Supreme Court Extends NALSA Scheme To Minors

Syllabus: Welfare schemes for vulnerable sections of the population by the Centre and States

In News

- Supreme court has extended the National Legal Services Authority’s (NALSA) compensation scheme for women rape & sexual assault survivors to minor children.
- The NALSA scheme would be made applicable to minor victims from October 2 until the Centre frames compensation guidelines under the Protection of Children from Sexual Offences (POCSO) Act.
- The scheme provides a uniform payment of Rs. 5 lakh to a maximum Rs. 10 lakh for “loss of life” and to gang rape survivors in any part of the country. Similar provisions with varying compensations also exist for victims of victims of acid attack.

NALSA

- NALSA was formed in 1995 under the authority of the Legal Services Authorities Act 1987.
- It’s mandate is to provide free legal services to the weaker sections, to organize Lok Adalats for amicable settlement of disputes and to spread legal literacy.
- The Chief Justice of India is patron-in-chief of NALSA while second senior most judge of Supreme Court of India is the Executive-Chairman.

Swadhar Scheme

Syllabus: Welfare schemes for vulnerable sections of the population by the Centre and States

In News

- The Union Minister for Women & Child Development inaugurated the widows’ home ‘Krishna Kutir’ at Vrindavan, Mathura, Uttar Pradesh. It is a special home for 1000 widows set up under Swadhar scheme.
- It was launched in 2002 by Union Ministry of Women and Child Development with the objective of Rehabilitation of women in difficult circumstances.
- The scheme provides shelter, food, clothing and care to the marginalized women in need. There are more than 300 Swadhar Homes across the country under the scheme.
- Under it, funds are released to the implementing agencies (which are mainly NGOs).
- Beneficiaries are Widows deserted by their families and relatives; survivors of natural disasters; prisoners released from jail and without family support and victims of terrorist/extremist violence etc.

Swayangsiddha Initiative

Syllabus: Welfare schemes for vulnerable sections of the population by the Centre and States

In News
In an attempt to combat human trafficking, the West Bengal government has rolled out a scheme, Swayangvidha, in different districts of the State.

Swayangvidha, which means self-reliance, will be executed by the West Bengal Police.

It is based on the two-pronged strategy — awareness building at the grassroots level and encouraging youth and student-led action against traffickers and child marriage in villages, including the most remote ones.

As per NCRB data, West Bengal has highest recorded case of trafficking among the States.

**Sexual Assault Evidence Collection Kits (SAECK)**

Syllabus: Mechanisms, laws, institutions and Bodies constituted for the protection and betterment of these vulnerable sections

**In News**

- Police stations in India will be soon distributed “Sexual Assault Evidence Collection Kits (SAECK)” to carry out immediate investigation into sexual assault cases.
- **SAECK** or ‘rape investigation kits’ are designed to carry out immediate medico-legal investigation and aid in furnishing evidence in sexual assault cases.
- Using these, police can collect blood and semen samples, besides other evidence, to carry out immediate investigation into sexual assault cases.
- The Home Ministry, as part of a pilot project, will initially procure 3,960 rape investigation kits and 100 such kits will be given to each State and U.T.

**Welfare Committees Can’t Evaluate Dowry Complaints**

Syllabus: Mechanisms, laws, institutions and Bodies constituted for the protection and betterment of these vulnerable sections

**In News**

The Supreme Court scrapped its earlier direction to set up district-level family welfare committees (FWCs) to look into dowry harassment complaints before making arrests.

**Earlier order**

- There is a growing concern that most dowry harassment cases filed under Section 498A of IPC are false and are filed to harass the husband and his family.
- According to NCRB, in 2013, out of 4.66 lakh dowry harassment cases 38,165 cases ended up in acquittal and only 7,258 convictions.
- In this background, in 2017, the Supreme court ordered to setup family welfare committees in the districts. The FWCs were to be drawn from para-legal volunteers, social workers, wives of working officers or other willing citizens.
- Every complaint under Section 498A was to be looked into by the FWC and no arrests could be made till the report of the committee was received. The police could register an FIR only after the committee cleared the complaint as valid.
The directive was criticized for curtailing the rights of the women who are harassed under Section 498A of the IPC.

**Current Judgement**

- Supreme Court has restored to the police their power to immediately register an FIR and act on a dowry harassment complaint filed by a married woman.
- However, the officers investigating the cases of offences under Section 498A IPC should be imparted rigorous training w.r.t. so as to avoid arresting the innocents.
- The bench found the earlier order ventured into the legislative domain.

**Portals to Strengthen Women Safety Launched**

*Syllabus: Mechanisms, laws, institutions and Bodies constituted for the protection and betterment of these vulnerable sections*

**In News**

- Union Home Minister launched two separate portals – CCPWC and NDSO – to strengthen Women & Children Safety.
- The portal “cybercrime.gov.in” will help in checking objectionable online content.
- The portal will receive complaints from citizens on objectionable online content (related to child pornography, sexually explicit material such as rape and gang rape) to assist in the investigation by the State Police.
- The National Crime Records Bureau (NCRB) will proactively identify such objectionable content and take up with intermediaries for its removal. For this NCRB has already been notified as the Government of India agency to issue notices under Section 79(3)b of IT Act.
- The portal is user friendly as it enables complainants in reporting cases without disclosing their identity.

**National Database on Sexual Offenders (NDSO)**

- It is a central database of “sexual offenders” in the country which will assist in effectively tracking and investigating cases of sexual offences.
- It will be maintained by the National Crime Records Bureau (NCRB) and is accessible only to the law enforcement agencies (like state police) for investigation and monitoring purpose.
- The database will include offenders convicted under charges of rape, gang rape, POCSO and eve teasing. At present the database contains 4.4 lakh entries and the State Police have been requested to update the database from 2005 onwards.
- The database includes name, address, photograph and fingerprint details for each entry without compromising any individual’s privacy.
- The data will be stored for (a) 15 years for those posing low danger, (b) 25 years for those posing moderate danger and (c) lifetime for habitual offenders involved in violent crimes like gang-rapes.
- U.S., U.K., Canada, Australia, South Africa and Trinidad & Tobago are some of the other countries having similar databases.
Talaq-E-Biddat

Syllabus: Mechanisms, laws, institutions and Bodies constituted for the protection and betterment of these vulnerable sections

In News

- Union Cabinet approved an ordinance making talaq-e-biddat or instant triple talaq a punishable offence with a maximum three-year jail term.
- According to government, there was a compelling necessity to bring the ordinance as the practice continued unabated in spite of the Supreme Court having annulled it in August 2017 and the Lok Sabha having passed a Bill that is pending in the Rajya Sabha.
- 201 cases had been reported from across the country after the Supreme Court banned triple talaq last year. Since January 2017, 430 cases had been reported until September 13, 2018.

For details, please read Triple Talaq Bill discussed in CA of August 2018.

Live-in Couples Can Adopt Children

Syllabus: Mechanisms, laws, institutions and Bodies constituted for the protection and betterment of these vulnerable sections

In News

- The Child Adoption Regulatory Authority (CARA), has allowed individuals in a live-in relationship to once again adopt children from and within India.
- In May 2018, CARA issued a circular barring applicant in a live-in relationship from adopting a child on the ground that a live-in relationship cannot be considered as stable family.
- However, now it has decided to withdraw the circular and applications from prospective adoptive parents will be examined on a case-by-case basis.

Child Adoption Regulatory Authority (CARA)

- CARA is the nodal body for adoption of Indian children. It regulates in-country and inter-country adoptions (in accordance with the provisions of The Hague Convention on Inter-Country Adoption, 1993)
- It is an autonomous body of the Union Ministry of Women and Child Development.

Inter-Generational Mobility

Syllabus: Mechanisms, laws, institutions and Bodies constituted for the protection and betterment of these vulnerable sections

In News

- According to a new study on the Inter-Generational Mobility in India, Muslims are now the least upwardly mobile group in India.
- The study has been authored by Sam Asher (World Bank), Paul Novosad (Dartmouth College) and Charlie Rafkin (MIT).
- It analyses data from the India Human Development Survey (for education distribution) and the Socio-economic and Caste Census (geographic).
Key Findings on Inter-Generational Mobility

- **Geographical variation:**
  - Upward mobility is consistently highest in Tamil Nadu and Kerala and also noticeably high in the hilly states of the North.
  - Bihar and the Northeast are among the lowest mobility parts of India.

- **Community Variation:**
  - Muslims are now the least upwardly mobile group in India.
  - Schedule Castes (SCs) born in the bottom half of the parent distribution in the 1950s could expect to obtain between the 30th and 34th percentile; the comparable group in the 1980s obtains the 38th percentile.
  - Upward mobility for STs rises from 25-29 to 32 over the same period.

- Also, a child’s chances of moving up on education ranks, relative to his/her parents are basically unchanged since before liberalisation.

Section 377 Struck Down

*Syllabus: Mechanisms, laws, institutions and Bodies constituted for the protection and betterment of these vulnerable sections*

In News

- The Supreme Court, in *Navtej Johar vs Union of India*, has decriminalised same sex relations between consenting adults in private under Section 377.

- The court, however, held that the “unnatural” sexual acts like bestiality and sexual act without consent continues to be a crime under Section 377.

- Section 377 of IPC defines unnatural sexual offences. According to it, “Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal, shall be imprisoned and shall also be liable to fine.

Background

- The Delhi High Court, in *Naz Foundation (2009)*, pronounced the decriminalisation of sex between consenting adults in private.

- However, the Supreme Court in *Suresh Kumar Koushal vs Naz Foundation (2013)* overruled the Delhi HC verdict. The judges said changing social mores couldn’t be grounds for the courts to try and amend laws and best be left to Parliament.

- In the intervening years, two landmark judgments took forward the law on sexual orientation and privacy and formed the jurisprudential basis for the latest judgment.

- In *National Legal Services Authority (2014)*, a case concerning rights of transgender people, the court ruled that there could be no discrimination on the basis of sexual orientation & gender identity.

- In *Justice K.S. Puttaswamy (2017)*, or the privacy case, a nine-judge Bench ruled that sexual orientation is a facet of privacy, and constitutionally protected.

Court’s Observations
• The LGBT communities possess the same human, fundamental and constitutional rights as other citizens do. It called the law “Macaulay’s legacy,” which continued for 68 years despite a liberal Constitution because of the manifest lethargy of the lawmakers.

• Fundamental Rights under Articles 14, 15, 19 and 21 of the Constitution have all been transgressed without any legitimate state rationale to uphold such a provision.

• State has no business to intrude into personal matters like the choice of a partner, the desire for personal intimacy and the yearning to find love.

• According to scientific research, the behaviour is as much ingrained, inherent and innate as heterosexuality.

• The bench observed that the guarantee of equality at its heart is the guarantee of equal citizenship. Section 377 violated this guarantee as it singles out people, by their private choices and marks them as less than citizens — or less than human.

• The section encoded a stereotypical morality and perpetuates a culture based on homophobic attitudes.

• Constitutional rights cannot be held hostage to majoritarian consensus and popular morality and the natural identity of an individual should be treated to be absolutely essential to his being.

• The five-judge Constitution Bench also introduced the Doctrine of Progressive Realisation of Rights to guard against future attempts to reintroduce that part of Section 377 which had made the entire LGBTQ community unconvicted felons without the basic rights of a citizen for over a century. Using this legal doctrine, SC has held that once a right is recognized and given to the public, it cannot be taken back by the state at a later date (doctrine of non-retrogression). Thus, once a step is taken forward, there is no going back. This doctrine of progressive realisation of rights mandates that the laws of a country should be in consonance with its modern ethos, it should be sensible and easy to apply.

• International experience: The judgment refers to the 2017 annual report of the International Lesbian, Gay, Bisexual, Trans and Intersex Association on how 124 countries have stopped penalizing homosexuality, 24 countries allow same sex couples to marry and 28 countries recognize partnerships between same sex couples.

Challenges

• Require array of amendments: The judgement has thrown open the possibility of the LGBT community now staking its claim to other constitutional rights such as those to property, employment and other personal rights such as those to adopt, marry and have a family. But these rights will not automatically to the community but requires host of changes in law that are skewed against them.

• The judgement has only decriminalised homosexuality, however there are other legal impediments which prevent same sex partners from living an enabling life.

• Marriages between same sex partners are still not recognised in the country. Gay couples are prohibited from adopting a child.

• A same sex partner cannot inherit the property left behind by his/her partner unless a will is drawn in favour of that person.
Legislators may frame laws and courts may deliver judgments, but social attitudes towards homosexuality will not change overnight.

**Conclusion And Way Ahead**

- The dilution of Section 377 is a big step towards a new inclusive India. It is common knowledge that court judgments or laws cannot remove social prejudices on their own. However, this verdict will certainly help in removing the burden on sexual minorities. It will usher in **choice jurisprudence** in India; religious minorities will be well within their rights to assert their choices.
- Now the government needs to give wide publicity to the judgment and conduct **sensitisation and awareness training** for government officials and in particular police officials in the light of observations contained in the judgment.

**International Day Of Sign Languages**

*Syllabus: Mechanisms, laws, institutions and Bodies constituted for the protection and betterment of these vulnerable sections*

**In News**

- “International Day of Sign Languages” was celebrated by Indian Sign Language Research and Training Centre (ISLRTC).
- International Day of Sign Languages is celebrated annually across the world on **23 September** every year along with International Week of the Deaf.
- It is celebrated on 23 September as **WFD was established on this date in 1951.**
- This year’s theme is **"With Sign Language, everyone is Included!"**

**Indian Sign Language Research and Training Centre (ISLRTC)**

- ISLRTC is an **autonomous organization** under the administrative control of **Department of Empowerment of Persons with Disabilities (Divyangjan) Ministry of Social Justice & Empowerment, Government of India.**
- It was established in **2015** in accordance with the provisions of **Societies Registration Act, 1860.**

**World Federation of the Deaf (WFD)**

- **World Federation of the Deaf (WFD)** is an international **non-governmental organization** that aims to promote the Human Rights of Deaf people worldwide, by working closely with the United Nations (with which it has consultative status)
- It was established in **1951** and is based in **Helsinki, Finland.**

**Trust Status For Bharat Ke Veer**

*Syllabus: Mechanisms, laws, institutions and Bodies constituted for the protection and betterment of these vulnerable sections*

**In News**
• Union Government has been granted the status of a registered trust to ‘Bharat ke Veer’ by making it exempt from income tax under form 80 (g),
• Bharat Ke Veer portal was launched by the Union Home Ministry in 2017.
• It facilitates online donation
  o directly to the families of Central Armed Police Force (CAPF) martyrs who sacrificed their lives for the country in line of duty from January 1, 2016
  o or towards the “Bharat Ke Veer” corpus which would be used to decide to disburse the fund equitably to the Braveheart’s family on need basis.
• To ensure maximum coverage, a cap of 15 lakh rupees is imposed, so that they can choose to divert part of the donation to another Braveheart account or to the “Bharat Ke Veer” corpus.

Child Mortality Estimates
Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

In News
• Acc. to the new mortality estimates released by UNICEF, a child under 15 dies every 5 seconds around the world.
• This data reflect the progress as now fewer children are dying each year worldwide. The number of children dying under-5 has fallen dramatically from 12.6 million in 1990 to 5.4 million in 2017.
• The number of deaths in children aged between 5 to 14 years dropped from 1.7 million to under a million in the same period.

Concerns
• Under-5 mortality rates among children in rural areas are 50% higher than among children in urban areas.
• Those born to uneducated mothers are more than twice as likely to die before turning five than those born to mothers with a secondary or higher education.
• Globally, in 2017, half of all deaths under five years of age took place in sub-Saharan Africa, and another 30% in Southern Asia.
• An estimated 6.3 million children under 15 years of age died in 2017, or 1 every 5 seconds, mostly of preventable causes.
• For children’s, the most risky period of life is the first month. In 2017, 2.5 million newborns died in their first month.
• Most children under 5 die due to preventable causes (such as diarrhoea, birth complications, etc). By comparison, children between 5 and 14 years of age die mainly because of injuries especially from drowning and road traffic.

India State-Level Disease Burden Initiative
Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

In News

- According to the ‘India State-level Disease Burden Initiative’ report released, Indians have registered a 50% increase in the prevalence of ischemic heart disease and stroke over the period from 1990 to 2016.
- The report is a joint initiative of the Indian Council of Medical Research (ICMR), the Public Health Foundation of India (PHFI) and the Institute for Health Metrics and Evaluation (IHME) in collaboration with the Ministry of Health and Family Welfare.
- It is a comprehensive analysis of several major non-communicable diseases (NCDs).

Key Findings During The Period of 1990 to 2016:

- Indians have registered a 50% increase in the prevalence of ischemic heart disease and stroke.
- Number of diabetes cases have climbed up from 26 million to 65 million.
- Number of people ailing from chronic obstructive lung disease went up from 28 million to 55 million
- The proportional contribution of cancers to the total loss of health in India has doubled from 1990 to 2016, but the incidence of different types of cancers varies widely between the States.
- State-wise Disease Burden
  - Punjab has been ranked at the top for the burden of ischemic heart disease, followed by Tamil Nadu, and vice-versa for diabetes.
  - West Bengal topped with the largest number of stroke cases followed by Odisha.
  - Kerala was ranked at the top for the burden of cancer, followed by Assam.
  - Being overweight was found to be a major risk factor for diabetes doubled in every State of India from 1990 to 2016.

Suicide

Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

In News

- According to the data released by the India State-level Disease Burden Initiative, Suicide is the leading cause of death in the 15-39 years age group in India.
- Suicide was the leading cause of death in India in 2016 for those aged 15-39 years; 71.2% of the suicide deaths among women and 57.7% among men were in this age group.
- The suicide rate among the elderly has increased over the past quarter century.
- Suicide Death Rate (SDR) in India is higher especially for women. India’s proportional contribution to global suicide deaths is high and increasing. 37% of such deaths among women globally occur in India.
- The highest age-specific SDR among women in 2016 was for ages 15-29 years.
- **India’s contribution to global suicide deaths increased** from 25.3% in 1990 to 36.6% in 2016 among women, and from 18.7% to 24.3% among men.
- **Andhra Pradesh, Karnataka, Tamil Nadu, and Telangana**, consistently had a higher SDR for both men and women.

**Government Bans Fixed Dose Combination (FDC) Drugs**

Syllabus: **Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.**

**In News**

- The central government has banned 328 combination drugs in the background of growing antibiotic resistance due to the misuse of medicines.
- **Fixed Dose Combination (FDC) drugs** includes two or more active pharmaceutical ingredients (APIs) combined in a single dosage form, which is manufactured and distributed in fixed doses.
- **Common examples of FDCs:** Cough syrups Phensedyl and Corex, Vicks Action 500.

**Advantages of FDCs**

- Burden of keeping track of several medications, understanding their various instructions, etc. is reduced which improves patient compliance and therefore improves treatment outcomes.
- The FDCs are more economic than single ingredient drugs.
- The manufacturing cost is quite low as compared to the cost of producing separate products.
- Then there is Simpler logistics of distribution.

**Disadvantages of FDCs**

- FDCs are used to **circumvent price control**. Companies prefer to market FDCs that are not under price control rather than single-ingredient drugs under price control.
- If an adverse drug reaction occurs from using an FDC, it may be difficult to identify the active ingredient responsible for causing the reaction.
- If the drugs combination is not appropriate, then it can lead to some patients getting too much of an ingredient and others getting too little. FDCs “limit clinicians’ ability to customize dosing regimens.”

**Draft Charter of Patients’ Rights**

Syllabus: **Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.**

**In News**

- A draft Charter of Patients’ Rights has been released by the Union Health Ministry which proposes to grant patients the right to emergency medical care and informed consent.
- The draft, prepared by the National Human Rights Commission (NHRC), has been put up on the Health Ministry’s website for comments and suggestions.
- **Patients will have the right to:**
Emergency medical care,
- informed consent,
- non-discrimination,
- seek a second opinion and
- choose alternative treatment options.

**Patient’s responsibilities:** Patients should also follow their responsibilities so that hospitals and doctors can perform their work satisfactorily. Some of these are
- Providing all required health related information to their doctor,
- Respecting the dignity of the doctor and other hospital staff; not resorting to violence in any form whatever the grievance may be

**Implementation mechanism:** The Ministry plans to implement the Charter of Patients’ Rights through State governments for provision of proper health care by clinical establishments.

**Significance:** Although some States have adopted the national Clinical Establishments Act 2010 and others have enacted their own laws to regulate hospitals, there is no consolidated document on patients’ rights that can be followed by all States uniformly.

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**Draft Rules for E Pharmacies**

*Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.*

**In News**

The Union Ministry of Health has published a set of draft rules on the sale of drugs by e-pharmacies with an aim to regulate the online medicines market and provide patients accessibility to genuine drugs from authentic online portals.

**Draft Rules**

- E-pharmacies have to be registered with the Central Drugs Standard Control Organisation (CDSO) and obtain a trade licence to exhibit, stock and sell drugs.
- e-pharmacies also have to obtain a license from any one State government, post which they will be eligible to sell drugs online all over the country.
- E-pharmacies are allowed to sell the medicines only against a prescription, a copy of which they will have to maintain.
- Sale of psychotropic & habit forming drugs and narcotics have been prohibited.
- No e-pharmacy shall advertise any drug on radio or television or internet or print or any other media for any purpose.
- In case of drugs being sub-standard, the buyer can make complaints to the State Drugs Controller and seek relief under the Consumer Protection Act, 1986.
- It would be binding on the e-pharmacies to deliver the drugs in the specific time that will be told to the patient during the time of purchase.
- Regular inspections will be conducted every two years on the premises of operation by the central licensing authority.
• To maintain data privacy, the details of patient shall be kept confidential and shall not be disclosed to any person other than the government.

**Significance**

• As per the estimates, the total e-pharma industry is less than 0.5% of the retail pharmacy landscape currently, but is growing at more than 100% rate.

• After the rules are finalised, people will be able to get genuine drugs through these online pharmacies. As the e-pharmacies procure directly from the manufacturers, the price may come down by 20 to 30 per cent, thus benefiting the patients.

**All India Institute Of Ayurveda (AIIA)**

_Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources._

**In News**

Minister of State for AYUSH Shri Shripad Naik laid the foundation stone of second phase of All India Institute of Ayurveda (AIIA).

**About**

• **Parent ministry:** AIIA is an autonomous institute under the Ministry of AYUSH.

• It is the first medical institute under Ministry of AYUSH to hold the status of NABH accreditation.

• **Functions:** It is setup along the lines of AIIMS. Its key functions are –
  - To bring synergy between the traditional wisdom of Ayurveda and modern diagnostic tools and technology.
  - The hospital will provide outpatient services and free medicines.
  - It will also house a panchakarma clinic, kriya kalpa, diabetic retinopathy clinic, kshara evum anushastra karma and an infertility clinic.

• **Location:** New Delhi.

• **Establishment:** The Institute was dedicated to the Nation by PM Modi in October, 2017.

• **Some of the salient features of Phase II construction are** AYUSH Sports Complex, Pharmacy Unit, Central Library, Panchakarma Wing, International Guest House, Residential Complex, Boy’s and girl’s hostel etc.

**Indian Medical Council (Amendment) Ordinance, 2018**

_Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources._

**In News**

Indian Medical Council (Amendment) Ordinance, 2018 was promulgated which dissolves the Medical Council of India (MCI) and replaces it with a seven-member Board of Governors.

**Salient Features**

• **Objective** of the ordinance is to enhance governance and quality of medical education.
The ordinance dissolves the Medical Council of India (MCI) and replacing it with a seven-member Board of Governors (BoG) led by NITI Aayog Member Dr. V.K. Paul. The BoG will continue to perform till a council is constituted.

The National Medical Commission (NMC) Bill, 2017 is still pending in parliament.

**National Medical Commission (NMC) Bill, 2017**

- The bill would replace the existing apex medical education regulator Medical Council of India (MCI) with a new body named National Medical Commission.

- **Structure of commission**: The commission will have government nominated chairman and members. A search committee under the Cabinet Secretary will select the board members. There will five elected and 12 ex-officio members in the commission.

- It provides for the constitution of Four **autonomous boards** under the National Medical Commission which would be entrusted with conducting undergraduate and postgraduate education, assessment and accreditation of medical institutions and registration of practitioners.

- To get practicing licences all medical graduates will have to clear a **common entrance exam and licentiate exam**.

- No permission would be required to add new seats or to start postgraduate courses.

- The deterrence for non-compliance with maintenance of standards is in terms of **monetary penalty**.

**Need of Ordinance**

- The Centre took the ordinance route as it failed to get the National Medical Commission Bill passed in the Monsoon Session of Parliament despite it being listed.

- The government is of the view that the country's march to achieving the Universal Health Coverage is constrained on account of slow pace of commensurate reforms in medical education.

**Alcohol Addiction**

*Syllabus*: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

**In News**

According to a report by the World Health Organisation (WHO), **per capita alcohol consumption in India has more than doubled from 2005 to 2016**.

**Key Findings**

- **Total alcohol per capita consumption has increased globally** after a relatively stable phase between 2000 and 2005.

- The per capita liquor consumption in India increased from 2.4 litres in 2005 to 5.7 litres in 2016 with 4.2 litres being consumed by men and 1.5 litre by women.

- The total alcohol per capita consumption (15+ years) is expected to **increase in half of the WHO regions by 2025** and the **highest increase is expected in the South-East Asia Region**.
- An increase of 2.2 litres is expected in India alone which represents a large proportion of the total population in this region.
- Globally more than a quarter (26.5%) of all 15-19-year-olds i.e. adolescents are current drinkers.
- In 2016, the harmful use of alcohol resulted in some three million deaths (5.3% of all deaths) worldwide. Mortality resulting from alcohol consumption is higher than that caused by diseases such as tuberculosis, HIV/AIDS and diabetes.

**New Genetic Disorder**

*Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

**In News**

In a first, researchers in the U.S. have identified in a human patient a genetic disorder only previously described in animal models.

**About**

- The disorder is caused by mutations in a gene known as ornithine decarboxylase 1 (ODC1) and is defined by a number of clinical features including large birth weight, enlarged head size, hair loss, and developmental delays.
- The *ornithine decarboxylase 1 (ODC1)* gene plays an important role in a number of physiological and cell developmental processes including embryo and organ development.
- The disorder has still to be named and its long-term effects, which include impacts on the neurological system, are not completely known.
- The disorder was first described by researchers in a transgenic mouse model more than 20 years ago.

**Kayakalp Scheme**

*Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

**In News**

- Encouraged by the achievements of Kayakalp Scheme, NABH has decided to consider assessment of healthcare facilities in the private sector on the lines of parameters of Kayakalp Scheme.
- Kayakalp awards were launched by Union Health Ministry in 2015 to felicitate Public Health Facilities (PHCs) for maintaining high standards of sanitation and hygiene.
- Objective is to inculcate culture of cleanliness for gaining the trust and confidence of community in these facilities.
- The Union Health Ministry grants the awards through the National Health Mission.

**National Accreditation Board for Hospitals & Healthcare Providers (NABH)**

- NABH is a constituent board of Quality Council of India Certification, set up to establish and operate accreditation programme for healthcare organizations.
- NABH was established in year 2006.
**Hepatitis E Virus**

*Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.*

**In News**

- The World’s first human case of Rat Hepatitis E has been detected in Hong Kong.
- Hepatitis E is a liver disease caused by the *hepatitis E virus* (*HEV*: a *small virus*, with a *positive-sense*, *single-stranded ribonucleic acid* (*RNA*) *genome*).
- **The virus has at least 4 different types**: genotypes 1, 2, 3 and 4.
  - Genotypes 1 and 2 have been found only in humans.
  - Genotype 3 and 4 viruses circulate in several animals (including pigs and deer) without causing any disease, and occasionally infect humans.
- The virus is shed in the stools of infected persons, and enters the human body through the intestine. It is transmitted mainly through contaminated drinking water.
- Usually the infection is self-limiting and resolves within 2–6 weeks. Occasionally a serious disease, known as *fulminant hepatitis (acute liver failure) develops*, and a proportion of people with this disease can die.

**Recent Discovery**

- According to University of Hong Kong (HKU) researchers, a *Hong Kong man has developed the world’s first ever human case of the rat version of the hepatitis E virus.*
- There had previously been no evidence that the rat HEV disease can infect humans to cause clinical infection. This discovery has “major public health significance”.

**Nikshay 2.0**

*Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.*

**In News**

- Union Health Ministry launched Nikshay Version 2.0, the web-based application of RNTCP. It is an upgraded version of earlier application with better user interface and data structures.
- **Nikshay Aushadi Portal** is a web-based application for the management of Anti-Tuberculosis (TB) Drugs and other commodities under *Revised National Tuberculosis Control Program (RNTCP).*
- It has been developed by *Central TB Division.*

**Revised National Tuberculosis Control Program (RNTCP)**

- RNTCP was launched as a national program in 1997.
- It is based on *DOTS (Directly Observed Treatment, Short Course)* strategy recommended by WHO. Its vision is to achieve a "TB free India" by achieving Universal Access to TB control services.
Zika Virus

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In News

- A woman in Jaipur tested positive for mosquito-borne Zika virus, making it first such case in Rajasthan.
- **Transmission:** Zika virus is primarily transmitted to people through the bite of an infected mosquito from the *Aedes* genus, mainly *Aedes aegypti* in tropical regions. Sexual transmission of Zika virus is also possible.
- **Symptom:** Symptoms are similar to dengue and include fever, skin rashes, conjunctivitis, muscle and joint pain, malaise, and headache. These symptoms are usually mild and last for 2-7 days.
- **Complications of Zika virus disease:** There is scientific consensus that Zika virus is a cause of **microcephaly and Guillain-Barré syndrome.** Links to other neurological complications are also being investigated.

**Microcephaly**

- It is a condition where a baby is born with a small head or the head stops growing after birth.
- **Causes:** Infections during pregnancy: rubella, HIV and Zika; genetic abnormalities such as Down syndrome; exposure to toxic chemicals like alcohol intake & smoking etc.

**Guillain-Barre syndrome**

- In **Guillain-Barre syndrome**, the body’s immune system attacks part of the peripheral nervous system. This can result in muscle weakness and loss of sensation in the legs and/or arms. People of all ages can be affected, but it is more common in **adults and in males.**
- **Causes:** Guillain-Barre syndrome is often preceded by a bacterial or viral infection.

Sputum Sample Transportation Project

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In News

- A pilot project for utilising services of the postal department for transport of sputum specimen for diagnosis of tuberculosis in Delhi has been launched recently.
- A significant number of TB patients can’t get their sputum – *a mixture of saliva and mucus coughed up from the respiratory tract* – tested due to non-availability of specimen transport mechanisms.
- A proper transport mechanism for collected specimen will enable appropriate management of tuberculosis patients and reduced disease transmission.
- If the pilot project is successful then it will be adopted across the country.

Severe Acute Malnutrition (SAM)

Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.
In News

- The National Technical Board on Nutrition (NTBN) has approved country’s first-ever guidelines – proposed by Ministry of women and child development (WCD) – for SAM.
- The government had, till now, only put in place guidelines for the hospitalisation of severely wasted children who develop medical complications.

Severe Acute Malnutrition (SAM)

- It is the most extreme and visible form of undernutrition and is a major cause of death in children under 5.
- Children suffering from Severe Acute Malnutrition (SAM) have:
  - very low weight-for-height (below-3z scores of the WHO median growth standard),
  - visible wasting,
  - nutritional oedema or mid-upper arm circumference of less than 115 millimetres (in children 6–59 months).
- Across the globe, an estimated 16 million children under the age of 5 are affected by severe acute malnutrition. About two thirds of these children live in Asia and almost one third live in Africa.

Recent Guidelines

- Anganwadi workers and auxiliary nurse midwives (ANMs) have a role to identify severely wasted children, segregating those with oedema or medical complications and sending them to the nearest health facility or nutrition rehabilitation centres.
- The remaining children are enrolled into “community-based management”, which includes provision of nutrition, continuous monitoring of growth as well as imparting of nutrition & health education.
- SAM children must be fed freshly cooked food prepared from locally available cereals, pulses and vegetables, and distributed by anganwadi centres.
- Government has also revised the method to be used to measure wasting and advised calculating weight based on the height of children instead of the mid-upper arm circumference.
- According to the National Family Health Survey-4, 7.5% or 8 million children aged under five years have severe wasting.

Middle East Respiratory Syndrome (MERS)

Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

In News

- An Emirates flight from Dubai was held in quarantine in New York as it was suspected that its passengers have contracted Middle East Respiratory Syndrome (MERS). Although it was later found that this was not the case.
- Middle East respiratory syndrome (MERS) is a viral respiratory disease.
- Symptoms: Fever, cough and shortness of breath. Around 35% of reported patients with MERS have died.
• **Cause:**
  o It is caused by a **novel coronavirus** (Middle East respiratory syndrome coronavirus, or MERS-CoV) that was first identified in Saudi Arabia in 2012.
  o Coronaviruses are a large family of viruses that can cause diseases ranging from the common cold to Severe Acute Respiratory Syndrome (SARS).

• **Transmission**
  o **Non-human to human transmission:** MERS-CoV is a zoonotic virus, which means it is a virus that is transmitted between animals and people. **Dromedary camels** are a major reservoir host for MERS-CoV and an animal source of infection in humans.
  o **Human-to-human transmission:** The virus does not pass easily from person to person unless there is close contact, such as providing unprotected care to an infected patient.

• **Prevention and Treatment**
  o No vaccine or specific treatment is currently available.
  o As a general precaution, anyone visiting farms or places where dromedary camels are present should practise regular hand washing and avoid contact with sick animals.

• **Affected Regions:** Health care associated outbreaks have occurred in several countries, with the largest outbreaks seen in Saudi Arabia, United Arab Emirates, and the Republic of Korea.

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**HIV Estimations 2017**

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**In News**

• National AIDS Control Organisation (NACO) released the report HIV Estimations 2017.
• NACO undertakes HIV estimations biennially in collaboration with the Indian Council of Medical Research (ICMR) - National Institute of Medical Statistics (NIMS).
• The first round of HIV estimation in India was done in 1998, while the last round was done in 2015. The HIV Estimations 2017 is the 14th round in the series of HIV Estimations under National AIDS Control Programme (NACP).

**Key Findings of The Report**

• India had around **21 lakh people living with HIV (PLHIV)** with adult prevalence of 0.22%.
• Around **87000 new HIV infections** and **69000 AIDS related deaths** happened in 2017.
• **22,675 mothers needed Antiretroviral Therapy (ART)** for prevention of mother to child transmission of HIV.
• Overall, the impact of the NACP has been significant with more than **80% decline in estimated new infection** from peak of epidemic in 1995. Similarly, **estimated AIDS related death declined by 71% since its peak in 2005.**
• But there is no place for complacency as country move forward on ambitious goal of attaining the ‘End of AIDS’ by 2030.
HIV/AIDS Act, 2017

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In News

- The government has notified the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 and it came into force on the 10th September 2018.
- It empowers a person living with HIV to report discrimination meted out against them in fields of employment, health care services, educational services, public facilities, property rights, holding public office, and insurance.
- It penalises "propagation of hatred" against the protected person. Violator could be punished with a minimum jail term of 3 months to a maximum of 2 years and can be fined up to Rs 100000.
- It makes Anti-Retroviral Treatment (ART) a legal right for all HIV/AIDS patients. It has also adopted "test and treat" policy which means any person testing positive will be entitled for free treatment by the state and central government.
- It provides for confidentiality of HIV-related information and makes it necessary to get informed consent for undertaking HIV tests, medical treatment and research.
- It is mandatory for state governments to appoint an Ombudsman to inquire into complaints related to the violation of the Act and the provision of health care services. Failure to comply with any order given by the Ombudsman could lead to a fine a maximum of Rs 10,000.
- It safeguards the property rights of HIV positive people. Every HIV infected person below the age of 18 years has the right to reside in a shared household and enjoy the facilities of the household.

Leptospirosis

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In News

- Cases of leptospirosis have been reported in Kerala in the aftermath of Flooding of the state.
- It is an infectious disease caused by bacteria belonging to the genus Leptospira.
- Transmission:
  - It can be transmitted to humans through cuts and abrasions of the skin, or through the mucous membranes of the eyes, nose and mouth with water contaminated with the urine of infected animals.
  - Although, all wild and domestic mammals can harbour the bacteria that cause leptospirosis, but Rodents are the primary source of infection to human beings.
  - Human-to-human transmission occurs only very rarely.
• **Regions of occurrence**: Leptospirosis occurs worldwide, but is most prevalent in tropical and subtropical regions. Outbreaks of leptospirosis are common when flooding occurs, because of exposure to contaminated water.

• **Main occupational groups at risk**: Agricultural workers; pet shop workers; meat handlers; sewer workers; survivors of natural disasters (e.g., flooding); people engaging in swimming, etc.

• **Signs and symptoms**: The incubation period of leptospirosis is usually 5–14 days, with symptoms varying from a mild ‘flu'-like illness to a serious and sometimes fatal disease. This bacterial disease that affects both humans and animals.

• **Treatment**: Leptospirosis can be treated with antibiotics.

**Staphylococcus Epidermidis**

*Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.*

**In News**

• According to Australian scientists, Staphylococcus epidermidis, a superbug resistant to all known antibiotics is spreading undetected through hospital wards across the world.

• Staphylococcus epidermidis is a bacterium related to the better-known and deadlier MRSA superbug. It's found naturally on human skin.

• Patients with compromised immune systems are at risk of developing infection. It commonly infects the elderly or patients who have had prosthetic materials implanted, such as catheters and joint replacements. It can cause ‘severe’ infections or even death.

**Superbugs**

Antimicrobial resistance occurs when microorganisms (bacteria, viruses) change in ways that make the antibiotics to cure the infection caused by them ineffective. When the microorganisms become resistant to most antimicrobials they are often referred to as “superbugs”.

**Antibiotics Resistance**

• Antibiotics, also known as antimicrobial drugs, are drugs that fight infections caused by bacteria. They do so either by killing the bacteria or making it difficult for the bacteria to grow and multiply. Antibiotics can only treat certain bacterial infections and do not have any effect on viruses.

• Antibiotic resistance occurs when bacteria develops ability to defeat drugs designed to kill them.

• **Overuse and misuse of antibiotics** allows the development of antibiotic-resistant bacteria. Every time a person takes antibiotics, sensitive bacteria (bacteria that antibiotics can still attack) are killed, but resistant bacteria are left to grow and multiply. This is how repeated use of antibiotics can increase the number of drug-resistant bacteria.

• Antibiotics are not effective against viral infections like the common cold, flu, most sore throats, bronchitis, and many sinus and ear infections. Widespread use of antibiotics for these illnesses is an example of how overuse of antibiotics can promote the spread of antibiotic resistance.
• Smart and appropriate use of antibiotics is the key to controlling the spread of resistance.

**Leprosy**

*Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.*

**In News**

The Supreme Court has come out with a number of directions to end discrimination against leprosy-affected persons, while hearing a PIL, which alleged that the government was not taking enough steps to eradicate the disease.

**Recent Directions by Supreme Court to Centre and States**

- Conduct **Periodic National Surveys** to determine the prevalence rate.
- Formulate a comprehensive **community-based rehabilitation scheme** which shall cater to all basic needs of the leprosy-affected persons and their families.
- **Integrate treatment of leprosy into general health care**, which will usher in a no-isolation method in general wards and OPD services.
- Give wide publicity to the activities of the **National Leprosy Eradication Programme (NLEP).**
- Discontinue using “frightening images” of people afflicted with leprosy in the awareness programmes and instead use “positive images of cured persons sharing their experiences of being cured of leprosy”.
- Ensure that drugs for management of leprosy and its complications are available free of cost and that they do not go out of stock in Primary Health Centres (PHCs).

**Asha and Anganwadi Workers**

*Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.*

**In News**

- **Prime Minister Narendra Modi announced an increase in remuneration for ASHA and Anganwadi workers.** The remuneration hike will be effective from next month.
- Under **National Rural Health Mission (NRHM),** every village in the country is provided with a trained female community health activist **ASHA (Accredited Social Health Activist),** selected from the village itself, to work as an interface between the community and the public health system.
- Under the **Integrated Child Development Service (ICDS) scheme,** one trained person – an **Anganwadi worker** – is allotted to a population of 1000, to focus on the health and educational needs of children aged 0-6 years.

**Hike for ASHA Workers**

- Routine incentives given by the Union Government to ASHA workers are being doubled.
In addition, all ASHA workers and their helpers would be provided free insurance cover under Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Prime Minister Suraksha Bima Yojana (PMSBY).

**Hike for Anganwadi Workers**

- **Anganwadi workers** receiving honorarium of Rs. 3000, would now receive Rs. 4500. Similarly those receiving Rs. 2200, would now get Rs. 3500.
- Honorarium for **Anganwadi helpers** has also been increased from Rs. 1500 to Rs. 2250. Anganwadi workers and helpers using techniques such as Common Application Software (ICDS-CAS), would get additional incentives ranging from Rs. 250 to Rs. 500.

**Ready-To-Use Therapeutic Food (RUTF)**

*Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.*

**In News**

NITI Aayog has approved the supplementary nutrition guidelines, prepared by the Ministry for Women and Child Development (WCD), while rejecting proposal made by Minister for WCD Maneka Gandhi.

**RUTF / EDNF**

- Ready-to-use therapeutic food (RUTF) is also referred as Energy Dense Nutritious Food (EDNF).
- It is a medical intervention to improve the nutrition intake of children suffering from **Severe Acute Malnutrition (SAM).**
- RUTF is a packaged paste of peanuts, oil, sugar, vitamins, milk powder and mineral supplements, which contains 520-550 kilocalories of energy per 100 g. The paste is given to children aged between six months and six years.
- RUTF use is common in Africa, where the incidence of malnutrition among children is high. In India, pilot projects have been taken up in the states of Maharashtra, UP, Bihar and Jharkhand.

**Arguments against RUTF:**

- **Wrong food habit:** Children who are given RUTF find it too heavy to eat anything else afterward. Thus, RUTF may replace appropriate food habits.
- **Not a one-stop solution:** RUTF is not a panacea for all forms of severe acute malnutrition in children. They also require inpatient treatment and round-the-clock medical care.
- **Need more study:** There is no largescale study of post-RUTF treated children in India so far vis-a-vis other interventions for the management of SAM.

**Recent Controversy**

The disagreement centred around the what kind of food and how it is to be procured under the Integrated Child Development Scheme (ICDS). Key differences between the two are –
Minister of WCD (Maneka Gandhi) | Officials of Ministry of WCD
---|---
Take home rations to be sourced from anganwadis with manufacturing facilities or through government or private undertakings. | Procurement for take-home ration should be done only from self-help groups.
Meals should be presented in the form of ready to east fixes (RUTF) as anganwadi workers steal the money provided for procuring raw materials. | Emphasis on local procurement for hot-cooked meals instead of ready-to-eat mixes.
Recommended soya milk. | Didn’t recommended soya milk.

#LooReview Campaign

Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

In News

- **The Ministry of Housing and Urban Affairs**, under the aegis of Swachh Bharat Mission – Urban (SBM – U), has partnered with Google to launch the Loo Review campaign.
- **Objective of the joint campaign** – to be run throughout October and November 2018 – is to increase the awareness and ease of locating public toilets across India.
- The campaign aims to encourage **Local Guides in India** to rate and review public toilets on Google Maps, and use the hashtag #LooReview for the chance to be featured on Google Local Guides’ social channels. *Local Guides are people who share reviews, photos, and knowledge on Google Maps to help people explore the world.*
- The feedback provided by local guides through the Loo Review campaign will press upon the Urban Local Bodies to take proactive steps to improve public toilet facilities across the country.”
- 500+ cities in India with more than 30,000 toilets with the name of “SBM Toilet” are currently live on Google Maps.

Swachh Vidyalaya Puraskar

Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

In News

- The Union Minister for Human Resource Development (HRD), conferred the Swachh Vidyalaya Puraskar 2017 – 18.
- It was instituted in 2016 by Ministry of Human Resource Development.
- **Objective**: To honor schools that have done exemplary work in field of water, sanitation & hygiene.
- **Coverage**: This year, first time the awards have also been extended to private schools besides government and government aided schools.
Swachhata Hi Seva
Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

In News
- PM Narendra Modi launched the “Swachhata Hi Seva” (“cleanliness is service”) campaign.
- The campaign has been launched to push for greater public participation in Swachh Bharat Abhiyan which was launched on October 2, 2015.
- It is being organized in run up to 4th anniversary of the Swachh Bharat Mission, on October 2nd, 2018, which will also mark the commencement of the 150th year celebrations of Mahatma Gandhi.

Atal Ranking of Institutions on Innovation Achievements
Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

In News
- The HRD Ministry announced the Atal Ranking of Institutions on Innovation Achievements (ARIIA) to rank education institutions on innovation related indicators. It is an annual ranking of higher educational institutions based on how they fare in terms of innovation.
- Indicators: ARIIA will primarily focus on 5 main parameters:
- Timeline: The new ranking will be formally launched on October 15, the birth anniversary of former President APJ Abdul Kalam. The first results will be declared on February 28, 2019, which is also Science Day.
- ARIIA and NIRF:
  - ARIIA, which focuses on innovation, will work parallel to the ranking of institutions captured by the annual National Institutional Ranking Framework (NIRF) which focuses on research.
  - According to government the two differs as Research produces new knowledge, while ‘innovation’ puts that knowledge to use.

Program for International Student Assessment (PISA)
Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

In News
Union HRD Ministry has decided to participate in PISA— an international assessment of student ability – in 2021 after a gap of 10 years.

Coordinated by the Organization for Economic Cooperation and Development (OECD), it is a triennial international survey which was first administered in 2000.

Objective: It assesses the quality of education systems across the world by evaluating students in science, mathematics and reading.

Criteria:
- The two-hour computer-based test focuses on 15-year-old students as they have either completed or are near the end of their compulsory education in most countries.
- PISA requires the examinees to have finished at least six years of formal schooling.

Participation in PISA:
- About 5.5 lakh students in 72 countries took the test in 2015.
- However, many non-OECD members including all SAARC nations, Greenland, Argentina and the entire African continent (except Algeria and Tunisia) either don’t regularly participate or haven’t participated at all in PISA.
- Till date, India has participated only once in PISA in 2009.

MHRD Innovation Cell (MIC)

Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

In News

Union Minister for HRD launched the Innovation Cell at AICTE, New Delhi.

Innovation cell is an initiative of Ministry of Human Resource Development (MHRD). It has been established at All India Council for Technical Education (AICTE) premises.

Objective: To foster culture of innovation in all Higher Education Institutions across the country.

Mandate: To encourage and nurture young students by exposing them to new ideas resulting in innovative activities in their formative years fostered through Network of Innovation clubs (NIC) in Higher Educational Institutions.

Composition: The Innovation Cell would be headed by a scientist and would be comprised of a senior ministry official and young professionals.

The move comes after India’s ranking in the Global Innovation Index ranking moved slightly up to 60 in 2017 from 66 in 2016, out of 127 countries.

Gandhiji’s Nai Talim

Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

In News
Union Human Resource Development (HRD) Minister has released a book titled “Experiential Learning – Gandhiji’s Nai Talim.

The book contains: (1) basic principles of Gandhiji’s Nai Talim and (2) Work and Education curriculum for Schools, D.Ed, B.Ed and Faculty Development Programmes for teachers.

This book and this project are a joint effort of Mahatma Gandhi National Council of Rural Education (MGNCRE), State Councils of Educational Research and Training (SCERTs) along with the universities in the country.

MGNCRE was established in 1995 under the Ministry of HRD to advise Universities on higher education programmes with special focus on Rural Development, Rural Management etc.

This curriculum was brought out simultaneously in 13 languages i.e., Assamese, Tamil, Bengali, Oriya, Kannada, Malayalam, Punjabi, Marathi, Telugu, Gujarati, Urdu, Hindi and English.

Nai Talim

Nai Talim is a principle promoted by Mahatma Gandhi which states that knowledge and work are not separate. Rather experiential learning or learning by doing is one the most effective methods.

Acc. to him, it is a holistic approach of developing body, mind and soul (hand, head and heart), by making a productive art, craft or community engagement activity as the centre of learning.

This was similar to what Confucius had said, “I hear and I forget. I see and I remember. I do and I understand”.

National Awards For Teachers

Syllabus: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

In News

On the occasion of Teachers’ day (5th September), Vice President of India presented National Awards for Teachers 2017 to 45 teachers from across the country.

The award is given as public recognition to meritorious teachers working in primary, middle and secondary schools.

The award carries a Silver Medal, Certificate and Rs. 50,000/- as award money.

Revised Guidelines

This year, the HRD Ministry has revised the guidelines for the selection of Teachers for National Awards (2017). The features of the new guidelines are:

- All regular teachers will be eligible to apply and no minimum years of service is required (Earlier, only teachers with minimum 15 years of service were eligible).
- All teachers could directly apply and nominate themselves for the award (this feature did not exist in the earlier scheme).
- Self-nominations from teachers were invited online on www.mhrd.gov.in (it is for the first time that online applications have been invited for these awards).
• The number of awards has been rationalized to 45 (Earlier, number of awardees had crossed 300).

• The final selection was done by an independent Jury. The criteria adopted was to select those teachers who had shown innovation in their work and had added value to their school and students.