

Social Justice

Regional Conference on Deendayal Disabled Rehabilitation Scheme

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

In News

- A regional conference on Deendayal Disabled Rehabilitation Scheme (DDRS) was recently organized by the Department of Empowerment of Persons with Disabilities (DEPwD), Ministry of Social Justice and Empowerment in Kolkata.
- Programme Implementing Agencies who are mostly NGOs, State Government representatives from various states participated in the conference. It provides a unique opportunity for interactions amongst all stakeholders and would ensure exchange of cross-sectoral views on the aspects of the efficacy of the scheme as well as the scope of improvements in it.
- Under the scheme, every year more than 600 NGOs are provided with financial assistance for running their projects for the rehabilitation of persons with disability such as special school, pre-school and early intervention, halfway homes and community based rehabilitation. The NGOs being funded are catering rehabilitative services to more than 35000 to 40000 beneficiaries every year.
- The Scheme has been revised for making it more impactful for rehabilitation of PwDs. The provisions of the revised scheme are an increase in the cost norms by 2.5 times, streamlining the procedure of application, increase the funding of projects from 75% to 90% of their total cost, extending special benefits to special areas such as Left Wing Extremism Affected Districts and removal of limit in increase of number of beneficiaries.
- The conference was an effective step towards good governance and highlighted the need for **creation of inclusive society that accepts and respects persons with disabilities without discrimination**. It would lead to in-depth understanding of the scheme and would enable better outreach in terms of better facilities to end beneficiaries.

Deendayal Disabled Rehabilitation Scheme

- DDRS is a **Central Sector Scheme** which is being **implemented since 1999** for providing financial assistance to NGOs working for education and rehabilitation of persons with disabilities.
- The objective of the scheme is to create an enabling environment to ensure equal opportunities, equity, social justice and empowerment of persons with disabilities.
- It also aims to encourage voluntary action for ensuring effective implementation of the People with Disabilities (Equal Opportunities and Protection of Rights) Act of 1995.

Pradhan Mantri Shram-Yogi Maandhan (PMSYM) Yojana

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

In News

- The Pradhan Mantri Shram-Yogi Maandhan (PMSYM) Yojana announced in the interim budget has been launched for the workers in the unorganised sector. With more than **90 % of the workforce** engaged in it and **accounting for 50 % of the national product**, the unorganised or informal sector constitutes a pivotal part of the Indian economy.
- The scheme is a **voluntary and contributory pension scheme** where prescribed age-specific contribution shall be made by the beneficiary along with a **matching contribution by the Central Government**. The idea is to let workers save towards their retirement.
- It resembles the EPF scheme for the workers in the organised sector wherein 12 % of basic salary goes into employees' provident fund while an equal contribution is made by the employer.

Provisions Of The Scheme

- From age 60, a fixed monthly pension of Rs 3,000 irrespective of the age will be paid for the lifetime of the individual. If death occurs during the period of pension, the spouse will get family pension equal to half of what was being paid to the individual. After death of subscriber and his or her spouse, the corpus shall be credited back to the pension fund of the government.
- **Eligibility Criteria**
 - It is open only for those workers who are in the **unorganized sector** and are **between the age of 18 and 40 years**. The amount of monthly contribution is based on age and has to be paid till age 60.
 - The subscriber's **monthly income should not exceed Rs 15,000** and he/she will be **required to have a mobile phone, savings bank account and Aadhaar number**.
 - A worker will not be eligible if he/she is **already a member of other pension schemes** - National Pension Scheme (NPS) where contribution is also made by the Central Government or Employee State Insurance Corporation Scheme or Employee Provident Fund or he/she is an income tax assessee.
- In case of default on payment contributions, the eligible subscriber will be allowed to regularise his/her contributions by paying the outstanding dues along with interest. The interest will be determined by the Government of India.
- If the subscriber wishes to exit the scheme, within ten years of date of joining, then only his share of contribution will be returned to him along with savings bank interest rate.
- If the subscriber exits after the completion of ten years in the scheme but before the age of sixty years, then he shall get higher of his share of contribution along with the accumulated interest actually earned by the pension scheme or bank savings account interest rate .
- In case the subscriber becomes permanently disabled before the age of sixty and is unable to contribute to the scheme, then he has the option to exit the scheme by receiving his share of contribution. The spouse will also have the option to continue to contribute to the scheme subsequently by payment of regular contribution.

Criticism

- **Should not require contributions from the beneficiaries:** Critics say contributory pension schemes are set to fail since those targeted find the monthly payments too high. They recommend no-strings-attached pension for the poor, like those by even least developed economies like Bolivia, Lesotho and Botswana.

- **Not adjusted for inflation:** If calculated, taking into account core inflation over the past 10 years, the real value of the monthly assured figure of Rs 3,000 comes down to around Rs 500, by the time a person entering the labour force retires decades from now. That would be too little.

Comparison with Atal Pension Yojana

- The PM-SYM scheme will run parallel to the existing Atal Pension Yojana (APY) that was launched in 2015.
- **Beneficiaries:** While APY was meant for workers in the unorganised sector, the new scheme includes marginal wage earners from organised sector as well.
- **Age limit:** Another difference is the upper age limit of 60 years in PM-SYM as against 40 years in APY.

ANOTHER SCHEME FOR THE POOR

| | Existing Atal Pension Yojana (₹) | New Pradhan Mantri Shram-Yogi Maandhan Yojana (₹) |
|--|-------------------------------------|---|
| Monthly pension to be received* | 5,000 | 3,000 |
| Monthly contribution by an individual at the age of 18 | 210 | 55 |
| Monthly contribution by an individual at the age of 29 | 529 | 100 |

Source : Pension Fund Regulatory and Development Authority, Budget speech; * at the age of 60

Conclusion

- Half of India's GDP comes from the hard work of 42 crore workers in the unorganised sector. They become extremely vulnerable after their working age and in this regard, it is a good move by the government to provide them comprehensive social security coverage for their old age.
- The new scheme is more inclusive than Atal Pension Yojana as it includes more beneficiaries and has higher age limit. However, the amount must be inflation indexed so that they can live an honourable life at the time of retirement. If possible, the government should make the full monthly contribution towards the pension.
- Government has also asked one and all to inform and guide the workers in one's own home and neighborhood to take advantage of this scheme. With IMPS and other digital mode of payments in vogue, one may even consider contributing on behalf of the individual working for them.
- All the branch offices of LIC, ESIC and EPFO and all Labour offices of Central and State Governments will guide the unorganised workers about the Scheme, its benefits and the procedure to be followed.

Minimum Support Price For Minor Forest Produce Scheme

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

In News

- The Centre has informed that it is in the process to **frame new guidelines and extend the coverage of Minimum Support Price (MSP) for minor forest produce (MFP) scheme**, which is aimed at benefiting a majority of 10 crore tribals. The government is also considering **increasing the MSP for various MFPs by around 40 per cent**.
- Tribals depend on MFP for food, fodder, shelter, medicines and cash income. It provides them critical subsistence during lean seasons, particularly for primitive tribal groups such as hunter, gatherers, and the landless. According to Planning Commission data, tribals derive

20-40 per cent of their annual income from MFP. If the market prices fall below MSP, the state government agencies move in to procure the minor forest produce.

Critical Note On The Scheme

- The MSP for MFP scheme was **started in 2013** to ensure fair and remunerative prices to MFP gatherers. While it has been more than five years since the scheme was launched, **it has not been implemented properly. Improving the implementation of the scheme is the need of the hour** to benefit the forest-dwelling and forest-dependent communities.
- Moreover, despite the MFP rights being given to tribal communities under the Forest Rights Act, many states have nationalised MFPs like tendu, monopolising their trade which affects their livelihood adversely.
- The allocations made under the scheme have over the years been heavily under-utilised, **around 90 % of the funds** since the inception of the plan have remained unspent. The Centre had earmarked Rs 1,172 crore for five years till 2018-19. But Ministry of Tribal Affairs' statistics reveal that only 11 % of the total outlay – about Rs 128 crore – has been spent.
- About Rs 360 crore released to state governments are lying unspent in the state coffers and minor forest produce worth Rs 78 crore are lying unsold in state agencies' godowns.
- The new system would be **decentralised with district collectors** holding the responsibility of implementing the scheme.
- Moreover, self-help groups will be formed to sell MFP in village haats and value addition centres will be set up and the area of operation would be expanded to 307 districts across 27 states.

Registration of Marriage of NRI Bill 2019

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

In News

- The External Affairs Ministry has introduced a path breaking Bill on Registration of Marriage of Non-Resident Indians in the Rajya Sabha .
- The Bill is an outcome of a joint initiative of the Ministry of External Affairs, Ministry of Women and Child Development, Ministry of Home Affairs, and Ministry of Law and Justice.
- The introduction of the Bill was necessitated by the Ministry of External Affairs due to numerous complaints received from Indian nationals mostly women deserted or harassed by their Non-Resident Indian Spouses. This would provide a much-needed relief to all Indian women married to NRIs worldwide.

NRI vis-à-vis PIO/OCI

- An NRI (Non-Resident Indian) is an Indian citizen who is ordinarily residing outside India and holds an Indian Passport.
- While a PIO (Person of Indian Origin)/OCI (Overseas Citizen of India) card holders are people whose ancestors were of Indian Nationality and who is presently holding another countries' citizenship/nationality.

Provisions Of The Bill

- The Bill proposes to create more accountability, offer greater protection to Indian women married to NRIs, and serve as a deterrent to NRIs against harassment of their spouses.

- It envisages registration of marriages by Non-Resident Indians; Amendment of the Passports Act 1967 and Amendment to the Code of Criminal Procedure 1973.
- According to the provisions of the Bill, the **compulsory registration of marriage within thirty days** of marriage in India or abroad would provide better enforcement of rights of the deserted spouse under various family laws.
- Similarly, the **Amendment to the Passport Act** would empower the Passport Authority to impound or revoke the passport of NRI, if it is brought to his notice that the NRI has not registered his marriage within 30 days from the date of marriage.
- The **Amendments to CrPC 1973** would empower the courts for issuance of summons, warrants through the specially designated website of the Ministry of External Affairs. It also provides provisions for attachment of properties belonging to the NRI, if he does not appear before the court and will be declared as Proclaimed Offender by the court.

Initiatives On Women's Safety

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

In News

The Ministry of Women and Child Development has conceptualized several initiatives to promote safety of women in their living spaces, working spaces and the public spaces.

Panic Button

- The idea of having a panic button on the mobile phone was conceived way back in 2015 and after a series of deliberations with the Ministry of Telecom, mobile phone manufacturers and mobile telephony service providers, the Ministry of Telecom mandated a physical panic button on all mobile phones in the country.
- This system was then conceptualized in collaboration with the Ministry of Home Affairs and state governments were asked to put in place a dedicated Emergency Response Centre through which the entire system will be operated.
- The emergency response system can be triggered in the following ways
 - On the smart phones, the power button (which is dedicated panic button) when pressed three times quickly.
 - Dialing 112 from any phone.
 - In case of feature phones, long press of the touch key 5 or 9.
 - Using 112 India Mobile App which is available for free downloading.
- The emergency message coming out of the above modes, will trigger a response from the emergency response centre through a team of trained personnel who can handle emergency requests of various kinds and get the necessary relief services launched.
- For Women and children, 112 India App provides a special SHOUT feature which alerts registered volunteers in the vicinity of victim for immediate assistance.

SCIM Portal Under Safe City Project

- In order to provide safety for women in public spaces, the Government has identified eight cities for implementation of Safe City project. The 8 major cities which have been chosen are Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Kolkata, Lucknow and Mumbai.

- Detailed projects for this have been prepared jointly by the municipal bodies and the local police authorities. The projects include creation of on ground assets & resources and mindset safety of women. Some of the key features of the safe city project include:
 - Identification of sensitive hot spots in each city,
 - Installation of CCTV surveillance covering the entire hot spot.
 - Automated number plate reading machines to be deployed in extremely sensitive areas.
 - Intensive patrolling in vulnerable areas beyond the identified hot spots.
 - Improving street lighting and public toilet facilities for women.
 - Setting up women help desks in police stations and augmentation of women support centres.
- All the above measures would be coordinated through an Integrated Smart Control Room in the city. In order to facilitate States to monitor and manage the Safe City projects and avoid duplication on ground, an online Safe City Implementation Monitoring (SCIM) portal has also been developed.
- SCIM will facilitate online tracking of deployment of assets and infrastructure created under the Safe City projects. It facilitates an evidence based online monitoring system.
- It also creates a digital repository of assets, infrastructure and social outreach programs, as well as best practices achieved in each city.

DNA Analysis Facilities in States

- In view of the complaints of delay in cases of sexual assault investigations, it is proposed that dedicated DNA analysis facilities should be created in the forensic science laboratories on a mission mode.
- Timely testing of DNA samples from the crime scene is the quickest process of obtaining forensic evidence in cases of sexual assault on women.
- In the initial phase, dedicated DNA analysis facilities have been sanctioned for the forensic science laboratories located at Chennai, Madurai, Agra, Lucknow, Mumbai and Kolkata.
- The equipments to be provided under this initiative include refrigerated facility for samples, automated DNA extractor & sequencer, centrifuges, genetic analyzers. A sum of Rs.78.86 crores has been sanctioned for this initiative through the Nirbhaya fund. Expert technicians are also being recruited and trained for forensic analysis.

Women's Livelihood Bond

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

In News

- **World Bank, UN Women, and Small Industries Development Bank of India (SIDBI)** have joined hands to launch a new *social impact bond* exclusively for women, called Women's Livelihood Bond (WLB), with an initial corpus of Rs 300 crore.
- SIDBI will act as the financial intermediary and channel funds raised to women entrepreneurs through participating financial intermediaries like banks, NBFCs or microfinance institutions.

- The proposed bond will enable individual women entrepreneurs in sectors like food processing, agriculture, services and small units to **borrow around Rs 50,000 to Rs 3 lakh** at an annual interest rate of around **13-14 per cent or less** and will have a tenure of **five years**.
- The WLBs will be **unsecured, unlisted bonds and offer fixed coupon rate of 3 per cent per annum** to bond investors. Some of the top wealth management firms like Centrum, ASK, Ambit and Aditya Birla Capital, among others, have reached out to high net worth individuals and impact investors to raise the funds.
- A corpus fund catalysed with support from the UK Department for International Development plus future CSR and other grant money will be created to support implementation of the WLB, capacity building of women entrepreneurs including links to markets and appropriate technologies, as well for credit default risk mitigation.
- The new bonds will not only enable women self help groups to graduate from 'group borrowing' to 'individual borrowing' but will also allow them to shift from development assistance towards more market-financed programmes.

National Deworming Day

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

In News

- The Ministry of Health and Family Welfare (MoHFW) recently conducted its eighth round of National Deworming Day (NDD).
- It is implemented with an objective to reduce the prevalence of **Soil Transmitted Helminths** (STH) or parasitic intestinal worms (which affect over 241 million children in India every year), so that they are no longer a public health problem.
- STH or parasitic worms are among the most common infections worldwide. It lives in human intestines and consume nutrients meant for the human body. They produce thousands of eggs each day, which are passed in faeces and spread to others in areas used for public toilet.

About NDD

- NDD is observed bi-annually on 10th February and 10th August in all states and UTs followed by mop-up activities.
- The campaign was launched in February 2015 as a part of National Health Mission with the aim to deworm all the children from 1 to 19 years of age. **It has emerged as world's largest public health campaign preventing children from intestinal parasitic worms.**
- The program is implemented with the **Ministries of Women and Child Development and Human Resource Development**, where the anganwadi workers and teachers administer the deworming medicine to children and adolescents at the anganwadis and schools.
- **ASHA workers support the efforts through community mobilization and sensitization of communities** about the ill effects of worm infestations.
- There are a variety of parasitic worms that can reside in the human body. The five most common types of worms are tapeworms, hookworms, flukes, threadworms and trichinosis worms.

- **Worm infection interferes with the nutrient uptake of kids** and can make children anaemic, malnourished, weak, sick and tired with poor concentration.
- Using **Albendazole tablet** for deworming is an evidence-based, globally-accepted, and effective solution used to control worm infections in all children, regardless of socio-economic background.

Success Of Initiative

- Deworming has shown to reduce absenteeism in schools; improve health, nutritional, and learning outcomes for children; and increase the likelihood of higher-wage jobs later in life as per global evidence.
- The success of the NDD program has incrementally increased with each round as the coverage has increased from 8.9 crores in Feb 2015 to 22.69 crores in the last round in August 2018 and has a target of 24.44 crores in this round.
- The convergence of NDD with the Swachh Bharat Mission is another step that has helped towards ensuring cleanliness and hygiene in our surroundings and towards prevention and control of worm infestation.
- Awareness generation activities have also been undertaken under this program to sensitize the public about the harmful effects of worm infestation due to open defecation and to promote healthy habits to keep worm infections under control.

Kerala Sets Up Drug Price Monitor

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

In News

- Kerala has become the **first State** to set up a Price Monitoring And Research Unit (PMRU) to track violation of prices of essential drugs and medical devices under the Drugs Price Control Order (DPCO).
- The move comes more than five years after the National Pharmaceutical Pricing Authority (NPPA) proposed such a system for the States and the Union Territories.
- The suggestion to set up PMRUs was made against the backdrop of the lack of a field-level link between the NPPA and the State Drugs Controllers and State Drug Inspectors to monitor drug prices.
- Pharma companies have been accused of overcharging prices of drugs in the scheduled category fixed by the DPCO and those outside its ambit too.
- A society has been registered to get Central assistance for the functioning of the unit. The State Health Secretary would be the Chairman of the society and the Drugs Controller would be its member secretary. Its members include a State government representative, representatives of private pharmaceutical companies, and those from consumer rights protection fora. The society would also have an executive committee headed by the Drugs Controller.
- The new watchdog will offer technical help to the State Drug Controllers and the NPPA to monitor notified prices of medicines, detect violation of the provisions of the DPCO, look at price compliance, collect test samples of medicines, and collect and compile market-based

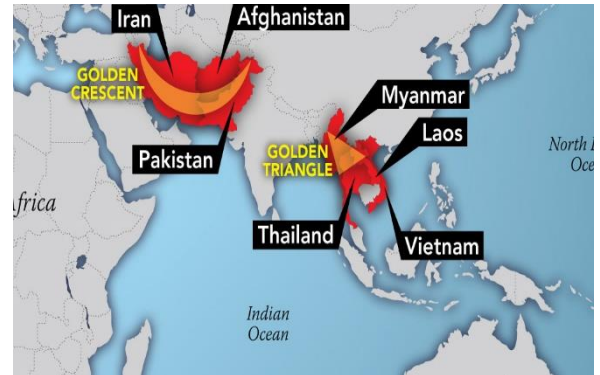
data of scheduled as well as non-scheduled formulations. There is also a plan to collect data on the prices of surgical devices and stents in the market.

National Survey On Extent And Pattern Of Substance Use In India

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

In News

- The Ministry of Social Justice and Empowerment has conducted a “National Survey on Extent and Pattern of Substance Use in India” through the NDDTC of AIIMS, New Delhi during 2018 which provides data at the National level as well as at the State level.
- India is vulnerable to narcotic drug trafficking as it is located between two largest Opium producing regions of the world i.e. **Golden Crescent** in the west and **Golden Triangle** in the east.
- Drug trafficking and abuse pose serious threat to societies and is a matter of serious concern. Drugs endanger peace, health and stability across regions and it places a heavy burden on public health systems.
- The State governments and all other stake holders including NGOs and Drug De-addiction centres will be consulted to formulate guidelines and an action plan to counter the menace of drug abuse.
- A combination of two data collection approaches was employed in this Survey
- A Household Survey (HHS) was conducted among the representative, general population (10-75 years old) of all the 36 states and UTs of the country. This was aimed primarily at studying the use of common, legal substances (like Alcohol and Cannabis). At the national level, a total of 200,111 households were visited in 186 districts and a total of 473,569 individuals were interviewed.
- A Respondent Driven Sampling (RDS) survey along with multiplier approach was conducted in 123 districts among 70,293 people suffering from dependence on illicit drugs. This was aimed primarily for estimating the prevalence of dependence on illicit drug (since the HHS tends to underestimate illicit drug use).



Major Findings

- **Alcohol Use**
 - At the national level, about 14.6% of people (among 10-75 year old) are current users of alcohol, i.e. about 16 Crore people.
 - Prevalence is 17 times higher among men than women.
 - About 5.2% of Indians (more than 5.7 crore people) are estimated to be affected by harmful or dependent alcohol use. In other words, every third alcohol user in India needs help for alcohol related problems.
 - States with the high prevalence of alcohol use are Chhattisgarh, Tripura, Punjab, Arunachal Pradesh and Goa.

- **Cannabis Use**
 - About 2.8% of Indians (3.1 Crore individuals) report having used any **cannabis product** within past 12 months (Bhang – 2% or 2.2 crore people; Ganja/Charas – 1.2% or 1.3 Crore people).
 - About 0.66% of Indians (or approximately 72 lakh individuals) need help for their cannabis use problems.
 - States with the higher than national prevalence of cannabis use are *Uttar Pradesh, Punjab, Sikkim, Chhattisgarh and Delhi.*
- **Opioids**
 - At the national level, the most common opioid used is Heroin, (current use 1.14%) followed by Pharmaceutical opioids (current use 0.96%) and then Opium (current use 0.52%).
 - Prevalence of current use of opioids, overall is 2.06% and about 0.55% of Indians are estimated to need help for their opioid use problems (harmful use and dependence). More people are dependent upon Heroin than Opium and Pharmaceutical Opioids.
 - Of the total estimated approximately 60 lakh people with opioid use disorders (harmful or dependent pattern) in the country, more than half are contributed by just a few states viz. Uttar Pradesh, Punjab, Haryana, Delhi, Maharashtra, Rajasthan, Andhra Pradesh and Gujarat.
- **Sedatives**
 - About 1.08% of 10-75 year old Indians (approximately 1.18 crore people) are current users of sedatives (non-medical, non-prescription use).
 - Uttar Pradesh, Maharashtra, Punjab, Andhra Pradesh and Gujarat are the top five states which house the largest populations of people using sedatives.
 - Inhalants are the only category of substances for which the prevalence of current use among children and adolescents is higher (1.17%) than adults (0.58%).
- Cocaine (0.10%) Amphetamine Type Stimulants (0.18%) and Hallucinogens (0.12%) are the categories with lowest prevalence of current use in India.
- Nationally, it is estimated that there are about 8.5 Lakh People Who Inject Drugs (PWID). High numbers of PWID are estimated in Uttar Pradesh, Punjab, Delhi, Andhra Pradesh, Telangana, Haryana, Karnataka, Maharashtra, Manipur and Nagaland.
- **Access to treatment Services:** In general, access to treatment services for people affected by substance use disorders is grossly inadequate. Just about one in 38 people with alcohol dependence report getting any treatment. Only about one in 180 people with alcohol dependence report getting inpatient treatment / hospitalization for help with alcohol problems. Among people suffering from dependence on illicit drugs, one among 20 people has ever received inpatient treatment/ hospitalization for help with drug problems.

Government's Steps To Combat The Menace

- The government has constituted **Narco-Coordination Centre (NCORD)** in November, 2016 and revived the scheme of Financial Assistance to States for Narcotics Control. Besides in 2017, the government approved new Reward Guidelines with increased quantum of reward for interdiction or seizure of different illicit drugs.

- For effective coordination with foreign countries including neighbouring countries, India has signed **37 Bilateral Agreements/Memoranda of Understanding**.
- *Narcotics Control Bureau* has been provided funds for developing a new software i.e. **Seizure Information Management System (SIMS)** which will create a complete online database of drug offences and offenders.
- The government has constituted a fund called “**National Fund for Control of Drug Abuse**” to meet the expenditure incurred in connection with combating illicit traffic in Narcotic Drug, Psychotropic Substances; identifying, treating and rehabilitating addicts, and educating public against drug abuse.

Global Digital Health Partnership

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

In News

- The fourth Global Digital Health Partnership Summit was recently held in India. It was hosted by the Ministry of Health and Family Welfare in collaboration with World Health Organization (WHO) and the Global Digital Health Partnership (GDHP).
- **Australia** was the host country for the inaugural summit in February 2018.
- The Ministerial conclave discussed the implication of digital health interventions to health services accessibility, quality and affordability and explored ways of leveraging digital health technologies to strengthen the healthcare delivery systems globally.

Some Random Facts

- India took the world stage at the **71st World Health Assembly** in Geneva, Switzerland by successfully introducing and unanimous **adoption of Resolution on Digital Health**.
- This resolution highlighted global attention to the **potential, challenges and opportunities of Digital Health interventions** and the need for closer collaboration on the issue globally for countries achieving health-related SDG targets as well WHO's implementation of **13th General Program of Work**.

About Global Digital Health Partnership (GDHP)

- It is an international collaboration of governments and territories, government agencies and the World Health Organization (WHO) dedicated to improving the health and well-being of their citizens through the best use of evidence-based digital technologies.
- It was established in 2018 as a platform to facilitate global collaboration and co-operation in the implementation of digital health services.
- The GDHP is currently focused on the five work streams: Cyber Security, Interoperability, Evidence and Evaluation, Policy Environments, Clinical and Consumer Engagement.
- The Australian Digital Health Agency is providing the secretariat services for the first eighteen months of the GDHP.
- They can improve the safety, quality and effectiveness of healthcare, support earlier diagnosis of disease and the development of new medicines and treatments. They can empower patients, citizens and the care professionals who serve them.

What Is Digital Health?

- Digital health involves the use of information and communication technologies to track well-being and health indicators such as blood pressure and heart rate.
- Digital health is also referred to as telehealth or mhealth.
- Mhealth, or mobile health, is a branch of digital health specific to mobile phone technologies.

What are the benefits of digital health?

- Allows both the public and patients to self-manage their health
- Care for patients with long-term conditions
- Enables remote monitoring of patients

Indian Initiatives

- **Ayushman Bharat** is primarily dependent on maximising the use of digital tools for effective implementation and monitoring. The scheme is completely digital wherein all the processes from beneficiary identification to hospital empanelment and settlement of claims are done electronically. Hence all the benefits of the scheme are delivered in a mode that is cashless, paperless & completely transparent for all stakeholders
- The Health Ministry is in the process of establishing an ***Integrated Health Information Platform*** for interoperability amongst various health IT systems and a pan-India exchange of Electronic Health Records of citizens ensuring privacy, security, and confidentiality of data. The same is to be supplemented by a pan-Indian network of disease surveillance, tele-medicine and tele-radiology and tele-education.

Global Health Expenditure Report (GHED)

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

In News

- WHO recently released a new report on global health expenditure. The GHED provides internationally comparable data on health spending for close to 194 countries, since 2000.
- Health spending consists of government expenditure, out-of-pocket payments (people paying for their own care), and sources such as voluntary health insurance, employer-provided health programmes, as well as activities by non-profits.
- The report analyses for the first time, data for a subset of countries not only on the basis of sources of spending but also on how the money was used — on primary health care and by specific disease priority and intervention category.
- According to the report, public spending on health is essential for achieving the Sustainable Development Goal (SDG) targets for health through sustainably funding common goods and subsidising services to the poorest segments of society.
- A health system that relies mainly on high levels of government funding, as well as a high share of public sources in overall health spending, generally provides better and more equitable access to services and better financial protection.

Report Findings

- In low- and middle-income countries, health spending is undergoing a transformation. The reliance of people on public funding has increased. In most regions, reliance on out-of-pocket spending is gradually going down and has also been associated with a reduction in the share of domestic government revenues allocated to health.
- Global spending on health increased in low- and middle-income countries by 6 per cent and in high income countries by 4 per cent.
- While the total amount of aid that middle-income countries receive has increased, aid per capita has fallen. In 2016, lower- and upper middle-income countries still received close to 57 % of global aid, and certain middle-income countries still received large amounts of aid in absolute terms.
- Therefore, there is an ***inverse relationship between a country's income levels and the share of external aid*** as a health funding source.
- According to the report, the roles of external and domestic funding are evolving; however, external funding is declining in middle-income countries.
- Governments account for less than 40 per cent of primary health care spending. There are huge variations across countries in public spending on primary health care, which is intended to give people access to quality care, including access to medicines, as needed.
- The data indicates that nearly half of donor funds for health and about 20 per cent of public spending on health went to combat HIV/AIDS, malaria and tuberculosis. About one-third of domestic public spending went towards injuries and non-communicable diseases, which received comparatively little external funds.
- Health is a human right and all countries need to prioritise efficient, cost-effective primary health care as the path to achieving universal health coverage and the Sustainable Development Goals

HOPE Portal

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

In News

- In order to extend benefits associated with Insurance Regulatory and Development Authority of India (IRDAI) and Ayushman Bharat scheme to small scale hospitals across India, the government has digitalized and simplified the **National Accreditation Board for Hospitals and Healthcare Organizations (NABH)** accreditation process.
- The revised process is driven through a new portal called HOPE - **Healthcare Organizations' Platform for Entry-level-certification** with a focus to promote quality at nascent stages by enrolling a wide range of hospitals across the country including healthcare organizations (HCOs) and small healthcare organizations (SHCOs).
- The **aim is to create a momentum for HCOs and SHCOs** that want to avail benefits associated with IRDAI and Ayushman Bharat by getting themselves NABH certified along with the primary aim of creating a quality healthcare ecosystem in India.
- Universal and affordable health services in Ayushman Bharat are possible through hospitals that have quality health care facilities, hence more and more hospitals now want to be a part of scheme.

- HOPE is not just confined to certification of HCOs/SHCOs, but also enables them to comply with **quality protocols, improve patient safety and the overall healthcare facility** of the organization.
- A mobile application has also been developed to support HCO/SHCOs for directly uploading geo-tagged and time stamped evidences required for compliance to the standards.
- It has also changed the assessment process which is now carried out on a technology based application where the data is captured and validated on a real-time basis

NABH

- The NABH is a constituent body of **Quality Council of India (QCI)** which handles global accreditation in Indian healthcare sector under Ministry Of Commerce And Industry.
- It has been working to ensure reliability, efficiency and global accreditation in Indian healthcare sector using contemporary methodologies and tools, standards of patient safety & infection control.
- The accreditation provides assurance of quality and care in hospitals at par with international benchmarks.

Medical Devices To Be Treated As Drugs

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

In News

- The Centre has issued a notification according to which medical devices viz. all implantable devices, CT Scan, PET and MRI equipment, defibrillators, dialysis machines and bone marrow separators, will be treated as drugs for human beings with effect from April 1, 2020. The decision was taken in consultation with the Drugs Technical Advisory Board.
- Majority of medical devices are completely unregulated in India. According to public health experts, the medical device industry is ridden with loopholes and thus regulation is extremely important. The recent controversy over Johnson & Johnson's alleged faulty acetabular surface replacement (ASR) has brought to light the loopholes of the medical devices industry.
- With this move, all implantable devices and some diagnostic equipment will be brought into the regulatory framework under Central Drugs Standard Control Organisation (CDSCO) which is important from a patient safety perspective. The agency will be responsible for approving the import, manufacture and sale of the devices.
- Through this move the government also intends to regulate pricing of medical equipments that would not allow an increase of price hike of more than 10 per cent a year.

Swachh Shakti

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

In News

- Swachh Shakti 2019, a convention of women Sarpanches where the Swachh Shakti-2019 awards were distributed, was recently **held in Haryana**.

- The movement is a part of activities under the aegis of the **Swachh Bharat Mission**. It is a national event which aims to bring in to focus the leadership role played by rural women in Swachh Bharat Mission. Women Sarpanches and Panches from all over the country attended the event and around 15,000 women participated in the event aimed at empowering women.
- The **Ministry of Drinking Water and Sanitation** in association with the **Govt. of Haryana** had organized the event. Best practices from grass root level in the rural areas for Swachh Bharat were shared at the event. The event also showcased the achievements of Swachh Bharat and the recently conducted *Swachh Sunder Shauchalay*, (neat and clean toilet) - a unique and first of its kind in the world campaign.
- The first **Swachh Shakti program** was held at **Gandhinagar**, Gujarat in 2017 on International Women's Day.
- Swachh Shakti is an example of how at the grass root level, rural women champions are acting as a change agent to mobilize the community and lead from the front for a Swachh Bharat.

National Testing Agency Launches A Mobile App

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

In News

- The National Testing Agency (NTA) has launched a mobile app through which students can practice or take mock tests on their own computers or smart phones.
- In order to ensure that no student is disadvantaged due to lack of resources, NTA has established a network of more than 4000 Test Practice Centres (TPCs) to acquaint the aspirants, especially those from rural areas with Computer Based Tests (CBTs).
- Computer-based tests aren't a cakewalk for all kinds of students in India as even though the spread of digital awareness is growing, it hasn't reached every underprivileged corner of India yet.
- Students across the country can register themselves online at NTA Website or NTA Students App for visiting the TPCs. All these services are provided to the students free of cost.
- So far, more than one lakh students have registered at these TPCs and more than one crore students have benefited from these App & Web services.

National Testing Agency

- National Testing Agency (NTA) has been established as a premier, specialist, autonomous and self-sustained testing organization to conduct entrance examinations for admission/fellowship in higher educational institutions.
- Among others, it conducts Joint Entrance Examination (JEE) main for undergraduate engineering admissions and National Eligibility cum Entrance Test (NEET) for medical admissions.
- Its mission is to **improve equity and quality in education** by administering research based valid, reliable, efficient, transparent, fair and international level assessments.

- It intends to create a system which will promote teaching (by teachers), learning (by students) and assessment (by parents and institutions).

Operation Digital Board (ODB)

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

In News

- The Union HRD Ministry has launched Operation Digital Board to leverage technology in order to boost quality education in the country.
- Although the country has a good number of premier institutions, which compete with the best in the world, a large number of higher education institutions and schools need improvements in quality teaching-learning, as the students coming out of these institutions find themselves unsuitable for the requirements of the society and market.
- ODB aims to set up **one digital and interactive board per classroom in government and government-aided schools, for students from class 9 to 12 in schools, in addition, to classes in higher education institutions by 2022.**
- Additionally, e-resources will be made available to students for anytime, anywhere access. The scheme aims at converting a conventional classroom into a digital classroom.
- It is a revolutionary step which **will make the learning as well as the teaching process interactive and popularise flipped learning as a pedagogical approach.** It will also help in provisioning of personalised adaptive learning as well as Intelligent Tutoring by exploiting emerging technologies like Machine Learning, Artificial Intelligence & Data Analytics.
- **UGC will be the implementing agency for ODB in HEIs.** For the 2 lakh class rooms, the cost is estimated at Rs. 2000 crores. This can be implemented as a Central scheme, as a loan from HEFA.
- Besides ODB, the launching of **e-Pathshala, DIKSHA, NROER, NPTEL, e-pgpathshala SWAYAM and SWAYAM-Prabha DTH Channels** etc. by MHRD has provided adequate content of high quality which can be taken to every classroom, and thereby raise the standards of teaching, irrespective of the location of the schools and colleges. Moreover, such technology enabled learning can also inspire teachers across the country to raise their own standards of teaching.

Scheme for Higher Education Youth in Apprenticeship and Skills (SHREYAS)

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

In News

- **Ministry of Human Resources and Development** along with **Ministry of Skill Development & Entrepreneurship** and the **Ministry of Labour & Employment** has launched SHREYAS for providing industry apprenticeship opportunities to the general graduates.
- SHREYAS is a programme conceived for students in degree courses, primarily non-technical, with a view to **introduce employable skills into their learning, promote apprenticeship as integral to education and also amalgamate employment facilitating**

efforts of the Government into the education system so that clear pathways towards employment opportunities are available to students during and after their graduation.

- Education with skills is the need of the hour and SHREYAS will be a major effort in this direction to make the degree students more skilled, capable, employable and aligned to the needs of the economy so that they contribute to country's progress and also obtain gainful employment.
- The portal will enable educational institutions and industry to log in and provide their respective demand and supply of apprenticeship. The matching of students with apprenticeship avenues will take place as per pre-specified eligibility criteria.
- State Governments are expected to play a major role in securing apprenticeship opportunities, apart from the Sector Skill Councils, so that general degree students passing out in April 2019, gain the option of industry & service sector apprenticeship.
- Further, the SSCs have identified more than 100 NSQF aligned Job roles/courses in the sectors of IT, Retail, Logistics, Tourism, Healthcare, BFSI, Electronics, Media, Life Sciences and Management, which the exiting graduates can take up under apprenticeship program.
- Additionally, the ministry has also planned to change the curriculum of general courses to make them more employment-friendly. 1000 hours of coursework will be added to BA, BCom and BSc programmes; out of which 250 hours each will be given to soft and ICT skilling and rest 500 hours will be dedicated to specific skill courses. Thus, the courses would be known as BA professional, B Com professional and BSc professional programme.
- While these three courses will be launched from the coming academic year 2019-20 onwards, the ministry also aims to expand and bring other graduate and PG level programmes under the ambit.

Skill Saathi Youth Conclave

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

In News

- Union Ministry of Skill Development and Entrepreneurship (MSDE) recently organized the Skill Saathi Youth Conclave in Odisha, to create awareness about various programs under Skill India Mission
- Skill Saathi is a **career counselling initiative of the National Skill Development Corporation, under the aegis of MSDE**, to guide candidates by providing them with information on career paths and opportunities.
- Skill Saathis **provide information on vocational education and available market opportunities, facilitate psychometric testing and conduct face-to-face counselling interventions** to guide aspirants to make the right choice of training and subsequent employment/entrepreneurship.
- The qualitative counselling sessions aim to counsel candidates in the age group of 15 – 35 years and steer them towards becoming '**Empowered Drivers of Change**'. The focus lies on school and college students along with dropouts, young adults from the community, students from colleges, polytechnic, ITI, diploma-holders, graduates and post-graduates.
- Key achievements of the Skill Saathi Career Counselling scheme include creation of capacity building workshops across 29 states that have witnessed the participation of more

than 450 Pradhan Mantri Kaushal Kendras (PMKKs) and Counselling Implementing Organizations along with hosting booths at Rozgar Melas held across the country.

Inclusive Internet Index 2019

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

In News

- The Economist Intelligence Unit, commissioned by Facebook, has published the Inclusive Internet Index for a third consecutive year. It covers 100 countries, up from 86 in 2018, representing 94% of the world's population and 96% of global GDP.
- **India has been ranked 47th** in the overall score while **Sweden** topped the chart, followed by Singapore and the US.
- The index measures four domains which, taken together, provide a holistic picture of Internet inclusion:
 - **Availability:** Quality and breadth of available infrastructure required for access and levels of Internet usage.
 - **Affordability:** Cost of access relative to income and the level of competition in the Internet marketplace.
 - **Relevance:** Existence and extent of local language content and relevant content
 - **Readiness:** Capacity to access the Internet, including skills, cultural acceptance, and supporting policy

Report Findings

- According to the report, there are demonstrable benefits from comprehensive female e-inclusion policies, digital skills programmes and targets for women and girls to study science, technology, engineering and mathematics (STEM).
- Men still have more Internet access than women globally, but low and lower middle income countries narrowed the gender gap in 2018.
- However, affordability is declining relative to monthly income in many countries, disproportionately affecting women and people in low income countries, all of whom are more reliant on mobile as their primary means of accessing the Internet.
- While the percentage of households connected to the Internet globally increased, on an average from 53.1 per cent to 54.8 per cent, the rate of growth in Internet connections slowed to 2.9 per cent in 2019 from 7.7 per cent in 2018.
- While lower middle income countries had a significant 66 per cent improvement in 4G coverage, low income countries saw a moderate 22 per cent improvement.
- Web accessibility standards also improved globally, led by low and lower middle income countries.
- Although the overall gap between those with access to the Internet and those without narrowed, the lowest income countries fell behind because they improved at a slower rate than other countries and much slower than last year. There are still about 3.8 billion people around the world without fast and reliable Internet access.

- Internet connections in low income countries increased by only 0.8 per cent compared to 65.1 per cent last year.
- More than half (52.2 per cent) of respondents said they are not confident about their online privacy. Yet the majority of respondents (74.4 per cent) think the Internet has been the most effective tool for finding jobs