India's #1 Self-Study Notes

crack IAS .com

✆ 92170 70707
crackiasquery@gmail.com

www.crackIAS.com

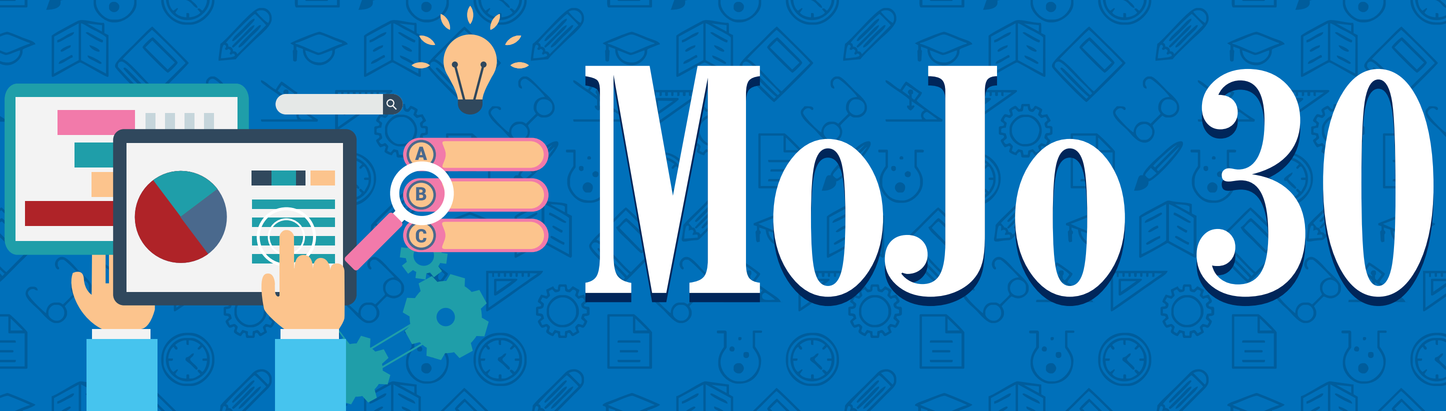
Introduces the most scientific & easiest way of preparing

CURRENT AFFAIRS

Topic Wise NEWS

SOURCES

PIB » The Hindu » Live Mint » HT » TOI » RBI ET » Indian Express PRS Blog » IDSA » Government of India & UNO Official Sites NASA & Nature into these subject separately.



Topic Wise News for

GS (Pre-cum-Mains)

every Month

Download your copy from crackIAS.com

Monthly Archive on **topic** wise news for **GS Pre & Mains**

Index

Health database on the cards: Centre puts proposal in fast lane . . . 2
Scientists find second most common coronavirus type in India . . . 4
TULIP - Urban Learning Internship Program for providing opportunities to fresh Graduates in all ULBs & Smart Cities launched . . . 7
The Hindu Explains . . . 11
The Hindu Explains . . . 15
Paging the private sector in the COVID fight . . . 18
The healthcare gap . . . 21
Govt. considering universal basic income, says NHRC . . . 23
How Mumbai's Dharavi chased the virus has lesson for developing countries . . . 25
India needs better mental health care systems - editorials - Hindustan Times . . . 27
Transparency during a crisis . . . 28
Education gap widened: UNESCO . . . 31
Cabinet approves Extension of tenure of the Commission constituted under Article 340 of the constitution to examine the issue of sub-categorization within Other Backward Classes in the Central List . . . 33
TRIFED takes a giant leap towards digitisation of Tribal Commerce . . . 37
The pandemic imposes a steep learning curve . . . 42
Nasha Mukt Bharat: Annual Action Plan (2020-21) for 272 Most Affected Districts E-Launched on International Day against Drug Abuse & Illicit Trafficking Today . . . 46
26.9 crore people used drugs in 2018: UN report . . . 51
Novel coronavirus infection might trigger type-1 diabetes . . . 53
World Bank approves $500 mn education project for six states . . . 56

Source : www.livemint.com Date : 2020-06-01

HEALTH DATABASE ON THE CARDS: CENTRE PUTS PROPOSAL IN FAST LANE

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

With a sharp rise in cases of data breaches, the register has raised concerns about unauthorized access of records

The scale and severity of the coronavirus pandemic has prompted the government to expedite the implementation of the National Digital Health Blueprint that seeks to create a single repository of medical records of all citizens.

The Standing Finance Committee of the government, in a meeting on Wednesday, approved the blueprint, said Preeti Sudan, secretary, union ministry of health. Finance minister Nirmala Sitharaman, while announcing a slew of measures to reform the Indian healthcare sector on 17 May, first indicated that the government will implement a National Digital Health Mission (NDHM), which was mothballed for two years.

The pandemic, which has killed more than 5,000 people in India alone, has pushed to the fore the critical role of healthcare data to identify risk to citizens from diseases, as well as to develop new treatments and save lives.

“The work on the project has already started. We have forwarded a proposal to the finance ministry. We are also working on the sanctioning of posts. This will be a population registry that will have a long-term positive impact on the healthcare ecosystem in India. We are working as per the vision of the finance minister to create a digital health ecosystem," said Sudan.

The National Digital Health Blueprint was prepared by a health ministry panel to create a framework for the national health stack proposed in 2018 by the NITI Aayog, the government think tank.

“It was stuck for more than two years over various issues but due to the covid-19 pandemic, it was expedited and approved within 10 days after the announcement made by the finance minister," a senior government official mentioned above said on condition of anonymity.

With a sharp increase in cases of data breaches and privacy violations, the national register has raised concerns about unauthorized access of health records.

The government said it will ensure that there is no leakage and the data is not misused.

“Unlike Aadhaar, the data will reside at individual hospital servers in a federated architecture. Citizen will own his/ her health data and would require consent to share data. All the basic registries of patients/hospital/medical professionals that enable data sharing will be owned by a government entity. Lastly, data privacy law, which is in the making, will apply and a mechanism for grievance redressal is there in case of breach of privacy," the senior government official mentioned above said.

Meanwhile, several states are already experimenting with digitizing health records to fight the covid-19 pandemic. The Karnataka government this week announced a plan to have a health register of all its residents. Authorities claim that the health registry will help them keep a close watch on the spread of the coronavirus and monitor the most vulnerable population.

Karnataka's medical education minister K. Sudhakar said in a statement that the project will be first implemented in Chikkaballapur district on an experimental basis.

Similarly, the Rajasthan government has launched Mission Life Saving (LiSa) to combat covid-19. The state government is maintaining a citizen health registry by collecting information about high-risk population from various sources such as Jan Aadhar data base, Mahatma Gandhi Ayushman Bharat Rajasthan Bima Yojana data base (claims), voter list, elderly pension scheme data base and ration card data.

"This strategy is working. Our death rate of around 2.2% is among the lowest in the country and the world for such size of state and geography," said Rohit Kumar Singh, additional chief secretary (medical and health), Rajasthan.

The National Digital Health Blueprint proposes a shared digital healthcare infrastructure by setting up a personal health identifier, health master directories and Aadhaar-based identification of patients.

"All states are at different levels of maturity in their healthcare IT and data gathering in their healthcare systems. While the front runners are Kerala, Goa, Rajasthan and Maharashtra, the laggards are Uttar Pradesh and Bihar," said Arun Kumbhat, consultant to Access Health Digital, a think tank working with states to devise digital health policies. Kumbhat said that the current "challenge is the lack of interoperability, which creeps in from no standards being followed and healthcare being a state subject."

Click here to read the Mint ePaper Livemint.com is now on Telegram. Join Livemint channel in your Telegram and stay updated

Log in to our website to save your bookmarks. It'll just take a moment.

Your session has expired, please login again.

You are now subscribed to our newsletters. In case you can't find any email from our side, please check the spam folder.

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com

Source : www.thehindu.com Date : 2020-06-03

SCIENTISTS FIND SECOND MOST COMMON CORONAVIRUS TYPE IN INDIA

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

The A2a type has emerged dominant the world over. | Photo Credit: Getty Images

Scientists at multiple CSIR laboratories have identified a coronavirus type that maybe the second most prevalent in India and may comprise 3.5% of the genomes globally.

Also read: Faeces samples can harbour infectious coronavirus, study finds

The most dominant coronavirus clade in India is the A2a and of 213 genomes analysed by the group, 62% of them were A2a. The newly identified, that the scientists have christened A3i, comprised 41% of those analysed. With the new clade, there are 11 SARS-CoV-2 types identified globally with at least six of them identified in India.

The coronavirus type, or clade, is a cluster of SARS-CoV-2 viruses that share evolutionary similarities and are grouped together based on characteristic mutations or similarities in parts of their genomes.

Such classifications are useful in establishing whether certain strains are particularly virulent, spread more easily, how they are likely to evolve over time and whether some could be less vulnerable to certain kinds of vaccines.

Also read: Coronavirus | Health Ministry plans to study viral behaviour in corpses

Previous studies have shown that while type O was the first ancestral family of the virus identified from China, it’s the A2a type — that has emerged dominant the world over because of a mutation in its genes that allow that coronavirus’ spike to more efficiently infiltrate the lungs.

“Epidemiological assessments suggest that the common ancestor [of this subtype of viruses] emerged in the month of February 2020 and possibly resulted in an outbreak followed by countrywide spread,” say the scientists from the CSIR-Centre for Cellular and Molecular Biology and the CSIR-Institute of Genomics and Integrative Biology in their paper that’s not yet peer-reviewed but available on the bioRxiv pre-print server for scientific criticism.

Also read: China stealing US research on COVID-19: Pompeo

“While we rely on samples from the State authorities, it appears that this originated from a person in Telangana who had travelled from Indonesia, Singapore or some place in South-East Asia,” Rakesh Mishra, Director, CSIR-CCMB, and one of the authors of the study, told *The Hindu*.

The A2i type, once it took root, became the dominant clade in Telangana and also Tamil Nadu, Maharashtra, and Delhi, three States that are among those that, as of Tuesday, collectively account for a little over 1,00,000 cases. India now has close to 1,90,000 confirmed infections.

Also read: ICMR plans to study whether novel coronavirus strain in India changed form

So far, there is no evidence of whether A3i is more virulent — that is, it’s linked to more deaths.

“It is too early to comment about the virulence right now. We are in the process of acquiring more data, and we’ll have more clarity on this when that data get analysed. This should be in a couple of weeks,” Divya Tej Sowpati, a co-author and a scientist at the CCMB, told *The Hindu* in an email.

“The A3i clade stood out from other clades due to differences at four different places in its sequence. Also, our analyses suggest that the A3i clade mutates slowly compared to the A2a clade [the other prevalent clade in Inda]. This is often disadvantageous for the virus, but more data [and time] is needed to see if this is actually the case,” he added.

You have reached your limit for free articles this month.

Already have an account ? Sign in

Start your 14 days trial now. Sign Up

Find mobile-friendly version of articles from the day's newspaper in one easy-to-read list.

Enjoy reading as many articles as you wish without any limitations.

A select list of articles that match your interests and tastes.

Move smoothly between articles as our pages load instantly.

A one-stop-shop for seeing the latest updates, and managing your preferences.

We brief you on the latest and most important developments, three times a day.

*Our Digital Subscription plans do not currently include the e-paper ,crossword, iPhone, iPad mobile applications and print. Our plans enhance your reading experience.

Dear reader,

We have been keeping you up-to-date with information on the developments in India and the world that have a bearing on our health and wellbeing, our lives and livelihoods, during these difficult times. To enable wide dissemination of news that is in public interest, we have increased the number of articles that can be read free, and extended free trial periods. However, we have a request for those who can afford to subscribe: please do. As we fight disinformation and misinformation, and keep apace with the happenings, we need to commit greater resources to news gathering operations. We promise to deliver quality journalism that stays away from vested interest and political propaganda.

Please enter a valid email address.

A video explainer on the anti-body test and RT-PCR test

Subscribe to The Hindu now and get unlimited access.

Already have an account? Sign In

Start your 14 days trial now Sign Up

To continue enjoying The Hindu, You can turn off your ad blocker or Subscribe to The Hindu.

Sign up for a 30 day free trial.

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com

crackIAS.com

Source : www.pib.gov.in Date : 2020-06-05

TULIP - URBAN LEARNING INTERNSHIP PROGRAM FOR PROVIDING OPPORTUNITIES TO FRESH GRADUATES IN ALL ULBS & SMART CITIES LAUNCHED

Relevant for: Developmental Issues | Topic: Human resources, Youth, Sports and related issues

Shri Ramesh Pokhriyal `Nishank', Minister, Human Resource Development, Shri Hardeep S. Puri, MoS (I/C), Housing & Urban Affairs, and All India Council for Technical Education (AICTE) have jointly launched an online portal for `The Urban Learning Internship Program (TULIP)' - A program for providing internship opportunities to fresh graduates in all Urban Local Bodies (ULBs) and Smart Cities across the country, here today. The portal for TULIP has been launched in the presence of Shri Amit Khare, Secretary, HRD, Shri Durga Shanker Mishra, Secretary, MoHUA, Chairman, AICTE and officers of both Ministries and AICTE.

TULIP is a program for providing fresh graduates experiential learning opportunities in the urban sector. It is the result of the visionary leadership of our Prime Minister who firmly believes in the power of the youth and their ability to not only bring positive change in our country but in the world. The Prime Minister has emphasized the important role the youth of India has to play in the future of our country.

Smart Cities Mission - Snapshot of progress

The Smart Cities Mission has made significant progress over the last three years in laying the foundation for future of urban India. Till date, projects worth over Rs. 1,65,000 crores have been tendered of which projects amounting to around Rs. 1,24,000 crores are in the implementation stage. Projects worth Rs. 26,700 crores are already completed and delivering benefits to the citizens. Our Smart Cities have been at the forefront in leveraging technology to manage COVID crisis, with 47 of them using their smart command and control centres as crisis management war rooms and 34 cities working to complete them at the earliest. In order to boost walkability, non-motorized transport and public transport, our cities have completed 151 smart road projects worth Rs. 2,300 crores and 373 projects worth Rs.18,300 crores are near completion. 91 PPP projects worth Rs.3,700 crores have been completed and 203 projects worth Rs. 21,400 crores will be completed soon. 51 projects worth Rs. 800 crores in the domain of vibrant urban spaces have been completed. 67 projects worth Rs.2,300 crores related to smart water and 41 projects worth Rs. 200 crores under smart solar have been completed.

TULIP has been conceived pursuant to the Budget 2020-21 announcement by the Finance Minister Smt. Nirmala Sitharaman under the theme 'Aspirational India'. The announcement read as follows: *"The Government proposes to start a program whereby the urban local bodies across the country would provide internship opportunities to fresh engineers for a period up to one year."* Such a program will help reap the benefits of India's demographic dividend as it is poised to have the largest working-age population in the world in the coming years. India has a substantial pool of technical graduates for whom exposure to real world project implementation and planning is essential for professional development. General education may not reflect the depth of productive knowledge present in society. Instead of approaching education as '*doing by learning*,' our societies need to reimagine education as '*learning by doing.'*

TULIP would help enhance the value-to-market of India's graduates and help create a

potential talent pool in diverse fields like urban planning, transport engineering, environment, municipal finance etc. thus not only catalyzing creation of prospective city managers but also talented private/ non-government sector professionals. TULIP would benefit ULBs and smart cities immensely. It will lead to infusion of fresh ideas and energy with engagement of youth in co-creation of solutions for solving India's urban challenges. More importantly, it will further Government's endeavors to boost community partnership and government- academia-industry-civil society linkages. Thus TULIP- "The Urban Learning Internship Program" would help fulfill twin goals of providing interns with hands-on learning experience as well as infusing fresh energy and ideas in the functioning of India's ULBs and Smart Cities.

This launch is also an important stepping stone for fulfillment of MHRD and AICTE's goal of 1 crore successful internships by the year 2025. The digital platform powering TULIP enables discovery, engagement, aggregation, amplification and transparency. The platform is customizable and provides immense flexibility to both ULBs/ Smart Cities and interns to enable convenient access. Security features have been thoroughly tested and the platform has been made scalable, federated and transparent by design.

An MoU has also been signed between MoHUA and AICTE. The MoU, inter alia, lays down roles and responsibilities of AICTE and MoHUA over a period of 5 years. Technical support for the platform shall be anchored by AICTE and the programmatic non-technical support shall be anchored by MoHUA. A Steering Committee under the Chairmanship of Secretary, HUA including Chairman AICTE and other officials from MoHUA and AICTE has also been constituted to review the progress of the program on a periodical basis.

For ease of implementation, Guidelines have also been formulated which spell out the objective, eligibility conditions, duration of internship, terms of engagement, logistics and other operational features of the programs etc. These Guidelines also provide illustrative roles for interns which can be further refined at the level of ULBs and smart cities at their discretion. A Handbook for ULBs/ Smart Cities and interns has also been prepared for ease of implementation. MoHUA has also agreed to allow use of administrative expenses under its Missions/ programs for the payment of stipends/ perks under the program.

MoHUA would reach out to State Governments to help boost internships in their cities. It will undertake capacity building initiatives in partnerships with State Governments to enable participation of ULBs and smart cities under TULIP. As States & UTs have a deeper understanding of the regional challenges and opportunities at the urban level, they can effectively implement TULIP by matching their needs with skills developed through such internships.

State Governments/Union Territories are also urged to explore scaling up TULIP to parastatal agencies/ State Financial intermediaries and other organizations/ agencies related to urban development in their respective jurisdictions. Since the technology platform for TULIP is open, scalable and federated, such additions would be very easily possible.

****

RJ

Shri Ramesh Pokhriyal `Nishank', Minister, Human Resource Development, Shri Hardeep S. Puri, MoS (I/C), Housing & Urban Affairs, and All India Council for Technical Education (AICTE) have jointly launched an online portal for `The Urban Learning Internship Program

(TULIP)' - A program for providing internship opportunities to fresh graduates in all Urban Local Bodies (ULBs) and Smart Cities across the country, here today. The portal for TULIP has been launched in the presence of Shri Amit Khare, Secretary, HRD, Shri Durga Shanker Mishra, Secretary, MoHUA, Chairman, AICTE and officers of both Ministries and AICTE.

TULIP is a program for providing fresh graduates experiential learning opportunities in the urban sector. It is the result of the visionary leadership of our Prime Minister who firmly believes in the power of the youth and their ability to not only bring positive change in our country but in the world. The Prime Minister has emphasized the important role the youth of India has to play in the future of our country.

Smart Cities Mission - Snapshot of progress

The Smart Cities Mission has made significant progress over the last three years in laying the foundation for future of urban India. Till date, projects worth over Rs. 1,65,000 crores have been tendered of which projects amounting to around Rs. 1,24,000 crores are in the implementation stage. Projects worth Rs. 26,700 crores are already completed and delivering benefits to the citizens. Our Smart Cities have been at the forefront in leveraging technology to manage COVID crisis, with 47 of them using their smart command and control centres as crisis management war rooms and 34 cities working to complete them at the earliest. In order to boost walkability, non-motorized transport and public transport, our cities have completed 151 smart road projects worth Rs. 2,300 crores and 373 projects worth Rs.18,300 crores are near completion. 91 PPP projects worth Rs.3,700 crores have been completed and 203 projects worth Rs. 21,400 crores will be completed soon. 51 projects worth Rs. 800 crores in the domain of vibrant urban spaces have been completed. 67 projects worth Rs.2,300 crores related to smart water and 41 projects worth Rs. 200 crores under smart solar have been completed.

TULIP has been conceived pursuant to the Budget 2020-21 announcement by the Finance Minister Smt. Nirmala Sitharaman under the theme 'Aspirational India'. The announcement read as follows: *"The Government proposes to start a program whereby the urban local bodies across the country would provide internship opportunities to fresh engineers for a period up to one year."* Such a program will help reap the benefits of India's demographic dividend as it is poised to have the largest working-age population in the world in the coming years. India has a substantial pool of technical graduates for whom exposure to real world project implementation and planning is essential for professional development. General education may not reflect the depth of productive knowledge present in society. Instead of approaching education as '*doing by learning*,' our societies need to reimagine education as '*learning by doing.'*

TULIP would help enhance the value-to-market of India's graduates and help create a potential talent pool in diverse fields like urban planning, transport engineering, environment, municipal finance etc. thus not only catalyzing creation of prospective city managers but also talented private/ non-government sector professionals. TULIP would benefit ULBs and smart cities immensely. It will lead to infusion of fresh ideas and energy with engagement of youth in co-creation of solutions for solving India's urban challenges. More importantly, it will further Government's endeavors to boost community partnership and government- academia-industry-civil society linkages. Thus TULIP- "The Urban Learning Internship Program" would help fulfill twin goals of providing interns with hands-on learning experience as well as infusing fresh energy and ideas in the functioning of India's ULBs and Smart Cities.

This launch is also an important stepping stone for fulfillment of MHRD and AICTE's goal of 1 crore successful internships by the year 2025. The digital platform powering TULIP enables discovery, engagement, aggregation, amplification and transparency. The platform is

customizable and provides immense flexibility to both ULBs/ Smart Cities and interns to enable convenient access. Security features have been thoroughly tested and the platform has been made scalable, federated and transparent by design.

An MoU has also been signed between MoHUA and AICTE. The MoU, inter alia, lays down roles and responsibilities of AICTE and MoHUA over a period of 5 years. Technical support for the platform shall be anchored by AICTE and the programmatic non-technical support shall be anchored by MoHUA. A Steering Committee under the Chairmanship of Secretary, HUA including Chairman AICTE and other officials from MoHUA and AICTE has also been constituted to review the progress of the program on a periodical basis.

For ease of implementation, Guidelines have also been formulated which spell out the objective, eligibility conditions, duration of internship, terms of engagement, logistics and other operational features of the programs etc. These Guidelines also provide illustrative roles for interns which can be further refined at the level of ULBs and smart cities at their discretion. A Handbook for ULBs/ Smart Cities and interns has also been prepared for ease of implementation. MoHUA has also agreed to allow use of administrative expenses under its Missions/ programs for the payment of stipends/ perks under the program.

MoHUA would reach out to State Governments to help boost internships in their cities. It will undertake capacity building initiatives in partnerships with State Governments to enable participation of ULBs and smart cities under TULIP. As States & UTs have a deeper understanding of the regional challenges and opportunities at the urban level, they can effectively implement TULIP by matching their needs with skills developed through such internships.

State Governments/Union Territories are also urged to explore scaling up TULIP to parastatal agencies/ State Financial intermediaries and other organizations/ agencies related to urban development in their respective jurisdictions. Since the technology platform for TULIP is open, scalable and federated, such additions would be very easily possible.

****

RJ

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com

Source : www.thehindu.com Date : 2020-06-07

THE HINDU EXPLAINS

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

The story so far: Everywhere you go, it has become impossible to avoid conversations about COVID-19, and most conversations are peppered with scientific terms that have now become commonplace. Here is a short glossary of terms that you might hear/use regularly, but may not understand entirely.

COVID-19 — A term coined by the World Health Organization (WHO) to denote the disease that has led to a pandemic. On February 11, 2020, WHO announced a name for the mysterious disease originating in China, caused by a new coronavirus. It called it coronavirus disease 2019, abbreviated as COVID-19, where CO stands for corona, VI for virus, and D for disease, while the numerals – 19 refer to the year in which the first case was detected. WHO claimed it had consciously avoided naming the disease after the place of origin, to avoid stigmatising that country/area. The International Committee on Taxonomy of Viruses (ICTV) announced "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)" as the name of the new virus, also on February 11, 2020. This name was chosen because the virus is genetically related to the coronavirus responsible for the Severe Acute Respiratory Syndrome (SARS) outbreak of 2003. While related, the two viruses are different. WHO and the ICTV were in communication about the naming of both the virus and the disease.

Epidemic vs. pandemic? Glossary of terms for virus outbreak

Epidemic — When the incidence of a disease rises above the expected level in a particular community or geographic area, it is called an epidemic. The outbreak started in Wuhan city in Hubei province in China, with what seemed then as a cluster of pneumonia-like cases.

Pandemic — A global epidemic. When the epidemic spreads over several countries or continents, it is termed a pandemic. On January 30, WHO announced that COVID-19 was a Public Health Emergency of International Concern. On March 11, WHO decided to announce COVID-19 as a pandemic.

R0 — R-Naught is the basic reproduction number. This is the number of new infections caused by one infected individual in an entirely susceptible population. It helps determine whether an epidemic can occur, the rate of growth of the epidemic, the size of the epidemic and the level of effort needed to control the infection. If R0 is 2, then one individual will infect two others. As of end May, India's R0 value was in the range of 1.22.

Co-morbidities — Several health conditions including uncontrolled diabetes and hypertension, cancer, morbid obesity, lung diseases, compromised immune systems put patients at greater risk for contracting the infection, and also have poor clinical outcomes. Special attention to prevent the disease and prevent mortality in these groups is the concern of health managers.

Transmission — The method by which the disease spreads. In COVID-19 it is through respiratory droplets, expelled while talking, laughing, coughing and sneezing. This makes mask wearing and physical distancing the main tools for protection against the virus. Washing hands with soap and water is an effective way to kill the virus.

Community transmission — When you can no longer tell how someone contracted the disease, or who the source of infection was. As numbers climb, this tracing becomes next to impossible.

Unsure what herd immunity or social distancing is? Here’s a coronavirus dictionary

Contact tracing — Identifying and monitoring people who may have come into contact with an infectious person. In the case of COVID-19, monitoring usually involves self-quarantine as an effort to control the spread of disease.

Super spreader — Some individuals seem to have the capacity to cause more infections in a disproportionately large number of people, than others. The current pandemic has recorded some super spreaders who have had a huge role in the transmission.

Positivity rate — The percentage of people who test positive among all those who are tested. If positivity rate is high, it is possible that only high risk groups are being tested. A low positivity rate can also indicate that not enough testing is being done.

Infection fatality rate — It is the number of deaths occurring in all infected people in a particular population. This includes those who might have the COVID-19 infection, but have not been tested for it. Given that the number of tests is not high, experts have clarified that this is not a useful metric to have in this pandemic.

Case fatality rate — This is the number of deaths occurring among confirmed cases of COVID-19. Since these two figures are available with a certain amount of reliability, it is actually CFR that is being referred to when there is a loose reference to fatality rate.

Severe Acute Respiratory Infection (SARI) — A respiratory disease also caused by a coronavirus, and spread through the same transmission method, i.e. respiratory droplets. The symptoms (fever, cough, body ache, difficulty in breathing) are also similar. The government has begun surveillance of SARI patients as also patients with Influenza-like Illness (ILI) admitted in hospitals too.

Cytokine storm — An immune reaction triggered by the body to fight an infection is known as a cytokine storm when it turns severe. The body releases too many cytokines, proteins that are involved in immunomodulation, into the blood too quickly. While normally they regulate immune responses, in this case they cause harm and can even cause death. Experts have noticed a violent cytokine storm in several individuals who are critical with COVID infection. These cytokines dilate blood vessels, increase the temperature and heartbeat, besides throwing bloodclots in the system, and suppressing oxygen utilisation. If the cytokine flow is high and continues without cessation, the body’s own immune response will lead to hypoxia, insufficient oxygen to the body, multi-organ failure and death. Experts say it is not the virus that kills; rather, the cytokine storm.

RT- PCR (Reverse Transcription-Polymerase Chain Reaction) — It is the primary test to detect COVID-19 infection across the globe. It is a sensitive test that uses swab samples drawn from the nasal/oral cavity to test for the presence of viral RNA (ribonucleic acid). It has got better sensitivity (ability to correctly identify those with the disease) and specificity (ability to correctly identify those without the disease) rates in current diagnostic tests for COVID.

Antibody tests — These tests check your blood by looking for antibodies, and that just means you have had a past infection of SARS-CoV-2. Antibodies are proteins that help fight off infections, and are specific to every disease, granting immunity against getting that particular disease again. An antibody test, with poor specificity, is not believed to be effective in detecting new infections. States have been asked to commence testing seroprevalence in the community, using antibody tests, that are blood tests.

Convalescent plasma therapy — Researchers are examining the efficacy of using convalescent plasma, that is, using neutralising antibodies from the blood of people who have recovered from the COVID-19 infection to treat patients with COVID-19.

Hydroxychloroquine (HCQ) — An antimalarial oral drug that is being repurposed for treatment in COVID-19. It has also been used successfully in the treatment of some auto immune conditions. Its value in COVID-19 has not been resolved entirely.

Flattening the curve — Reducing the number of new COVID-19 cases, day on day. The idea of flattening the curve is to ensure that the health infrastructure is not overwhelmed by a large number of cases.

Herd immunity — This is also known as community immunity, and constitutes the reduction in risk of infection within a population, often because of previous exposure to the virus or vaccination.

PPE — Personal protective equipment, or PPE, is specialised clothing and equipment used as a safeguard against health hazards including exposure to the disease.

Sources: National Institutes of Health – National Cancer Institute, Centers for Disease Control and Prevention, U.S., Johns Hopkins University, Texas Medical Center, Mayo Clinic, Oxford Concise Medical Dictionary, Oxford Handbook of Epidemiology for Clinicians

You have reached your limit for free articles this month.

Already have an account ? Sign in

Start your 14 days trial now. Sign Up

Find mobile-friendly version of articles from the day's newspaper in one easy-to-read list.

Enjoy reading as many articles as you wish without any limitations.

A select list of articles that match your interests and tastes.

Move smoothly between articles as our pages load instantly.

A one-stop-shop for seeing the latest updates, and managing your preferences.

We brief you on the latest and most important developments, three times a day.

*Our Digital Subscription plans do not currently include the e-paper ,crossword, iPhone, iPad mobile applications and print. Our plans enhance your reading experience.

Dear reader,

We have been keeping you up-to-date with information on the developments in India and the world that have a bearing on our health and wellbeing, our lives and livelihoods, during these difficult times. To enable wide dissemination of news that is in public interest, we have increased the number of articles that can be read free, and extended free trial periods. However, we have a request for those who can afford to subscribe: please do. As we fight disinformation and misinformation, and keep apace with the happenings, we need to commit greater resources to news gathering operations. We promise to deliver quality journalism that stays away from vested

interest and political propaganda.

Please enter a valid email address.

As many as 284 districts have at least one COVID-19 case

Subscribe to The Hindu now and get unlimited access.

Already have an account? Sign In

Start your 14 days trial now Sign Up

To continue enjoying The Hindu, You can turn off your ad blocker or Subscribe to The Hindu.

Sign up for a 30 day free trial.

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com

crackIAS.

Source : www.thehindu.com Date : 2020-06-07

THE HINDU EXPLAINS

Relevant for: Developmental Issues | Topic: E-governance - applications, models, successes, limitations, and potential incl. Aadhaar & Digital power

The story so far: A proposed class action lawsuit filed against Google on Tuesday alleges that the Internet search giant tracks and collects browsing data "no matter what" steps users take to safeguard their privacy. The plaintiffs, Chasom Brown, Maria Nguyen and William Byatt, have filed the lawsuit on behalf of "millions of individuals" (Google users in the U.S.) at the U.S. District Court for the Northern District of California. They allege Google has violated the federal wiretap law as well as a California privacy law.

The plaintiffs allege that Google tracks, collects, and identifies the browsing data of even those users who browse the Web privately via, say, the Incognito mode. Google, they claim, "accomplishes its surreptitious tracking" through near ubiquitous tools such as Google Analytics, Google Ad Manager, and other plug-ins. Google Analytics and other tools are implemented only when their code is embedded into the code of existing websites. The petitioners reckon "over 70% of online websites and publishers on the internet" employ Google Analytics.

The point of Brown and others is, when a user accesses websites that employ these Google tools, Google automatically gets information about the user's IP address, URL of the site, and many, many more details. "Google designed its Analytics code such that when it is run, Google causes the user's browser to send his or her personal information to Google and its servers in California," the petitioners say in the lawsuit. And, they say, it doesn't matter if a user is on private viewing mode.

That's not all. They also allege that Google has been misrepresenting its data collection practices.

The petitioners charge Google with giving false assurances about the ability of users to control what they share with the search engine. They say that users not only don't know that Google is collecting information even when they are in a private view mode but also have no means to avoid its scrutiny.

Also read | Google promises better privacy tools, smarter AI assistant

The Federal Wiretap Act disallows any intentional interception of any wire, oral, or electronic communication. The petitioners have invoked this Act, saying the following: "Google's actions in intercepting and tracking user communications while they were browsing the internet using a browser while in 'private browsing mode' was intentional. On information and belief, Google is aware that it is intercepting communications in these circumstances and has taken no remedial action."

They have also contended that the acts of Google violate the California Invasion of Privacy Act, which prohibits intentional tapping of communication. Further, they say, the right to privacy has also been violated.

Reuters has reported Google spokesperson Jose Castaneda as saying that the company will defend itself against the claims. He has been cited as saying, "As we clearly state each time you open a new incognito tab, websites might be able to collect information about your browsing activity."

Also read | Google updates terms in plain language after EU scrutiny

This case against Google was filed by Arizona Attorney General Mark Brnovich in May. The allegation was one of privacy violation by Google, the specific charge being that the company was tracking user location even when the user had turned off location tracking. Brnovich had tweeted on May 28: “Today we filed a consumer fraud lawsuit against Google for deceptive and unfair practices used to obtain users’ location data, which Google then exploits for its lucrative advertising business.” Petitioners Brown and others referred to this case while elaborating on the “passive data collection practices employed by Android, Google applications (e.g., Chrome and Maps), Google Home, and other Google applications and services ....”

Yes. One of the long-running cases ended last year when Google agreed to a $13 million settlement. The allegation was its “Street View mapping project captured data from private Wi-Fi networks,” according to a Bloomberg report. Later, media reports suggested that some nine States were against this settlement as it contributed to massive privacy violation. In 2016, it reportedly settled a case where it was accused of “surreptitiously scanning Gmail messages for advertising revenues”. It was reported then that it had agreed to stop the practice. Last year, it was fighting a similar case, as per reports.

You have reached your limit for free articles this month.

Already have an account ? Sign in

Start your 14 days trial now. Sign Up

Find mobile-friendly version of articles from the day's newspaper in one easy-to-read list.

Enjoy reading as many articles as you wish without any limitations.

A select list of articles that match your interests and tastes.

Move smoothly between articles as our pages load instantly.

A one-stop-shop for seeing the latest updates, and managing your preferences.

We brief you on the latest and most important developments, three times a day.

*Our Digital Subscription plans do not currently include the e-paper ,crossword, iPhone, iPad mobile applications and print. Our plans enhance your reading experience.

Dear reader,

We have been keeping you up-to-date with information on the developments in India and the world that have a bearing on our health and wellbeing, our lives and livelihoods, during these difficult times. To enable wide dissemination of news that is in public interest, we have increased the number of articles that can be read free, and extended free trial periods. However, we have a request for those who can afford to subscribe: please do. As we fight disinformation and misinformation, and keep apace with the happenings, we need to commit greater resources to news gathering operations. We promise to deliver quality journalism that stays away from vested interest and political propaganda.

Please enter a valid email address.

In 27 of the 28 telecom circles in India, not even one operator offered a download speed of more than the global average

Subscribe to The Hindu now and get unlimited access.

Already have an account? Sign In

Start your 14 days trial now Sign Up

To continue enjoying The Hindu, You can turn off your ad blocker or Subscribe to The Hindu.

Sign up for a 30 day free trial.

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com

crackIAS.c

Source : www.thehindu.com Date : 2020-06-08

PAGING THE PRIVATE SECTOR IN THE COVID FIGHT

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

The COVID-19 pandemic is unlikely to disappear in the immediate future. Managing the epidemic and ensuring a full complement of health care will require extraordinary resources and investment. India's public health sector has already spread itself thin in tackling the pandemic. This unprecedented crisis has highlighted the critical need to mobilise available resources in public sector, and the private sector in particular.

However, the current strategies to involve the private sector in combating the infectious disease are shrouded in ambiguity. There are no clear policy guidelines to use private sector resources that could complement public sector efforts, and how the payments for their services made. Having been directed to suspend most of its services and be ready to manage COVID-19 cases (none forthcoming), the private sector is gasping for cash flows. Countries that have had a policy-based strategic relationship with the private sector seem to have performed well in controlling this pandemic. Instead of 'arm twisting' the private sector, there is a need to formulate a stable policy-based strategy to get the private sector on board.

Also read | Making the private sector care for public health

The pandemic has provided India an opportunity to restructure the strategies of engaging the private sector in realising public health goals. The recent economic package announced for the health sector, of around 2.1 lakh crore, envisions strengthening the health infrastructure in the immediate future. This is an opportunity to bring in structural changes in the health sector to rejuvenate partnerships with the private sector. Here, we propose certain policy options to leverage private sector resources for testing, hospitalisation, procurement of biomedical equipment and supplies, and a central intelligence system.

Despite governments trying to scale-up testing capacity in the country, there is still a long way to go for mass scale testing. We propose the following options to scale up testing capacity:

Option 1: An accredited private laboratory can be contracted to be co-located in a public health facility preferably in tier-II/tier-III public hospitals. States that already have private laboratories under a public–private partnership (PPP) contract can be asked to add COVID-19 tests. The government may procure test kits and the private sector could charge a service fee from the government.

Option 2: Suspect cases can be issued vouchers for testing at any empanelled private laboratories. E-vouchers generated by tele-health call centres can subsequently be reimbursed by the government.

Option 3: A mobile sample collection and testing facility can be operated by a private entity in high density clusters; it can also be used as a fever clinic. This arrangement can be under the hub-spoke principle. The cost of tests, key performance indicators and payment system should be worked out in the purchase contract.

Also read | Private sector and patient safety

Hospitalisation of COVID-19 cases cannot be restricted to hospitals in major cities alone. Improving the infrastructure and capacity in tier II and tier III cities in collaboration with the private sector is critical. The latest announcement to increase viability gap funding to 30% is

bound to ease the capex pressure for the private sector. The options can be:

Option 1: A private contractor could be hired to refurbish an existing ward in a public hospital into an intensive care unit (ICU) ward with additional beds and equipment and handover the refurbished ward to the public authority. Under this turnkey project, an ICU ward could be made available within a short time.

Option 2: In a scenario where the district hospital does not have staff to operate an ICU ward (option 1), a private hospital partner could be contracted to provide staff and operate the ICU ward. Alternatively, a private hospital partner can refurbish, operate and later transfer the ICU ward. Though the model takes more time, the operator can convert the facility into any other speciality ward in the future. The Centre can provide viability gap funding to the State to support the development of such a facility.

Also read | Ironing out wrinkles in India's pandemic response

Option 3: The government can refer patients to empanelled private COVID-19 hospitals, at a fixed package rate. This kind of strategic purchasing or insurance reimbursement (say under the Pradhan Mantri Jan Arogya Yojana) requires clear policy directions, a robust referral system, agreement on tariffs, and a quick reimbursement mechanism. The current government tariffs do not seem to evoke interest from the private sector.

The upsurge in the demand for test kits, ventilators, and other biomedical supplies cannot be met by current manufacturers or supply chain sources. Repurposing through alternate sources indigenously is the need of the hour. A plethora of innovations and prototypes need government laboratories to test in quick time, approve and grant a licence for production which includes patenting. Besides facilitating quick credit access for manufacturing, the government may also give buy back guarantees and facilitate the supply chain channels.

An IT system with artificial intelligence capability should be the backbone of supporting all public and private sector efforts in combating COVID-19. The intelligence system should seamlessly help in case identification, contact tracing, managing a tele-health centre, generating e-vouchers, authorising tests, managing referrals for isolation and hospitalisation in the private sector, payment, follow-up, etc. IT behemoths in India should be roped in to configure an integrated system to detect any unusual pattern in terms of an increase in numbers.

The resources dedicated to fighting the COVID-19 pandemic have the potential to create a good health infrastructure and strengthen health systems eventually. However, these initiatives require quick policy formulation followed by guidelines for contracting/purchasing, payments, defining standards, supply chain, strengthening procurement, etc. A group of inter-disciplinary experts to guide in institutionalising the private partnership arrangements would go a long way.

Dr. Vijayashree Yellappa is fellow at NITI Aayog and senior specialist, Health System Transformation Platform, and Prof. A. Venkat Raman, FMS, Delhi University. With inputs by Sonjoy Saha, Adviser, PAMD/PPP Cell, NITI Aayog

You have reached your limit for free articles this month.

Already have an account ? Sign in

Start your 14 days trial now. Sign Up

Find mobile-friendly version of articles from the day's newspaper in one easy-to-read list.

Enjoy reading as many articles as you wish without any limitations.

A select list of articles that match your interests and tastes.

Move smoothly between articles as our pages load instantly.

A one-stop-shop for seeing the latest updates, and managing your preferences.

We brief you on the latest and most important developments, three times a day.

*Our Digital Subscription plans do not currently include the e-paper ,crossword, iPhone, iPad mobile applications and print. Our plans enhance your reading experience.

Dear reader,

We have been keeping you up-to-date with information on the developments in India and the world that have a bearing on our health and wellbeing, our lives and livelihoods, during these difficult times. To enable wide dissemination of news that is in public interest, we have increased the number of articles that can be read free, and extended free trial periods. However, we have a request for those who can afford to subscribe: please do. As we fight disinformation and misinformation, and keep apace with the happenings, we need to commit greater resources to news gathering operations. We promise to deliver quality journalism that stays away from vested interest and political propaganda.

Please enter a valid email address.

Subscribe to The Hindu now and get unlimited access.

Already have an account? Sign In

Start your 14 days trial now Sign Up

To continue enjoying The Hindu, You can turn off your ad blocker or Subscribe to The Hindu.

Sign up for a 30 day free trial.

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com

Source : www.indianexpress.com Date : 2020-06-09

THE HEALTHCARE GAP

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

As epidemiologists tend to consider that the peak of the COVID-19 epidemic may not come before July, the question of the resilience of the Indian health system becomes more pressing, especially in cities like Mumbai, Delhi and Ahmedabad. The limitations of the country's public health system are well-known. India's public hospitals have only 7,13,986 beds, including 35,699 in intensive care units and 17,850 ventilators, according to a recent study by the Center for Disease Dynamics, Economics & Policy (India) and Princeton University. Why does it matter? Not only because the country has already registered 1,24,981 active cases, but also because these figures are a reflection of the lack of interest of the government of India, for decades, in developing a welfare state.

The general perception behind the inadequate provision and availability of healthcare services is attributed to the country's developing nation status. However, India lags behind its BRICS peers on the health and quality index (HAQ index). As per the National Health Profile 2018, India's public health spending is less than 1 per cent of the country's GDP, which is lower than some of its neighbours, countries such as Bhutan (2.5 per cent), Sri Lanka (1.6 per cent) and Nepal (1.1 per cent). In fact, according to the World Health Organisation, India finishes second from the bottom amongst the 10 countries of its region for its percentage spending of GDP on public health. Maldives spends 9.4 per cent of its GDP to claim the top spot in the list, followed by Thailand (2.9 per cent).

Similar trends for India are observed on indicators like hospital beds per 1,000 people. As per the OECD data available for 2017, India reportedly has only 0.53 beds available per 1,000 people as against 0.87 in Bangladesh, 2.11 in Chile, 1.38 in Mexico, 4.34 in China and 8.05 in Russia. The numbers have not changed in the last four years of available data, showing India's stagnant allocation to the public health care budget.

The subnational HAQ differences in India are of critical importance. While the best performing states, Kerala and Goa, scored more than 60 points, the worst performing states of Uttar Pradesh and Assam scored less than 40 points. Further, the gap between these highest and lowest scores increased from a 23.4 point difference in 1990 to a 30.8 point difference in 2016. Upon comparing state populations with the number of available beds, Kerala with a population of only 3.5 crore (2018) has over 22,300 available beds in public hospitals/government medical colleges. Whereas, bigger states like Gujarat and Maharashtra with populations of over 6.82 crore and 12.22 crore (2018) respectively, have only 16,375 and 6,970 beds respectively. These differences across states also speak for the differing capacities to contain the virus at a subnational level wherein Kerala has emerged as a successful model.

One of the obvious reasons why public healthcare has not been a priority for successive governments of India lies in the fact that India's middle class did not need it. The CDDEP/Princeton study shows that the private hospitals have 11,85,242 beds, 59,262 ICU beds and 29,631 ventilators. Currently in India, most of the COVID-19 treatment is being done in public facilities but as the epidemic progresses, it will be critical to expand the outreach of healthcare services by involving the private sector as an equal partner and stakeholder. Despite private hospitals accounting for 62 per cent of the total hospital beds as well as ICU beds and almost 56 per cent of the ventilators, they are handling only around 10 per cent of the workload and are reportedly denying treatments to the poor. This is seen in Bihar, which has witnessed an almost complete withdrawal of the private health sector and has nearly twice the bed capacity of public facilities. In states where private hospitals have not opened their doors to the poor to

enhance and supplement the governments' efforts to ensure public health, the governments in question have taken control of some of them. As the Modi government has invoked the National Disaster Management Act of 2005, authorities are empowered to take over the management of private institutions.

Maharashtra is a case in point: It has taken control of 80 per cent of all private hospitals' beds in the state till August 31. For the patients of these beds, rates have been capped at Rs 4,000 in the case of simple ward and isolation beds, Rs 7,500 per day for ICU beds without ventilator and Rs 9,000 for those with ventilator. Will other states follow? For the moment, the Delhi government has asked 117 private hospitals to allocate 20 per cent of beds for coronavirus patients. And how will the private hospitals be compensated? One way to do it, for the governments (Union and state), would be to pay crores of dues they owe to private hospitals for treating patients under the Central Government Health Scheme (CGHS) and the Ex-servicemen Contributory Health Scheme (ECHS).

Similar policies should apply to testing, a key priority, as India continues to test less than it should in a post-lockdown scenario where testing is one of the most obvious ways to flatten the curve. Here, the Supreme Court, after ruling on April 8 that private labs should conduct free testing, modified its decision five days later to fix the rate of one of the most dependable tests at Rs 4,500 — which is costlier than in Bangladesh, and which allows private labs to make some important profits, it seems. Anyway, why should this issue be the business of the Supreme Court and not part of the crisis management by the state?

The state is staging a comeback everywhere in the world in the context of the COVID-19 crisis. In India, one of the domains where it has to step in is public health. A debate on the lack of investments in public health is bound to take place in the country after the dust has settled. But the return of the state does not necessary mean more centralisation. Some state governments are doing a better job than the Centre today and the most effective ones are the most decentralised ones — see Kerala.

It does not mean that civil society has no role to play either: In fact, the situation would be much worse if NGOs and private foundations (using CSR money sometimes) did not play such a huge part at the grassroots level. But the most effective interventions seem to take place when there is a high degree of coordination with the state apparatus.

Jaffrelot is senior research fellow at CERI-Sciences Po/CNRS, Paris and professor of Indian Politics and Sociology at King's India Institute. Shah is a student of International Economic Policy at Sciences Po

The Indian Express is now on Telegram. Click here to join our channel (@indianexpress) and stay updated with the latest headlines

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com

Source : www.thehindu.com Date : 2020-06-12

GOVT. CONSIDERING UNIVERSAL BASIC INCOME, SAYS NHRC

Relevant for: Developmental Issues | Topic: Rights Issues - Human Rights and NHRC

Many in the informal sector lost their livelihood during the lockdown.File photo

In its report on human rights in India, the National Human Rights Commission (NHRC) has informed the United Nations Human Rights Council (UNHRC) that the recommended implementation of a universal basic income was “under examination and active consideration” of the Centre.

As a part of the third round of the Universal Periodic Review (UPR) process, which is done every four-and-a-half-years, the NHRC submitted its mid-term report to the UN agency recently. The report, dated “May 2020”, reviewed the implementation of 152 recommendations of the UPR Working Group that the Indian government had accepted in September 2017.

One of the recommendations was: “Continue studying the possibility of a universal basic income as a way to further reduce poverty levels with a view to possibly phasing out the existing social protection system, in full consultation with all stakeholders.”

“This matter is under examination and active consideration of the GoI,” the NHRC report noted.

After meeting stakeholders, including civil society, and representatives of the Ministries responsible for implementing the policies concerned, the NHRC said several issues had been highlighted, including the “ratification of international human rights instruments, issues in legislations of trafficking and protection against child sexual abuse” and “gaps in the implementation of schemes for food security and timely disbursement of wages under schemes for employment”.

More funds for health

The report stated that there had been a consensus on the need for increasing budgetary allocation for health and nutrition by the Centre and state governments.

With regards to child rights, the report said the National Commission for Protection of Child Rights was working on a proposal for a pilot project to eliminate child labour in five “aspirational districts with high incidence of child labour”.

On the issue of reproductive rights, the NHRC noted that the Centre had requested the Ministry of Health and Family Welfare, the Department of Financial Services, the Insurance Regulatory and Development Authority of India and the National Health Authority to consider the issue of sterlisation, birth control treatment and procedures expenses not being covered under health insurance policies currently.

Rights of children

The NHRC noted that it had found “gaps in policies as compared to obligations” under the United Nations Convention on the Rights of the Child and had made recommendations to address the same. It added that it was in the process of setting up a committee to monitor the implementation of the Convention on the Elimination of All Forms of Discrimination against

Women.

To make education more accessible to children with disabilities, the NHRC said it had recommended to the Human Resource Development Ministry in January 2020 to ensure “holistic inclusion” of such children in its Draft National Education Policy.

The NHRC said it had expressed “concern over the inefficiencies in implementation of the Scheduled Caste/Scheduled Tribe (Prevention of Atrocities Act) 1989 and the Rules of 1995” and warned States of coercive action when they failed to submit reports on violation of human rights of SCs, STs and minorities.

Subscribe to The Hindu digital to get unlimited access to Today's paper

Already have an account ? Sign in

Start your 14 days trial now. Sign Up

Find mobile-friendly version of articles from the day's newspaper in one easy-to-read list.

Enjoy reading as many articles as you wish without any limitations.

A select list of articles that match your interests and tastes.

Move smoothly between articles as our pages load instantly.

A one-stop-shop for seeing the latest updates, and managing your preferences.

We brief you on the latest and most important developments, three times a day.

*Our Digital Subscription plans do not currently include the e-paper ,crossword, iPhone, iPad mobile applications and print. Our plans enhance your reading experience.

To continue enjoying The Hindu, You can turn off your ad blocker or Subscribe to The Hindu.

Sign up for a 30 day free trial.

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com

Source : www.livemint.com Date : 2020-06-14

HOW MUMBAI'S DHARAVI CHASED THE VIRUS HAS LESSON FOR DEVELOPING COUNTRIES

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

MUMBAI : India's Dharavi, the continent's most crowded slum, has gone from coronavirus hotspot to potential success story, offering a model for developing nations struggling to contain the pandemic.

Authorities have knocked on 47,500 doors since April to measure temperatures and oxygen levels, screened almost 700,000 people in the slum cluster and set up fever clinics. Those showing symptoms were shifted to nearby schools and sports clubs converted into quarantine centers. Fresh daily infections are now down to a third compared with early May, more than half the sick are recovering, and the number of deaths plummeted this month in the tenement where as many as eighty residents share a toilet.

The numbers are in stark contrast to the rest of India, whose daily tally of new infected cases has quadrupled since early May. Located near Mumbai's financial district, Dharavi's dogged approach to "chase the virus" could be a template for emerging markets across the world, from the favelas of Brazil to shanty towns in South Africa.

"It was next to impossible to follow social distancing," said Kiran Dighavkar, assistant commissioner at Mumbai's municipality, who is in charge of leading the fight in Dharavi. "The only option then was to chase the virus rather than wait for the cases to come. To work proactively, rather than reactively."

Officials were initially worried as positive diagnoses rose, but it meant people didn't have to wait to get sick. Dighavkar and his team made it clear that screenings and testing would continue even as the count increased -- their objective was to keep deaths limited.

"We were able to isolate people at early stages," Dighavkar said. "Unlike in the rest of Mumbai, where most patients are reaching hospitals at a very late stage."

The strategy has helped reduce mortality and improve recovery. About 51% of Dharavi residents who test positive eventually recovered, better than Mumbai's 41% rate. Fresh infections are down to an average 20 a day from 60 in early May. India, meanwhile, added more than 11,000 cases on June 13.

A strict lockdown and accessible testing was part of Dharavi's strategy. If someone was not feeling well and wanted to get tested, just get institutionally quarantined and on-site doctors will take care of it.

However, Dighavkar knew none of this would be possible without gaining the community's trust. Home to nearly a million people where a family of seven may be living in a 100-square feet hutment, word travels fast in Dharavi and small gestures help.

For instance, Ramadan -- the Muslim holy month -- was crucial. Those in isolation centers were concerned about how they'd keep up with rituals, such as breaking their religious fasts at sunset. Authorities ensured they got fruits and dates and distributed proper meals at appropriate times while all others received three meals a day.

Free Services

Everyone in the isolation centers also received round-the-clock medical supervision free of cost, even as millions around the country lost their jobs due to the nationwide lockdown and reports trickled in of people dying before they were allotted hospital beds.

Once word got around, people would volunteer themselves to be quarantined as soon as symptoms appeared, according to Dighavkar.

There should never be any pressure on keeping the number of cases low, he said, adding that the focus instead needed to be on screening and timely treatment because the ultimate aim was to save lives.

Yet, Dharavi’s war against the virus is far from over. Once shelter-at-home restrictions are fully lifted in Mumbai and the bustling city goes back to work, there’s a risk of a second wave of infections.“The battle can’t be over until the virus has gone from the entire city, state and country," said Dighavkar. “People are quite aware now of how to be safe and I think by the time the lockdown ends, most of us may have got herd immunity. Or so we hope."

This story has been published from a wire agency feed without modifications to the text. Only the headline has been changed.

Click here to read the Mint ePaperLivemint.com is now on Telegram. Join Livemint channel in your Telegram and stay updated

Log in to our website to save your bookmarks. It'll just take a moment.

Your session has expired, please login again.

You are now subscribed to our newsletters. In case you can’t find any email from our side, please check the spam folder.

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com

Source : www.hindustantimes.com Date : 2020-06-16

INDIA NEEDS BETTER MENTAL HEALTH CARE SYSTEMS - EDITORIALS - HINDUSTAN TIMES

Relevant for: Developmental Issues | Topic: Rights & Welfare of Persons with Disability including Mentally Ill People - Schemes & their Performance, Mechanisms, Laws Institutions and Bodies

Jun 16, 2020-Tuesday
-°C

Humidity
-

Wind
-

Metro cities - Delhi, Mumbai, Chennai, Kolkata

Other cities - Noida, Gurgaon, Bengaluru, Hyderabad, Bhopal , Chandigarh , Dehradun, Indore, Jaipur, Lucknow, Patna, Ranchi

Powered by

Bollywood Sushant Singh Rajput died by suicide in Mumbai on Sunday. His tragic death has trigged a much-needed conversation on mental health in India. According to the World Health Organization, over 90 million Indians, or 7.5% of the population, suffer from mental health issues. A study published in *The Lancet* in December 2019, titled *The burden of mental disorders across the states of India: the Global Burden of Disease Study 1990–2017*, also highlights the scale of the challenge. Mental health issues are among the leading causes of non-fatal disease burden in India; one of every seven Indian was affected by mental health issues in 2017; the proportional contribution of mental health to the total disease burden has almost doubled since 1990; and suicide was the leading cause of deaths among young people — aged 15 to 39 — in 2016.

India spends little on mental health care. In financial year (FY) 2019, the budget allocated to the National Mental Health Programme (NMHP) was brought down to 40 crore from 50 crore in FY18. Budget 2020 has not increased the allocation for NMHP. When it comes to mental health care personnel, India has 9,000 psychiatrists, or one doctor for every 100,000 people, when WHO norms say there should be three for every 100,000 people. While these structural and financial lacunae need to be addressed, it is important for society to not stigmatise the victims, and provide a community support structure so that they don't battle such problems alone. As the reportage on Rajput's death showed, the media, especially television, needs to be responsible, considerate and humane about the way it covers deaths due to mental health issues.

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com

Source : www.thehindu.com Date : 2020-06-23

TRANSPARENCY DURING A CRISIS

Relevant for: Developmental Issues | Topic: Important Aspects of Governance, Transparency & Accountability including Right to Information and Citizen Charter

Right to Information (RTI) applications seeking information pertaining to the PM CARES Fund have been stonewalled. No information exists on the official website of the Fund regarding the amount collected, names of donors, expenditure incurred, or details of beneficiaries. The trust deed of the fund chaired by the Prime Minister is not available for public scrutiny. Reports suggest that donations of over $1 billion have been made, including contributions from foreign sources.

This violation of peoples' RTI is particularly concerning given the unprecedented crisis gripping the nation. Relief and welfare programmes funded through public money are the sole lifeline of millions who suddenly lost income-earning opportunities during the lockdown. If the poor and marginalised affected by the public health emergency are to have any hope of obtaining the benefits of government schemes, they must have access to relevant information.

Ironically, however, a corrosive narrative seems to have emerged that public scrutiny of government actions is undesirable during the crisis and citizens must unquestioningly trust the state. This undermines the basic democratic tenet that citizens' participation and oversight is necessary to ensure they are able to access their rights. Without information, peoples' ability to perform that role is eviscerated and corruption thrives.

The RTI Act, 2005, has empowered citizens to access information from public authorities and hold them accountable. During the COVID-19 crisis, proper implementation of the law has assumed greater significance than ever before. It is crucial that information related to implementation of relief measures announced by governments be widely disseminated. For instance, to ensure food security for the needy, Central and State governments have put in place schemes to provide subsidised rations. For effective delivery of foodgrains and other essential commodities, information must be made available in the public domain about the quantity and price of commodities, details of beneficiaries and the list of ration shops along with their stock position. Ground reports have revealed that in the absence of information, it is impossible for intended beneficiaries to get their due — ration shopkeepers siphon foodgrains and keep their shops closed on the pretext that they have no stocks.

Greater openness would prevent controversies of the kind exemplified by faulty testing kits and fake ventilators. Following complaints from various States about rapid COVID-19 testing kits imported from China, the Indian Council for Medical Research halted their use. Serious questions arose about the government's decision to order the kits from China, especially in the backdrop of countries like Spain and the Netherlands returning faulty Chinese kits. Numerous instances have been reported of COVID-19-positive patients requiring treatment in intensive care units being shunted from one hospital to another. This could be prevented if hospitals and health centres publicly provide real-time information about availability of beds and other facilities. To ensure easy accessibility to those who need it the most, relevant information must be made available in local languages and widely disseminated. In fact, this is a statutory obligation of public authorities under Section 4 of the RTI Act.

In the current scenario the role of information commissions is crucial. While in the midst of a pandemic it is reasonable to expect delays in processing information requests, public authorities must not be allowed to interpret the crisis as a justification for not complying with the RTI Act. Unfortunately, an assessment of the functioning of the transparency watchdogs revealed that 21

out of 29 commissions in the country did not hold a single hearing during the first three stages of the lockdown. While the Central Information Commission and some State commissions used audio and video conferencing to hear and dispose cases, most commissions did not make provision for hearing even urgent matters.

At a time when incentives for secrecy are great, and the scope for discretionary actions wide, it is critical to create a culture of openness to empower people to participate meaningfully in the decisions that have profound effects on their lives and livelihoods. People must be able to obtain information about how and where their money is being spent in the efforts to combat the pandemic and whether funds are reaching the intended beneficiaries. It is behind the cloak of secrecy that the rights of individuals are most frequently abrogated, corruption thrives and public trust in institutions is eroded.

Anjali Bhardwaj is associated with the National Campaign for Peoples' Right to Information

You have reached your limit for free articles this month.

Already have an account ? Sign in

Start your 14 days trial now. Sign Up

Find mobile-friendly version of articles from the day's newspaper in one easy-to-read list.

Enjoy reading as many articles as you wish without any limitations.

A select list of articles that match your interests and tastes.

Move smoothly between articles as our pages load instantly.

A one-stop-shop for seeing the latest updates, and managing your preferences.

We brief you on the latest and most important developments, three times a day.

*Our Digital Subscription plans do not currently include the e-paper ,crossword, iPhone, iPad mobile applications and print. Our plans enhance your reading experience.

Dear reader,

We have been keeping you up-to-date with information on the developments in India and the world that have a bearing on our health and wellbeing, our lives and livelihoods, during these difficult times. To enable wide dissemination of news that is in public interest, we have increased the number of articles that can be read free, and extended free trial periods. However, we have a request for those who can afford to subscribe: please do. As we fight disinformation and misinformation, and keep apace with the happenings, we need to commit greater resources to news gathering operations. We promise to deliver quality journalism that stays away from vested interest and political propaganda.

Dear subscriber,

Thank you!

Your support for our journalism is invaluable. It's a support for truth and fairness in journalism. It has helped us keep apace with events and happenings.

The Hindu has always stood for journalism that is in the public interest. At this difficult time, it becomes even more important that we have access to information that has a bearing on our health and well-being, our lives, and livelihoods. As a subscriber, you are not only a beneficiary of our work but also its enabler.

We also reiterate here the promise that our team of reporters, copy editors, fact-checkers, designers, and photographers will deliver quality journalism that stays away from vested interest and political propaganda.

Suresh Nambath

Please enter a valid email address.

To reassure Indian Muslims, the PM needs to state that the govt. will not conduct an exercise like NRC

Subscribe to The Hindu now and get unlimited access.

Already have an account? Sign In

Start your 14 days trial now Sign Up

To continue enjoying The Hindu, You can turn off your ad blocker or Subscribe to The Hindu.

Sign up for a 30 day free trial.

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com

crack

Source : www.thehindu.com Date : 2020-06-25

EDUCATION GAP WIDENED: UNESCO

Relevant for: Developmental Issues | Topic: Education and related issues

Children who depend on the free noon meals at school are among the badly-hit.

The COVID-19 pandemic has exacerbated inequalities in education systems across the world. According to a UNESCO report released on Tuesday, about 40% of low- and lower-middle-income countries have not supported learners at risk of exclusion during this crisis, such as the poor, linguistic minorities and learners with disabilities.

The 2020 Global Education Monitoring Report noted that efforts to maintain learning continuity during the pandemic may have actually worsened exclusion trends. During the height of school closures in April 2020, almost 91% of students around the world were out of school.

“Education systems responded with distance learning solutions, all of which offered less or more imperfect substitutes for classroom instruction,” said the report, noting that while many poorer countries opted for radio and television lessons, 55% of low-income, 73% of lower-middle-income and 93% of upper-middle-income countries adopted for online learning platforms for primary and secondary education.

India has used a mix of all three systems for educational continuity. “Even as governments increasingly rely on technology, the digital divide lays bare the limitations of this approach. Not all students and teachers have access to adequate internet connection, equipment, skills and working conditions to take advantage of available platforms,” said the report.

School closures also interrupted support mechanisms from which many disadvantaged learners benefit.

Resources for blind and deaf students may not be available outside schools, while children with learning disabilities or those who are on the autism spectrum may struggle with independent work in front of a computer or the disruption of daily school routines, said the report.

For poor students who depend on school for free meals or even free sanitary napkins, closures have been a major blow. Cancellation of examinations in many countries, including India, may result in scoring dependent on teachers’ judgements of students instead, which could be affected by stereotypes of certain types of students, said the report. Higher drop-out rates are also a concern; during an earlier Ebola epidemic in Africa, many older girls never returned to school once the crisis was over.

In order to combat the situation, 17% of low and middle-income countries are planning to recruit more teachers, 22% to increase class time and 68% to introduce remedial classes when schools reopen, said the report. “How such classes are planned and targeted will be critical to whether disadvantaged students can catch up,” it added.

Subscribe to The Hindu digital to get unlimited access to Today's paper

Already have an account ? Sign in

Start your 14 days trial now. Sign Up

Find mobile-friendly version of articles from the day's newspaper in one easy-to-read list.

Enjoy reading as many articles as you wish without any limitations.

A select list of articles that match your interests and tastes.

Move smoothly between articles as our pages load instantly.

A one-stop-shop for seeing the latest updates, and managing your preferences.

We brief you on the latest and most important developments, three times a day.

*Our Digital Subscription plans do not currently include the e-paper ,crossword, iPhone, iPad mobile applications and print. Our plans enhance your reading experience.

To continue enjoying The Hindu, You can turn off your ad blocker or Subscribe to The Hindu.

Sign up for a 30 day free trial.

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com

crackIAS

Source : www.pib.gov.in Date : 2020-06-25

CABINET APPROVES EXTENSION OF TENURE OF THE COMMISSION CONSTITUTED UNDER ARTICLE 340 OF THE CONSTITUTION TO EXAMINE THE ISSUE OF SUB-CATEGORIZATION WITHIN OTHER BACKWARD CLASSES IN THE CENTRAL LIST

Relevant for: Developmental Issues | Topic: Rights & Welfare of STs, SCs, and OBCs - Schemes & their Performance, Mechanisms, Laws Institutions and Bodies

The Union Cabinet chaired by the Prime Minister, Shri Narendra Modi has approved the extension of the term of the Commission to examine the issue of Sub-categorization of Other Backward Classes, by 6 months i.e. upto 31.1.2021.

Impact including employment generation potential:

The Communities in the existing list of OBCs which have not been able to get any major benefit of the scheme of reservation for OBCs for appointment in Central Government posts and for admission in Central Government Educational Institutions are expected to be benefitted upon implementation of the recommendations of the Commission. The Commission is likely to make recommendations for benefit of such marginalized communities in the Central List of OBCs.

Expenditure:

The expenditure involved are related to the establishment and administration costs of the Commission, which would continue to be borne by the Department of Social Justice and Empowerment.

Benefits:

All persons belonging to the castes/communities which are included in the Central List of SEBCs but which have not been able to get any major benefit of the existing scheme of reservation for OBCs in Central Government posts & for admission in Central Government Educational Institutions would be benefitted.

Implementation schedule:

Orders for extension of the term of the Commission and addition in its Terms of

Reference will be notified in the Gazette in the form of an Order made by the President, after receipt of the approval of the Hon'ble President to the same.

Background:

The Commission was constituted under article 340 of the Constitution with the approval of President on 2nd October, 2017. The Commission, headed by Justice (Retd.) Smt. G. Rohini commenced functioning on 11th October, 2017 and has since interacted with all the States/UTs which have subcategorized OBCs, and the State Backward Classes Commissions. The Commission has come to the view that it would require some more time to submit its report since the repetitions, ambiguities, inconsistencies and errors of spelling or transcription etc. appearing in the existing Central List of OBCs need to be cleared. Hence the Commission had sought extension of its term, up to 31st July 2020. However, due to the nationwide lockdown and restrictions on travel imposed on account of COVID-19 pandemic, the Commission was not able to go perform the task assigned to it. Therefore, the term of the Commission is being extended for a period of 6 more months i.e. up to 31.1.2021.

****

VRRK/SH

The Union Cabinet chaired by the Prime Minister, Shri Narendra Modi has approved the extension of the term of the Commission to examine the issue of Sub-categorization of Other Backward Classes, by 6 months i.e. upto 31.1.2021.

Impact including employment generation potential:

The Communities in the existing list of OBCs which have not been able to get any major benefit of the scheme of reservation for OBCs for appointment in Central Government posts and for admission in Central Government Educational Institutions are expected to be benefitted upon implementation of the recommendations of the Commission. The Commission is likely to make recommendations for benefit of such marginalized communities in the Central List of OBCs.

Expenditure:

The expenditure involved are related to the establishment and administration costs of

the Commission, which would continue to be borne by the Department of Social Justice and Empowerment.

Benefits:

All persons belonging to the castes/communities which are included in the Central List of SEBCs but which have not been able to get any major benefit of the existing scheme of reservation for OBCs in Central Government posts & for admission in Central Government Educational Institutions would be benefitted.

Implementation schedule:

Orders for extension of the term of the Commission and addition in its Terms of Reference will be notified in the Gazette in the form of an Order made by the President, after receipt of the approval of the Hon'ble President to the same.

Background:

The Commission was constituted under article 340 of the Constitution with the approval of President on 2nd October, 2017. The Commission, headed by Justice (Retd.) Smt. G. Rohini commenced functioning on 11th October, 2017 and has since interacted with all the States/UTs which have subcategorized OBCs, and the State Backward Classes Commissions. The Commission has come to the view that it would require some more time to submit its report since the repetitions, ambiguities, inconsistencies and errors of spelling or transcription etc. appearing in the existing Central List of OBCs need to be cleared. Hence the Commission had sought extension of its term, up to 31st July 2020. However, due to the nationwide lockdown and restrictions on travel imposed on account of COVID-19 pandemic, the Commission was not able to go perform the task assigned to it. Therefore, the term of the Commission is being extended for a period of 6 more months i.e. up to 31.1.2021.

****

VRRK/SH

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com
crackIAS.com

Source : www.pib.gov.in Date : 2020-06-26

TRIFED TAKES A GIANT LEAP TOWARDS DIGITISATION OF TRIBAL COMMERCE

Relevant for: Developmental Issues | Topic: Rights & Welfare of STs, SCs, and OBCs - Schemes & their Performance, Mechanisms, Laws Institutions and Bodies

TRIFED under Ministry of Tribal Affairs works for the promotion of tribal commerce in the best interests of almost 50 lakh forest dwelling tribal families aligning them to their skill sets, ensuring a fair deal to tribals in their trade of Minor Forest Produces, and Handlooms and Handicrafts. The value of this trade according to a NITI study is almost Rs 2 lakh crores per annum. To scale up the activities and create a level playing field, TRIFED has embarked on a digitisation drive to map and link its village based tribal producers to the national and international markets setting up state of art e- platforms benchmarked to international standards.

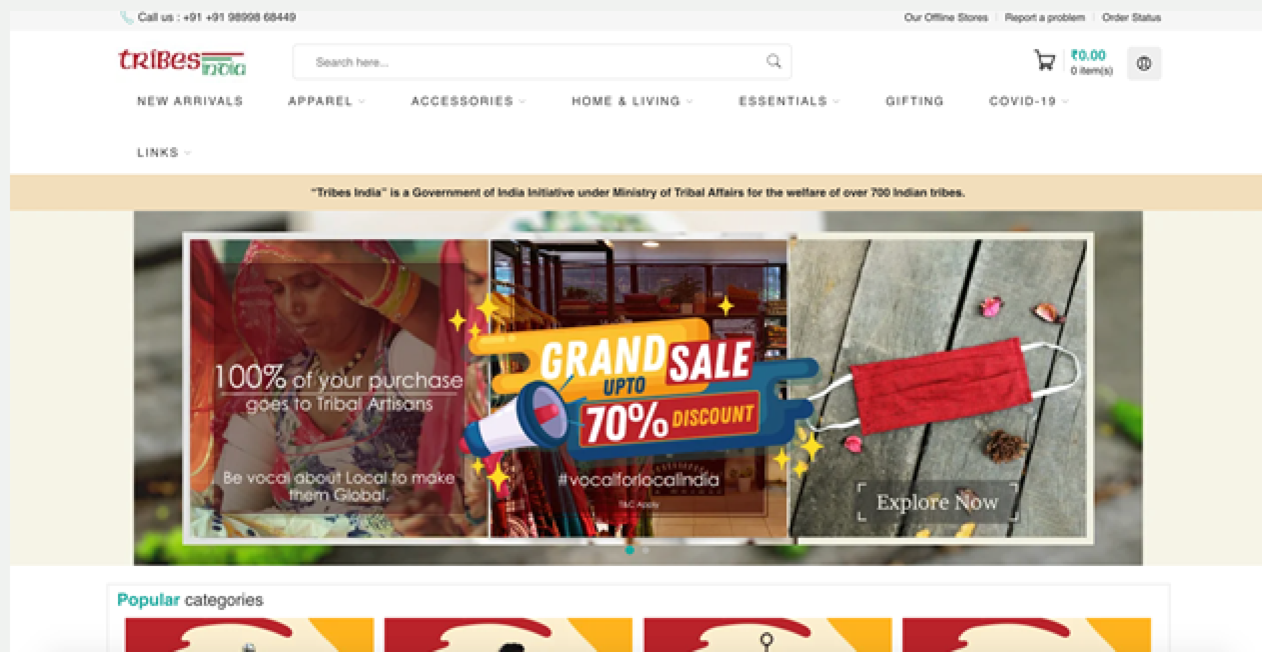
The digital transformation strategy includes a state of art website (https://trifed.tribal.gov.in/); setting up of an e-Market Place for Tribal Artisans to trade and directly market their produces; digitisation of all information related to the forest dwellers engaged in its VanDhan Yojana, village *haats* and warehouses to which they are linked. Keeping every aspect of tribal lives and commerce in mind, TRIFED has also embarked on the digitisation of the procurement of MFPs through government and private trade and the related payments to tribals. This is likely to be commissioned by August end.

“It is now well accepted that e-commerce is the future of retail trade. A large majority of people have adopted online shopping in India. TRIFED has to strategically respond to the emerging situation. It is in this context that the digitisation strategy has been formulated.” said Pravir Krishna, Managing Director TRIFED.

The TRIFED website https://trifed.tribal.gov.in/ offers all information related to the organisation, it’s schemes of tribal welfare. The site is a platform to connect and collaborate in the mission to empower the tribal communities across the country in a two way communication and information exchange mode linked via a GIS platform.

The business arm of TRIFED, Tribes India has launched an e-commerce portal,

https://www.tribesindia.com/, which offers a large range of tribal products online. These products range from creative masterpieces and artefacts such as *Dokra* metal craft pieces, beautiful pottery, different types of paintings to colourful, comfortable apparel, distinctive jewellery and organic and natural foods and beverages.



TRIFED has also partnered with other e-commerce portals such as Amazon, Flipkart, Snapdeal and PayTM to provide market access to its tribal artisans. Tribes India products are also now available on GeM to facilitate purchases by Government. Government Departments Ministries and PSUs can access TRIBES India products via Government e-Marketplace (GeM) and shop as per GFR regulations.

The Tribes India e-Marketplace, coming on the heels of the Retail Inventory Management System which has automated the sourcing and sale of stocks, is an ambitious initiative to on board almost 5 lakh Tribal Artisans on the e- market platform to provide them access to national and international markets. This is likely to be commissioned by end August 2020.

TRIFED's Van Dhan Integrated Information Network facilitates the pooling of all information pertaining to forest dwellers engaged in Minimum Support Price Operations and its Van Dhan Yojana linking them up to Village *haats* and Warehouses. This helps in monitoring the country wide programme and taking decisions to facilitate smooth implementation. This scheme has been implemented in 22 States touching the lives of almost 10 lac tribal households. The tribal clusters identified and mapped across the country are eligible beneficiaries under Atmanirbhar Abhiyan. The aim is to work in convergence with various Ministries and agencies and help bring the benefits to these vulnerable and distressed communities. TRIFED is equipped to advocate and support the tribal cause under Atmanirbhar Abhiyan.

In an automation drive for its internal MIS, TRIFED has also made significant progress in the past year by moving to the following systems :- Legal Information Management Business System (LIMBS) from Ministry of Law and Justice, Government of India; Centralised Finance system (Tally); and Human Resource Management System put in place by Department of Personnel and Training, Government of India.

In times of these distressed periods, digital transformation across the entire organisation only seems to be a viable path to ensure livelihoods are not disrupted.

*****

NB/SK/MoTA/25.06.2020

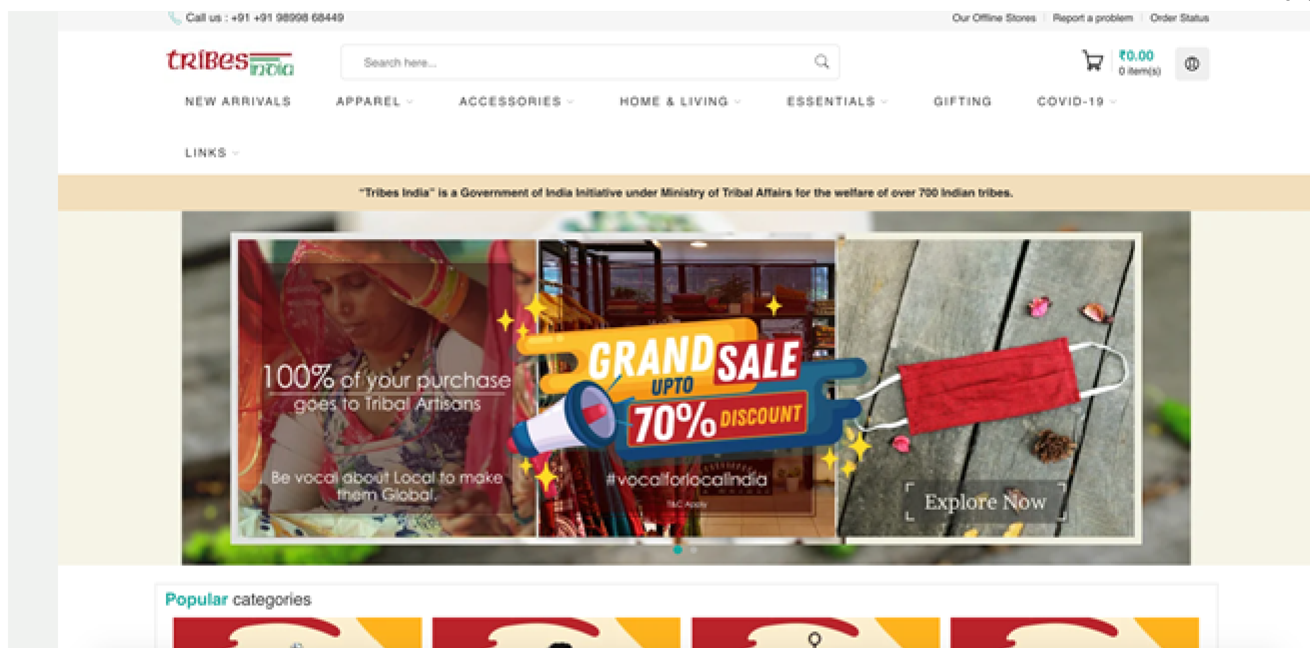
TRIFED under Ministry of Tribal Affairs works for the promotion of tribal commerce in the best interests of almost 50 lakh forest dwelling tribal families aligning them to their skill sets, ensuring a fair deal to tribals in their trade of Minor Forest Produces, and Handlooms and Handicrafts. The value of this trade according to a NITI study is almost Rs 2 lakh crores per annum. To scale up the activities and create a level playing field, TRIFED has embarked on a digitisation drive to map and link its village based tribal producers to the national and international markets setting up state of art e- platforms benchmarked to international standards.

The digital transformation strategy includes a state of art website (https://trifed.tribal.gov.in/); setting up of an e-Market Place for Tribal Artisans to trade and directly market their produces; digitisation of all information related to the forest dwellers engaged in its VanDhan Yojana, village *haats* and warehouses to which they are linked. Keeping every aspect of tribal lives and commerce in mind, TRIFED has also embarked on the digitisation of the procurement of MFPs through government and private trade and the related payments to tribals. This is likely to be commissioned by August end.

"It is now well accepted that e-commerce is the future of retail trade. A large majority of people have adopted online shopping in India. TRIFED has to strategically respond to the emerging situation. It is in this context that the digitisation strategy has been formulated." said Pravir Krishna, Managing Director TRIFED.

The TRIFED website https://trifed.tribal.gov.in/ offers all information related to the organisation, it's schemes of tribal welfare. The site is a platform to connect and collaborate in the mission to empower the tribal communities across the country in a two way communication and information exchange mode linked via a GIS platform.

The business arm of TRIFED, Tribes India has launched an e-commerce portal, https://www.tribesindia.com/, which offers a large range of tribal products online. These products range from creative masterpieces and artefacts such as *Dokra* metal craft pieces, beautiful pottery, different types of paintings to colourful, comfortable apparel, distinctive jewellery and organic and natural foods and beverages.



TRIFED has also partnered with other e-commerce portals such as Amazon, Flipkart, Snapdeal and PayTM to provide market access to its tribal artisans. Tribes India products are also now available on GeM to facilitate purchases by Government. Government Departments Ministries and PSUs can access TRIBES India products via Government e-Marketplace (GeM) and shop as per GFR regulations.

The Tribes India e-Marketplace, coming on the heels of the Retail Inventory Management System which has automated the sourcing and sale of stocks, is an ambitious initiative to on board almost 5 lakh Tribal Artisans on the e- market platform to provide them access to national and international markets. This is likely to be commissioned by end August 2020.

TRIFED's Van Dhan Integrated Information Network facilitates the pooling of all information pertaining to forest dwellers engaged in Minimum Support Price Operations and its Van Dhan Yojana linking them up to Village *haats* and Warehouses. This helps in monitoring the country wide programme and taking decisions to facilitate smooth implementation. This scheme has been implemented in 22 States touching the lives of almost 10 lac tribal households. The tribal clusters identified and mapped across the country are eligible beneficiaries under Atmanirbhar Abhiyan. The aim is to work in convergence with various Ministries and agencies and help bring the benefits to these vulnerable and distressed communities. TRIFED is equipped to advocate and support the tribal cause under Atmanirbhar Abhiyan.

In an automation drive for its internal MIS, TRIFED has also made significant progress in the past year by moving to the following systems :- Legal Information Management Business System (LIMBS) from Ministry of Law and Justice, Government of India; Centralised Finance system (Tally); and Human Resource Management System put in place by Department of Personnel and Training, Government of India.

In times of these distressed periods, digital transformation across the entire organisation only seems to be a viable path to ensure livelihoods are not disrupted.

*****

NB/SK/MoTA/25.06.2020

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com

crackIAS.com

Source : www.thehindu.com Date : 2020-06-27

THE PANDEMIC IMPOSES A STEEP LEARNING CURVE

Relevant for: Developmental Issues | Topic: Education and related issues

Across the world, education has been drastically affected by the COVID-19 pandemic. Most instruction has moved online; across the country, schools, colleges, universities and research establishments have been shut with no idea of when it will be possible to safely reopen. Higher education has gone digital where possible; or else it has simply been put on hold.

In the wake of the pandemic, other countries have embraced online education with mixed enthusiasm. Many universities in the United Kingdom and the United States have announced that the coming academic year will be held mainly online. At the same time, educationists and policy makers advise caution. Online education has not lived up to its potential.

Can online learning replace the school classroom?

Given our diversity in institutions of higher education — private and governmental colleges and universities, research institutes, professional colleges, State and central universities and so on — the Indian education system has had a very heterogeneous response to the pandemic. The reactions also reflect the contrast in rural versus urban infrastructure, the variable quality of staff, and the diverse types of subjects that are taught.

There will surely be serious long-term effects, considering the scale of the social, political and economic changes that have been occurring these past several months.

From a purely pedagogic point of view, it is clear that technology will play a bigger role in education in the coming years.

However, it will be highly subject-specific. Courses that traditionally need a laboratory or practical component are an obvious example where online classes cannot offer an alternative. The adoption or integration of technology in education also depends on the specific institution and its location: there is a huge digital divide in the country in terms of bandwidth and reliable connectivity, as well as very unequal access to funding.

Also read | Streamed education is diluted education

Beyond classroom lectures and courses, there has been a serious impact on academic research in all disciplines. There is need for close personal interaction and discussion in research supervision, and it is not clear when and how doctoral research and supervision can resume. In addition, the related economic crisis has consequences for funding, both of research as well as for the maintenance of research infrastructure. These are very long-term effects.

About a month ago we asked teachers and students across India to share their experiences of education during the crisis and to discuss their personal view of the future, keeping their institutions and subjects in mind. (These thoughtful articles can be read at Indian Academy of Sciences)

Some things are self-evident. Not all students have equal access to the Internet, and more than half in any class in any institution are simply not able to attend lectures in real time for want of the required combination of hardware and electrical connectivity in their homes. This is more pronounced in rural areas and non-metro cities, and for lower income groups as well.

Also read | In sync with technology

Most teachers in India view online instruction with caution. The shift online is in response to a crisis and was poorly planned. Online teaching is a separate didactic genre in itself — one that requires investment of time and resources that very few teachers could come up with in a hurry. Many online classes are poorly executed video versions of regular classroom lectures. Across the board, teachers recognise this as unsatisfactory.

Online higher education using MOOCs, or massive open online classrooms, has been encouraged by the Ministry of Human Resource Development for some time now via the National Programme on Technology Enhanced Learning (NPTEL) and SWAYAM platforms. (SWAYAM is a Hindi acronym for "Study Webs of Active-Learning for Young Aspiring Minds".) If this is to make a serious difference, both the quality and quantity of online courses need to be enhanced. These are presently used to augment classroom instruction but if these can be taken for credit, it may help address the question of access to quality education. There is a positive aspect of even a partial move to online education: making lectures available online in public and open websites accelerates democratisation of knowledge and the wide distribution of learning opportunities.

Also read | Why e-learning isn't a sustainable solution to the COVID-19 education crisis in India

This is a chance to re-imagine higher education in India. For long this has been elitist and exclusionary; education has been less about learning and more about acquiring degrees. The pandemic can change that if we let it.

Our higher education system can be more inclusive. If going online loses the human touch, the advantage of becoming available to many many more people who aspire to learn is worth the trade. If giving proctored examinations in a socially distanced world is more difficult, what needs to change is the idea of proctored examinations. There are simpler ways to validate pedagogy, some of which can be found in our own traditions. Gandhiji's "Nai Talim" put a high premium on self study and experiential learning, for instance.

Significant qualitative changes can come about if we plan now. Digital tools such as artificial intelligence (AI) — already used in teaching language — can be adapted to deliver personalised instruction based on the learning needs for each student. The use of AI can improve learning outcomes; in particular, this can be a boon for teaching students who are differently-abled.

Also read | In the time of online classes, Northeast waits for a faint signal from a distant tower

The adoption of online education needs to be done with sensitivity. What is needed at this time is imagination and a commitment to decentralisation in education. Pedagogic material must be made available in our other national languages; this will extend access, and can help overcome staff shortages that plague remote institutions. The state will have to bear much of the responsibility, both to improve digital infrastructure and to ensure that every needy student has access to a laptop or smartphone.

Campuses across India are desolate now, empty and inactive. Estimates are that COVID-19 will be seasonal, recurring every so often till 2022 or maybe 2024. So when these institutions reopen, they must do so with extreme caution. Blended modes of education will be unavoidable: online instruction where possible, and limited contact for laboratory instruction and individual mentoring. If this can lead to the emergence of a new pedagogic paradigm, we would have made the sweetest use of this adversity.

Sujin Babu is a research scholar in the Department of History, Madras Christian College, Chennai. Ram Ramaswamy is Visiting Professor, Department of Chemistry, IIT-Delhi. The views expressed are personal

You have reached your limit for free articles this month.

Already have an account ? Sign in

Start your 14 days trial now. Sign Up

Find mobile-friendly version of articles from the day's newspaper in one easy-to-read list.

Enjoy reading as many articles as you wish without any limitations.

A select list of articles that match your interests and tastes.

Move smoothly between articles as our pages load instantly.

A one-stop-shop for seeing the latest updates, and managing your preferences.

We brief you on the latest and most important developments, three times a day.

*Our Digital Subscription plans do not currently include the e-paper ,crossword, iPhone, iPad mobile applications and print. Our plans enhance your reading experience.

Dear reader,

We have been keeping you up-to-date with information on the developments in India and the world that have a bearing on our health and wellbeing, our lives and livelihoods, during these difficult times. To enable wide dissemination of news that is in public interest, we have increased the number of articles that can be read free, and extended free trial periods. However, we have a request for those who can afford to subscribe: please do. As we fight disinformation and misinformation, and keep apace with the happenings, we need to commit greater resources to news gathering operations. We promise to deliver quality journalism that stays away from vested interest and political propaganda.

Dear subscriber,

Thank you!

Your support for our journalism is invaluable. It’s a support for truth and fairness in journalism. It has helped us keep apace with events and happenings.

The Hindu has always stood for journalism that is in the public interest. At this difficult time, it becomes even more important that we have access to information that has a bearing on our health and well-being, our lives, and livelihoods. As a subscriber, you are not only a beneficiary of our work but also its enabler.

We also reiterate here the promise that our team of reporters, copy editors, fact-checkers, designers, and photographers will deliver quality journalism that stays away from vested interest and political propaganda.

Suresh Nambath

Please enter a valid email address.

To reassure Indian Muslims, the PM needs to state that the govt. will not conduct an exercise like NRC

Subscribe to The Hindu now and get unlimited access.

Already have an account? Sign In

Start your 14 days trial now Sign Up

To continue enjoying The Hindu, You can turn off your ad blocker or Subscribe to The Hindu.

Sign up for a 30 day free trial.

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com

crackIAS.com

Source : www.pib.gov.in Date : 2020-06-27

NASHA MUKT BHARAT: ANNUAL ACTION PLAN (2020-21) FOR 272 MOST AFFECTED DISTRICTS E-LAUNCHED ON INTERNATIONAL DAY AGAINST DRUG ABUSE & ILLICIT TRAFFICKING TODAY

Relevant for: Developmental Issues | Topic: Human resources, Youth, Sports and related issues

“Nasha Mukt Bharat: Annual Action Plan (2020-21) for 272 Most Affected Districts’ was e-launched by Shri Rattan Lal Kataria, Minister of State for Social Justice and Empowerment on the occasion of “International Day Against Drug Abuse and Illicit Trafficking” here today. On this occasion, he also released Logo and Tagline for National Action Plan for Drug Demand Reduction and 9 Video Spots produced for Drug Abuse Prevention. Secretary, M/o SJ&E Shri R. Subramaniam and Joint Sec retary Ms. Radhika Chakravarty were present. Representatives from State governments and NGOs also participated online.

Addressing on the occasion, Shri Rattan Lal Kataria said that the Ministry of Social Justice and Empowerment observes 26th June every year as “International Day Against Drug Abuse and Illicit Trafficking”. It is the nodal Ministry for drug demand reduction which coordinates and monitors all aspects of drug abuse prevention which include assessment of the extent of the problem, preventive action, treatment and rehabilitation of addicts, dissemination of information and public awareness.

The Minister said that Nasha Mukt Bharat Annual Action Plan for 2020-21 would focus on 272 most affected districts (list in Annexure) and launch a three-pronged attack combining efforts of Narcotics Bureau, Outreach/Awareness by Social Justice and Treatment through the Health Dept. The Action Plan has the following components: Awareness generation programmes; Focus on Higher Educational institutions, University Campuses and Schools; Community outreach and identification of dependent population; Focus on Treatment facilities in Hospital settings; and Capacity Building Programmes for Service Provider.

He said thatbased on the finding of the National Survey on Extent and Pattern of Substance Use in India and list of districts which are vulnerable from the supply point of view provided by Narcotics Control Bureau, the Ministry of Social Justice and Empowerment would undertake

intervention programmes in vulnerable districts across the country with an aim to: Reach out to Children and Youth for awareness about ill effect of drug use; Increase community participation and public cooperation; Supporting Government Hospitals for opening up De- addiction Centers in addition to existing Ministry Supported De-addiction Centers (IRCAs); and Conducting Training programme for participants.

The Minister said that his Ministry provides community based services for the identification, treatment and rehabilitation of addicts through Voluntary Organizations. It provides financial assistance to NGOs across the country for running de-addiction centres. The Ministry has also set up a 24x7 National Toll Free drug de-addiction helpline number 1800110031 to help the victims of drug abuse, their family and society at large.

Shri Kataria said that the Ministry has also prepared a National Action Plan for Drug Demand Reduction for the period 2018-2025 which aims at reduction of adverse consequences of drug abuse through a multi-pronged strategy involving education, de-addiction and rehabilitation of affected individuals and their families. The Action Plan includes components for preventive education and awareness generation, capacity building, treatment and rehabilitation, setting quality standards, focussed intervention in vulnerable areas, skill development, vocational training and livelihood support of ex-drug addicts, State/UT specific interventions, surveys, studies, evaluation and research etc.

Shri Subramaniam in his address said that the problem of drug abuse and illicit trafficking is at Society level andso we have to involve Communities along with health department officials with focus on our youths. He said that the funds for this programme in the year 2017-18 was Rs 49 crores and now in the year 2019-20 it was Rs 110 crores and in the year 2020-21, the fund has been increased to Rs 260 crores, i.e. more than 5 times. It shows our commitment to tackle this grave problem of drug abuse and illicit trafficking.

Taking cognizance of the fact that addressing the problem of drug abuse requires concerted action at different levels of the Government, the Ministry has asked the State Governments to plan and take specific initiatives, taking into account their local considerations and devise specific and suitable strategies for drug demand reduction in their identified areas. The State Governments have also been involved in the monitoring process for programmes under the NAPDDR in order to ensure its effective implementation.

Due to COVID-19 pandemic, the Ministry of Social Justice and Empowerment could not conduct the presentation of the National Awards for outstanding Services in the field of Prevention of Alcoholism and Substance (Drug) Abuse on the occasion of International Day Against Drug Abuse and Illicit Trafficking today.

Enclosure.: List of 272 Most Affected Districts in India chosen for "Nasha Mukt Bharat: Annual Action Plan (2020-21)"

*****

NB/SK/MoSJ&E/26.06.2020

"Nasha Mukt Bharat: Annual Action Plan (2020-21) for 272 Most Affected Districts' was e-launched by Shri Rattan Lal Kataria, Minister of State for Social Justice and Empowerment on the occasion of "International Day Against Drug Abuse and Illicit Trafficking" here today. On this occasion, he also released Logo and Tagline for National Action Plan for Drug Demand Reduction and 9 Video Spots produced for Drug Abuse Prevention. Secretary, M/o SJ&E Shri R. Subramaniam and Joint Sec retary Ms. Radhika Chakravarty were present. Representatives from State governments and NGOs also participated online.

Addressing on the occasion, Shri Rattan Lal Kataria said that the Ministry of Social Justice and Empowerment observes 26th June every year as "International Day Against Drug Abuse and Illicit Trafficking". It is the nodal Ministry for drug demand reduction which coordinates and monitors all aspects of drug abuse prevention which include assessment of the extent of the problem, preventive action, treatment and rehabilitation of addicts, dissemination of information and public awareness.

The Minister said that Nasha Mukt Bharat Annual Action Plan for 2020-21 would focus on 272 most affected districts (list in Annexure) and launch a three-pronged attack combining efforts of Narcotics Bureau, Outreach/Awareness by Social Justice and Treatment through the Health Dept. The Action Plan has the following components: Awareness generation programmes; Focus on Higher Educational institutions, University Campuses and Schools; Community outreach and identification of dependent population; Focus on Treatment facilities in Hospital settings; and Capacity Building Programmes for Service Provider.

He said thatbased on the finding of the National Survey on Extent and Pattern of Substance Use in India and list of districts which are vulnerable from the supply point of view provided by Narcotics Control Bureau, the Ministry of Social Justice and Empowerment would undertake intervention programmes in vulnerable districts across the country with an aim to: Reach out to Children and Youth for awareness about ill effect of drug use; Increase community participation and public cooperation; Supporting Government Hospitals for opening up De- addiction Centers in addition to existing Ministry Supported De-addiction Centers (IRCAs); and Conducting Training programme for participants.

The Minister said that his Ministry provides community based services for the identification, treatment and rehabilitation of addicts through Voluntary Organizations. It provides financial assistance to NGOs across the country for running de-addiction centres. The Ministry has also set up a 24x7 National Toll Free drug de-addiction helpline number 1800110031 to help the victims of drug abuse, their family and society at large.

Shri Kataria said that the Ministry has also prepared a National Action Plan for Drug Demand Reduction for the period 2018-2025 which aims at reduction of adverse consequences of drug abuse through a multi-pronged strategy involving education, de-addiction and rehabilitation of affected individuals and their families. The Action Plan includes components for preventive education and awareness generation, capacity building, treatment and rehabilitation, setting quality standards, focussed intervention in vulnerable areas, skill development, vocational training and livelihood support of ex-drug addicts, State/UT specific interventions, surveys, studies, evaluation and research etc.

Shri Subramaniam in his address said that the problem of drug abuse and illicit trafficking is at Society level andso we have to involve Communities along with health department officials with focus on our youths. He said that the funds for this programme in the year 2017-18 was Rs 49 crores and now in the year 2019-20 it was Rs 110 crores and in the year 2020-21, the fund has been increased to Rs 260 crores, i.e. more than 5 times. It shows our commitment to tackle this grave problem of drug abuse and illicit trafficking.

Taking cognizance of the fact that addressing the problem of drug abuse requires concerted action at different levels of the Government, the Ministry has asked the State Governments to plan and take specific initiatives, taking into account their local considerations and devise specific and suitable strategies for drug demand reduction in their identified areas. The State Governments have also been involved in the monitoring process for programmes under the NAPDDR in order to ensure its effective implementation.

Due to COVID-19 pandemic, the Ministry of Social Justice and Empowerment could not conduct the presentation of the National Awards for outstanding Services in the field of Prevention of Alcoholism and Substance (Drug) Abuse on the occasion of International Day Against Drug Abuse and Illicit Trafficking today.

Enclosure.: List of 272 Most Affected Districts in India chosen for "Nasha Mukt Bharat: Annual Action Plan (2020-21)"

*****

NB/SK/MoSJ&E/26.06.2020

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com

Source : www.thehindu.com Date : 2020-06-28

26.9 CRORE PEOPLE USED DRUGS IN 2018: UN REPORT

Relevant for: Developmental Issues | Topic: Human resources, Youth, Sports and related issues

An awareness march held in Bikaner on FridayPTI

About 26.9 crore people used drugs in 2018, which was 30% more than the 2009 figure, with adolescents and young adults accounting for the largest share of users, according to the latest United Nations Office on Drugs and Crime (UNODC) World Drug Report.

Compared with earlier estimates from a survey done in 2004, overall opioid use in India is estimated to have increased fivefold.

Seizures of amphetamines across the world quadrupled between 2009 and 2018. The stimulant scene is dominated by cocaine and methamphetamine, and use of both the substances is rising in their main markets. Production of heroin and cocaine remains among the highest levels recorded in modern times.

While about 19 million people used cocaine in 2018, fuelled by the drug's popularity in North America and Western Europe, close to 27 million people used amphetamines the same year, the latter being the most used amphetamine-type stimulants in Southeast Asia, it said. "Use of methamphetamine in these two subregions has been expanding for two decades, according to most available indicators. Cocaine and methamphetamine can coexist in some markets by acting as substitutes for each other, so that use of one drug rises when the other goes down."

Expanding markets

A number of indicators suggest that the global market of ATS, particularly meth, is expanding. "Quantities of seized methamphetamine... reached a new record high, at 228 tonne-equivalents, in 2018," says the report.

Observing that rapid market changes were being noticed, the report said synthetics were replacing opiates in Central Asia and the Russian Federation.

Crystalline meth market has grown in Afghanistan and Iraq. In Afghanistan, meth seizures have steadily risen since 2014. The amount seized in the first six months of 2019 — 657 kg — signalled a huge leap over the previous year.

The study found that traffickers and manufacturers were using "designer chemicals" as an alternative to synthesise amphetamine, meth and ecstasy.

The report expressed concern about fewer countries taking part in joint drug operations, apparently due to budgetary problems.

Subscribe to The Hindu digital to get unlimited access to Today's paper

Already have an account ? Sign in

Start your 14 days trial now. Sign Up

Find mobile-friendly version of articles from the day's newspaper in one easy-to-read list.

Enjoy reading as many articles as you wish without any limitations.

A select list of articles that match your interests and tastes.

Move smoothly between articles as our pages load instantly.

A one-stop-shop for seeing the latest updates, and managing your preferences.

We brief you on the latest and most important developments, three times a day.

*Our Digital Subscription plans do not currently include the e-paper ,crossword, iPhone, iPad mobile applications and print. Our plans enhance your reading experience.

To continue enjoying The Hindu, You can turn off your ad blocker or Subscribe to The Hindu.

Sign up for a 30 day free trial.

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com

crackIAS

Source : www.thehindu.com Date : 2020-06-28

NOVEL CORONAVIRUS INFECTION MIGHT TRIGGER TYPE-1 DIABETES

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

Growing evidence: The novel coronavirus might actually be triggering diabetes in some people who have so far remained free of it. | Photo Credit: celsopupo

Diabetes poses one of the key risk factors for developing severe COVID-19, and chances of dying are elevated in people with diabetes. Now, there is growing evidence that novel coronavirus might actually be triggering diabetes in some people who have so far remained free of it. These patients typically develop type-1 diabetes. The virus seems to be causing diabetes spontaneously in people.

These patients typically develop type-1 diabetes, which is caused when the body's immune system plays rogue and begins to attack and destroy the beta cells, which produce the hormone insulin in the pancreas. With the destruction of beta cells, the amount of insulin produced is reduced, and hence, the ability of the body to control blood sugar is compromised leading to type-1 diabetes.

The 2002 SARS coronavirus, too, caused acute-onset diabetes in patients. Like the 2002 SARS coronavirus, the SARS-CoV-2 virus, too, binds to ACE2 receptors that are found on many organs involved in controlling blood sugar, including the liver and pancreatic beta cells, and subsequently infects the cells in the organs.

In a letter published in *The New England Journal of Medicine,* the researchers write: "There is a bidirectional relationship between COVID-19 and diabetes. On the one hand, diabetes is associated with an increased risk of severe COVID-19. On the other hand, new-onset diabetes and severe metabolic complications of preexisting diabetes… have been observed in patients with COVID-19."

However, more evidence is needed to conclusively prove that COVID-19 indeed causes type-1 diabetes. It is also not clear if the acute-onset diabetes in COVID-19 patients will be permanent or transient. The is no clarity whether people who are borderline type-2 develop the disease.

The COVID-19 patients who develop diabetes have extremely high levels of blood sugar and ketones. When there is insufficient insulin produced, breaking down the sugar present in the blood is compromised leading to high levels of sugar. At the same time, the body begins to turn to alternative sources of fuel, which in this case are ketones. A study found 42 of 658 patients presented with ketosis on admission. Patients with ketosis were younger (median age 47). Ketosis increased the length of hospital stay and mortality, the researchers found.

Using human pluripotent stem cells, researchers grew miniature liver and pancreas and found that both the organs were permissive to SARS-CoV-2 infection. In particular, they found the pancreatic beta cells were infected by coronavirus. ACE2 is expressed in human adult alpha and beta cells. While the beta cells produce insulin which reduces the sugar level in the blood, the alpha cells produce glucagon, which increases the blood sugar. A fine balance between the two helps maintain the blood sugar level.

The researchers transplanted the miniature pancreatic endocrine cells produced using human stem cells into mice. Two months later, they examined the xenografted pancreas and found

ACE2 receptors on beta and alpha cells. When the mice were infected with coronavirus, they found the beta cells were infected by the virus. Thus the virus is capable of damaging the cells that control blood sugar thus triggering acute-onset of type-1 diabetes.

According to *Nature News,* a global database to collect information on people with COVID-19 and high blood-sugar levels who previously do not have a history of elevated blood sugar levels has been initiated. “The researchers hope to use the cases to understand whether SARS-CoV-2 can induce type 1 diabetes or a new form of the disease,” *Nature News* says. Researchers want to use the database to understand if the acute-onset diabetes is permanent and people who are borderline type-2 develop the disease.

You have reached your limit for free articles this month.

Already have an account ? Sign in

Start your 14 days trial now. Sign Up

Find mobile-friendly version of articles from the day's newspaper in one easy-to-read list.

Enjoy reading as many articles as you wish without any limitations.

A select list of articles that match your interests and tastes.

Move smoothly between articles as our pages load instantly.

A one-stop-shop for seeing the latest updates, and managing your preferences.

We brief you on the latest and most important developments, three times a day.

*Our Digital Subscription plans do not currently include the e-paper ,crossword, iPhone, iPad mobile applications and print. Our plans enhance your reading experience.

Dear reader,

We have been keeping you up-to-date with information on the developments in India and the world that have a bearing on our health and wellbeing, our lives and livelihoods, during these difficult times. To enable wide dissemination of news that is in public interest, we have increased the number of articles that can be read free, and extended free trial periods. However, we have a request for those who can afford to subscribe: please do. As we fight disinformation and misinformation, and keep apace with the happenings, we need to commit greater resources to news gathering operations. We promise to deliver quality journalism that stays away from vested interest and political propaganda.

Dear subscriber,

Thank you!

Your support for our journalism is invaluable. It’s a support for truth and fairness in journalism. It has helped us keep apace with events and happenings.

The Hindu has always stood for journalism that is in the public interest. At this difficult time, it becomes even more important that we have access to information that has a bearing on our health and well-being, our lives, and livelihoods. As a subscriber, you are not only a beneficiary

of our work but also its enabler.

We also reiterate here the promise that our team of reporters, copy editors, fact-checkers, designers, and photographers will deliver quality journalism that stays away from vested interest and political propaganda.

Suresh Nambath

Please enter a valid email address.

A video explainer on the anti-body test and RT-PCR test

Subscribe to The Hindu now and get unlimited access.

Already have an account? Sign In

Start your 14 days trial now Sign Up

To continue enjoying The Hindu, You can turn off your ad blocker or Subscribe to The Hindu.

Sign up for a 30 day free trial.

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com

crackIAS

Source : www.livemint.com Date : 2020-06-29

WORLD BANK APPROVES $500 MN EDUCATION PROJECT FOR SIX STATES

Relevant for: Developmental Issues | Topic: Education and related issues

NEW DELHI : The World Bank on Sunday said its board has approved a project worth $500 million to improve the learning outcome and governance of government schools in six Indian states.

“India has made significant strides in improving access to education across the country. Between 2004-05 and 2018-19, the number of children going to school increased from 219 million to 248 million, but the learning outcomes of students across all age groups remains below par," it said.

The project, Strengthening Teaching-Learning and Results for States Program (STARS), will be implemented through the Samagra Shiksha Abhiyan, the flagship central scheme, in Himachal Pradesh, Kerala, Madhya Pradesh, Maharashtra, Odisha and Rajasthan.

“STARS will help improve the learning assessment systems, strengthen classroom instruction, and remediation, facilitate school-to-work transition, and strengthen governance and decentralized management," the World Bank said. It will also address “the ‘learning outcome’ challenge and help students better prepare for the jobs of the future", it added. STARS builds on the partnership between India and the World Bank since 1994 for strengthening the school education system and to support the goal of providing education to all. Before STARS, the World Bank had provided assistance of over $3 billion towards this.

“India recognizes the need to significantly improve its learning outcomes to fuel future growth and meet the labour market demands. STARS will aid India’s response by strengthening implementation at the local level, investing in teacher capacity and ensuring that no child of any background is left behind from the right to education," said Junaid Ahmad, World Bank country director in India.

More than 52% of children in government-run schools in the six project states belong to vulnerable section, such as Scheduled Castes, Scheduled Tribes and minority communities, and the World Bank said its project will deliver a curriculum that keeps pace with the evolving needs of the job market.

Click here to read the Mint ePaperLivemint.com is now on Telegram. Join Livemint channel in your Telegram and stay updated

Log in to our website to save your bookmarks. It'll just take a moment.

Your session has expired, please login again.

You are now subscribed to our newsletters. In case you can’t find any email from our side, please check the spam folder.

END

Downloaded from **crackIAS.com**

© **Zuccess App** by crackIAS.com