhiyan (SSA), Rashtriya Madhyamik Shiksha Abhiyan (RMSA) and Teacher Education (TE) which were operational since more than 15 years under an integrated school education scheme.

Objectives of the Scheme

The integrated scheme will be in place from 2018, to 2020, with an estimated allocation of Rs. 75,000 crore over the period, a 20% increase over the current allocation.

- Provision of quality education and enhancing learning outcomes of students;
- Bridging Social and Gender Gaps in School Education;
- Ensuring equity and inclusion at all levels of school education;
- Ensuring minimum standards in schooling provisions;
- Promoting vocationalization of education;
- Support States in implementation of Right of Children to Free and Compulsory Education (RTE) Act, 2009; and
- Strengthening and up-gradation of State Councils for Educational Research and Training (SCERTs)/State Institutes of Education and District Institutes for Education and Training (DIET) as nodal agencies for teacher training.

Key Interventions under Sarva Shiksha Abhiyan (SSA)

SSA is being implemented since 2001 for universalization of elementary education. After enactment of Right to Free and Compulsory Education Act 2009 which confers the right to elementary education on all children, in the age group of 6-14 years, SSA became the central programme to fulfil its objectives.

- **Universal Access:** SSA has made significant progress in achieving near universal access and equity through opening of new schools,

special training for mainstreaming out-of-school children, residential facilities, transportation or escort facilities, and providing uniforms and text books.

- **Bridging Gender Gaps** in Elementary Education through interventions like opening of Kasturba Gandhi Balika Vidyalaya, Separate girls' toilets and digital gender atlas.
- **Sub-Programmes under SSA**
 - **The Padhe Bharat Badhe Bharat (PBBB)** is focusing on foundational learning in in classes I and II with an emphasis on reading, writing and comprehension and mathematics.
 - **The Rashtriya Aavishkar Abhiyan (RAA)** aims to motivate and engage children of the age group 6-18 years, in science, mathematics and technology. Schools have been adopted for mentoring by institutions of higher education like IIT's, IISER's and NIT's.
 - **Vidyanjali:** The aim of the programme is to strengthen implementation of co-scholastic activities in government schools through services of volunteers and enhance community and private sector involvement in Government run elementary schools.
 - **ShaGun portal** - an Initiative to monitor the implementation of SSA.
- **Teacher Training** via in-service teacher training and distance education programmes.
- **Academic Support System by setting up of Block Resource Centres (BRCs) and Cluster Resource Centres (CRCs)** to provide decentralized academic support, training and supervision to teachers and schools.
- **Infrastructure improvement through flexibility to states** in the execution of civil works repair of old school buildings and retrofitting of school buildings.
- **School Management Committees and Community Participation** wherein the parents/guardians of students studying in the respective school are the members.
- **Admissions under Section 12(1) (c) of the RTE Act:** It mandates all private unaided schools and special category schools to reserve a minimum of 25 per cent of seats for economically weaker sections.

Key Provisions of Rashtriya Madhyamik Shiksha Abhiyan

- RMSA was launched in 2009 with the objective to enhance access to secondary education and improve its quality.
- The scheme envisages to enhance the enrolment by providing a secondary school with a reasonable distance of habitation, with an aim to ensure GER of 100 per cent and universal retention by 2020.
- Some of the significant initiatives, under RMSA for improving quality of education are:
 - **Shaala Sidhi:** It is a portal for School Standards and Evaluation Framework launched in 2015.
 - **Shaala Darpan:** It was launched in 2015 to provide services based on school management systems to students, parents and communities vis a vis Kendriya Vidyalayas.
 - **National Achievement Survey**
 - **Kala Utsav** is an initiative of MHRD to promote Arts (Music, Theatre, Dance, Visual Arts and Crafts) in education by nurturing and showcasing the artistic talent of school students.
 - **Focus on Science and Maths** as part of Rashtriya Avishkar Abhiyan launched in 2015
 - **National Award for Teachers** using ICT For Innovation in Education.

Key Provisions of Centrally Sponsored Scheme for Teacher Education (CSSTE):

- **Strengthening Teacher Education:** The Centrally Sponsored Scheme for Teacher Education was initiated in 1987 pursuant to the formulation of the National Policy of Education, 1986. It aims to establish District Institutes of Education and Training (**DIETs**) in all districts created up to 2011, strengthen Colleges of Teacher Education (CTEs), Institutes of Advanced Studies in Education (IASEs) and establish Block Institutes of teacher education (BITEs) in identified SC/ST/minority concentration districts.
- **Quality in Teacher Education via** creation of Separate Cadre for teacher educators.
- **New Activities/Initiatives under CSSTE Scheme:**

- **'India Teacher Education Portal (Prashikshak)'** launched in 2016 for monitoring of Teachers Education Institutions and in providing comprehensive information to prospective students and teachers to select the right institute as per choice.

Kasturba Gandhi Balika Vidyalaya (KGBV): KGBV are residential upper primary schools for girls from SC, ST, OBC Muslim communities and BPL girls which are set up in educational backward blocks for out of school girls in the 10+ age group who are unable to complete primary school. KGBVs provide for a minimum reservation of 75 per cent seats for girls from SC/ST/OBC and minorities communities and 25 per cent to girls from families that live below the poverty line.

Digital Gender Atlas for Advancing Girls' Education: It is developed by Department of School Education and Literacy with the support of UNICEF, to help identify low performing geographic pockets for girls, particularly from marginalized groups including girls with disabilities.

4.1.2. NATIONAL ACHIEVEMENT SURVEY

Why in news?

Recently, National Achievement Survey (NAS) was released by the HRD Ministry.

About National Achievement Survey

It assesses performance of students in five major subjects -English, Mathematics, Science, Social Science and Modern Indian Languages.

Comparison between National Achievement Survey and ASER	
National Achievement Survey	ASER
This is a school based survey	It is household based survey
Conducted by NCERT	Conducted by ASER Centre (Pratham)
It is based on a pen-paper test	One-on-one assessment
It takes into account the children enrolled in government schools.	All children irrespective of whether they are school going or not
Based on wide variety of skills	Based on foundational skills such as reading and math
For both urban and rural areas	For rural areas

Findings of the Survey

- The performance of students declined in environmental science, language and maths as one moves from class III to class VIII.

- Rural students scored higher than those in cities which is contrary to the perception that the quality of education in urban areas is superior to that in rural areas.
- Also, in classes V and VIII, OBC students outscored the general category.
- At all levels, average scores were lowest for ST students while SC students scored a tad higher.
- Female students performed better than male students.

Beyond Basics ASER's recent survey

- Since 2006, ASER has focused on the age group of 5 to 16. However, this year, the survey titled "**Beyond Basics**" is focusing on youth who are **14 to 18 years old** and have moved just beyond the elementary school age.
- It reports on **children's schooling status and their ability** to do basic reading and arithmetic tasks in its previous reports. This year, a wider set was considered including **four domains - activity, ability, awareness, and aspirations**.

4.1.3. THE RIGHT OF CHILDREN TO FREE AND COMPULSORY EDUCATION (AMENDMENT) BILL, 2017

Why in news?

Lok Sabha has passed **the Rights of Children to Compulsory Education (Amendment) Bill, 2017**.

More on News

- After the passage of **Right to Education Act**, new schools were established to foster the aim of universal education. The Act also lays down **the Pupil Teacher Ratio**
 - Primary Level – 30:1
 - Upper Primary Level – 35:1
 - Secondary Level – 30:1 (According to Rashtriya Madhyamik Shiksha Abhiyan)
- At present close to **8.5 lakh unqualified teachers** hold jobs which would now be given a chance to attain the degrees according to the amendment to Compulsory Education Act.
- Under the amended Act the deadline to possess the minimum qualification will be relaxed up till **March 31, 2019**.

4.2. HIGHER EDUCATION

4.2.1. ALL INDIA SURVEY ON HIGHER EDUCATION

Why in news?

Recently, 8th All India Survey on Higher Education for the year 2016-17 was released.

All India Survey on Higher Education (AISHE) 2016-17

- AISHE is a Pan India, annual web-based survey which covers all the Higher Educational Institutions in the country conducted by Ministry of Human Resource Development.
- Various parameters on which the data is collected are teachers, student enrolment, programs, examination results, education finance, infrastructure etc.

Major Findings of AISHE

- **Institutions:** There exists a regional disparity in college density (number of colleges per lakh eligible population) which varies from 7 in Bihar to 59 in Telangana as compared to All India average of 28.
- **Enrolment:** Total enrolment in higher education has been estimated to be 35.7million with an overall increase of 18.3% as compared with 2012-13.
- **Gross Enrolment Ratio (GER):** A high percentage of the eligible population is still outside college as shown by the GER in Higher Education in India of 25.2% (calculated for 18-23 years of age group).
 - The GER for male population is 26% (22.7% in 2012-13) and female is 24.5% (20.1% in 2012-13).
- **Gender Parity Index:** There is a marginal increase in the **Gender Parity Index (GPI)** (a ratio of proportional representation of female and male) for all categories from 0.89 in 2012-13 to 0.94 in 2016-17.
- **Pupil Teacher Ratio (PTR):** in Universities and Colleges is 22 which have remained stable from 21 in 2012-13.
- **The foreign student enrolment** has also been increased from 34,774 in 2012-13 to 47,575 in 2016-17 with a greater increase in male foreign students as compared to female students.

- Uttar Pradesh tops in student enrolment in Universities followed by Maharashtra and Tamil Nadu.

4.2.2. INSTITUTIONS OF EMINENCE

Why in news?

Government constituted a panel, headed by N Gopalaswami, for identification of top 20 best higher education institutions.

INSTITUTIONS of EMINENCE

WHAT WILL MAKE INSTITUTION 'EMINENT'

- RESERVATION POLICIES** will apply only to govt institutions conferred the status
- THE INSTITUTIONS WILL BE** multi-disciplinary but unitary, meaning they will not affiliate with colleges or use the word 'university' for description

ELIGIBILITY CRITERIA

- For existing pvt institutions, initial corpus fund of Rs ₹60 cr to be hiked to ₹150 cr in 10 years
- For greenfield institutions, an initial corpus of ₹60 crore to be hiked to ₹150 crore in a decade
- Institution to be accredited by NAAC or its international equivalent

SELECTION NORMS

- NO UGC INSPECTION FOR** these institutions, which will follow a disclosure-cum review mechanism with the review by the EEC, which may rope in foreign experts, EEC will review the institutions once in three years for adherence to their implementation plan until they achieve the top 100 global ranking slot for two consecutive years
- FAILURE TO MEET GOALS** could mean withdrawal of any or all additional incentives given to an institution or replacing the status to ordinary deemed to be university status affiliated to a state university

Features of such institutions

- It should preferably be **multi-disciplinary** and have both teaching and research focus of an exceptionally high quality.
- Apart from the regular courses, it should also offer various **inter-disciplinary courses**, including in areas of emerging technology as well as those relevant to the development concerns of countries like India.
- There should be a **reasonably good mix of domestic and foreign students**.
- There should be a **transparent merit based selection in admissions**.
- The **faculty student ratio** should not be less than **1:10** after three years of declaration
- It should have student amenities comparable with that of globally reputed institutions.
- The Institution should have reasonably **large owned campus** with adequate space for expansion etc.
- The **UGC (Institutions of Eminence Deemed to be Universities) regulations, 2017** will

govern all such institutions, ensuring their complete academic, administrative and financial autonomy.

- These regulations will **override all other UGC regulations** and free the institutions of UGC's restrictive inspection regime, the regulatory control over fee and curriculum.

UGC

- It came into existence on 28th December, 1953 and became a statutory Organization in 1956
- It has the unique distinction of being the only grant-giving agency in the country which has been vested with two responsibilities: that of providing funds and that of coordination, determination and maintenance of standards in institutions of higher education.

4.2.3. REVITALIZATION INFRASTRUCTURE AND SYSTEMS IN EDUCATION

Why in news?

Government unveiled a new scheme named **Revitalization Infrastructure and Systems in Education (RISE)** in Union Budget, 2018.

About RISE

- It is a new initiative to **step up investments** in centrally funded institutions like IITs, Central Universities and others such institutes
- Funding will be provided through Higher Education Financing Agency (**HEFA**).

About HEFA

- It is a joint venture of MHRD Government of India and Canara Bank.
- RBI granted license to operate as Non-Banking Financial Company (**NBFC**)
- It seeks to introduce a **market-linked education financing structure**
- It aims to **lend low-cost funds** to government higher educational institutions.

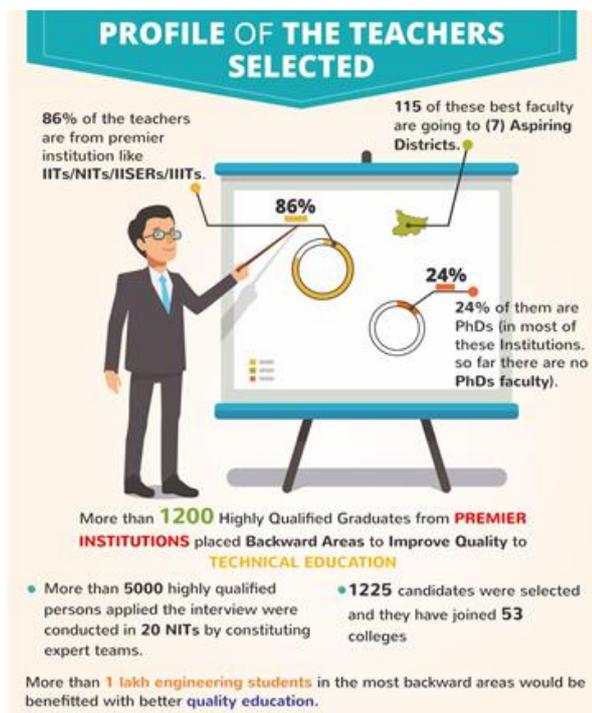
4.2.4. TECHNICAL EDUCATION QUALITY IMPROVEMENT PROGRAMME (TEQIP)

Why in news?

The government has decided to **employ graduates from premier colleges** like IITs, NITs etc to teach in engineering colleges in backward districts for a period of 3 years **as a part of TEQIP Phase 3**.

About TEQIP

- The scheme, launched by HRD Ministry in 2002, **aimed to overhaul the quality** of technical education in the Low Income States and Special Category States (SCS).
- The project commenced with the **World Bank** assistance to Government of India to launch a TEQIP as a long term programme of 10-12 years and in 2 or 3 phases.
- The present 3rd Phase of the schemes has central, eastern and north-eastern region and hill states as its **focus states**
- **The measures under TEQIP include:**
 - **Institution based:** accreditation of the courses through NBA, governance reforms, improving the processes, digital initiatives, securing autonomy for the colleges.
 - **Student based:** improving the quality of teaching, teacher training, equipping the class rooms, revision of syllabus, industry interaction, compulsory internships for students, training the students in industry-relevant skills, preparing them for the GATE exam etc.



4.2.5. MADHYAMIK AND UCHCHTAR SHIKSHA KOSH

Why in News?

The Union Cabinet has accorded its approval for creation of a non-lapsable pool in the Public Account for secondary and higher education

known as "**Madhyamik and Uchhtar Shiksha Kosh**" (MUSK).

About the Fund

- Administration and maintenance of the MUSK pool would be done by the **Ministry of Human Resource Development**.
- The Ministry of Human Resources Development can allocate funds for any future programme/scheme of secondary and higher education, based on the requirement, as per prescribed procedures.
- The expenditure on schemes of the **Department of School Education & Literacy and Department of Higher Education** would be initially incurred from the **gross budgetary support** (GBS) and the expenditure would be financed from the MUSK only after the GBS is exhausted.
- The fund would be operationalised as per the present arrangements under **Prarambhik Shiksha Kosh (PSK)** wherein the proceeds of cess are used for **Sarv Shiksha Abhiyan (SSA)** and **Mid-Day Meal (MDM) Schemes** of the Department of School Education & Literacy.
- The MUSK would be maintained as a Reserve Fund in the **non-interest bearing** section of the Public Accounts of India.

Utilization of the Fund

The fund would be utilised for:

- **For Secondary Education-**
 - ongoing Rashtriya Madhyamik Shiksha Abhiyan Scheme
 - National Means-Cum-Merit Scholarship Scheme and
 - National Scheme for Incentives to Girls for Secondary Education.
- **For Higher Education-**
 - Ongoing Schemes of Interest Subsidy and contribution for guarantee funds, Scholarship for College & University Students
 - Rashtriya Uchhtar Shiksha Abhiyaan
 - Scholarship (from Block Grant to the institutions) and National Mission on Teachers and Training.

Education Cess Rate:

The rate at which education cess is calculated is a **combination of the two types of cess** applied on the taxable income.

- **The education cess** the rate is 2% of the tax payable and

- **The Secondary and Higher Education Cess (SHEC)** the rate is 1% of the tax payable. Together they form the education cess rate of 3% of the tax payable.

4.3. MISCELLANEOUS

4.3.1. EDUCATION DEVELOPMENT IMPACT BOND

Why in news?

The **British Asian Trust** created a **10-million-dollar Education Development Impact Bond (EDIB)** for India.

About the Bond

- It is intended as an **innovative and sustainable social impact investment tool** which will be tied in with performance and outcomes of educational initiatives in India.
- It will provide **funding** for delivering a range of activities including principal and teacher training, direct school management, and supplementary programmes.
- The concept of Development Impact Bonds is intended as a **result-oriented way** to attract new capital into development, with a strong emphasis on data and evidence.
- The focus is to **improve literacy and numeracy learning levels** for over 200,000 primary school students from marginalized communities in Delhi, Gujarat and Rajasthan.
- The bond has been described as a step towards a **greater focus on social impact financing** as a transformational tool for philanthropy.
- The UK government's Department for International Development (DfID) will contribute **technical assistance and insights** to the project as part of a wider partnership.

4.3.2. CREATION OF NATIONAL TESTING AGENCY

Why in News?

The Union Cabinet chaired by Prime Minister has approved creation of **National Testing Agency (NTA)**.

Background

- NTA was recommended in the national education policy 1986 but it was never implemented by previous governments.
- The National Knowledge Commission in its Report to the Nation (2006-2009) also mentions the setting up of a National Testing Service.

- In view of the need to have a specialized body in India like the most advanced countries, the Finance Minister in the **Budget speech of 2017-18** had announced setting up of a National Testing Agency (NTA).

Details

- It is created as a Society registered under the **Indian Societies Registration Act, 1860**, and as an autonomous and self-sustained premier testing organization to conduct entrance examinations for higher educational institutions.
- It would be an **independent body** dedicated on the lines of the Educational Testing Service (ETS) in the United States.
- It will conduct entrance tests entrusted to it by **any department or ministry**.

Features

- It would initially conduct those entrance examinations which are currently being conducted by the CBSE. Other examinations will be taken up gradually after NTA is fully geared up.
- The entrance examinations will be **conducted in online mode** at least twice a year, thereby giving adequate opportunity to candidates to bring out their best.
- To serve the requirements of the rural students, it would locate the centres at sub-district/district level and as far as possible would undertake hands-on training to the students.
- It will be given a one-time grant of Rs.25 crore from the Government to start its operation in the first year. Thereafter, it will be **financially self-sustainable**.

NTA composition

- It will be **chaired by** an eminent educationist appointed by Ministry of Human Resource Development.
- The **CEO** will be the Director General to be appointed by the Government.
- There will be a **Board of Governors** comprising members from user institutions.
- The **Director General** will be assisted by 9 verticals headed by academicians/ experts.

4.3.3. GLOBAL EDUCATION MONITORING REPORT

- The 2nd edition of the Global Education Monitoring Report (GEM Report, 2017-18) was recently released by UNESCO with the theme 'Accountability in Education'.

- The report talks about various **Accountability Mechanisms** that may be effective with certain actors, in certain contexts, for certain ends like- political mechanism, legal or regulatory routes, performance-based approaches, social accountability, and professional or internal accountability.

4.3.4. NEW ONLINE EDUCATION INITIATIVES

Swayam

- A Web portal where Massive Open Online Courses (MOOCs) will be available free of cost on all kinds of subjects with a provision of certificate / credit-transfer.
- It is designed to take the best teaching learning resources to all, including the most disadvantaged.

Swayam Prabha

- It is a group of 32 DTH channels devoted to telecasting of high-quality educational programmes on 24X7 basis using the GSAT-15 satellite.

National Academic Depository (NAD)

- It is 24X7 online store house of all academic awards viz. certificates, diplomas, degrees, marks sheets etc. duly digitised and lodged by academic institutions / boards / eligibility assessment bodies.
- It ensures easy access to and retrieval of an academic award and also validates and guarantees its authenticity and safe storage.

Programme 17 for 17

- A 17 point action plan for 2017 – for building digital campuses and high quality education.
- The action plan covers measures like universal adoption of digital education, digital financial transactions in the campuses from the current academic year.

Starts: 24th July

- Specific content targeted towards Mains exam
- Complete coverage of The Hindu, Indian Express, PIB, Economic Times, Yojana, Economic Survey, Budget, India of one Year Book, RSTV, etc from September 2017 to August 2018
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5. HEALTH

5.1. HEALTHCARE STATUS IN INDIA

5.1.1. HEALTHY STATES, PROGRESSIVE INDIA REPORT

Why in news?

Recently, NITI Aayog released a comprehensive Health report named Healthy States, Progressive India Report.

About the Report

- It is an annual report which will rank States and UTs on incremental changes in health outcomes and overall performance with respect to others.
- It has been developed by **NITI Aayog** in consultation with **Technical Assistance Agency of World Bank, Ministry of Health and Family Welfare (MoHFW)**, States and Union Territories, domestic and international sector experts and other development partners.
- The Health Index is based on three main domains which focus on outcomes, governance and information, and critical inputs–
 - **Health Outcomes** – 10 indicators weighing 70% of the total index.
 - **Governance and Information** - 3 indicators which weigh 12%.
 - **Key Inputs and Processes** – 10 indicators weighing 18%.
- The states have been categorised based on the availability of data and the fact that similar states should be compared amongst themselves. Therefore, the states have been categorised as Larger states, Smaller States and UTs.
- Based on the above categories the states are grouped into three categories – Aspirants (bottom one third states with score below 48), Achievers (middle one third state with score between 48 and 63) and Front runners with scores above 63.

INDEX	BEST-PERFORMER	LEAST-PERFORMER	GAP
Overall index	Kerala 76.55	Uttar Pradesh 33.69	42.86
Health outcomes	Kerala 82.89	Rajasthan 29.58	53.31
Key input and processes	Tamil Nadu 78.06	Uttar Pradesh 25.02	53.04

HEALTH INDICATOR	UN-SDG	NHP	BEST-PERFORMER	LEAST-PERFORMER
Neonatal mortality rate	Under 12 by 2030	Under 16 by 2025	Kerala (6)	Odisha (35)
Under 5 mortality rate	Under 25 by 2030	Under 23 by 2025	Kerala (13)	Assam Madhya Pradesh (62)
Total fertility rate	Below replacement level (2.1)	Below replacement level (2.1)	Tamil West Bengal (1.6)	Bihar (3.3)
Low birth weight	NA	NA	Telangana (5.7)	Rajasthan (25.5)
Sex ratio at birth	NA	NA	Kerala (967)	Harayana (831)

5.1.2. PRIVATE HEALTH CARE

Why in news?

Health being a state subject, the government has been persuading states for implementation of ‘The Clinical Establishments (Registration & Regulation) Act, 2010’.

The Clinical Establishments (Registration and Regulation) Act, 2010

- **Objective:** To provide for the registration and regulation of clinical establishments with a view to prescribe minimum standards of facilities and services.
- **Applicability:** All types of clinical establishments, except those run by the armed forces, fall within the ambit of this Act.
- **Implementation:** Through a three-tier structure – the Central Council, the State Council and the District Registering Authority.
- **Penalty:** Running a clinical establishment without registration would be punishable with a fine of Rs 50,000 for the first offence, Rs 2 lakh for the second offence and Rs 5 lakh for the subsequent offence.
- **Monitoring:** The Act permits health authorities to conduct inspections and penalize or cancel licenses of hospitals that are found to be fleecing patients, either by prescribing needless tests and procedures, or overcharging.

5.1.3. FOCUS ON NEWBORNS

Why in News?

UNICEF recently released a report on new born deaths titled “Every Child Alive”.

- **Neonatal mortality** includes deaths in the first 28 days of life.
- **Child mortality** refers to death of children below 5 years per 1000 live births (50 per 1000 live births in 2015-16).
- **Maternal mortality Rate** refers to number of women who die as a result of pregnancy and childbirth complications per 100,000 live births in a given year (174 per 100, 000 live births in 2015).

Situation in India

- At 6,40,000 newborn child deaths in 2016, India has the largest number of babies dying in the world.
- The number of annual under-five deaths in India has gone below one million for the first time in 2016.
- The under-five mortality rate for girls was 11 per cent higher at 41 per 1,000 as against 37 per 1,000 for boys.
- India’s current under-five mortality rate is 39/1000.
- With the current rate of decline, India is back on track to meet the Sustainable Development Goals (SDG) target for the under-five mortality of 25 per 1,000 live births by 2030.
- India’s neonatal mortality rate (2016) is 25.4/1000.

Related Information

- **Every Newborn Action Plan**
 - It is led by WHO and UNICEF.
 - In 2014, 194-member states of the Sixty-Seventh World Health Assembly, including India, endorsed the action plan.
 - It provides a road map of strategic actions for ending preventable newborn mortality and stillbirth and contributing to reducing maternal mortality and morbidity.
- **India Newborn Action Plan (2014)**
 - It is India’s committed response to the ENAP to advance the Global Strategy for Women s and Children’s Health.
 - Its goal is to attain Single Digit Neonatal Mortality and Stillbirth Rates by 2030.
 - It is to be implemented within the existing **Reproductive, Maternal, Newborn, Child and Adolescent health (RMNCH+A)**

framework of the National Health Mission (NHM).

- **Six pillars** of intervention include:
 - ✓ Preconception and antenatal care
 - ✓ Care during labour and child birth
 - ✓ Immediate newborn care
 - ✓ Care of healthy newborn
 - ✓ Care of small and sick newbornCare beyond newborn survival.

What is RMNCH+A?

- Launched in 2013 Strategic approach to Reproductive Maternal, Newborn, Child and Adolescent health.
- It will provide continuum of care to ensure equal focus on various life stages.
- Address the issue of anaemia through **National Iron + initiative**.

5.1.4. INFANT MORTALITY RATE

Why in News?

- As per latest data, IMR has reduced by 58% in India during the period of 1990-2015 which is more than the Global decline of 49% during the same period.

The **National Health Mission** is India’s flagship health sector programme to revitalize rural and urban health sectors.

The National Health Mission comprises of **4 components** namely the National Rural Health Mission, the National Urban Health Mission, Tertiary Care Programmes and Human Resources for Health and Medical Education.

The National Health Mission represents India’s endeavour to expand the focus of health services beyond Reproductive and Child Health, so as to address the double burden of Communicable and Non-Communicable diseases as also improve the infrastructure facilities at District and Sub-District Levels.

What is IMR?

- The **Infant Mortality Rate** is the number of deaths under one year of age occurring among the live births in a given geographical area during a given year, per 1,000 live births occurring among the population of the given geographical area during the same year.
- The latest government data on child health indicators shows that India’s IMR is now at 39 per 1,000 live births as against 40 the previous year.
- The target for IMR under National Health Mission is 30 per 1000 live births by 2020.

SDG 3 provisions related to child and maternal health-

By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

Various steps taken by the Government (under the National Health Mission)

- Under **Janani Suraksha Yojana (JSY)** and **Janani Shishu Suraksha Karyakaram (JSSK)**, the number of institutional deliveries have improved. These programmes entitle all pregnant women delivering in public health institutions to absolutely free ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.
- Ministry of Health and Family Welfare launched **MAA-Mothers' Absolute Affection programme** in August 2016 for improving breastfeeding through mass media and capacity building of health care providers in health facilities as well as in communities.
- **Village Health and Nutrition Days (VHNDs)** are observed for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education.
- **Universal Immunization Programme (UIP)** is being supported to provide vaccination to children against many life-threatening diseases.
- **Rashtriya Bal Swasthya Karyakram (RBSK)** for health screening, early detection of birth defects, diseases, deficiencies, development delays including disability and early intervention services has been operationalized to provide comprehensive care to all the children in the age group of 0-18 years in the community.
- **Iron and folic acid (IFA) supplementation** for the prevention of anaemia among the vulnerable age groups.
- Various trainings are being to build and upgrade the skills of health care providers in basic and comprehensive obstetric care of mother during pregnancy, delivery and essential newborn care.
- Low performing districts have been identified as **High Priority Districts (HPDs)** which

entitles them to receive high per capita funding, relaxed norms, enhanced monitoring and focused supportive supervisions and encouragement to adopt innovative approaches to address their peculiar health challenges.

Ama Sankalpa in Rayagada of Odisha

- This initiative has brought down the infant mortality rates in district from 48 to 33 out of 1,000 in 1 year
- Measures included
 - keeping track of pregnant women's expected date of delivery
 - upgrading primary health centres
 - directing Anganwadi and ASHA workers, ANMs to identify pregnant women in high risk category & bring them to Maa Gruhas
 - operating Maa Gruhas round the clock to ensure medical assistance and nutritional food to women
 - promoting vegetable cultivation in rural parts of the district through Integrated Tribal Development Agency.

5.1.5. INTEGRATED HEALTH INFORMATION PLATFORM (IHIP)

Ministry of Health and Family Welfare (MoHFW) has set up an IHIP to enable the creation of **Electronic Health Records (EHRs)** of citizens and make them available **nationwide online** for medical history, with the help of **Health Information Exchange**.

- MoHFW had notified Electronic Health Record EHR Standards Version 2016 with the intent to bring standardisation and homogeneity, inter-operability in capture, storage, transmission, use etc. of healthcare information across various health IT systems.

5.2. NUTRITION**5.2.1. GLOBAL HUNGER INDEX****Why in news?**

India has ranked 100 among 119 developing countries as per report titled "**2017 global hunger index: The inequalities of hunger**".

Related National health policy 2017 recommendations

- Increase utilization of public health facilities by 50% from current levels by 2025.
- Ensure availability of paramedics and doctors as per Indian Public Health Standard (IPHS) norm in high priority districts by 2020.

- achievable target of raising public health expenditure to 2.5% of the GDP in a time bound manner.
- targeted approach to reach under-serviced areas in infrastructure and human resource development.
- enhanced outreach of public healthcare through Mobile Medical Units.
- Retain a certain excess capacity in terms of health infrastructure, human resources, and technology to effectively handle medical disasters.
- establishing cadres like Nurse Practitioners and Public Health Nurses to increase their availability in most needed areas.
- CSR should be leveraged for filling health infrastructure gaps in public health facilities.

About the Global Hunger Index

- It has been released by Washington-based **International Food Policy Research Institute (IFPRI)** in association with Concern Worldwide of Ireland and Welthungerhilfe (German non-profit organization)
- It ranks countries on a **100-point scale with 0 representing no hunger**.
- GHI scores are based on four indicators:
 - **UNDERNOURISHMENT:** the share of the population whose caloric intake is insufficient.
 - **CHILD WASTING:** the share of children under the age of five who have low weight for their height.
 - **CHILD STUNTING:** the share of children under the age of five who have low height for their age.
 - **CHILD MORTALITY:** the mortality rate of children under the age of five (a reflection of the fatal mix of inadequate nutrition and unhealthy environments).

Status of Hunger across the world

- The level of hunger across the Globe has declined by 27% since 2000.
- **South Asia and Africa South of the Sahara** have the highest levels of hunger, at 30.9 and 29.4, respectively.
- The **Central African Republic** has the worst score and is the only country in extremely 'Alarming' hunger level category in 2017.

Performance of India

- With a score of 31.4, India is at the high end of **"serious" hunger problem category**.
- India has seen **low improvement** (i.e. 38.2 in 2000 to 31.4 in 2017) in hunger prevalence

despite being world's second largest food producer.

5.2.2. GLOBAL NUTRITION REPORT 2017

- It is an independently produced annual stock-take of the state of the world's nutrition.
- In all 140 countries studied, the report found the vast majority (88%) of countries studied face a serious burden of two or three of these forms of malnutrition: childhood stunting, anaemia in women of reproductive age and overweight adult women.
- Double burden of malnutrition in India- 38% of children under-5 are affected by stunting and 21% of under-5s are defined as 'wasted'. On the other hand, 16 per cent of adult men and 22 per cent of adult women are overweight.

5.2.3. THE STATE OF FOOD SECURITY AND NUTRITION IN THE WORLD REPORT

- It is an annual flagship report jointly prepared by Food and Agriculture Organization of the United Nations (FAO), the International Fund for Agricultural Development (IFAD), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP) and the World Health Organization (WHO).
- For the first time, the report provides two measures of food insecurity. Indicator of the extent of hunger, the prevalence of undernourishment, is complemented by the prevalence of severe food insecurity using the Food Insecurity Experience Scale (FIES) which includes direct interviews.
- In addition, the report assesses the trends for six nutrition indicators: anaemia in women of reproductive age, stunting, wasting, overweight, obesity and levels of exclusive breastfeeding.

Related Information

- **World Food Programme**
 - It is the UN agency focused on hunger alleviation and food security.
 - It is a member of the **United Nations Development Group** (a consortium of 32 United Nations agencies created in 1997 to improve the effectiveness of

- UN development activities at the country level).
- Globally, it responds to emergencies making sure food reaches where it is needed, especially in times of civil strife and natural disasters.
- In India, WFP has moved from providing direct food aid to providing technical assistance and capacity building services to the Government of India.
- Currently, WFP is focusing on-
 - ✓ improving the efficiency, accountability and transparency of India's own subsidized food distribution system.
 - ✓ pioneering the multi-micronutrient fortification of school meals in which the pilot project saw rice fortified with iron.
 - ✓ supporting the Odisha government's Poverty and Human Development Monitoring Agency in establishing a State-level Food Security Analysis Unit.
- **International Fund for Agricultural Development (IFAD)**
 - It is an international financial institution and a specialized agency of the United Nations dedicated to eradicating poverty and hunger in rural areas of developing countries.
 - It was established as an international financial institution in 1977 as one of the major outcomes of the 1974 World Food Conference.
 - Its headquarters is in Rome and is a member of the United Nations Development Group.

5.2.4. URBAN NUTRITION IN INDIA

Why in News?

- The Urban HUNGaMA (Hunger and Malnutrition) **Report on Urban Nutrition** was released based on the survey that was conducted in 2014 by Citizens Alliance against Malnutrition, capturing essential nutrition data of children aged 0-59 months in the 10 largest cities of India.
- The data collected in the survey was related to Nutrition (weight, height, age) & Household (parent's years of schooling, religion, access to services).

- Recently, Lancet study raised concern about double burden of malnutrition, that is, underweight as well as obese children in India.

Highlights of the Report

- It showed a small difference between boys and girls for **all indicators of malnutrition**.
- It shows a significantly higher prevalence of malnutrition among children whose mothers had **little or no schooling**.
- The prevalence of child malnutrition among households in **the higher wealth quintiles** was significantly lower than among households in lower wealth quintiles. While in terms of over-nutrition, children from the higher wealth households were more.
- Only 37.4% households accessed a public distribution system in the month preceding – lowest being in Surat (10.9%) and highest being in Kolkata (86.6%).
- Less than one in four children was fed a diet that meets the minimum requirements for healthy growth and development.

Dual Burden of Malnutrition

Malnutrition refers to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients. The term malnutrition covers 2 broad groups of conditions- undernutrition and overweight.

5.2.5. NATIONAL NUTRITION STRATEGY

Why in News?

A high-level panel under Niti Aayog has drawn up a 10-point nutrition action plan that includes governance reforms in line with the vision for **"Kuposhan Mukta Bharat- Vision 2020"**

Related Provisions

- **Article 47 of the Constitution** mentions the "duty of the state to raise the level of nutrition and the standard of living and to improve public health.
- The **Copenhagen Consensus** has identified twice several nutrition interventions as some of the most high-yielding of all possible development assessments.
- The National Nutrition Mission, recommended by the **Prime Minister's National Council on India's Nutrition Challenges in 2010**, was launched in 2014, to

address the problems of maternal and child under-nutrition in the country.

- The government recently laid down the **National Health Policy, 2017**, that also talks about Child & Adolescent health and interventions to address malnutrition and micronutrients deficiencies, among other issues.

National Nutrition Strategy Provisions

- **Reducing all forms of malnutrition by the end of 2030.**
- The nutrition strategy envisages a **framework wherein the four proximate determinants** of nutrition – uptake of health services, food, drinking water & sanitation and income & livelihoods – work together to accelerate decline of under nutrition in India.
- **Decentralised Approach-** With this the Strategy aims to strengthen the ownership of PRIs and urban local bodies over nutrition initiatives as subjects allocated to PRIs include those addressing the immediate and underlying determinants of undernutrition like sanitation and water.
- **Governance reforms** envisaged in the Strategy include: (i) convergence of state and district implementation plans for ICDS, NHM and Swachh Bharat, (ii) focus on the most vulnerable communities in districts with the highest levels of child malnutrition, and (iii) service delivery models based on evidence of impact.
- **Nutrition Social Audits** are to be undertaken to track the children and their health progress.
- **National Nutrition Surveillance System-** Undernourished endemic zones of the country will be mapped for identifying ‘high risk and vulnerable districts’ & the cases of severe under nutrition in children should be included in the routine disease reporting system.
- **Institutional Arrangements-** Institutional arrangements like the National Nutrition Mission Steering Group (NNMSG) and the Empowered Programme Committee (EPC) respectively under the chairpersonship of Minister and Secretary of Women and Children and the Secretary will be constituted.
- **National Nutrition Mission-** The Strategy aims to launch a National Nutrition Mission, similar to the National Health Mission. This is

to **enable integration of nutrition-related interventions** cutting across sectors like women and child development, health, food and public distribution, sanitation, drinking water, and rural development.

Related News

- The Government of Indian has approved setting up of the **National Nutrition Mission**.

About the Mission

- It would be executed with the **Ministry of Women and Child Development (WCD)** as the **nodal ministry** along with Ministry of Drinking Water and Sanitation and Ministry of Health and Family Welfare.
- **Implementation and Target**
 - The mission has a target to reduce **stunting, under-nutrition, and low birth weight** by 2 per cent per annum, and **anaemia** by 3 per cent annually.
 - It aims to focus mainly on children up to the age of 6 years, pregnant and lactating women, and adolescent girls.
 - It would also strive to achieve reduction in stunting from 38.4% (NFHS-4) to 25% by 2022 (**Mission 25 by 2022**).
 - It will be implemented in **three phases**: 2017-18, 2018-19 and 2019-20. 315 ‘high burden’ are to be covered in the first phase, 235 in next and the remaining in last.
- **Features**
 - **NNM as an apex body** will monitor, supervise, fix targets and guide the nutrition related interventions.
 - Mapping of various schemes contributing under malnutrition
 - ICT (Information and Communication Technology) based real time monitoring system
 - Incentivising states/UTs for meeting targets
 - Incentivising Anganwadi Workers (AWW) for using IT based tools and eliminating the need for registers
 - Measurement of height of children at Anganwadi Centres
 - Social Audits to track the health progress of the children
 - Setting-up Nutrition Resource Centres.

5.2.6. 'ZERO HUNGER' PROGRAMME

Why in News?

Three districts --Gorakhpur (Uttar Pradesh), Koraput (Odisha) and Thane (Maharashtra)- have been chosen for the launch of India's ambitious '**Zero Hunger**' programme through interventions in farm sector on **October 16 (World Food Day)**.

Related Information- State of Food and Agriculture

- State of Food and Agriculture is FAO's major annual flagship publication which aims at bringing to wider audience balanced science-based assessments of important issues in the field of food and agriculture.
- The 2017 Report focuses on Leveraging food systems for inclusive rural transformation.

About the Programme

- It will be initiated by the **Indian Council of Agricultural Research (ICAR)** in association with the **Indian Council of Medical Research (ICMR)**, the **M S Swaminathan Research Foundation** and the **Biotechnology Industry Research Assistance Council (BIRAC)**. The concerned **state governments** will also be involved in the programme.
- It will focus on agriculture, health and nutrition in a **sybiotic manner** to develop an integrated approach to deal with hunger & malnutrition.
- It will consist of organising farming systems for nutrition, setting up **genetic gardens** for biofortified plants crops and initiation of a '**Zero Hunger**' training.
- It will ensure suitable methods of measuring the **impact of intervention**.
- There will be intensive training programme in order **to identify the nutritional maladies** in each district and the appropriate agricultural/horticultural and animal husbandry remedies.
- It will work in addition to the government's other plans to make India malnutrition free by 2022 and attaining the **SDG (No. 2) for 'Zero Hunger'**.

5.2.7. SWASTH BACHCHE, SWASTH BHARAT PROGRAMME

Why in News?

- Recently, Ministry of Human Resource Development has launched 'Swath Bachche Swasth Bharat' Programme.

About Swasth Bachche Swasth Bharat Programme

- It is the step of **Kendriya Vidyalaya Sangathan** in pursuit of building active Schools.
- It will provide a comprehensive and **inclusive report card** for children, covering all age groups and children of different abilities.
- It is objected toward making students, teachers and parents **aware about importance of good health & fitness** and encouraging 60 minutes of play each day.
- It **will use technology for data capture and analytics**, and giving access to schools, parents and teachers.

5.2.8. THERAPEUTIC FOOD

Why in news?

Recently, Maharashtra Government stopped implementation of Ready-to-use Therapeutic Food to treat malnourished children after notification from the Centre Government.

What is Ready-to-use Therapeutic Food (RUTF)?

- It is a **medical intervention** to cure Severe Acute Malnutrition (**SAM**) among children which includes readymade packed paste made of high energy fortified supplements (peanuts, oils, dried milk etc.) being administered to the child under doctor's supervision.
- The paste is administered to children aged between 6 months and 6 years daily for about a month.
- It is **cost-effective** and **hygienic** as it has **low human contact** as compared to freshly cooked food.
- It is being implemented under the global initiative **Scaling Up Nutrition movement (SUN)** and **ICDS** in India, through collaboration with the state governments.

SUN Movement

- It began in 2009 with the development of Scale Up Nutrition Framework.
- It unites people—from civil society, the United Nations, donors, businesses and researchers—in a collective effort to improve maternal and child nutrition.

Nutraceutical Industry in India

- **Nutraceuticals** are supplements and foods that aren't drugs but purported to contain

ingredients essential to well-being such as obesity pills, diet regimens shake with exaggerated benefits etc.

- In a 2017 report, the Associated Chambers of Commerce and Industry of India estimated the global nutraceutical industry to be growing by about \$15 billion annually. In India alone, it is worth more than \$2 billion.
- Recently, a centre was set up under National Institution of Nutrition Hyderabad to regulate nutraceutical industry according to the guidelines by FSSAI last year.

5.3. FAMILY PLANNING

5.3.1. FERTILITY TREND IN INDIA

Why in news?

Recently the fourth round of the National Family Health Survey (NFHS-4) report on the variations in the total fertility rate (TFR) of different communities was released.

Total Fertility Rate (TFR) may be defined as average number of children that would be born to a woman if she experiences the current fertility pattern throughout her reproductive span (15-49 years).

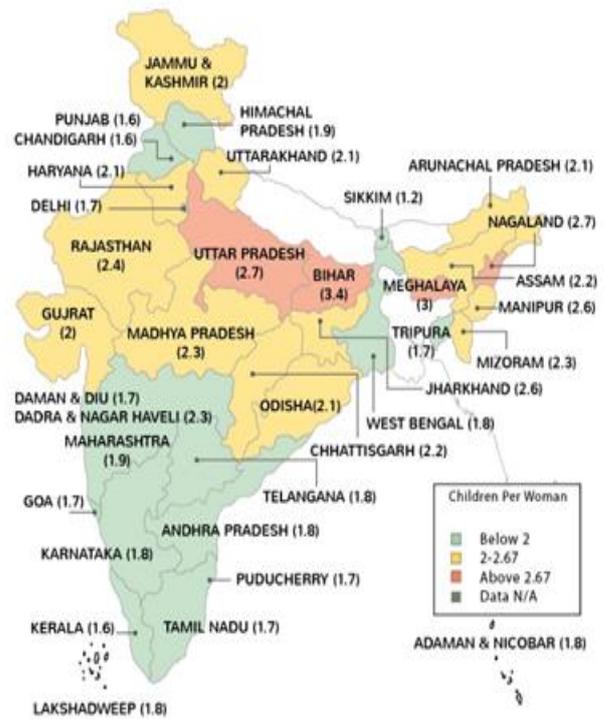
- It is a more direct measure of the level of fertility than the birth rate, since it shows the potential for population change in a country.
- Total fertility rate declined in India from 2.7 in 2005-06 (NFHS-3) to 2.2 in 2015-16 (NFHS-4).

Replacement level fertility is the level of fertility at which a population exactly replaces itself from one generation to the next. Below 2.1 populations begin to decline.

Details

- **Geographic variance:** The fertility rate in 23 states and Union territories—including all the southern states—is below the replacement rate while it is higher in a number of states in central, east and north-east India.
 - Bihar has the highest rate at 3.41, followed by Meghalaya at 3.04 and Uttar Pradesh and Nagaland at 2.74.
 - Total fertility rate in rural areas was 2.4 while in urban areas it was 1.8.
- **Impact of education:** Women with 12 years or more of schooling have a fertility rate of 1.7, while women with no schooling have an average rate of 3.1.
- **Skewed pattern of contraceptive usage:** The most popular contraceptive method by far, at

36%, is female sterilization. Male sterilization accounts for a mere 0.3%.



5.3.2. MISSION PARIVAR VIKAS

Why in News?

- On the **World Population Day** (July 11, 2017), Minister of Health and Family Welfare launched Mission Parivar Vikas.

National Population Policy 2002

- long term objective of achieving a stable population by 2045
- To address the unmet needs for contraception, health care infrastructure, and health personnel
- To provide integrated service delivery for basic reproductive and child health care.
- Maternal Mortality Rate: below 100 per lakh birth.
- Infant Mortality Rate: 30 per 1000 live birth.
- Achieve 80% institutionalized deliveries, to reduce MMR
- Achieve universal immunization of children.
- Promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age.
- Compulsory school education, reduce dropout rate.
- Promote small family norm to achieve replacement levels of TFR.
- Convergence in implementation of related social sector programs.

Mission Parivar Vikas

- It aims to control Total Fertility Rate of 146 districts in seven states, constitute the 28 of total country population.
- Mission will utilise the **RMNCH+A strategy**, Family Planning Logistics Management Information System (FP-LMIS) and consumer friendly website on family planning.
- Strategic focus on improving access through;
 - **Provision of services:** distribute a kit (**Nayi Pahal**) containing products of family planning and personal hygiene among newly-wed couples.
 - **Commodity security:** it will increase sterilization services, roll out injectable contraceptive at sub-centre level and generate awareness about condoms and pills.
 - **Promotional schemes:** Special buses called '**SAARTHI-Awareness on Wheels**' will to generate awareness, sensitize the community and disseminate family planning messages.
 - **Capacity building:** '**SAAS BAHU SAMMELANS**' will be held to bridge the gap in their attitudes and beliefs about reproductive and sexual health.
 - **Enabling environment:** **ASHA workers** to encourage inter-spousal communication and consensual decision-making on reproductive and sexual health, delaying the birth of the first child and spacing the second.
 - **Intensive monitoring:** find out the causes of high **Fertility rate** and half yearly review of the programme and correlate the achievements with time.

Jansankhya Sthirata Kosh (JSK)

- It was set up with a corpus grant of Rs 100 crore in 2003 to raise awareness for population stabilization strategies.
- Recently, government approved the proposal for its closure as an Autonomous Bodies. Although, it will continue to play a significant role in population stabilization strategies.
- It organizes various activities with target population as a part of its mandates.
- Strategies adopted-
 - **Perna Strategy-** for helping to push up the age of marriage of girls and delay in first child and spacing in second child birth.

- **Santushti Strategy-** invitation to private sector gynaecologists and vasectomy surgeons to conduct sterilization operations in Public Private Partnership mode.

National Family Welfare Programme launched in 1951 with the **objective of** "reducing the birth rate to the extent necessary to stabilize the population at a level consistent with the requirement of the National economy. The Family Welfare Programme in India is recognized as a priority area and is being implemented as a 100% Centrally sponsored programme.

Other Initiatives

- The Ministry of Health and Family Welfare has launched **two new contraceptives**, an injectable contraceptive named 'Antara' and a contraceptive pill 'Chhaya', to meet the emerging needs of couples.
- The **sterilization compensation scheme** has been enhanced in 11 high focus states (8 EAG, Assam, Gujarat, Haryana).
- Appointment of dedicated RMNCH+A counsellors at high case load facilities.
- Under '**National Family Planning Indemnity Scheme**' (**NFPIS**) clients are insured in the eventualities of deaths, complications and failures following sterilization and the providers/ accredited institutions are indemnified against litigations in those eventualities.
- Under the Compensation scheme for sterilization acceptors the beneficiaries are provided compensation for loss of wages on account of undergoing sterilisation.

5.4. DISEASES

5.4.1. GLOBAL BURDEN OF DISEASE STUDY

Why in news?

Newborns in India have a lesser chance of survival than babies born in Afghanistan and Somalia, according to the latest Global Burden of Disease (GBD) study published in the medical journal The Lancet.

Highlights of study

- In the GBD rankings for healthcare access and quality (HAQ), India has fallen 11 places, and now **ranks 154 out of 195 countries**.

- Further, India's healthcare index of 44.8 is the lowest among the sub-continental countries, as Sri Lanka (72.8), Bangladesh (51.7), Bhutan (52.7), and Nepal (50.8) all fared better.
- Access to tuberculosis treatment in India was scored lower than Pakistan, Congo and Djibouti.

About the study

- The Global Burden of Diseases, Injuries, and Risk Factors study is **put together by the Institute for Health Metrics and Evaluation (IHME)**
- IHME is an **independent population health research centre** associated with the University of Washington, along with a consortium of 2,300 researchers in more than 130 countries.

5.4.2. INDIA STATE LEVEL DISEASE BURDEN REPORT

Why in news?

India State Level Disease Burden Report was published as a part of Global Burden of Disease Study 2016 to provide state level-disease burden and risk factors trends from 1990 onwards.

About the Report

- It has been prepared by **Indian Council of Medical Research (ICMR)** along with **Public Health Foundation of India and Institute for Health Metrics and Evaluation (IHME)**.
- The findings of the study can be used to track subnational disease burden in India using DALY.

Disability-adjusted life years (DALYs)

- Years of healthy life lost to premature death and suffering.
- It is composed two components: Years of Life Lost (YLL) and Years of life lived with disability (YLD).
- DALYs instead of causes of death alone provides a more accurate picture of the main drivers of poor health.

Findings of the Report

- **Health Indicators and disparities among States**
 - **Life Expectancy:** As compared to 1990s the life expectancy at birth improved from 58.3 years among men and 59.7 years among women to 66.9 years for males and 70.3 years for females.

- Disparity among states is also visible with a range of 66.8 years in Uttar Pradesh to 78.7 years in Kerala for females, and from 63.6 years in Assam to 73.8 years in Kerala for males in 2016.

- **Child and Maternal Nutrition:** The disease burden due to Child and Maternal malnutrition has dropped to 15% but it still remains single largest risk factor in India.

- **Non-Communicable Diseases and Epidemiological Transition**

- Over the past 26 years the pattern of diseases has shifted from communicable, maternal, neonatal, and nutritional diseases (CMNNDs) to non-communicable diseases (NCDs) and injuries.

- Among the leading non-communicable diseases, the largest disease burden or DALY rate increase from 1990 to 2016 was observed for diabetes, at 80%, and ischaemic heart disease, at 34%.

- **Reduction in Infectious diseases but prevalence still high in many states**

- The burden of infectious diseases has reduced since 1990.
- DALY rates for whole of India for this group was 2.5 to 3.5 times higher than the average globally for other countries with similar levels of development.

- **Increasing burden of diseases among states**

- Injuries due to road accidents, suicides etc. are the leading contributors to the injury burden in India.

- **Unsafe Water and Sanitation**

- The Disease burden due to above is improving but it continues to contribute 5% of total disease burden though it has improved since 1990.

- **Household air pollution improving and worsening outdoor air pollution**

- **Outdoor Pollution** – The contribution of pollution remained high during 1990 and 2016 which causes a mix of NCDs and infectious diseases.

- **Household pollution** – it has considerably decreased due to reduced use of solid fuels for cooking.

- **Rising risk of cardiovascular diseases and diabetes**

- The contribution of this group has increased from 10% to 25% when 1990 and 2016.
- All these risks are generally higher in females than males.

5.4.3. NATIONAL STRATEGIC PLAN (2017-24) & MISSION SAMPARK

Why in News?

The Union Ministry of Health & Family Welfare on World AIDS Day launched-

- National Strategic Plan 2017-24, &
- Mission SAMPARK

More about News

- **National Strategic Plan (2017-24)**- It aims to strive, along with partners, towards fast track strategy of ending the AIDS epidemic by 2030 and is expected to pave a roadmap for achieving the **target of 90:90:90**.
- **Mission SAMPARK**- Aim is to trace those who are Left to Follow Up and are to be brought under Antiretroviral Therapy (ART) services. **“Community Based Testing”** will be taken up for fast-tracking the identification of all who are HIV positive.



Provisions for protection of AIDS patients in India

Apart from various constitutional protections in terms of Fundamental Rights, there are other provisions for helping people with AIDS like-

- India is currently in the fourth (since 2012) phase of **National AIDS Control Programme**, launched with two principal objectives-
 - 50% reduction in new infections (using 2007 as baseline)
 - Provision of comprehensive care and support to people living with HIV.
- **National AIDS Prevention and Control Policy (2002, adopted under NACP II)**- The main purpose of this policy was to bring in a legal sanction to prevent discrimination of people living with HIV in work and social, medical and financial settings.
- **Indian Medical Council Act, 1956 (Professional Conduct, & Ethics) Regulations, 2002**- It lays down certain duties on the part of doctors towards the HIV/AIDS patients.
- **Immoral Trafficking Prevention Act, 1986**- It provides for conducting compulsory medical examination for detection of HIV/AIDS among the victims of trafficking.
- **HIV/AIDS Prevention and Control Act, 2017**- It criminalises discrimination against people living with HIV/AIDS. Some of its important features are-
 - Provision for appointment of an ombudsman by State/UT Governments to address grievances related to violation of



the Act and penal action in case of non-compliance

- Provides an environment for enhancing access to health care services by ensuring informed consent and confidentiality for HIV-related testing, treatment, and clinical research. It also provides ground for penal action for any health care provider, except a physician or a counsellor to disclose the HIV positive status of a person to his or her partner.

The **National AIDS Control Programme (NACP)**, launched in 1992, is being implemented as a comprehensive programme for prevention and control of HIV/AIDS in India.

NACP-IV Components

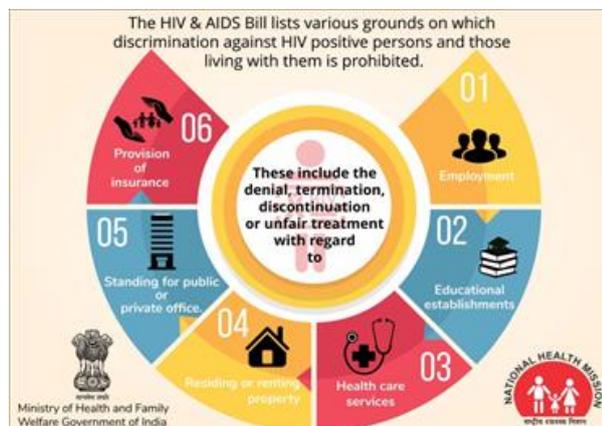
Component 1: Intensifying and Consolidating Prevention services with a focus on High-Risk Group (HRG) and vulnerable populations.

Component 2: Expanding IEC services for (a) general population and (b) high risk groups with a focus on behavior change and demand generation.

Component 3: Comprehensive Care, Support and Treatment.

Component 4: Strengthening institutional capacities.

Component 5: Strategic Information Management Systems (SIMS).



5.4.4. NATIONAL STRATEGIC PLAN FOR MALARIA ELIMINATION

Why in News?

Union Minister of Health and Family Welfare launched the **National Strategic Plan for Malaria Elimination (2017-22)**.

Background

- India that is a breeding ground for at least **six major vector-borne diseases**—malaria, dengue, chikungunya, filariasis, Japanese encephalitis and visceral leishmaniasis.

- India has the third highest malaria burden in the world thus an immediate action plan was long needed.

Efforts to eliminate Vector Born Diseases

- The **National Framework for Malaria Elimination (NFME)** last year outlined India’s commitment for eliminating malaria by 2030.
- To implement this commitment the National Strategic Plan for Malaria Elimination was launched in July 2017.
- The government would like to eliminate malaria by 2027 and urged the states for active cooperation. It gives strategies for working towards the ultimate goal of elimination of malaria by 2030.
- The strategies involve strengthening malaria surveillance, establishing a mechanism for early detection and prevention of outbreaks of malaria, promoting the prevention of malaria by the use of Long Lasting Impregnated Nets (LLINs), effective indoor residual spray and augmenting the manpower and capacities for effective implementation.

National Strategic Plan for Malaria Elimination (2017-22)

Following are the provisions of NSPME-

- It divides the country into four categories between 0-3, viz, -
 - Category 1 (0)- includes 75 districts where there has been no case of malaria in last 3 years.
 - Category 2 (1)- has as many as 448 districts in which API (Annual Parasite Incidence) in a year is < 1 among every 1000 persons.
 - Category 3 (2)- are the regions where the API is one or above, but <2 per 1000 persons.
 - Category 4 (3)- are the regions where the API is 2 or >2 per 1000 persons.
- The plan aims to eliminate Malaria completely by 2022 in the category 1 and 2 districts, while the other two categories will be brought under pre- elimination or elimination programmes.
- The plan aims at achieving Universal Case Detection and treatment services in the endemic districts to ensure full diagnosis and treatment of all the cases.

- Based on the **WHO recommendations**, following are **the 4 components of the plan**:
 - Diagnosis & case management
 - Surveillance & Epidemic Response
 - Prevention by Integrated Vector Management
 - Cross Cutting interventions including communication, R & D, etc.

5.4.5. PICTORIAL WARNING ON TOBACCO PRODUCTS

Why in News?

- Supreme Court has stayed the Karnataka High Court decision on reducing the size of Pictorial warning on Tobacco products from 85% to 40%.

Cigarettes and other Tobacco Products (Packaging and Labelling Rules) amendment rule 2017.

- It was mandated that “the specified health warning shall cover at least eighty-five per cent (85%) of the principal display area of the package.
- Sixty per cent (60%) shall cover pictorial health warning and twenty-five per cent (25%) shall cover textual health warning.

Other initiatives to control tobacco use

- India had ratified WHO the **Framework Convention on Tobacco Control (WHO FCTC)** in 2004.
- MPOWER- (a policy package intended to reduce the demand of Tobacco) initiative of WHO is being implemented in India.
- **National Tobacco Control Programme**: for greater awareness about the harmful effects of tobacco use and tobacco control law.
 - **National Tobacco Control Cell (NTCC)** nodal agency for overall policy formulation, planning, monitoring and evaluation of the different activities.
- **The Cable Television Networks (Amendment) Act 2000**: prohibited tobacco advertising in state controlled electronic media and publications including cable television.
- **Cigarettes and Other Tobacco Products (Production Supply and distribution) act 2003**: prohibition of smoking in public places, selling to minors, and ban on sale of tobacco products within 100 yards of all educational institutions.
- Prevention of Food Adulteration Act mandates statutory warnings regarding harmful health effects for paan masala and chewing tobacco.
- **Higher Tax**: Under GST, there will be an additional cess charged on the tobacco-related products, over and above the GST charged at the rate of 28%.

5.4.6. INDIA HEALTH FUND

Why in news?

The India Health Fund (IHF), an initiative by Tata Trusts, in collaboration with the Global Fund has come forward to financially support innovations and technologies designed to combat tuberculosis and malaria.

Key facts

- TB and malaria pose long-standing health challenges for India. The two diseases account for over 4.23 lakh deaths and around 15 million lab-confirmed cases every year.
- It is aligned with the **country's goal of eliminating TB by 2025 and malaria by 2030**.
- The IHF aims to support individuals and **organisations with already germinated innovative strategies, services, products**. It is not a fellowship to do research from scratch.
- **The Global Fund** is designed to accelerate the end of **AIDS, tuberculosis and malaria** as epidemics. Founded in 2002, it is a partnership between governments, civil society, the private sector and people affected by the diseases.

5.4.7. JOINT MONITORING PROGRAMME 2017

Why in News?

- **In July 2017, WHO and UNICEF** under Joint Monitoring Programme (JMP) released the **report** titled 'Progress on drinking water, sanitation and hygiene 2017 update and Sustainable Development Goal baselines'.

Joint Monitoring Programme

- The WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP)
- Maintains global database and estimates the progress on drinking water, sanitation and hygiene (WASH) since 1990.
- Focuses on further enhancing global monitoring of drinking water, sanitation and hygiene in the context of the new 2030 Agenda for Sustainable Development
- Each sector is dependent on the presence of the other. For example, without toilets, water sources become contaminated; without clean water, basic hygiene practices are not possible.

About the Report

- This is the first global assessment of “safely managed” drinking water and sanitation services”.
- The report focus on;
 - Ending **open defecation** (SDG 6.2)
 - Achieving universal access to **basic services** (SDG 1.4)
 - Progress towards **safely managed services** (SDG targets 6.1 and 6.2).

UN-Water

- United Nations (UN) inter-agency coordination mechanism for freshwater related issues, including sanitation (no single organisation for water related aspect)
- UN-Water launched its 2014-2020 Strategy in support of the 2030 Agenda.

World water Development report (WWDR)

- Published by UN-Water Members and Partners it represents.
- The report production is coordinated by the World Water Assessment Programme and the theme is harmonized with the theme of World Water Day (22 March).

UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS)

- By the World Health Organization (WHO) on behalf of UN-Water.
- It is a substantive input into the activities of Sanitation and Water for All (SWA).

5.5. GOVERNMENT SCHEMES

5.5.1. NHPS

Why in News?

In budget 2018, a flagship **National Health Protection Scheme (NHPS)** was announced under **Ayushman Bharat programme** for a New India 2022.

Ayushman Bharat programme has two component viz. **National Health Protection Scheme & Health and Wellness Centre.**

Health and Wellness Centre: They were envisioned under National Health Policy, 2017.

- Under this 1.5 lakh centres will bring health care system closer to the homes of people.
- These centres will provide comprehensive health care, including for non-communicable diseases and maternal and child health services.
- Contribution of private sector through CSR and philanthropic institutions in adopting these centres is also envisaged.

- Augmented by induction of non-physician healthcare providers such as nurse practitioners, in addition to the existing staff, the HWC will provide essential drugs and basic diagnostic free of cost.
- Various vertical disease control programmes will find convergence at this delivery point.
- Using technology, HWCs can generate real time data for monitoring various health indicators.

Rashtriya Swasthya Bima Yojna (RSBY)

- Launched in 2007-08, it is a health insurance scheme for BPL families and workers in the unorganized sector.
- It provides for IT-enabled and smart-card-based cashless health insurance, including maternity benefit cover up to Rs. 30,000/- per annum on a family floater basis.
- **Funding Pattern:** Contribution by Government of India to State Government is in ratio of 75:25.
- It is implemented by the **Ministry of Health and Family Welfare.**

Highlights

- **Aim-** To provide medical cover up to Rs5 lakh per year per household for secondary and tertiary health care.
- **Coverage-** An estimated 10 crore households across the country, constituting 40% of total population on the basis of “deprivation and occupational criteria” as per Socio-Economic and Caste Census (SECC) data, 2011.
- **Using JAM-** It would be a cashless and Aadhaar enabled for better targeting of beneficiary.
- **Finance-** It is a **Centrally Sponsored Scheme** with ratio of contribution towards premium will be
 - **60: 40 ratio** Share between Centre and State in all states and UTs with legislature.
 - **90: 10 ratio** between Centre and northeastern states & 3 Himalayan states.
 - **100% Centre’s contribution** in case of union territories (UTs) without legislature.
 - **Central funding:** Initial corpus of Rs 2000 crore was announced and rest will be funded from 1% additional cess (Budget-2018).
- NHPS scheme will subsume **Rashtriya Swasthya Bima Yojana (RSBY)** under it.
- **National Health Agency (NHA)-** It will be set up to manage NHPS.

- It will operate around the insurance principle of **risk pooling**. When a large number of people subscribe to an insurance scheme, only a small fraction of them will be hospitalised in any given year.

Significance

- It would be the world’s largest government-funded health programme.
- **Consolidating Fragmented Healthcare Insurance** facility available in different states.

5.5.2. MISSION INDRADHANUSH

Why in news?

- Union Health Ministry launched Intensified Mission Indradhanush to achieve full immunization.
- PMO will review the mission through multi-modal platform **PRAGATI (Pro-Active Governance and Timely Implementation)** platform.

Mission Indradhanush

- It is a strategic endeavour under Universal Immunisation Programme 1985.
- It targets to immunize **all children below two years** of age **either unvaccinated or are partially** vaccinated as well as **all pregnant women**.
- Immunisation against **seven vaccine** preventable diseases namely; Diphtheria, Pertussis, Tetanus, Childhood Tuberculosis, Polio, Hepatitis B and Measles.
- Moreover, Vaccines for Japanese Encephalitis, Haemophilus influenza type B, inactivated polio vaccine, Rotavirus vaccine and Measles Rubella vaccine are also being provided in selected states.
- Mission is technically supported by WHO, UNICEF, Rotary International and other donor partners.

Universal Immunisation Programme 1985

- The UIP provides free of cost vaccines to all children during the first year of life.
- To protect them against **12 life threatening diseases**: tuberculosis, diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, measles, Hepatitis B, Diarrhoea, Japanese Encephalitis, rubella, Rotavirus and **Pneumonia** (added in May 2017).

Pneumonia vaccine

- India accounts for nearly 20% of global pneumonia deaths.

- Pneumococcal conjugate vaccine (PCV) will give protection against 13 types of pneumococcal bacteria.

Highlights of Intensified Mission Indradhanush (IMI)

- It will be done through mapping of all underserved population in urban areas and need-based deployment of ANMs (auxiliary nurse midwife) for providing vaccination services in these areas.
- It will focus on children up to 2 years of age and pregnant women who have missed out on routine immunization. However, vaccination on demand to children up to 5 years of age will be provided during IMI rounds.
- A **distinctive feature** is that there is greater **focus on convergence** with other ministries, especially women and child development, Panchayati Raj, urban development, youth affairs etc.
- It will primarily focus on:
 - Areas with vacant sub centres- Auxiliary Nurse Midwife not posted or absent for more than 3 months
 - Unserved/low coverage pockets in sub-centre or urban areas, due to issues around vaccine hesitancy of program reach; sub centre/ANM catering to populations much higher than norms
 - Villages/areas with three or more consecutive missed routine immunization sessions.
 - High risk areas identified by the polio eradication program that are not having independent routine immunization sessions and clubbed with some other routine immunization sessions such as;
 - ✓ Urban slums with migratory population
 - ✓ Nomadic sites (brick kilns, construction sites, other migrant settlements-fisherman villages, riverine areas with shifting populations, underserved and hard-to-reach populations-forested and tribal populations, hilly areas, etc.)
 - ✓ Areas with low routine immunization coverage identified through measles outbreaks, cases of diphtheria and neonatal tetanus in the last two years.

5.5.3. MENTAL HEALTHCARE ACT

Why in news?

- The Centre has proposed to establish “**halfway homes**” in an attempt to rehabilitate the mentally ill.

What are “Halfway Homes”?

- Halfway homes are **transitional living facilities for mentally ill patients** who have been discharged from hospital but are not fully ready to live on their own or with the family.
- Such halfway homes will run outside the campus of mental health establishments and will be registered as mental health establishments under the Act.
- They will be required to comply with all the standards and other requirements to be observed by mental health establishments.
- The patients will be encouraged to do various activities and will be paid for their services
- They will be allowed to move freely with the establishment and form relationships within in the community. They shall also be allowed to move out under supervision at the discretion of the medical officer in-charge within fixed timings.
- Such an initiative will give persons with mental illness a second chance to mingle in society and start afresh and will help them overcome their fears and inhibitions before they are actually exposed to the real world.

Important Provisions of the Act

- It has **decriminalized suicide** by ‘reading down’ the power of section 309 of the Indian Penal Code.
- The law takes a **rights-based approach** to all aspects of mental healthcare. It provides persons with mental illness protection from cruel, inhuman and degrading treatment, right to information about their illness and treatment, right to confidentiality of their medical condition and right to access their medical records
- It makes **provision for writing an advance directive** through which which people can state their preferences for treatment, including how they would like to be treated for mental illness.
- The **government is explicitly made responsible** for setting up programmes for the promotion of mental health, prevention of mental illness and suicide prevention programmes.
- It requires the government to make **provisions for persons with mental illness** to

live in the community and not be segregated in large institutions and make provisions for half-way homes, group homes and other such facilities for rehabilitating persons with mental health problems.

- It requires the **government to meet internationally accepted norms** for the number of mental health professionals within 10 years of passing this law.

5.5.4. EVIN PROJECT

Why in news?

Electronic vaccine intelligence network (eVIN) project of Ministry of Health and Family Welfare has been lauded by various developing countries.

About eVIN

- eVIN is an indigenously developed technology system in India that digitises vaccine stocks and monitors the temperature of the cold chain through a smartphone application.
- The technological innovation is implemented by the United Nations Development Programme (UNDP).
- By streamlining vaccine flow network, it strengthens health systems by easy and timely availability of vaccines.

5.5.5. INDEX FOR TRACKING PERFORMANCE OF HOSPITALS

Why in news?

Niti Aayog along with the Health ministry has started ranking district hospitals through ‘**Health of our Hospitals’ index**.

Details

- Its aims to provide comprehensive secondary health care services to the people in the district at an acceptable level of quality and to be responsive and sensitive to the needs of people and referring centers.
- The hospitals are assessed on the basis of-
 - Number of functional hospital beds per 1,00,000 population,
 - ratio of doctors, nurses and paramedical staff,
 - stock out rate of essential drugs,
 - blood bank replacement rate and
 - post-surgical infection rate etc.

5.5.6. ECHO CLINIC

- ECHO (Extension for Community Healthcare Outcomes) is a concept of weekly or fortnightly virtual clinics using teleconferencing by best specialists to reach out to underserved areas.
- ECHO clinics do not provide care directly to patients like in telemedicine. Instead, they **equip primary healthcare clinicians** in remote areas with the knowledge and support to manage complex cases.
- It helps in bringing specialist care and knowledge to areas where there is none.

India's first ECHO clinic **began in 2008** as a collaboration between the National Aids Control Organization (NACO) and Maulana Azad Medical College (MAMC) on managing HIV AIDS patients. Since then, ECHO clinics and handling various diseases in the country.

Project ECHO **began in 2003 in New Mexico** when a liver disease specialist in US realized that there were thousands of cases of Hepatitis C in New Mexico without access to any treatment. Thus, he brought together local clinicians and specialists through ECHO clinics.

5.5.7. AMRIT OUTLETS

Why in news?

Ministry of Health and Family Welfare (MoHFW) to open AMRIT outlets in all districts.

About AMRIT

- It was launched in 2015 by MoHFW as an **Affordable Medicines and Reliable Implants for Treatment (AMRIT)** programme with an aim to Reduce the expenditure incurred by patients on treatment of cancer and heart diseases.
- AMRIT medicine outlet will be opened across India to cater medicines at very low costs. It is being implemented through Mini-Ratna PSU, HLL Lifecare Ltd. The country's 1st AMRIT outlet was opened at AIIMS.
- AMRIT will be launched in all Central Govt hospitals. The AMRIT pharmacy would be selling 202 cancer and 186 cardio-vascular drugs, and 148 types of cardiac implants at very affordable prices (60 to 90 percent discounted price than Market).

5.5.8. JANAUSHADHI PARIYOJANA

Why in News?

- The railway ministry has given an in-principle approval to opening up of Jan Aushadhi Kendras at railway stations and other railway establishments under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana.

Generic Medicines

- It is a low-cost version of a formulation that is equivalent to branded product in quality, dosage, strength, route of administration and efficacy.
- Due to patency issues generic drugs are not sold in the market unless the patent of the branded drug expires.
- Even after the patency, generic drugs are available under brands and are called Branded generics.

Current regulation regarding Generic Drugs in India

- The **Medical Council of India's** ethics code for doctors made generic prescription mandatory in October 2016, though it was not enforced.
- **Health Ministry** has proposed changes in the Drugs and Cosmetics Act to ensure the generic names is printed in bigger fonts than the brand names.

Drug Controller of India has directed states to order the approval of drugs based on generic names only.

About the Scheme

- **Pradhan Mantri Bhartiya Janaushadhi Pariyojana** is a campaign launched by the **Department of Pharmaceuticals**, to provide quality medicines at affordable prices to the masses through special kendra's known as **Pradhan Mantri Bhartiya Jan Aushadhi Kendra (PMBJK)**.
- **Bureau of Pharma Public Sector Undertakings of India (BPPI)**, established under the Department of Pharmaceuticals with the support of all the Central PSUs, **coordinates procures, supplies and markets generic drugs** through PMBJK.
- All drugs procured under this scheme are tested for quality assurance at NABL (National Accreditation Board Laboratories) accredited laboratories and is compliant with WHO GMP (Good Manufacturing Practices) benchmarks.

- State Governments provide space in Government Hospital premises or any other suitable locations for the running of the Jan Aushadhi Kendra. PMBJK may also be opened **by any Government agencies in any Government building owned by Government bodies.**
- Any NGOs/Charitable Society/Institution/ Self-help Group/Individual Entrepreneurs /Pharmacist/Doctor can also open the Jan Aushadhi Kendra at outside of the hospital premises or any other suitable place.

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6. MISCELLANEOUS

6.1. LABOUR MINISTRY: SOCIAL SECURITY SCHEMES

Why in News?

- Minister of State for Labour and Employment, launched two schemes namely; **One IP- Two Dispensaries** and **Aadhaar based Online Claim Submission**.

Highlight of the Schemes

- Two Dispensaries scheme of **ESIC** has given an option to an **Insured Person (IP)** to choose two dispensaries, one for self and another for family through an employer.
- It will benefit all IPs, especially migrant workers who are working in other than home State.
- Moreover, Aadhaar based online Claim Submission scheme will provide an easy PF (Provident Fund) final settlement under **EPFO**.

What is EPFO (Employee Provident Fund Organisation)?	What is ESIC (Employee State Insurance Corporation)?
<ul style="list-style-type: none"> It is statutory body under Ministry of Labour and Employment implementing retirement benefit scheme that's available to all salaried employees. EPF scheme is applicable to establishments employing 20 or more persons. Does not apply to the co-operative societies employing less than 50 persons and the organisation who have their own EPF scheme but supervisor rest with EPFO. 	<ul style="list-style-type: none"> It is a statutory, autonomous corporation under Ministry of Labour and Employment Established in 1948. It implements medical and cash benefits to employee of organised sector against the events of sickness, maternity, disablement and death due to employment injury. Applicable to all the States except Manipur, Sikkim, Arunachal Pradesh and Mizoram. Mandatory for non-seasonal factories employing 10 or more persons and establishments employing 20 or more persons in certain states.

6.2. INDEXES AND REPORTS

6.2.1. SOCIAL PROGRESS INDEX: STATE OF INDIA

Why in News?

- Recently, Social Progress Index 2017 for the States of India was released by **Social Progress Imperative and Institute of Competitiveness**.

About the Social Progress Index (SPI)

- It **measures the progress of a society** across different states, beyond the traditional economic measurement tools (Income GDP, GVA etc.)
- SPI measures **three broad criteria** of social progress.
 - The capacity of a society to meet the **basic human needs** of its citizens,
 - Allow citizens and communities to enhance and sustain the **quality of their lives**, and
 - Create the conditions for all individuals to **reach their full potential.**"
- It has **three dimensions and four tiers of score** to measure the society progress (See Box).

SOCIAL PROGRESS INDEX

BASIC HUMAN NEEDS

- Nutrition & Basic Medical Care
- Water and Sanitation
- Shelter
- Personal Safety

FOUNDATIONS OF WELLBEING

- Access to Basic Knowledge
- Access to Information Communication
- Health & Wellness
- Environmental Quality

OPPORTUNITY

- Personal Rights
- Personal Freedom & Choice
- Inclusion
- Access to Advanced Education

Four tiers of score

Tier	Scores
Very High Social Progress	More than or equal to 62.18
High Social Progress	Between 56.64 and 62.17
Middle Social Progress	Between 53.51 and 56.63
Low Social Progress	Less than 53.51

Highlights of the report

- India ranked 93rd out of 128th countries and scored 58.39 out of 100.
- Denmark ranks 1st with a score of 90.57.
- State wise Social Progress (Highest to Lowest); Kerala (68.09)→ Himachal Pradesh (65.39)→ Tamil Nadu (65.34)→ Mizoram (62.89) Delhi (60.17)→ Haryana (44.89).

6.2.2. GLOBAL HUMAN CAPITAL INDEX

Why in news?

- India has been placed at a lower rank on the WEF's Global Human Capital Index.
- The report measures 130 countries against four key areas among (shown in figure) five distinct age groups to capture the full human capital potential profile of a country.

World Economic Forum

It is a not-for-profit foundation established in 1971 and headquartered in **Geneva, Switzerland**.

Major Reports and Indices by WEF

- Global Competitiveness Report
- Global Gender Gap Report
- Global Human Capital Report
- Inclusive Development Index
- Travel and Tourism Competitiveness Report
- Global Energy architecture performance index report.



Performance of India

- India has **improved its rank by 2 places** last year but it still ranks **last among G-20** and **lowest among BRICS** countries.
- Even among its South Asian neighbours India is ranked lower than Sri Lanka (70) and Nepal (98).

- India has also performed among lowest in Gender gap but has **fared well on skills needed for future** with a rank of 65 among 130 countries.

6.2.3. SDGS INDEX

Why in News?

- India rank 116th out of 157 country on SDGs Index and Dashboard report conducted by Sustainable Development Solutions Network (SDSN).

Highlights of Dashboard Report

- India is ranked 116th on the index is behind the countries such as Nepal, Iran, Sri Lanka, Bhutan and China. Pakistan is ranked 122.
- The rising trend of nationalism and imperialism is impeding the implementation of goals.
- The **poor performances regarding sustainable consumption and production** are one of the greatest obstacles to achieving the global goals for high-income countries.
- Small developed countries are closest to fulfilling the goals.
- Richest countries are nowhere near achieving the global policy objectives but also deteriorate the implementation process for poorer countries because of negative spill over effects.

Sustainable Development Solutions Network (SDSN).

- Established in 2012 has been operating under the auspices of the UN Secretary-General.
- An independent global network of research centres, universities and technical institutions.
- It is part of the UN's response to the outcome of the UN Conference on Sustainable Development (UNCSD, or Rio+20).

Functions

- It works closely with United Nations agencies, multilateral financing institutions, the private sector, and civil society.
- To mobilize scientific and technical expertise for problem-solving in relation to sustainable development.
- It provides practical solutions for **SDGs and Pairs Climate Change Agreement**.

6.3. PROGRAMMES AND SCHEMES

6.3.1. SWATCH BHARAT ABHIYAN

Why in News?

- Various Civil Societies and assessment groups had come up with data about the sanitation on third year 2017 of Swatch Bharat Abhiyan.

Swatch Bharat Abhiyan (SBA)

- The campaign aims to achieve the vision of a 'Clean India' by 2nd October 2019 on the mark of 150th birth anniversary of Mahatma Gandhi.
- Launched, under two submission namely; SBA Gramin and SBA Urban, implemented by the Ministry of Drinking Water and Sanitation and the Ministries of Urban Development respectively.

Earlier Initiatives on Sanitation

In 1986, government launched the first nationwide sanitation program under **Central Rural Sanitation Program (CRSP)**.

In 1999, CRSP had been restructured under **Total Sanitation Campaign (TSC)**, augmented with incentives scheme in the form of an award for total sanitation coverage, maintenance of a clean environment and open defecation-free panchayat villages, blocks and districts, called Nirmal Gram Puraskar.

Urban Sanitation Policy (NUSP) in 2008, instated a framework for cities to prepare City Sanitation Plans under the scheme of a State Sanitation Strategy. Urban Sanitation awards and ratings were also introduced, based on the benchmarking of sanitation services.

Centrally sponsored schemes such as JNNURM, Urban Infrastructure Development Scheme for Small and Medium Towns (UIDSSMT), Rajiv Awas Yojna, etc. provide funds for creation of sanitation assets like individual toilets, community toilet blocks and wastewater disposal and treatment facilities at the city level.

In 2012, the TSC was renamed to **Nirmal Bharat Abhiyan (NBA)**. On October 2, 2014 the campaign was relaunched as Swachh Bharat Abhiyan

How different from earlier Initiatives?

- SBM had moved from outputs (number of toilets built) to outcomes (ODF villages).
- It emphasizes on sustainability by giving **verification mechanism** (90-day) on Post ODF-declaration, because it is possible that

the village may witness some 'slip back' into open defecation due to old habits.

- **Behaviour change campaigns** through effective information, education and communication (IEC) such as ;
 - "Darwaza Bandh" (on open defecation) campaign.
 - Incentive based trained grass roots level motivators, or swachhagrahis, to stimulating community-level demand for toilets.
 - Involving locally elected representatives, grass roots-level organisations, NGOs and school students and least one trained grassroots-level swachhagrahi in each village in India.

6.3.2. SWACHTA HI SEVA

Why in news?

- The government recently asked companies to contribute 7 percent of their CSR (Corporate Social Responsibility) funds to **Swacchta Hi Seva Campaign**.

Corporate Social Responsibility

- It is a management concept where companies take up the responsibility to assess the impact of their corporate plans on the environment and social well-being of the people and integrate it in their business models.
- According to Companies Act, 2013, companies with a net worth of Rs500 crore or revenue of Rs1,000 crore or net profit of Rs5 crore should spend 2% of their average profit in the last three years in pursuance of its Corporate Social Responsibility.

What is a Swacchta Hi Seva Campaign?

- Swacchta Hi Seva Campaign is a 15 day campaign undertaken by the government under **the Swachh Bharat Mission (SBM)**. The campaign was co-ordinated by the **Ministry of Drinking Water and Sanitation**.
- Under this campaign, people from all walks of life were encouraged to undertake **shramdaan (voluntary labour)** to make SBM a **janandolan (mass movement)**.
- The campaign targeted the cleaning of public and tourist places. It mobilised the masses for cleanliness and toilet construction.
- The campaign was significantly successful as the participation ranged from the President of India, legislators, common citizens, celebrities, army personnels, schools kids and more.

- The campaign culminated on October 2 Gandhi Jayanti which is also **Swacch Bharat Diwas (Clean India Day)**.

Please refer to Vision IAS Current Affairs August 2017 to know more about Swacch Bharat Mission.

Other Similar Initiatives Under Swacch Bharat Mission

- **Swacch Sankalp se Swacch Siddhi** – Under this campaign, essay, short films and painting competitions were organised for general public with a special focus on school children.
- **Swacchathon-The Swacch Bharat Hackathon** – It invited innovative technology based solutions to some of the most challenging questions being faced by **Swacch Bharat Mission (Gramin)** such as usage of toilets in non-intrusive manner at scale, how to spark behaviour change at scale, frugal technology designs for difficult terrains etc.

6.3.3. ARUNACHAL BECOMES OPEN DEFECATION FREE (ODF)

Why in news?

Recently, Arunachal Pradesh emerged as the second state in the Northeast, after Sikkim, to be declared Open Defecation Free.

Details

- **Swachh Arunachal Mission** is also launched alongside, which envisages Swachh Protocol (Cleanliness Protocol) aimed at ensuring sustainability of assets created under SBM (Gramin)
- Sikkim, Himachal Pradesh and Kerala, Uttarakhand and Haryana are the first 5 states out of total 11 states and UTs declared ODF free across India.
- Sanitation coverage in rural India has increased substantially from 39% in 2014 to 76%.

Swachh Bharat Gramin (SBG)

It aims to achieve a clean and ODF rural India by 2nd October, 2019 through:

- Accelerating sanitation coverage in rural areas,
- Motivating communities to adopt sustainable sanitation practices and facilities,
- Developing community managed sanitation systems focusing on scientific Solid & Liquid Waste Management systems,
- Creating significant positive impact on gender and promote social inclusion.

How a state is declared as ODF free?

- Sanitation is a **State subject**.
- The Ministry of Drinking Water and Sanitation has given two criteria for granting of ODF status to a Gram Panchayat or village.
 - ✓ No visible faeces should be found in the environment/village; and
 - ✓ Every household as well as public/community institutions must use safe technology options for the disposal of faeces. (Safe technology option here means no contamination of surface soil, groundwater or surface water' excreta inaccessible to flies or animals; no handling of fresh excreta; and freedom from odour and unsightly condition)
- **Quality Council of India** has been tasked to substantiate Open Defecation Free (ODF) claims of Swachh Bharat Mission (Urban) while in case of rural areas State may choose through whom to verify - it can be through own teams or through third party.

6.3.4. INDIA YOUTH DEVELOPMENT INDEX AND REPORT 2017

Why in news?

Recently, government released the India Youth Development Index and Report 2017.

Global Youth Index

- It is developed by the **Commonwealth Secretariat** using a comprehensive measure across five domains - education, health, employment, and civic and political participation.
- It helps policy makers to make informed decisions regarding **young people's needs and opportunities** and help to achieve the **Sustainable Development Goals**.

India Youth Development Index, 2017

- The Index has been constructed by The Rajiv Gandhi National Institute of Youth Development (RGNIYD) with an objective of tracking the **trends in Youth Development** across the States.
- According to the Report 'Youth' refers to a stage of life in transition between adolescence and adulthood in the age bracket of 15 to 29 years. (As accepted by Commonwealth and National Youth Policy 2014).
- The various dimensions on which the YDI 2017 has been formed are
 - Education



- Health
- Political Participants
- Civic Participation
- Work
- Social Inclusion (new dimension added in YDI 2017).

Highlights of YDI-2017

- India has 65% of the population less than the age of 35 years and 50% below 25 years of age and it is expected to be youngest in the world by 2020 with median age of 29 years.
- The National YDI value is 0.569 with wide range of variations between states e.g. Bihar (0.466) and Himachal Pradesh (0.689).
- YDI score for male 0.625 and female 0.535.
- **Youth Gender Development Index** score is 0.856.
- **Youth Education Index** stands at 0.513.
- **Youth Health Index** score is **0.632**
- **Youth Work Index and Youth Civic Participation** scores are 0.572 and 0.191 respectively.
- **Youth Political Participation Index score at national level is 0.436** which implies that the scope of youth to be politically more active.
- **Youth Social Inclusion Index** score is 0.785.

National Youth Policy 2014

- It was formulated with an aim to empower youth to achieve their full potential, and through them enable India to find its rightful place in the community of nations.
- The priority areas are education, skill development and employment, entrepreneurship, health and healthy lifestyle, sports, promotion of social values, community engagement, participation in politics and governance, youth engagement, inclusion and social justice.

6.3.5. VIDYARTHI VIGYAN MANTHAN**Why in News?**

- Recently, government has launched mobile App for Vidyarthi Vigyan Manthan (VVM).

Vijnana Bharati (VIBHA),

- It is one of the largest science movement in the country led by eminent scientists and to inculcate and generate scientific temper, foster excellence in students and mentor them for their careers in pure sciences.

About the Programme

- The program is for **educating and popularizing science among school students** of VI to XI standards.

- It endeavours to identify the bright minds among the student community, who are keen on subjects related to science.
- The government will conduct an annual talent search exam at the national level to identify students who have a scientific bent of mind.
- It is an **initiation of Vijnana Bharati (VIBHA)**, in collaboration with National Council of Education Research and Training, an institution under the Ministry of Human Resources and Development and Vigyan Prasar, an autonomous organization under the Department of Science and Technology, Government of India.

6.3.6. LPG PANCHAYAT**Why in news?**

- The Centre has launched **LPG Panchayat** in order to back-up its scheme **Pradhan Mantri Ujjawala Yojana**.

Pradhan Mantri Ujjawala Yojana

- It aims to provide 500 crore LPG connections to BPL families by 2019.
- It was launched in May 2016 under the **Ministry of Petroleum and Natural Gas**
- LPG Connections under the scheme will be issued under the name of women of the household in order to empower women.
- Identification of BPL families under the scheme will be done through Socio Economic Caste Census Data.
- It will not only provide additional employment and business opportunity but will also boost the "Make in India" campaign.

How will the LPG Panchayat Work?

- The centre plans to organise one lakh LPG panchayat across the country in the next one and half year.
- LPG Panchayats will bring together about 100 LPG users of an area and create an interactive platform to discuss safe and sustainable usage of LPG, its benefits and linkages between using clean fuel and empowering women as their health risks are reduced.
- The panchayats will also include safe practices, quality of service provided by distributors and availability of refill cylinders.

6.3.7. UTKRISHT IMPACT BOND

Why in news?

United States Agency for International Development (USAID) has launched a **Rajasthan Development Impact Bond** (Utkrisht Impact Bond) at the Global Entrepreneurship Summit in Hyderabad.

About the bonds

- It has been launched to reduce maternal and neo-natal deaths in Rajasthan by improving the quality of services at private healthcare facilities and adhere to the government's quality standards.
- It is a **world's first Development Impact Bond (DIB)** in healthcare and has been developed in a public-private partnership and will provide financial assistance to 440 small healthcare organisations.
- **Target:** To reach up to 600,000 pregnant women with improved care during delivery and save lives of up to 10,000 women and newborns by the next five years.

Development Impact Bond (DIB)

- They are outcome based bond, under which donor pay back private investors investment with interest, if the service providers achieve pre-determined targets.

6.3.8. NATIONAL RURAL DRINKING WATER PROGRAMME

Why in News?

Cabinet has recently approved the continuation and restructuring of National Rural Drinking Water Programme (NRDWP).

More on News

- The restructuring is to make it **outcome-based, competitive and better monitored** with increased focus on sustainability (functionality) of schemes.
- **National Water Quality Sub-Mission (NWQSM)** will be funded under the NRDWP.

NWQSM

- Launched by the Ministry of Drinking Water and Sanitation, in 2017, to bring the water quality of country at par of International Standard by 2020.
- It will provide clean water to habitations affected by major physio-chemicals pollutants such as arsenic, fluoride, iron, salinity and nitrate, by March 2021.

- The Mission adopted the specifications of **Bureau of Indian Standard** for drinking water to declare it contaminated.

About the Programme

- Launched in 2009, under the **Ministry of Drinking water and Sanitation**, operationalized through strategic plan 2011-2022.
- It emphasized on ensuring sustainability of water availability in terms of portability, adequacy, convenience, affordability and equity.
- It is a **Centrally Sponsored Scheme** with 50:50 fund sharing between the Centre and the States.
- It prescribed certain norms for drinking water such as;
 - 40 liters per capita per day (lpcd) of safe drinking water for human beings.
 - 30 lpcd additional for cattle in the Desert Development Programme Areas.
 - One hand-pump or stand post for every 250 persons.
 - The water source should exist within the habitation/ within 1.6 km in the plains and within 100 mtrs. elevation in the hilly areas.
- Other components include-
 - Focus on piped water supply, increase level of service delivery, thrust on coverage of water quality affected habitations.
 - Coverage of Open Defecation Free (ODF) declared villages, Saansad Adarsh Gram Yojana, Integrated Action Plan (IAP) districts, Border Out Posts (BOP) with piped water supply and Institutional set up for proper O&M of water supply assets etc.

6.3.9. SWAJAL YOJANA

Why in news?

- Recently, Ministry of Drinking Water and Sanitation launched Swajal Pilot project at Village Bhikampura, Karauli district, Rajasthan.

About Swajal Project

- It is a community owned drinking water programme which will not only ensure round-the-year availability of clean drinking water but also generate employment.

- Besides ensuring the availability of clean drinking water to every household round the year, the project would also generate employment.
- It is the **second project** under the Swajal Yojana. Prior to this, it has been launched in Uttarkashi district of Uttarakhand.
- 90% of the project cost will be taken care of by the government while the rest 10% of the project cost which will be contributed by the community.
- The project derives its name from an old Swajal project, a World Bank project dedicated to rural water and environmental sanitation launched in 1996 in UP.

6.3.10. WORLD INEQUALITY REPORT

Why in news?

Recently World Inequality Report was released by World Inequality Lab at the Paris School of Economics and University of California.

Findings of the Report

- The report shows that **among nations inequality has been decreasing** as traditionally poor countries are catching up with other developed countries however **inequality has been deepening steadily within every nation.**
- Income inequality varies greatly across world regions with **lowest in Europe and highest in Middle East.**

Income inequality in India

- The report points that income inequality in India **has risen very high** with top 1% earners grossing 22% of the national income and top 10% was 56% (2014).
- **Since deregulation policies** in 1980s, the top 0.1% earner have captured more than bottom 50% and middle 40% have seen relatively little growth in income.

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