

# APPOLO STUDY CENTRE

TNPSC GROUP I MAIN - 2021

PREMODEL EXAM - II (HOME TEST)

PAPER - 1 - UNIT - II SOCIAL ISSUES IN INDIA AND TAMIL NADU  
& UNIT - III APTITUDE AND MENTAL ABILITY

(PROBABILITY, SIMPLE & COMPOUND INTEREST, LCM & HCF, STATISTICS & COMPUTER SCIENCE)

Time: 3 hours

Total marks: 250

SECTION A

8 x 10 = 80

Answer all the questions. Answer not exceeding 150 words each

1. Write a note on National Education Mission

தேசிய கல்வி திட்டம் பற்றி குறிப்பு வரைக

**National Education Mission**

National Education Mission (Samagra Shiksha Abhiyan) was launched in 2018.

**Need**

- Human Resource Development: For India to emerge as a knowledge super power of the world in the shortest possible time it is imperative to convert our demographic advantage into knowledge powerhouse by nurturing and honing our working population into knowledge or knowledge enabled working population. Human Resource Development would certainly be the key for it to happen.
- Addressing the Gap: The gap between the current state of learning outcomes and what is required must be bridged through undertaking major reforms that bring the highest quality, equity, and integrity into the system, from early childhood care and education through higher education.

**Components**

- The National Education Mission itself is made of four umbrella schemes as follows:

**Saakshar Bharat Programme**

- This comprises the schemes of Literacy campaigns Adult Education & Skill Development.
- Under the scheme, financial support is being provided to NGOs for imparting literacy to adult non-literates in the age group of 15-35 years.

## Sarva Shiksha Abhiyan (SSA)

- It focuses on universalization of elementary education in the country.
- The Government has also launched a new initiative Padhe Bharat, Badhe Bharat under this to focus specially on language and math.

## Rashtriya Madhyamik Shiksha Abhiyan (RMSA)

- The focus of RMSA, which was launched in 2009-10, is secondary education.

## Teachers Training

- It comprises of following three schemes:
- Strengthening of Teachers Training Institutions
- Appointment of Language Teachers
- School Assessment Programme

## Impact

- Transforming India: The Mission will help to transform India into a vibrant knowledge society and global knowledge superpower by making both school and college education more holistic, flexible, multidisciplinary, suited to 21st century needs and aimed at bringing out the unique capabilities of each student.
- Achieving Sustainable Development Goal: Built on the foundational pillars of Access, Equity, Quality, Affordability and Accountability, it will help to achieve to the 2030 Agenda for Sustainable Development i.e. ensuring inclusive and equitable quality education and promote lifelong learning opportunities for all

## 2. Write a note on sexual and online violence against women.

பெண்களுக்கெதிரான பாலியல் மற்றும் இணைய வன்முறைகள் பற்றி குறிப்பு வரைக

### Sexual Violence

Sexual violence can occur in intimate partner and family contexts, in workplaces, and in many other circumstances. Sexual violence can include:

1. Sexual harassment, e.g. verbal street harassment, catcalling, staring following someone, making unwanted/repeated requests for sex.
2. Sexualized bullying, e.g. sending unwanted pornographic images or threaten or intimidate someone, threatening to share nude photos, making threats to rape.
3. Sexual pressure and coercion, e.g. making threats to break up, playing mind games to trick someone into unwanted sexual acts.

### Online Violence Against Women

Revenge porn - someone with a grudge, like an ex-partner, posts nude or semi-nude videos or photos of a person online to get back at them. Sometime, current partners will threaten to do this to prevent them from breaking up.

1. Creepshots - taking creepy photos of someone (e.g. when they're bending over or in a change-room) and posting the images without permission.
2. Malicious impersonation - impersonating others online and posting comments or photos, trying to ruin their reputation (e.g. inserting their face into an image of a porn star or a victim of violence).

Among the top 20 countries in internet usage worldwide, India has the highest yearly growth rate of internet users. Easy access to the internet has enabled many people, especially women and other marginalized groups, to overcome traditional barriers and participate in the public sphere. However, the violence women face in these virtual spaces has in many ways left them feeling vulnerable, not empowered. Online violence against women - that is, violence directed at women by virtue of their gender - violates their human rights and is thus, imminent to the attainment of gender equality. Online violence needs to be taken seriously and it often has the potential to spill into physical abuse and violence. Abuse against women on Twitter and other platforms can also include 'doxing' which involves revealing personal information or identifying documents or details about someone, on an online platform, without their consent. India already has laws that while flawed can be used to deal with online abuse. What needs attention is a better implementation of the same.

### 3. Write a note on National Nutrition Mission

தேசிய ஊட்டச்சத்து திட்டம் பற்றி குறிப்பு வரைக

#### National Nutrition Mission

It was launched in December 2017 with the aim of tackling the malnutrition problem prevalent in India by making it a people's movement.

- Later, it was renamed as the Prime Minister's Overarching Scheme for Holistic Nutrition (POSHAN) in March, 2018.
- The National Nutrition Mission is under the supervision of the Ministry of Women and Child Development (MWCD).

#### Need

- Prevailing High Level of Malnutrition: There are a number of schemes directly/indirectly affecting the nutritional status of children (0-6 year's age) and pregnant women and lactating mothers. In spite of these, level of malnutrition and related problems in the country is high.
- Large Population of Stunted Children: The country with the largest number of stunted children is India with 61.7 million, or 48 percent of all Indians under age 5. The Comprehensive National Nutritional Survey, released by the Ministry of Health and Welfare in October, 2019, showed that 35% of children under the age of 5 are stunted and in this age group, 17% are wasted (low weight for height) and 33% underweight (low weight for age).

## Objectives

- To reduce stunting in identified Districts of India with the highest malnutrition burden.
- To ensure holistic development and adequate nutrition for pregnant women, mothers and children.

## Targets

- Reduction in stunting, low birth-weight, and under-nutrition in the children each by 2% every year.
- Reduction in anaemia by 3% every year in young children, adolescent girls, pregnant women, and lactating mothers. Though the target is 2% reduction per year; the government will work towards reducing stunting in children from the recorded 38.4% in 2016 to 25% by 2022.

## Strategic Pillars

- Convergence
- Behavioural change
- Innovations
- Training and capacity building
- Integrated Child Development Services-Common Application Software ICDS-CAS
- Grievance Redressal

## Implementation

- **Planning:** Charting the different existing and new schemes in India aimed at improving the nutritional status of the population
- **Convergence:** Planning convergence strategies for these missions or scheme
- **ICT:** Using Information and Communication Technology (ICT) systems for the real-time monitoring of the health of women and children
- **Incentives:** Providing incentives to the state governments to meet the targets, and to the Anganwadi workers to use more of technology-based tools
- **Health Services:** Exaggerate the health and nutrition services for the first 1000 days of a child's life, measurement of the height of children at the Anganwadi Centres
- **Social Audits:** Audits to be performed periodically by the NIT1 Aayog.
- **Jan Andolan:** This translates to people's movement. The POSHAN Abhiyaan is targeted to involve mass public participation, and awareness regarding the same is to be done by influencers, campaigns, etc. Nutrition Resource Centres are also to be set-up.
- **Phased Implementation:** Implementing the Abhiyaan in 315 districts in the first year (2017-18), 235 in the second year (2018-19), and the remaining districts to be covered in the third year (2019-20).

## Impact

- Reducing Malnutrition: The Mission through the targets will strive to reduce the level of stunting, under-nutrition, anaemia and low birth weight babies.
- Creating Synergy: It will create synergy, ensure better monitoring, issue alerts for timely action, and encourage States/UTs to perform, guide and supervise the line Ministries and States/UT s to achieve the targeted goals.

## Achievements

- More than 10 crore people will be benefitted by this programme. All the States and districts will be covered in a phased manner i.e., 315 districts in 2017-18, 235 districts in 2018-19 and remaining districts in 2019-20.
- In September, 2019, the first-ever Comprehensive National Nutrition Survey (CNNS) has been conducted by the Ministry of Health and Family Welfare and the United Nations Children's Fund (UNICEF) to measure the level of malnutrition in India.
- As per the report, prevalence of stunting, wasting and underweight among children is 34.7%, 17% and 33.4% respectively, which is an improvement and reduction from the levels reported in National Family Health Survey-4.

### Initiatives to Address Malnutrition

#### MAA (Mothers' Absolute Affection) Programme

- Launched in 2016, it is a nationwide programme meant to bring undiluted focus on promotion of breastfeeding and provision of counselling services for supporting breastfeeding through health systems.

#### National Nutrition Month (Rashtriya Poshan Maah)

- The entire month of September is celebrated as the Rashtriya Poshan Maah.
- The purpose is to take the message of nutrition to every nook and corner of the country (especially grass root level) and to focus on complimentary food, treatment, and prevention from infections in children.

#### 4. Write a note on the role of NGOs Amidst the COVID Pandemic

கோவிட் பெருந்தொற்றின்போது அரசுசாரா அமைப்புகளின் பங்களிப்புகள் பற்றி குறிப்பு வரைக

#### The role of NGOs - Ensuring commitment to social responsibility amidst the Covid-19 pandemic'

As Covid-19 gripped the world, it put to test our collective resilience to the global pandemic. One cannot turn a blind eye to this changing world order which has not only impacted the economy but also attuned us to how we work and adjust to our daily lives. In such a scenario, solutions are unlikely to come if everybody is working in silos. The fight against COVID-19 needed as many hands as are available.

## **Role of NGOs in the pandemic**

For several years, non-governmental organizations also known as NGOs are actively involved in combating challenges related to the environment, education, health, poverty, women empowerment, child protection, social justice, and human rights, etc. Thus, when the pandemic hit India, NGOs given their deep connect in combating various socio-economic issues, have been a natural partner in this endeavour. The government too reached out to the NGOs, knowing that there is nobody better placed than them to understand the pulse at the grassroots and engage closely with communities. In no time, thousands of NGOs engaged with district administrations across the country to combat the situation.

Since then, NGOs have been working relentlessly on the ground and providing critical services to vulnerable groups of people. They have been instrumental in supporting the government and identifying the coronavirus hotspots. Realizing the gravitas of the situation, they were the first to reconfigure themselves and pushed for new initiatives to provide medical facilities across the country. They initiated to create national emergency funds, partnered with one another to channel donations, provided assistance in nursing homes, and other facilities through technical support and medical teams.

### **Providing basics amenities**

For people including the elderly and children, persons with disabilities, transgenders, the homeless, daily wage workers, migrant workers, and urban poor families, NGOs have been the only point of reference during the ongoing pandemic. The COVID-19 induced lockdowns created an economic crisis on top of a public health emergency. It disrupted the livelihoods of many and put them in dire straits unable to afford food or essential hygiene items such as soaps, masks, and sanitizers.

As the domino effect from the coronavirus continued, these NGOs knew much more is needed to be done to mitigate the spread of the disease. Working on the frontline, NGOs in every region have been providing food, rations, and hygiene kits to the poor and the needy.

### **Spreading awareness**

While urban populations were swiftly informed of COVID-19 restrictions and prevention measures, in rural areas, information about the disease was limited. These not for profit organizations have been quick to fill this gap and created communication and distribution networks across the country's hinterlands. They have also been executing an important task of creating awareness about the virus to prevent its spread as well as educating people on social distancing and its importance.

As NGOs are known and trusted by the communities where they work, they have been helping people to combat the stigma, while distributing water containers for hand-washing, providing shelter, and setting up community kitchens for those in need.

## Enhanced role of Corporate Social Responsibility

In addition, the government also encouraged corporates and businesses to provide social support to society. In March, the Ministry of Corporate Affairs issued a mandate that all spending on activities related to COVID-19 will be added under CSR expenditure. The ongoing pandemic put the corporate social responsibility to test. Despite the economic debacle, which affected all sectors of the economy, companies strived to use this crisis as an opportunity to expand their CSR footprint

Taking proactive steps, several blue-chip companies extended their helping hand to combat the COVID-19 pandemic. The companies lent their support to the government in manufacturing ventilators, PPE kits, and face covers. For instance, Reliance Industries Limited provided the first 100-bed COVID-19 hospital, 50 lakh free meals, one lakh masks, free fuel for emergency vehicles, 1000 PPE for health care workers. It also provided Rs 500 crore to PM CARES Fund. Many private companies teamed up with NGOs to provide daily food, ration, education and other essential items to the needy during the lockdown period.

This fight against COVID-19 has been a collaborative effort. And the way in which civil society, stakeholders, and non-government organizations have responded to the pandemic reinforces the power of partnerships. The pandemic has been a phase of learning for all in understanding the gaps in our society. The efforts taken by all is a testament to the collective articulation of social responsibility towards the citizens of the country.

### 5. Write a short on the following

பின்வருவனவற்றிற்கு சிறுகுறிப்பு வரைக

#### a. Self Help Groups (SHGs)

சுய உதவிக்குழுக்கள்

#### Self-Help Groups (SHGs)

1. The scheme provides opportunities to organize SHGs from among the families living below poverty line. Under this scheme, group activities are given preference and progressively more funding is allotted for group activities.
2. The membership may range from 10 to 20 for a group. The group with disabled persons may be organized even if the minimum number is five. The group should not have more than one person from the same family and also an individual should not be a member of more than one group. The group can be a registered group under the Societies Act or an informal group. The individual or all the members of the group can benefit from the scheme.
3. DRDA/Zila Parishad in each district should initiate the process of social mobilization for poverty eradication programmes by organizing them into various groups, especially SHGs.

After independence, poverty eradication has been one of the major objectives of development of planning process in India. Reduction of poverty is the prime issue for the attainment of international goals - developing rural areas. Particularly the dimensions relating to education, health and other basic services have been systematically and progressively internalized in the planning process in India. The

central and the state governments are trying to make sufficient allocations for the provisions of health, education and other facilities for the well-being of the rural poor. Anti-poverty strategies and programmes have certainly provided opportunities of employment and income to the rural people

## b. SEWA

### **Self-Employed Women's Association (SEWA)**

This is a trade union of women workers in the informal sector. Its main goal is to organize women workers for full employment and self-reliance through the strategy of struggle and development. This is both an organization and a movement. A SEWA bank is operating to reach the maximum number of poor women workers engaged in the unorganized sector and provides them with suitable financial services for their socio-economic empowerment and self-development through their own management and ownership. In the year 1993, SEWA Bank began its banking activities through the formation of SHGs. Through SHGs, the Bank aimed at providing banking services at the doorstep of the poor women in order to pull them out of the vicious circle of poverty and free them from unscrupulous moneylenders. In brief, since its operation through SHGs, many vulnerable women in rural Gujarat are now in the mainstream of the society.

## 6. Write a note on Swarnajayanti Gram Swarozgar Yojana

ஸ்வரணஜெயந்தி கிராம் ஸ்வரோஜ்கர் திட்டம் பற்றி குறிப்பு வரைக

### **Swarnajayanti Gram Swarozgar Yojana**

To commemorate the celebration of fifty years of our independence, the Government of India launched this scheme on 1 April 1999, incorporating the already existing six central schemes into it as under:

1. Integrated Rural Development Programme (IRDP)
2. Training of Rural Youth for Self-Employment (TRYSEM)
3. Development of Women and Children in Rural Areas (DWCRA)
4. Supply of Improved Toolkits to Rural Artisans (SITRA)
5. Ganga Kalyan Yojana (GKY)
6. Million Wells Scheme (MWS)

Hence, these six schemes ceased to exist from April 1999.

All the aspects of self-employment components under these six schemes have been integrated into this scheme, such as organization of the poor into self-help groups, training, credit, technology, infrastructure and marketing. Though the scheme is a central programme, 75 per cent of the funds are met by the centre and the remaining 25 per cent by the concerned state governments. The various agencies involved in the implementation process are banks, rural banks, cooperative banks, PRIs, district rural development agencies, NGOs and technical institutions.



To help the 'swarozgaris' (SHGs) to increase the income level to ? 2,000 per month within three years and to support at least 30 per cent of the BPL families in each panchayat union to come out of the clutches of poverty within five years, are the specific objectives of this scheme. To uplift the weak and vulnerable sections, there are also provisions of reservation: for scheduled castes (SCs) and scheduled tribes (STs), as high as 50 per cent, for women, 40 per cent and for disabled, 3 per cent and so on. Subsidy under SGSY is given at the rate of 30 per cent of the project cost or to the maximum of ₹ 7,500. For SCs and STs, the subsidy is payable at the rate of 50 per cent of the maximum of ₹ 10,000. For group of swarozgaris, the subsidy is 50 percent of the project cost subject to per capital subsidy of ₹ 10,000 or ₹ 1.25 lakh, whichever is less.

Minimum skill requirement for each activity is ascertained by the agencies meant for this purpose. Once an individual or a group of individuals 11 identified for assistance their training needs are to be assessed too. Those swarozgaris having the minimum required skills are further put into the basic orientation programmes such as record maintenance, marketing, product costing, product pricing and familiarization with financial institution. The resource persons should include bankers, BDOs, line departments, marketing personnel, NGOs and trainers meant for this purpose. The persons who require the minimum or additional skills will be given training by government institutions, ITIs, polytechnics, universities, NGOs, etc. The Swarozgaris are paid stipend if the training is for more than a week and they become eligible only when they complete this training.

**7. Write a note on the First Five Scheme signed by the current Chief Minister of Tamilnadu while assuming office**

தற்போதைய தமிழக முதல்வர் பதவியேற்றபோது கையெழுத்திட்ட முதல் ஐந்து திட்டங்கள் பற்றி குறிப்பு வரைக

**The first 5 schemes signed by the Hon'ble Chief Minister of Tamil Nadu Thiru. M.K. Stalin after assuming office on 07.05.2021**

**Rs.2000 as relief for rice card holders**

To remove the distress of people caused by the rising threat of Corona infections, to help their livelihood and to honour the electoral promise of providing Rs.4,000 to all rice card holders by way of solace, orders have been issued for the disbursement of the first instalment of Rs.2000 in the month of May itself as relief to about 2,07,67,000 and holders, at an expense of Rs.4,153.39 crore.

**Cost of Aavin milk reduced by Rs.3/- per litre**

The price of Aavin milk will be reduced by Rs.3/- per litre from 16.06.2021 and sold as such to redeem another electoral promise.

**Free travel for women in State Government buses**

To implement yet another electoral pledge, orders have been issued for free travel for women, including working women and girl students doing higher education, from 08.05.2021 without any bus pass in all ordinary fare buses operated Government Transport Corporations throughout Tamil Nadu. The additional expenditure of Rs.1,200 crore on account of this for the Transport Corporations will be reimbursed by the government as subsidy.

### **New Department for petitions under 'Chief Minister in Your constituency' Scheme**

During the election campaign, the Hon'ble Chief Minister received petitions from people on the variety of issues and assured them that he would resolve grievances within 100 days of assumption of office as Chief Minister. To implement this assurance, the Hon'ble Chief Minister has accorded consent for the creation of a new Department for implementing the scheme 'Chief Minister in Your Constituency' and for the appointment of an I.A.S. officer for the same.

### **Treatment in private hospitals for Corona infection under Chief Minister's Health Insurance Scheme.**

In a situation wherein many members of the general public are getting treatment in private hospitals besides Government ones, the Hon'ble Chief Minister has issued orders, in their interest and by way of reducing their suffering, for the Government to absorb their medical costs under the Government insurance scheme. Accordingly, the cost of all types of Corona treatment will be reimbursed to private hospitals by the Government under the Hon'ble Chief Minister Comprehensive Medical Insurance Scheme.

### **8. Write a note on Tamilnadu Health Systems Project.**

தமிழ்நாடு நல அமைப்பு திட்டம் பற்றி குறிப்பு வரைக

Tamil Nadu is ranked among the high-performing States in India, in the area of human development. The State is noted for its low mortality rates and effective healthcare services. The State has a long track record of innovations in the health sector. It has pioneered many new approaches to enhance effective access to quality health care at low financial costs. Over the last few decades, healthcare in the state of Tamil Nadu has improved significantly, with more people having increased access to medical care. There is a strong commitment to high performance in the health sector.

Despite the speedy progress and development, the State continues to face challenges in the healthcare sector that need to be dealt with in a phased and systematic manner. The broad areas that need addressing are

- Coping with non-communicable diseases (NCD)
- Providing the highest quality of healthcare
- Resolving equity-related issues
- Having an effective health financing system

### **Health Policy of 2003**

To tackle these challenges, the Government of Tamil Nadu developed a Health Policy in 2003. The Health Policy aims to address key health challenges, combat non-communicable diseases and accidents, strengthen management of health systems and increase effectiveness of public sector healthcare services. The policy focusses on improving the health status of the general population, with special emphasis on low-income, disadvantaged and tribal communities, over the next two decades.

## The Tamil Nadu Health Systems Project

The Tamil Nadu Health Systems Project (TNHSP), implemented by the Health and Family Welfare Department (Government of Tamilnadu), lends its support to the Health Policy of 2003 and focusses on improving the health status of people belonging to the lower socio-economic strata. New approaches to address non-communicable diseases, addressing the health needs of the tribals and partnerships with the NGOs form the core of this project. The Tamil Nadu Health Systems Project will assist in fulfilling the aims of the Health Policy through the following interventions

- Increased access of health services for poor, disadvantaged, and tribal groups
- Developing effective interventions to address key health challenges
- Improving health outcomes and quality of service by strengthening management of the public sector health systems and by involving the non-governmental sector
- Increasing the effectiveness and efficiency of the public sector hospital services at the district and sub-district levels

### The TNHSP is structured on the following themes:

- Child health
- Indigenous peoples
- Health system performance
- Population and reproductive health
- Injuries and non-communicable diseases
- The World Bank and TNHSP

In 2005, the World Bank approved the Tamil Nadu Health Systems Project for a total cost of Rs. 597.15 crores. The World Bank's involvement in the project has been extremely advantageous. It has helped in introducing new approaches in the way the health sector functions in the State. While the health system in Tamil Nadu has been fairly effective in providing basic health needs to its people, it is expected that the goals sought in the project will demonstrate the impact of cutting-edge reforms.

Among other goals, the TNHSP addresses two Millennium Development Goals (MDG), namely reducing child mortality and improving maternal health.

## SECTION A

2 x 10 = 20

### PAPER I - UNIT- III: General Aptitude & Mental Ability

Answer all the questions.

- 9.
- 10.

Answer all the questions. Answer not exceeding 250 words each

11. Write a detailed note on Family Planning in India, attitude of woman towards Family Planning and discuss the impact of Family Planning and Welfare Programmes.

இந்தியாவில் குடும்பக் கட்டுப்பாடு, குடும்ப கட்டுப்பாடு குறித்த பெண்ணின் அணுகுமுறை மற்றும் குடும்ப கட்டுப்பாடு மற்றும் நலத்திட்டங்களின் தாக்கம் பற்றி விவாதி

### Family Planning in India

India was the first country to evolve a government-backed family planning programme in the 1950s. Developing countries like Indonesia, Thailand and South Korea that followed suit have successfully stabilized their population growth but India, even after 70 years, is trailing behind. A separate Department of Family Planning was created in 1966 under the Union Ministry of Health. During the notorious emergency regime between 1975 and 1977, the government at the Centre implemented a forced sterilization programme against popular wishes and even used such harsh and coercive methods that today one is reluctant to talk of family planning to the populace. The programme is still criticized and is blamed for creating a public aversion to family planning, which hampered government programmes for decades.

In 1977, the government formulated a new population policy ruling out compulsion. The acceptance of the programme was made purely voluntary. The Family Planning Department was rechristened as the Family Welfare Department, and tasks beyond its competence embracing all aspects of family welfare, including improvement of women's educational level, were included in it. In its family planning awareness drive, the Government of India adopted the UNFP guideline of delaying the first child and spacing the subsequent birth (s).

The methods adopted in family planning are: sterilization, loop, pill, withdrawal, rhythm, sheath and diaphragm. The condom and the pill seem most popular among the high socio-economic groups, the withdrawal method and the condoms among the middle socio-economic groups and sterilization is preferred by people belonging to the low social strata. Opera-nous for family planning are not very popular among the socially well-placed, .is this group is exposed to other methods of birth control. A good number of women use more than one method, depending on the circumstances, availability and the mood of the moment.

### Attitudes Towards Family Planning

The attitude of a woman towards family planning is influenced by her education, age, income background, husband's occupation, and her (working) status among other factors. In terms of age, it has been found that the percentage of women approving family planning decreases as the age group increases. But, the acceptance is about two-third even among the older age groups. This clearly shows that the great majority of Indian women approve of family planning, irrespective of age.

The situation has now changed a lot. An analysis of 2011 Census data reveals that the slogan 'Hum do, hamare do' seems to finally come true, as the median household size in urban India is now less than four for the first time in history. According to data, 56 per cent of households in urban India have now four or less members. This is a marked change from the last census conducted in 2001 when the median household size in urban India was between four and five. However, in rural India, the median household size is between four and five, but closer to four than it has ever been. As many as 47.1 per cent of rural households now have four or less members, compared, to 40 per cent in 2001.

To predict the need of family planning methods, family planning managers often rely on unmet needs derived by measuring the contraceptive demand. However, woman's intention and her background knowledge family planning methods have not received as much attention as a measure family planning methods demand.

Education brings about a change in the attitude towards family planning. If a woman remains unexposed to family planning methods) she continues to be conservative and holds on to superstitious beliefs and fears.

Informal education also affects the practice of family planning methods. Many young women are in favour of family planning but do not know how to go about it. The illiteracy of the husband also acts as a barrier because they remain unconcerned about planning the family.

Since illiteracy is found more among the poorer section of our society, it is seen that women with low education in the lower strata are more reluctant to accept family planning methods. Their contention is that since they have no money to fall back upon, their only hope of survival is their children's income. An average poor Indian couple is not satisfied with less than two or three children.

The encouraging feature is that though the older generation is inclined towards passive helplessness, they want their daughters to have fewer children and adopt birth control methods. In the rural areas, it has been observed that a woman with six children now compels her married daughter to undergo an operation to stop childbirth after her third delivery. In the urban areas, especially with the breakdown of the joint family system, many women in nuclear families face difficulties in bringing up children. Servants are a problem and there is no help from the in-laws or one's own mother. Housing is often a problem and commodities are scarce. No wonder that urban women in the younger age group favour family planning methods which allow them to devote their attention to their careers. Though a large number of women approve of family planning, only half of them actually practise it. Women in the low and middle strata need to be more effectively covered by family planning methods than those who are economically better off.

### **Family Welfare Programme**

It is a centrally sponsored programme. For this, the states receive 100 percent assistance from Central Government. The current policy is to promote family planning on the basis of voluntary and informed acceptance with full community participation. The emphasis is on a two-child family. Also, the emphasis is on spacing methods along with terminal methods. The services are taken to every doorstep in order to motivate families to accept the small

family norm. A social policy with a new integrated approach to population stabilization has now been adopted. Following are the components of this new approach:

### **Target-free Programme**

A significant shift in the family planning programme is the introduction of a target-free programme from April 1996. Targets were a major obsession in the family planning programme in which village patwaris, school teachers and government functionaries had to achieve the minimum targets of sterilization and other measures. Postings, promotions and transfers of functionaries depended on the fulfilment of targets. A target-free approach is indeed a welcome change. Though, only time will show the extent to which the estimated 2.5 lakh personnel involved in family planning activities will succeed through the new package of reproductive and child health (RCH) without emphasizing on achieving the set targets.

### **Bottom-up Approach or Decentralized Participatory Planning**

Hitherto, planning was done at the top level and percolated down to the grassroots for implementation. Now, the programme is to be chalked out at the village level in consultation with health workers of sub-centre and PHC, i.e, male and female workers (ANMs), panchayat members and active individuals. Planning for the district will be the aggregation of PHC plans plus the requirements of district hospitals. These District Plans will together make the State Plan and the State Plans will be aggregated to prepare the National Plan.

### **State specific Reproductive and Child Health (RCH) Strategy**

Since states display a wide variation in health parameters, such as infant mortalities, maternal mortalities, birth rates, etc. a specific RCH approach has been worked out separately for three groups of states plus the special category states where considerable infrastructure input flows from state health system projects.

### **Integrated RCH Package**

It provides a minimum model framework for reproductive health services at different levels in the district, namely, sub-centre, PHC and district hospitals. These services are related to prevention and management of unwanted pregnancy, maternal care, services for the new-born and infants, and management of STDs.

### **Comprehensive Integrated Training**

Emphasis will be laid on the training of personnel to improve efficiency of interventions, interpersonal communication, and management. The responsibility of training would be that of a district. The central and the state governments will support the district in training of trainers, providing training material and periodic evaluation.

## **Increased Involvement of NGOs**

More NGOs will be involved in clinic-based interventions, in strengthening community participation in implementing project activities, and in the training of trainers for technical skills. Private rural medical practitioners, including those of indigenous systems of medicines will also be involved in the plans.

## **Independent Evaluation of Programme**

The programme will be monitored and evaluated for qualitative performance. Eighteen Population Resource Centres (PRCs) have been established which are at present engaged in working out formats for annual surveys. Eight regional teams have also been constituted by the government for cross-checking of activities.

## **Impact of Family Planning/Welfare Programmes**

India launched a nation-wide family planning programme in 1952, which was later expanded to cover maternal and child health, family welfare and nutrition. The efforts of the government in implementing the programme have significant impact. Various family welfare activities have gone a long way in enlightening the people about contraception and its merits.

The efforts of the government in implementing the Family Planning Programme in the country have significant impact as shown from the following:

1. Knowledge of contraception is nearly universal: 98 per cent of women and 99 per cent of men of age group. 15-49 know one or more methods of contraception.
2. Among the permanent modern family planning methods, female sterilization is the most popular. Over 97 per cent of women and 95 per am men know about female sterilization. Male sterilization, by contrast, is known only by 79 per cent of women and 87 per cent of men.
3. Ninety-three per cent of men know about condoms, compared with 74 per cent of women.
4. More than 80 per cent women and men know about contraceptive pills.
5. Knowledge of contraception is widespread even among adolescents: 94 per cent of young women and 96 per cent of young men have heard of a modern method of contraception.

Evidence from India's last census in 2011, confirmed by data from the national family health survey 2017 (NFHS-4), shows that fertility in India is fast approaching replacement levels. This means that couples will have children who will essentially replace their number, to stabilise population growth. The NFHS-4 shows that in the past decade, the average number of children per family has come down from 2.7 to 2.2. With replacement fertility being 2.1 children per woman, this is a good news for the land and the people.

12. What are the major issues involved in NGOs of India? What are the major amendments done in the FCRA act of 2020 related to foreign funding in NGOs in India? Explain.

இந்தியாவின் தன்னார்வ தொண்டு நிறுவனங்களுடன் தொடர்புடைய முக்கிய பிரச்சனைகள் யாவை? இந்தியாவில் தன்னார்வ தொண்டு நிறுவனங்களின் வெளிநாட்டு நிதி தொடர்பான 2020ஆம் ஆண்டு FCRA சட்டத்தில் செய்யப்பட்ட முக்கிய திருத்தங்கள் யாவை? விளக்குக

Recently, parliament proposed some amendments to the Foreign Currency Regulation Act (FCRA), 2010 with the aim to bring about transparency in the working of Non-Governmental Organisations (NGOs).

NGOs are non-profit making agencies that are constituted with a vision by a group of like-minded people, committed to the upliftment of poor, marginalized, unprivileged, underprivileged, impoverished, downtrodden and the needy. They are closer and accessible to the target groups, flexible in administration, quicker in decision making, timely in action and facilitating the people towards self-reliance ensuring their fullest participation in the whole process of development.

### Problems afflicting NGOs

- **Lacks of Funds** : Most of the NGOs in India are suffering from paucity of funds. Government does not give cent percent grants in aid or delays sanctions of grants for numerous programmes. NGOs have to make matching contributions which they are sometimes unable to manage and are, therefore, unable to avail themselves of the grants.
- **Inadequate Trained Personnel**: There is paucity of trained Personnel in NGOs who have a sense of dedication and commitment for social welfare.
- **Misuse of Funds**: There have been serious charges of misuse and misappropriation of funds received as grant-in-aid from government, foreign donors and raised through their own resources by most of the NGOs.
- **Money Laundering**: Corrupt or unscrupulous NGOs receive foreign funds and serve as conduits for money laundering.
- **Nonaccountable, Nontransparent Undemocratic functioning**: CBI records filed in the Supreme Court show that only 10% of the total registered NGOs under the Societies

### Registration Act file annual financial statements.

- **Inequality in Rural Areas**: NGOs are more developed in urban areas as compared to rural areas. The backwardness and ignorance of the rural people and lack of enthusiasm among social workers to work among them in the absence of availability of minimum comforts are two important reasons for backwardness of NGOs in rural areas.
- **Lack of Volunteerism/Social work among Youth**: The basic characteristic of NGO is volunteerism. The extent of volunteerism is declining day by day. Even the young graduates from social work are interested in making their career in professional sectors. This leads to lack of efficient volunteers in NGOs.

### Major Amendments in Foreign Contribution Regulation Act, 2020



- There is now a capping of the administrative expenses of NGOs at 20% of their foreign donations.
- The new amendment requires them to have a State Bank of India account at a Delhi Branch.
- It also prohibits the transfer of grants received under FCRA to any other outfit.
- It also gives sweeping powers to the Ministry of Home Affairs to cancel the FCRA certificate of an NGO.
- FCRA holders will be subject to inquiry at the end of every five years if they wish to renew their registration.
- Aadhar mandatory for all office bearers of NGOs and other organisations which are seeking foreign contributions.

To reduce the funding from the foreign sourcing the government can opt for grant funding and tighten the donation norms. It is important for NGOs to achieve and maintain a high degree of transparency in not just their work but also their finances. NGOs need to keep their income and expenditure open to public scrutiny. However, credibility of an NGO cannot be decided against the touchstone of the source of funds, native or foreign.

13. **What are the disadvantages of Illiteracy and discuss how to eradicate it from the society?**  
கல்வியறிவின்மையின் தீமைகள் யாவை மற்றும் அதை சமூகத்திலிருந்து எவ்வாறு ஒழிப்பது என்று விவாதிக்க.

#### Disadvantages of Illiteracy

Illiteracy generates hundreds of problems. Because of illiteracy, people do not know how to earn well and how to spend well. As a result, they can't come out of their poverty trap. Many do not have knowledge about food and nutrition, so they suffer from various kinds of diseases. In a word, illiteracy is the cause of the poor socio-economic condition, high mortality rate, low life expectancy, child labour and child marriage and high growth rate of population. Illiteracy frustrates all developmental programmes of the government. Again, in order to improve the poor condition of the illiterate people, the government has to spend a huge sum of money on different programmes. This affects other sectors and hinders the long-term development of the country. The population of a country is termed as its human resources. The educated and skilled manpower of a country is its great asset. But if the people are illiterate, they become a burden for the country. Illiterate people cannot contribute much to the social and economic development of the country.

1. Illiteracy is the main cause of poverty and vice versa.
2. One of the major cause of crimes is illiteracy: Due to illiteracy issue rates of crime are gradually increasing and health, productivity and growth of the country are gradually decreasing.
3. Most illiterate people are unaware of the benefits of maintaining cleanliness and hygiene.
4. Illiteracy leads to overpopulation, which in turn leads to financial and resource constraints.
5. People's superstition and negative attitude about education.
6. Illiterate people find it very difficult to secure a good job and earn a livelihood.

## How to Overcome Illiteracy

As illiteracy is the root cause of all evils, it should be the number one agenda of the government. Though government has taken various measures like making primary education free and compulsory, girl's education up to higher secondary level free and the highest allocation for education in our national budget, still the measures are inadequate. Government must ensure that the money is being utilized properly and effectively. Government need to set up more educational institutions, make reading materials cheap and available and guarantee employment after completing education. Private sectors, NGOs, academicians and patrons of learning should come forward to spread the light of education in every house. We also have to make people aware of the importance of education. Media can play a great role in this regard. Reducing poverty is the most effective way of removing illiteracy from society. Hence, government must work in coordination with others to fight poverty and increase literacy rate.

There is no single way of solving the problem of illiteracy. It has to be carried out in multiple steps and at various levels. Illiteracy can be eradicated from society in the following ways: (a) To eradicate illiteracy, the government must take necessary steps to eradicate poverty, (b) Right to Education Act ICDS (Anganwadi) Schemes, Sarva Siksha Abhiyan (SSA), Food Security to children (Mid-Day Meal) Schemes, all need to be integrated. Such a measure would involve a definition of a child as we use different age groups every time for different laws and schemes, (c) The solution lies in political will and installation of proper monitoring mechanisms, (d) We should make people aware of the Right to Education Act and how it entitles free education in government schools to every child below 14 years of age. (e) Big industries and companies that employ manual contract labourers could definitely make arrangements for the education of their employees' children, (f) Promote education in all local languages, (g) Improve the content and delivery mechanism, when we have less time we cannot expect conventional primary school content will work.

### 14. Explain the health care delivery system in India. (Nursing book)

இந்தியாவில் சுகாதார நலத்திட்டங்களை விவரி

#### Health Care Delivery System in India

India is a union of 29 states and 7 union territories. States are largely independent in matters relating to the delivery of health care to the people. Each state has developed its own system of health care delivery independent of the Central Government.

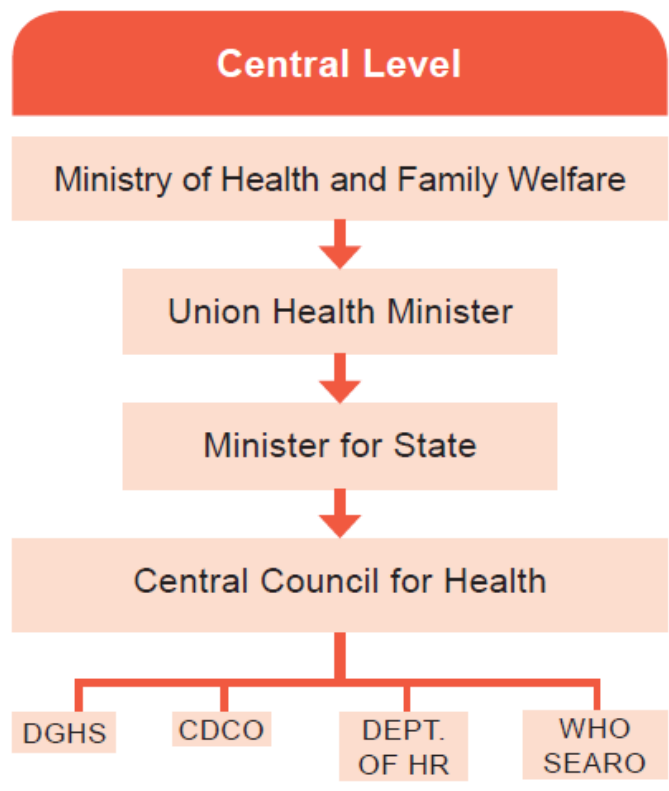
The Central Government responsibility consists mainly of policy making, planning, guiding, assisting, evaluating and coordinating the work of the State Health Ministries.

The health system in India has 3 main links

- A. Central
- B. State and
- C. Local or peripheral

## At the Central Level

The official “organs” of health system at national level are



DGHS - Director General of Health Services  
 CDCO - Central Drugs Control Organisation  
 HR - Health Research  
 WHO - World Health Organization  
 SEARO - South East Asia Regional Office

### I. Ministry of Health and Family Welfare

#### Functions

The functions of the Union Ministry of Health and Family Welfare are set out in the seventh schedule of Article 246 of the constitution of India under

1. Union list and
2. Concurrent list

#### 1. Union list

1. International health relations and administration of port quarantine.
2. Administration of Central Institutes such as All India Institute of Hygiene and Public Health, Kolkata.
3. Promotion of research through research centres

4. Regulation and development of medical, pharmaceutical, dental and nursing professions
5. Establishment and maintenance of drug standards
6. Census and collection and publication of other statistical data
7. Immigration and emigration
8. Regulation of labour in the working of mines and oil fields
9. Coordination with states and with other ministries for promotion of health

## **2. Concurrent list**

The functions listed under the concurrent list are the responsibility of both the union and state governments

1. Prevention and extension of communicable diseases
2. Prevention of adulteration of food stuffs
3. Control of drugs and poisons
4. Vital statistics
5. Labour welfare
6. Ports other than major
7. Economic and social planning
8. Population control and Family Planning

## **II. Directorate General of Health Services Functions**

1. International health relations and quarantine of all major ports in country and international airport
2. Control of drug standards
3. Maintain medical store depots
4. Administration of post graduate training programmes
5. Administration of certain medical colleges in India
6. Conducting medical research through Indian Council of Medical Research (ICMR)
7. Central Government Health Schemes.
8. Implementation of National Health Programmes
9. Preparation of health education material for creating health awareness through Central Health Education Bureau.
10. Collection, compilation, analysis, evaluation and dissemination of information through the Central Bureau of Health Intelligence
11. National Medical Library

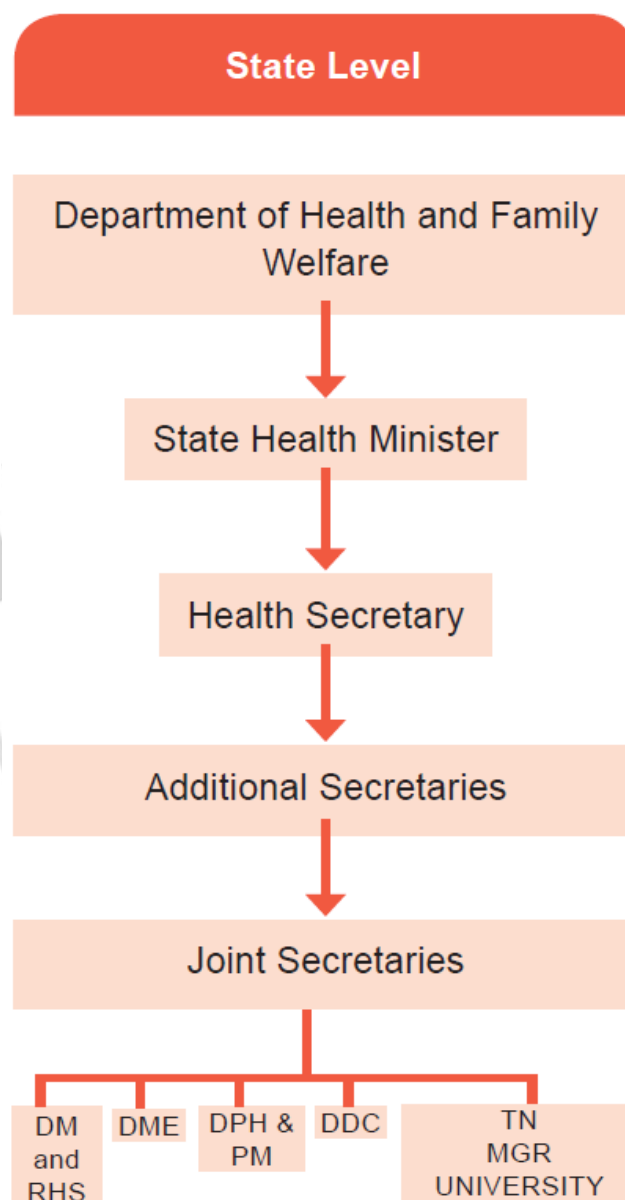
## **III. Central Council of Health Functions**

1. To consider and recommend broad outlines of policy with regard to matters concerning health like environment hygiene, nutrition and health education.
2. To make proposals for legislation relating to medical and public health matters.
3. To make recommendations to the Central Government regarding distribution of grants-in-aid.

- To establish any organization or organizations invested with appropriate functions for promoting and maintaining cooperation between the central and state health administration.

### At the State Level

The health subjects are divided into three groups: federal, concurrent and state. The state list is the responsibility of the state, including provision of medical care, preventive health services and pilgrimage within the state.



DM & RHS - Directorate of Medical and Health Services

DME - Directorate of Medical Education

DPH & PM - Directorate of Public Health and Preventive Medicine

DDC - Directorate of Drugs control

## State Health Administration

At present there are 29 states in India, each state having its own health administration. In all the states, the management sector comprises the state ministry of health and a directorate of health

### 1. Department of Health & Family Welfare

State Department of Health and Family Welfare headed by the state minister of Health and Family Welfare.

#### 1. State health Directorate

There are three separate major departments in Health and Family Welfare.

- The Directorate of medical and Rural Health Services, Directorate of Medical Education and Directorate of Public Health and preventive Medicine are the chief Technical directorates to the state government on all matters related to public health.
- There are other directorates such as Directorate of Health and Family Welfare, Directorate of Drugs control, Directorate of health Transport, Tamilnadu AIDS control society, State health mission etc.

#### At the District Level

There are 614 (year 2007) districts in India. Within each district, there are 6 types of administrative areas.

1. Sub-division
2. Thasils (Taluks)
3. Community Development Blocks
4. Municipalities and Corporations
5. Villages and
6. Panchayats

Most district in India are divided into two or more subdivision, each incharge of an Assistant Collector or Sub Collector. Each division is again divided into taluks, incharge of a Thasildhar. A taluk usually comprises between 200 to 600 villages. The community development block comprises approximately 100 villages and about 80000 to 1,20,000 population, in charge of a Block Development Officer. Finally, there are the village panchayats which are institutions of rural local self-government.

The urban areas of the district are organized into the following institutions of local self-government:

1. Town Area Committees (in areas with population ranging between 5,000 to 10,000)
2. Municipal Boards (in areas with population ranging between 10,000 and 2,00,000)
3. Corporations (with population above 2,00,000)

The Town Area Committees are like panchayats. They provide sanitary services. The Municipal Boards are headed by Chairman / President, elected by members.

The functions of Municipal Board & Corporations

1. Construction and maintenance of roads
2. Sanitation and drainage
3. Street lighting
4. Water supply
5. Maintenance of hospitals and dispensaries
6. Education and
7. Registration of births and deaths etc.

The Corporations are headed by Mayors, elected by councillors, who are elected from different wards of the city. The executive agency includes the commissioner, the secretary, the engineer and the health officer.

The activities are similar to those of municipalities on a much wider scale.

### **Panchayat Raj**

The Panchayat Raj is a 3-tier structure of rural local self-government in India linking the village to the district

The three institutions are:

1. Panchayat (at the village level)
2. Panchayat Samiti (at the block level)
3. Zila Parishad (at the district level)

#### **1) Panchayat (at the village level)**

The Panchayat Raj at the village level consists of

- The Gram Sabha
- The Gram Panchayat
- The Nyaya panchayat

The Gram Sabha considers proposals for taxation and elects members of the gram panchayat.

The Gram Panchayat covers the civic administration including sanitation and public health and work for the social and economic development of the village.

#### **2) Panchayat Samiti (at the block level):**

The Panchayat Samiti execute the community development programme in the block. The Block Development Officer and his staff give technical assistance and guidance in development work.

### 3) Zila Parishad (at the district level):

The Zila Parishad is primarily supervisory and coordinating body. This is the agency of rural local self-government at the district level. Its functions and powers vary from state to state.

#### 15. Discuss the challenges for creating Employment Opportunities for Indian Youth

இந்திய இளைஞர்களுக்கு வேலைவாய்ப்புகளை உருவாக்குவதில் உள்ள சவால்கள் பற்றி விவாதி

#### The challenges for creating employment opportunities for Indian youth:

There are challenges in terms of low levels of education and skill and high dropout rates and discontinuance of education impacting the employability of the Indian youth and heterogeneity in sectoral distribution of economic activity across regions.

The choice of low skills jobs is evident from most of the youth entering farm sector followed by construction and manufacturing at the entry level (15-17 years) and shifting to trade and repair/transport sector followed by construction and manufacturing in the later years (18-29), though agriculture remains a dominant sector.

Further, the unemployment rates have shown an increasing trend with rise in educational qualification at 18.4 per cent it is highest for those with Graduate and above level education and at 3 per cent lowest for those with up to primary level education.

One of the reasons for low employability of youth is perhaps preference by majority of youth (85 per cent) in the age cohort 15-29 for general stream of education with only about 12.6 per cent for technical/professional education and only 2.4 per cent pursuing vocational education.

There is also a need to increase formal employment, which presently constitutes about 8 per cent of the labour force.

This is suggestive of schools evolving as learning institutions where vocational skills are included in the school curriculum right from Class VI onwards to arrest the disinterest among students/youth towards formal school education and enable them to develop an interest in learning skills for employment.

The transition from school to work requires encouraging youth to choose technical or vocational education over general education and incentivizing the fees for acquiring vocational/technical education as most of these institutes are in the private sector and out of reach of youth from the low income category.

Emerging avenue for the Indian workforce which is expected to increase to 600 million by the year 2022:

As per the Annual Survey of Industries 2013-14 Coke, and Refined Petroleum Products, Basic Metals, Food Products and Motor vehicles, Trailers and Semi-trailers across states



contribute at least 80 per cent of gross value of output and more than 50 per cent of total industrial output is from capital intensive industries.

The overall job ecosystem in India, however, is witnessing changes. The growth of technology-based sectors are impacting availability of livelihood opportunities as new jobs are being created either replacing the existing or new jobs due to change in processes and technology.

The huge investments in infrastructure sectors such as Roads; Shipping; Smart Cities; Renewable Energy; Transport and Railways; Airports and Dedicated Freight Corridors are facilitating creation of jobs in the economy.

The Atal Innovation Mission; Focus on Women Entrepreneurship; Mudra; Start-up India and Stand Up India are impacting availability of jobs and livelihood opportunities for millions in the rural and urban sector even with low skills.

Besides these, sectors such as telecom; banking and financial services; healthcare; retail; automobile and tourism and hospitality sector also have the potential to generate employment.

This calls for an employment strategy focusing both on manufacturing and services led growth as suited to the demographic and educational/skill profile of the States/UTs addressing the three types of job deficits that India faces viz;

- (i) a deficit in the overall number of jobs
- (ii) a deficit in the number of formal jobs
- (iii) a deficit in the number of jobs for women

would be a better strategy to adopt.

Sectors that have the potential of creating maximum employment:

India has moved from agriculture led growth to service led growth even much before the technological revolution started impacting livelihoods. The services sector has adapted digital technology impacting a large pool of young labour force looking forward to job opportunities in the service sector.

Apart from skilling/re-skilling, the challenge that India faces in capitalizing upon its demographic advantage lies in the changes being brought to existing job descriptions as well as emergence of new job roles and skills in today's digital age commonly referred to as the Fourth Industrial Revolution.

Sectoral bifurcation of jobs may fade out in the years to come with the integration of digital technology in all job roles across sectors and the prospectus would be for IT integrated job roles.

Already, manufacturing has been restricted to core manufacturing with rest of the jobs being outsourced and therefore it has been transferred to the service sector.

Area of Big Data Analytics, Artificial Intelligence, Robotic Process Automation, Internet of Things, Cloud Computing and Virtual Reality, Block Chain and Electric Vehicles will create highly skilled and high paid jobs in the future.

However, for the large segment of poorly educated and low skilled labour force, opportunities lies in apparel; textile and leather; tourism and hospitality sector; construction as also in the tech-based entrepreneurship which has seen rapid growth both in rural and the urban areas.

Government initiatives like Start-up India; Mudra; Stand up India; Swachh Bharat are creating significant employment opportunities for low skilled workforce. Further, the sectors where government is investing hugely and policy interventions are promoting investments viz agriculture, infrastructure; auto motive; textiles and leather are throwing open new employment opportunities for the new entrant to the labour market as also to the existing labour through reskilling better employment opportunities.

Emphasising skills rather than mere degrees:

Labour markets in India are beset by a strange paradox wherein any job opening has vast number of applicants and yet, jobs requiring a medium of skills are difficult to fill.

The Skill requirements for modern manufacturing jobs are far more complex than those required for simple assembly operations.

In today's technology driven economy it is not easy to predict which occupations will grow and which will decline.

The key challenge that our education system faces is training potential workers in skills that are transferrable across occupations while simultaneously meeting needs of specific industries.

This can be addressed through two-pronged approach

- (i) Teaching skills that are transferrable across occupations; and
- (ii) Imparting specific skills required by particular industry/occupation combination as a part of industry specific apprenticeship programmes.

Through work-based learning, students acquire the skills that are valued in workplace.

Work-based learning is also a way to develop public-private partnerships and to allow social partners and employers to get involved in the development of VET programmes, often including the definition of curricular frameworks.

There is an urgent need to align the National Education Policy with the National Skill Development Policy and alignment of vocational courses in schools with the National Skills Qualifications Framework (NSQF). The Atal Tinkering Labs are encouraging students develop the habit of innovative thinking and obtain transferable practical skills. There is need for each school to have a counsellor and provision for aptitude testing. There is also an

urgent need to link the short term training programmes with the National Apprenticeship Program to ensure that students have hands on training for better employability and as per local requirements.

Need to change mind-sets in order to create employment and foster the spirit of entrepreneurship:

The government of India has taken a large number of initiatives since 2014 which are changing the mindset of people to foster the spirit of entrepreneurship.

The earlier challenges in terms of access to credit, market linkages, space and network and mentors are being made available through programmes like Start-up India; Ease of Doing Business; Stand Up India, MUDRA and Atal Innovation Mission.

**16. List out the major challenges of Urbanization in India and what are the steps taken by the Government to improve urban development. (RA)**

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### India's Urban Challenges

Urbanization is an integral part of the process of economic growth. As most countries, India's towns and cities make a major contribution to the country's economy. With less than one-third of India's people, its urban areas generate over two-third of the country's GDP and account for 90 per cent of government revenues. Urbanization in India has expanded rapidly as increasing numbers of people migrate to towns and cities in search of economic opportunity. Slums now account for one-fourth of all urban housing. Meeting the needs of India's soaring urban populations is and will, therefore, continue to be a strategic policy matter. Critical issues that need be addressed include poor local governance, weak finances, inappropriate planning, critical infrastructure and a rapidly deteriorating environment.

The rapid rise in urban population, in India, is leading to many problems India's urban growth rate is 2.07 per cent which seems to be significant. This has greatly caused slum problems, with so many people overcrowding cities and forcing people to live in unsafe conditions which also includes illegal buildings. Water lines, roads, and electricity are lacking which is causing a fall in living standards. It is also adding to the problem of all types of pollution.

Urbanization also results in a disparity in the market, owing to the large demands of the growing population and the primary sector struggling to cope with them.

Urbanization since independence has been focussed through respective five-year plans. The Eleventh Plan (2007-2012) introduced some innovative changes through capacity building, increasing the efficiency and productivity of the cities, dismantling the monopoly of the public sector over urban infrastructure, using technology as a tool for rapid urbanization.

The 2011 Census was the first one that collected data on people living in slums that have become commonplace in a rapidly urbanizing India. It found that around one out of every six households in urban India (17.4%) is in a slum and that well over one-third of all slum households in the country (38%) are in cities with a population in excess of a million.

## Planning

1. Many urban governments lack a modern planning framework.
2. The multiplicity of local bodies obstructs efficient planning and land use.
3. Rigid master plans and restrictive zoning regulations limit the land available for building, constricting cities' abilities to grow in accordance with changing needs.

## Housing

1. Building regulations that limit urban density - such as floor space indexes - reduce the number of houses available, thereby pushing up property prices.
2. Poor access to microfinance and mortgage finance, limit the ability of low-income groups to buy or improve their homes. Policy, planning, and regulation deficiencies lead to a proliferation of slums.
3. Weak finances of urban local bodies and service providers leave them unable to expand the trunk infrastructure that housing developers need to develop new sites.

## Service Delivery

1. Most services are delivered by city governments with unclear lines of accountability.
2. There is a strong bias towards adding physical infrastructure rather than providing financially and environmentally sustainable services.
3. Service providers are unable to recover operations and maintenance costs and depend on government for finance.
4. Independent regulatory authorities that set tariffs, decide on subsidies and enforce service quality are generally absent.

## Infrastructure

1. Most urban bodies do not generate the revenues needed to renew infrastructure, nor do they have the credit-worthiness to access capital markets for funds.
2. Urban transport planning needs to be more holistic - there is a focus on moving vehicles rather than meeting the needs of the large numbers of people who walk or ride bicycles in India's towns and cities.

## Environment

The deteriorating urban environment is taking a toll on people's health and productivity and diminishing their quality of life.

### Steps Taken by the Government to Improve Urban Development

The Constitution (74th Amendment) Act came into effect in 1993, emphasizes to strengthen urban planning, regulation of land use, roads and bridges and providing urban amenities.

### National Urban Transport Policy, 2006

Its main purpose is to provide affordable, comfortable, safe, rapid, reliable and sustainable urban transport system for the growing number of city residents commuting for jobs, education and recreation and other such needs within city limits.

Encouraging integrated land use and transport planning in all cities so that travel distances minimized and access to livelihoods, education, and other social needs, especially for the marginal segments of the urban population is improved.

### **Continuous Improvements in Design and Management**

1. Climate-oriented development,
2. Mass transit-oriented development,
3. People-centric technological applications,
4. Planning can be bottom up for future urbanization,
5. Smart PDS rationing, and
6. Social inclusive and economically diverse.

### **India's Seven Mission Programme**

With the rapid rise of urbanization in India, the Seven Mission Program was founded, which aims to fund cities to achieve intended milestones. The Seven Mission Programme includes the following plans:

1. 100 Smart Cities Mission
2. AMRUT (Atal Mission for Rejuvenation and Urban Transformation)
3. HRIDAY (National Heritage City Development and Augmentation Yojana)
4. Sardar Patel National Urban Housing Mission
5. National Mission on Sustainable Habitat
6. Clean India Mission
7. National Urban Information System.

Each of these intervention has its specific mandate, objectives and targets. Yet the outcomes of one are directly linked to the progress of other ensuring comprehensive approach to development.

### **Swachh Bharat Mission**

Swachh Bharat Mission was launched on 2 October 2014 with the objectives of eliminating open defecation, eradicating manual scavenging, promoting scientific processing of municipal solid waste, and bringing behavioural change about sanitation practices. The Swachh Bharat Mission aims to cover all rural and urban areas. The urban component of the mission is being implemented by the ministry of urban development and the rural component by the ministry of drinking water and sanitation. Clean urban areas will attract tourists and can increase the economic diversity of the urban dwellers and it will be also source for revenue generation for Urban Local Bodies (ULB).

### **Smart Cities Mission**

The Smart Cities Mission was launched on 25 June 2015. The government has planned to develop 100 smart cities in India in a phased manner. Union Budget 2018-19 allocated ₹ 2.04 lakh crores, covering 99 cities. The objective of Smart Cities Mission is to promote cities that provide core infrastructure and give decent quality of life to its citizens, a clean and sustainable environment and inclusive development. Area-based development will

transform existing areas, including slums, into better planned ones, thereby improving liability of the whole city. The core infrastructure elements in a smart city would include:

1. adequate water supply,
2. assured electricity supply,
3. sanitation, including solid waste management,
4. efficient urban mobility and public transport,
5. affordable housing, especially for the poor,
6. robust IT connectivity and digitalization,
7. good governance, especially e-Governance and citizen participation,
8. sustainable environment,
9. safety and security of citizens, particularly women, children and the elderly, and
10. health and education.

### **Trends Supporting Urbanization in India**

1. Private cities are now expanding due to the support of private companies. Private developers are building private housing projects that will exponentially grow in the years to come.
2. The Delhi-Mumbai Corridor is an infrastructure programme set to develop 'smart cities' and combine next-generation technology with infrastructural development.
3. The transport and logistics sector of India underlines the importance of interconnecting the different modes of transportation: road, rail, sea and air. An efficient multi-modal system is relevant in the development and successful growth of the infrastructural systems.
4. Special Economic Zones dot the landscape of India. Each of these zones is focussed on a particular sector such as IT, apparel and fashion, or petroleum and petrochemical industries.
5. Industrial townships are built to house employees close to the factories and manufacturing plants at which they work. After the success of the pioneering industrial township, Tata's steel town, the government is planning on developing more like it.
6. India's expected economic growth opens up expansion prospects for Indian airports. Domestic and international passengers are inevitably predicted to double in number in the years to come.

### **17. Write a detailed note on the Government initiatives towards sanitation**

சகாதாரத்திற்கான அரசின் முன்முயற்சிகள் பற்றி விரிவாக எழுதுக

In the post-independence phase, health and sanitation aspects were part of the five-year plans. In 1954, the rural sanitation programme in India was introduced as a part of the First Five Year Plan. However, these provisions did not result in improving sanitation conditions across the country. No separate funds were allocated for construction and repair of toilets, thus sanitation facilities remain a cause of worry across the country. The 1981 Census revealed rural sanitation coverage was only around 1 percent. The lack of sanitation had been a leading cause of diarrhoea among children (under five year) resulting in stunting among children and also resulted in several preventable child deaths. Sanitation is also a critical aspect for ensuring safety and dignity for women.

In 1986 a programme - Central Rural Sanitation Programme (CRSP) which solely focussed on sanitation was introduced. The first nationwide centrally sponsored programme aimed to provide safe sanitation in rural areas. Since the programme didn't address the question of Open Defecation, it did not provide desired results. In 1999, Total Sanitation Campaign (TSC) with a vision to eradicate open defecation by 2017 was launched. This was followed by the launch of Nirmal Gram Puraskar, Sampoorna Swachata Andolana Scheme and other initiatives to strengthen the TSC.

In 2006, TSC was merged with Indira Awas Yojana (IAY), then a flagship scheme under the Ministry of Rural Development which addressed rural housing needs by giving financial assistance for the construction of dwelling units for Below Poverty Line (BPL) families. The convergence allowed the use of funds for the construction of sanitary toilets in IAY houses. Toilets were constructed in large numbers, but the quality of construction remained a concern and there was no focus on changing behaviour at the ground level in promotion of usage of toilets. Many households who had started using toilets slipped back to defecating in the open.

In 2012, the centre launched Nirmal Bharat Abhiyan (NBA), with an aim to provide 100 percent access to toilets in rural households by 2022. NBA was launched in convergence with Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). NBA was an update of TSC with renewed strategies and modified guidelines and objectives to accelerate sanitation coverage in the rural areas

In 2014, Prime Minister Shri Narendra Modi led government revamped the NBA into Swachh Bharat Mission (SBM) and introduced two sub-missions -Swachh Bharat Mission {Gramin} and Swachh Bharat Mission (Urban). While the prime focus of the NBA was to improve the sanitation conditions in the rural regions of the country, SBM took urban areas under its ambit through construction of public toilets across cities and towns. Under SBM, the subsidy provided by the government for the construction of Individual Household Latrine (IHHL) was increased from Rs. 10,000 to Rs. 12,000.

The SBM was approved on September 24, 2014, and took effect from October 2, 2014. The goal was to achieve clean and Open Defecation Free (ODF) India by the 150th birth anniversary of Mahatma Gandhi on October 2, 2019. To make India ODF, the target was set to construct 67 lakh individual household toilets and 5 lakh community toilets in urban areas. For the rural areas, where the sanitation coverage was mere 38.70 percent at the time of launch of SBM, the aim was to bring it to 100 percent.

"A clean India would be the best tribute India could pay to Mahatma Gandhi on his 150th birth anniversary in 2019," said Shri Narendra Modi after launching the Swachh Bharat Mission at Rajpath in New Delhi on 2nd October 2014. While leading the mass movement for cleanliness, the Prime Minister exhorted people to fulfil Mahatma Gandhi's dream of a clean and hygienic India.

The main objectives of SBM(G) are:

- Bring about an improvement in the general quality of life in the rural areas, by promoting cleanliness, hygiene and eliminating open defecation

- Accelerate sanitation coverage in rural areas
- Motivate communities and Panchayati Raj Institutions to adopt sustainable sanitation practices and facilities through awareness creation and health education
- Encourage cost effective technologies for ecologically safe and sustainable sanitation
- Develop community managed sanitation systems focusing on scientific solid and liquid waste management systems for overall cleanliness in the rural areas
- Create significant positive impact on gender and promote social inclusion by improving sanitation especially in marginalised communities

For ensuring effective planning and implementation of SBM(G), a district was taken up as the base unit of intervention, with the goal of creating ODF Gram Panchayats. The District Collectors, Magistrates, CEOs of Zilla Panchayats were designated to lead the Mission, so as to facilitate district-wide planning of SBM for ensuring optimum utilisation of resources. The preparation of District Swachhta Plan (DSP) was the key aspect of SBM which outlined the scope of working to be taken up in a specific district for making it ODF in a time bound manner through ensuring behavior change initiatives.

Swachh Bharat Abhiyan Gramin was implemented with the aim of making rural areas in India open defecation free. There were several other activities which were implemented as a part of SBM. These programmes were broadly categorised into inter-ministerial and sectoral collaborations.

Some of the activities taken up through inter-ministerial collaboration are:

### **Namami Gange**

The focus of the programme was to make villages near Ganga open defecation free and the handling in solid and liquid waste management implemented across 4000 villages located on the bank of Ganges in Utrakhand, Jharkhand, Uttar Pradesh and West Bengal.

### **Swachh Swasth Sarvatra**

A joint initiative by Ministry of Drinking Water and Sanitation (MOWS) and the Ministry of Health and Family Welfare, the main objective was to strengthen community health centres in 708 open defecation-free blocks around the country and to empower them to attain higher levels of cleanliness and hygiene.

### **Rashtriya Swachhata Kendra**

The objective was to monitor the progress of the Prime Minister's Swachh Bharat Abhiyan programme. Rashtriya Swachhata Kendra was established by MOWS at Gandhi Smriti and Darshan Samiti, New Delhi.

### **Swachhata at Petrol Pumps**

An initiative of the Ministry of Petroleum and Natural Gas, the focus was to create facilities for a clean basic toilet for promoting cleanliness and hygiene at all the petrol pumps.



## **Rashtriya Swachhata Kendra**

Established by MDWS at Gandhi Smriti and Darshan Samiti, Rajghat, the key function was to monitor the progress of the SBM.

## **Swachh Bharat App and Web Portal**

The objective behind the mobile application and web portal ([www.swachhataactionplan.com](http://www.swachhataactionplan.com)) was to monitor coordination between 76 departments or ministries by MDWS, Committee of Secretaries, Cabinet Secretary and the Prime Minister's Office.

Source: [https://swachhbharatmission.gov.in/SBMCMS/writereaddata/Portal/Images/pdf/SBMG^Report\\_Card.pdf](https://swachhbharatmission.gov.in/SBMCMS/writereaddata/Portal/Images/pdf/SBMG^Report_Card.pdf)

Since the implementation of SBM, the rural sanitation coverage has increased significantly, from 39 percent in October 2014 to 100 percent in September 2019. Over 10 million household toilets were constructed under the SBM. Thirty-five States & Union Territories, 699 districts, and 599,963 villages have declared themselves as free from open defecation. The Mission, with its exclusive focus on Behaviour Change Communication, women's engagement and social inclusion has turned out to be an overwhelming success.

Addressing 20,000 Swachhagrahis and Sarpanches assembled from all over the country at a public event at the Sabarmati Riverfront in Ahmedabad on October 2nd 2019, the Prime Minister said 'the number of people practicing open defecation in India has gone down from 600 million in 2014, to negligible today, through an intensive behaviour change programme under the SBM'. He said that by alleviating 60 percent of the world's share of people defecating in the open, India has significantly contributed to the global achievement of Sustainable Development Goals (SDG) 6.

**OR**

## **Government's Initiatives towards Sanitation**

The major initiatives launched by the Government are Swachh Bharat Mission (SBM) in 2014, Jal Shakti Abhiyan (JSA) and curbing single-use plastics in 2019.

This aimed at providing basic sanitation to all Indians, ensuring piped water supply to all rural households and combating pollution, respectively.

A recent report by the Toilet Board Coalition estimated the sanitation market opportunity in India alone to be at US\$ 32 billion in 2017 and doubling to US\$ 62 billion by 2021.

It will help in improving the quality of life and ease of living of the citizens. This sector holds immense potential in terms of generating large number of new job opportunities for our youth.

India's success in this sector would help in achieving the global Sustainable Development Goal (SDG) of providing access to adequate and equitable sanitation and hygiene for all and ending open defecation by 2030 (SDG 6; Target 6.2).

It will also improve the quality of lives of Indians apart from achieving numerous Sustainable Development Goals. "Clean India" is essentially a component of government's vision of building a 'New India', with an ambition of achieving "Sankalp Se Siddhi".

### **Government's Initiatives towards Sanitation**

The first building block of having a 'New India' by 2022 is the pledge towards a 'Clean India' which will be achieved with the help of three major schemes.

The first major initiative towards sanitation was the Swachh Bharat Mission (SBM) with an aim to accelerate sanitation coverage to achieve an Open Defecation Free (ODF) and Clean India by 2 October 2019.

When the mission was launched, there were only 38.7% of the total household in the country which had toilets. India had the largest population in the world with open defecation.

Under Swachh Bharat Mission (Gramin), 16 cr toilets have been built till now and 5.5 lakh villages have been made Open Defecation Free. This is a whopping jump of 61.1% from 2014 to 2019 with respect to toilet and latrine coverage in India.

5 lakh community toilets were also constructed and 100% door to door solid municipal waste collection was also ensured.

A new Ministry of Jal Shakti was created in May 2019 by reorganizing the existing ministries and departments. Government launched Jal Jeevan Mission (JJM) to bring piped-water supply to all households (Har Ghar Jal) by 2024.

Like the SBM, the JJM mission target is quite ambitious and challenging given the fact that of the 18 crore rural households, only 3 crore rural households have piped drinking water. The JJM will further boost the sanitation economy and generate new employment in the country.

Government's initiative to curb single-use plastics from 2 October, 2019 will help in significant reduction in littering as about 14 million tonnes of plastic are used annually in the country.

This will not only scale up the ongoing sanitation movement significantly but will also help in combating land and water pollution and improving health of our citizens.

SBM stands out with women being at the centre of all interventions and also leading the march in many cases and reclaiming dignity and empowerment in the process. Women in rural hinterland not only ventured out for discussing sanitation and convincing rest of the folks, they moved a step ahead by staking claim in men-dominated masonry work.

They took up the name of 'Rani Mistris' by constructing toilets, now affectionately called 'Izzat Ghar' or Dignity Home in many parts of the country.

Children and youth volunteered in a big way by inculcating Swachhata in behaviour and volunteered for Swachhata Shramdaan in mobilisation campaigns. School children have been the visible change agents at many places with their demands cries of "Mujhe Shauchalay Chahiye" triggering a sense of urgency among parents and school management alike.

The success story of Swachh Bharat Mission is not complete without underline mention of the Information Education and Communication (IEC) interventions which constituted the heart of the programme. About 4.5 lakhs swachhagrahis led the inter-personal communication across household in the village holding forth the community -level narratives on sanitation and the needs for Swachhata.

Mass media campaigns like Darwaza Band and Shaucha Singh captured the imagination and thought process of the common people. Campaigns like 'Swachhata Hi Seva', 'Satyagraha se Swachhagraha', 'Chalo Champaran' and 'Swachh Shakti' Stand out as great examples of social mobilisation for the cause of sanitations.

### **Economic Benefits From Swachh Bharat Mission**

A WHO 2018 study had estimated that over 3 lakh lives will be saved by 2019 when India turn ODF. The Bill and Melinda Gates Foundation in a study conducted in 2017 reported that non -ODF areas have around 44% higher cases of diarrhea among children.

IMF 2017-18 Gender Equality study indicated approximately 10% reduction in time spent by women in household and child care and 1.5% increase in women participation in the workforce.

### **18. What is meant by the "Sex Ratio"? What are some of the implications of declining "Sex Ratio"? Do you feel that parents still prepare to have sons rather than daughters?**

பாலின விகிதம் என்றால் என்ன? பாலின விகிதம் குறைவதனால் ஏற்படும் தாக்கங்கள் யாவை? இன்றும் பெற்றோர்கள் பெண் குழந்தைகளைவிட ஆண் குழந்தைகளை பெறுவதையே விரும்புகின்றனரா?

- This ratio is an important indicator of gender balance in population.
- Historically there were more females than males in most countries of the world. This phenomena occurred due to two reasons:
  - i. Girl babies enjoy better immune system and resistant to diseases in comparison of male child.
  - ii. Females live longer than males in most of the societies.
- The ratio between female babies and male babies is roughly 1050 female to 1000 male.

- In India sex ratio is declining significantly and continuously for more than a century. From 972 female per thousand males at the turn of 20th century the sex ratio declined to 933 at the turn of 21st century.
- The state level child sex ratio is alarming. As many as 6 states and union territories have a child sex ratio as low child sex ratio of 793. The highest child sex ratio of 986 is found in Sikkim.

Sex ratio seems to be declining in countries like India, China and South Korea.

In India, parents still prefer male child. This is basically due to social and cultural reasons. Being agricultural society, the village population preferred male child to look after the land. The reason of preference of male child is definitely not linked with economic reasons. The states like Punjab, Haryana, Delhi, Chandigarh and Maharashtra are most prosperous states of India and should have highest child sex ratio, but things are just different.

The census of 2001 reveals that these are states with the lowest sex ratios i.e., 950 female babies per 1000 male babies. This data is a reliable evidence that selective abortion in these states is not due to poverty, ignorance or lack of resource. Predisposing factors for low child sex ratio in India:

- **Religious or Cultural Beliefs:** Belief that only son is entitled to perform funeral and related rituals of his parents. Only son is the waaris of family.
- **Economic Reasons:** The main occupation of Indian society is agriculture. Villagers have a thinking that landed property cannot be given to girls because after marriage they will go to another village, town or city. Neither girl child can get her share of load nor she can take care of the land.
- **Lack of Awareness:** People in Indian society having ignorant conservation attitude are still not ready to give equal status to daughter because they think that during old age they will be dependent on the son. Only he will share food, house, customs and responsibilities.
- **Implications of child sex ratio:** Low child sex ratio, if continues, will have serious implications on our social network, particularly the Institution of marriage. It will also cause severe law and order problem related to women.

**SECTION - B**  
**PAPER I - UNIT- III: General Aptitude & Mental Ability**

**2 x 15 = 30**

**Answer all the questions.**

- 19.
- 20.