# TARGETING



## **TNPSC** GROUP-II MAINS 2023 **WRITTEN EXAM**

### QUESTION WITH SIMPLIFIED ANSWER



- Poverty
- **Sanitation** 
  - Rural and Urban
- Illiteracy



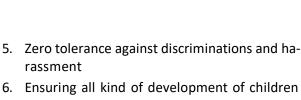
**English Medium** 

0461 - 4000970

MADURAI

# வெற்றி <sup>ஒன்றே</sup> இலக்கு

#### Answer Key - English



#### UNIT - I

1)	Give a brief notes on Integrated Rural Develop-
	ment Programme

<u>IRDP</u>	1

- 1. Initiated in 1978 79
- 2. Provide assistance to rural poor in the form of subsidy & Bank credit
- 3. Generate productive employment opportunities.

#### 3 **Importance**

- 1. Help in eradication of poverty
- 2. Create productive assets in the rural areas
- 3. Enhances the living standards of poor
- 4. Helped the families who live below poverty line to enhance the state of living

#### 2) Critically analyze the National Literacy Mission.

#### **National Literacy Mission**

- 1. Initiated in 1988 1
- 2. Goal Increasing functional literacy to 80 million illiterate persons in 15-35 age group.
- 3. Achieve 80% literacy within 1995.

#### Methodologies

- 1. Total literacy campaign
- 2. Post literacy compaign

#### **Benefits** 3

- 1. Provide confidence among the people to move ahead in their life.
- 2. Surge in the literacy rate from 36% in 1981 to 64.83% in 2001 - 74.04% in 2011.

#### 3) Describe about the Saakshar Bharat Mission 2009

#### Saakshar Bharat Mission: 2009 1

- 1. National literacy mission was recasted
- 2. Focus on female literacy

#### **Right to Education Act 2009** 1

- 1. Compulsory and free education for all
- 2. The beachmark Mandate
- 3. Special provisions for special cases
- Quantity and quality of teachers

- 6. Ensuring all kind of development of children
- 7. Improving learning outcomes to minimize detention
- 8. Monitorring compliance of RTE Norms
- 9. Right to Education act is Justiciable
- 10. Creating inclusive spaces for all

#### **Objective**

- 1. Achieving 80% literacy level at National level
- 2. Create awareness of social disparities
- 3. Impart functional literay to 80 million non-literate adults in the age of above 15 years.

#### **Implementation**

1

- 1. People's participation Involvement of volunteers
- Government as facilitate & resource provides

#### 4) Give a short notes on CM's Comprehensive Health **Insurance Scheme**

- 1. Initiated in 2012 1
- 2. Target to benefit 1.34 core families

#### Eligibility

1. Family income < 72000 per year

#### Coverage

- 1. 1 lakh per year for a family for 4 years 2. Nearly 250 hospitals were emparelled
- 3. Primary, secondary, tertiary care services

#### Recent move

- 1. 2018-Integrated with Ayushman Bharat scheme
- 2. Providing Rs.5 lakh per family per year
- 3. Included cataract surgery on 2022

#### 5) Describe about the MDPI

- 1. MDPI stands for Multi Dimensional poverty Index
- 2. Global MDPI covers 109 developing countries

#### Three dimensions of poverty

- 1. Health
- 2. Education
- 3. Standard of living

#### Index 10: India's rank in the global MDPI 2

- 1. 66 / 109 countries
- India has left 271 million people out of poverty.

2

		ioot I / monoi noj   I monoi			(AS ACADEMI)		
	3.	National MDPI is based on National Family Health survey	_		UNIT - II		
6)	Exi	plain the key aspects of Food Security Act 2013	1)		fine Literacy, analyze the causes of illiteraacy		
'	Aim			in the country and list out the initiatives taken by Gol in this regard.			
	_	— Provide food & Nutritional security to the poor			eracy 2		
		population		-	Census commission of India 1991 defined lit		
	Co	<u>verage</u>			erate person as "one who can read & write		
	1.	75% of rural population 2			with understanding in any Indian languages.		
	2.	50% of urban population			ternational Literacy day - 8th September		
	Be	nefits 2			th round of NSSO in 2018 states that 1		
	1.	35 kg of food grains per month for AAY benefi-		_	Overall literacy rate - 77.7%		
		ciaries		2.			
	2.	5 kg & food grains under National food secu-		3.			
		rity act		4.			
		cluded Schemes 2			Female literacy rate - 70.3%		
		Mid day meal scheme			uses of illiteracy in the country 4		
		Public Distribution System (PDS)		1.	High rate of population growth & low rate o literacy		
_	3.	Integrated Child Development Services (ICDS)		2.	Ineffectiveness of primary schools		
7)		ve short notes about the Illam Thedi Kalvi Thittam		3.	Prevalence of child labour		
	<u>Aiı</u>			4.	High level of poverty		
	1.	Started in 2021 to bridge the learning gap due		5.	Non conducive educational polices of colonia		
	2	to COVID 19 pandemic		6.	Gender discriminations		
		Initiated in Mudaliyarkuppam, Villuppuram Dt.		7.	Economic disparities		
		<u>viect</u> 2		8.	Caste discrimination		
	1.	Imparting fundamental literacy, to class I to VIII.	1	<u>Ini</u>	tiatives taken by the Government 4		
	2.	Take care of mental health of the children	4 1	1.	Gram shikshan Mohim 1959		
		plementation 2		2.	National Adult Education Program 1978		
		Involvement of volunteers & school teachers		3.	Rural Functional literacy project 1986		
		Classes nearby the residentials of children		4.	Saakshar Bharat 2009		
8)		rite about Tamil Nadu Health Systems project		5.	Samagra shiksha Abhiyan 2018		
,	1.	2005 - Government of Tamilnadu & World Bank		6.	Ekalayva model residential school		
		1		7.	National Education policy 2020		
	Ob	ojective 2		8.	NIPUN Bharat scheme 2020		
		Create a health accessible, equitable & effec-		9.	Mid day meal program		
		tive		<u>Co</u>	nclusion 1		
	Co	mponents 2		-	Problem of illiteracy can be widely seen dur		
	1.	Increasing access to & utilisation of services.			ing the COVID 19 period in containing the spread of COVID 19 Universal literacy is the		

need of the none. 2) Explain the Salient features of Right to Education Act 2009.

Right to Education is the landmark enactment that made light to education as fundamental right as per Art 21A & give effect to this right.

86th amendment act, 2002 brought light to education as fundamental right

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2. Non communicable disease prevention & con-

3. Technological management of health system.

1. Upgraded to Tamilnadu Health System Reform

2. TN ranked 2<sup>nd</sup> in the NITI Aayog's Health Index

programme in 2020

trol

**Recent update** 

2021

1. Measure the performance of states or district.

1. ODF + - Open defecation & open urination free

2. ODF ++ - Effective management of waste & sludge

Swachh survekshan survey

**ODF + & ODF ++** 

**Outcome of SBM** 



Salient features of RTE act

**Universalisation of primary education** 

2. Education as fundamental right

Reservation for disadvantaged sections

1. Primary education to all children aged 6 to 14 years

1. 25% reservation for SC/ST, socially backward

		class, differently abled.		1.	Declaring India as ODF 2	
	2.	Ensurer social inclusion.		2.	PM Narendra Modi declared India as ope	en
Admission disregarding the age				defecation free in 2019 Oct 2		
	1.	Child to be admitted to an age appropriate class		3.	Held on of 150 <sup>th</sup> birth anniversary & Gandhi	iji
	2.	Admission to a child including back of age proof.		Re	duced mortality to waste borne diseases	
		orms 7 standards		1.	Reduced 50% of child death due to diarrhe infections.	al
	1.	Norms & standard related to Pupil Teacher ratio Buildings & infrastructure School working days		Co	nclusion 1	
	No	No detention policy		-	Swachh Bharat Abhiyan was the tremendo	
	1.	No detention upto class 8			effort appreciated by world countries for e	n-
	2.	Removed by RTE (amendment) act 2019		suring sanitation in rural India.  Write about Medical Tourism in the country ar		
	Appointment of quality teachers		4)	Analyze the reasons for the growth of Medical		
	1.	With requisite entry & academic qualifications.			urism in India.	
	Wa	aives of fees		1.	Medical tourism in India attracts the patien	its
	1.	Waiver of capitation fee for students.			from abroad for quality, affordable healthca	
	2.	Provides notebooks, textbook			facilities in India.  2. India attracts 60% of medical tourism	
	<u>Co</u>	nclusion		3.	Chennai - Health capital of India	
	-	RTE successfully increased the enrolment in			edical tourism in the country 9	
		he upper primary level & made education in-	7		In 2020 India's medical tourism estimated	
٥١	147	clusive & accessible nationwide.			be US \$ 5 - 6 billion	
3)		rite about the Objectives key provisions and tcome of Swachh Bharat Abhiyan		2.	Nearly 4.75 lakh visitor every year	
	-	Swachh Bharat Abhiyan was started on Oct 2, 2014 by PM Narendra Modi to achieve the uni-		3.	Southern states of Tamilnadu, Kerala, Andhr Karnataka, New Delhi is the leading destination	
		versal sanitation coverage in the rural areas.		4.	Most of the medical tourist from Southea Asia, Middle east, Africa, SAARC region.	st
	<u>Ob</u>	ojectives 3	5)	Re	ason for the growth of medical tourism in I	n-
	1.	Spread awareness about the cleanliness		dia	ı <b>.</b>	
	2.	Provide basic sanitation, facilities like toilet,			ordable health sewicer 2	
	solid & liquid waste disposal system.				Cost of treatment - 1/10th of cost in USA, ul	K
	3.	Safe & adequate drinking water supply to ev-			Affordability & accessibility	
		ery person.			ality health services 2	
	Ke	<u>y provisions</u>			Technological development in medical service	es
	<u>Ор</u>	pen defecation free status 3		2.	Ex Robotic surgery is famous in India	

10

**Construction of toilets** 

tion of toilets.

2. Ease of access to sanitation

1. Declaring particular state, village or district as ODF.

1. Provides subsidy of Rs.12000 for the construc

2. Detailed survey to declare as ODF.

2

**Efficiency of Medical professionals** 

**Favourable visa norms** 

1. Language skills of medical professionals

2. Communication with foreign patients was easy

1. Providing e-medical visa to foreign patients

Simplifying the procedures for medical tourism

2

#### Hospitality of India

1. India's hospitality was enchanted by world countries.

#### 2 Conclusion

One Nation one Tourism' approach of Government of India also promotes medical tourism. But for full utilisation of this infrastructure & connectivity, promotion & marketing needs to be enhanced.

#### 6) Bring out the key aspects of DDAY - NRCM

DDAY-NRCM is a centrally sponsored programme launched by Ministry of Rural development in 2011 to eradicate the rural poverty.

#### Goal 1 of SDG - No poverty

#### **Objective**

2

- 1. Eliminate rural poverty
- 2. Promotion of multiple livelihoods
- 3. Improved access to financial services for rural poor

#### **Key aspects of DDAY-NRCM**

#### **Organisation of SHG**

- 1. Universal social mobilisation
- 2. Consist women of same socio-economic background.
- 3. Promotes the habit of savings among members

#### Financial Inclusion of women

- 1. Through bank credit increased access to banking institutions.
- 2. Reduced exploitation from moneylender

#### **Creating productive assets**

- 1. Productive assets in the form of subsidy & bank credit
- 2. Self employment opportunities

#### **Implementation**

- 1. Implemented in mission mode by special purpose vehicles
- 2. Implementation support units at the national, state, district & block level
- 3. Using professional human resources to provide continuous support to rural poor

#### Support provided

- 1. 63 lakhs SHG comprising 7 crore women members
- 2. Granted Rs.3 lakh crore in loans only 2.3% NPA
- 3. Outstanding loans 1 lakh crore
- 4. Government plans to take the scheme to 10 crore women.

#### Conclusion

Recently DDAY - NRCM was extended to J & K which ensured universal coverage of the scheme.

#### 7) Give a detailed notes on National Rural Health Mission.

National Rural Health Mission is the component of National Health Mission, initiated in 2005 for the development of resilient health systems in rural India.

#### Goals

2

- 1. Reduce MMR to 1/1000 live births
- 2. Reduce IMR to 25/1000 live births
- 3. Reduce Total fertility Rate to 2.1
- 4. Prevention & reduction of anemia in women aged 15-49 years.
- 5. Reduce out of pocket expenses of rural households.

#### Components

2

- 1. Reproductive health
- 2. Maternal health
- 3. Neonatal health
- 4. Child health
- 5. Adolescent health
- 6. Communicable & Non communicable diseases

#### Support to states & UTs

3

- 1. Health facilities Setting up of new facilities Upgradation of exiciting facilities
- 2. Health services
- 3. Provision of range of few services such as Maternal health Child health, adult health Universal immunication programme

#### **Major initiatives under NRHM**

3

- 1. Janani Shishu Suraksha Karyakram
- 2. Rashtriya Bal swasthya Karyakram (RBSK)
- 3. Free drugs & free diagnostics service
- 4. PM National Dialysis Programme
- 5. National quality Assurance framework
- 6. Mobile medical units
- 7. Ayushman Bharat

#### Conclusion

Because of wide implementation of NRCM we have significant improvement in IMR to 28/ 1000 live birth & MMR, infant & under 5 mortality rate.



#### **UNIT - III**

#### 1) Evaluate the measures taken by Gol to allieviate poverty in the country.

#### Introduction 1

- 1. Poverty is a state or condition in which a person or community lacks the financial resources for a minimum standard of living.
- 2. India 21.9% of population lives below poverty line in 2011.

#### **Poverty Estimation**

- 1. India Based on consumption expenditure
- 2. Suresh Tendulkar Committee (2009)

#### International - 1.90 a day by World Bank

Consumption, expenditure based

- 1. Rs. 47 a day in urban area (5<sup>th</sup> plan)
- 2. Rs. 32 a day in rural area (6th plan)

#### Measures taken by Gol to alleviate poverty in the country

#### IRDP: 1978 - 79

- 1. Providing assistance to rural poor in the form of subsidy & bank credit
- 2. Generate productive employment opportunities through successive plan periods.

#### Jawahar Rozgar yojana 1989

- 1. Generate meaningful employment opportunities for unemployed, under employed.
- 2. Creation of economic infrastructure

#### Indra Awaas Yojana 1985

- 1. Providing few housing to BPL families in rural areas
- 2. Main targets SC/ST

#### Food for work programme 1977

- 1. Enhancing food security through wage employment
- 2. Supply of food grains at fue of cost.

#### National old age pension scheme (NOAPS) - 1995

- 1. For old age people of 60-79 years Rs. 200 per month
- 2. For old age people of above 80 years Rs.500 per month
- 3. Pension by Central government

#### Annapurna scheme -2000

- 1. Provide food to senior citizens not covered under NOAPS
- 2. 10 kg of fue food grains/month for senior citi-
- 3. Target "Poorest of the poor"

#### Sampoorna Gramin Rozgar Yojana - 2001

- 1. Generation of wage employment
- 2. Creation of durable economic infrastructure
- 3. Provision of food & Nutrition security to poor

#### **MGNREGA 2005**

- 1. 100 days of assured employment / year
- 2. 1/3<sup>rd</sup> of jobs reserved for women
- 3. Establishing National Employment Guarantee fund.

#### National Rural livelihood mission: Aajeevika 2011

- 1. Diversity the needs of rural poor
- 2. Formation of self help group at the village level.

#### Garib kalyan Rojgar Yojana 2020

- 1. Employment to the Migrant labourer during COVID 19 period
- 2. Free supply of food grains

#### Conclusion

1

- Because of this consistent efforts India ranked 66/109 countries in the global multidimensional poverty Index as of 2021.
- 2) Write an article about the National Education Policy 2020

#### Introduction

1

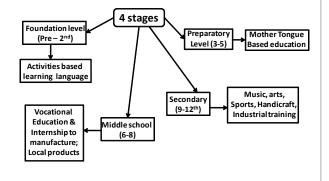
1. National Education policy 2020 was framed based on the Kasturi rangan committee report aimed at universalisation of education from pre-school to secondary level.

#### NEP 2020 aimed to make India as a global super power in innovation

#### **Key features**

#### Medium of instruction

- 1. Mother tongue based upto class 5 or 8
- 2. 3 language choice of states
- 3. Mother tongue + English + Any other Indian



#### 1 **Higher Education**

#### **Gross Enrollment ratio**

- 1. Achieve 50% GET by 2035
- 2. Current GER 26.3%

#### Flexibility in higher education

- 1. Multi disciplinary higher education framework
- 2. Multiple exit with certificates

#### Common Entrance

1

- 1. For all higher education institutes to be held by NTA
- 2. Optional not mandatory

#### Higher education commission of India

- 1. Single umbrella body for entire higher education excluding medical legal education
- 2. Affliation to autonomy of colleges

#### Technology & foreign institutes

1

- 1. Foreign unversity setup campus in India
- 2. National Assessment centre PRAKASH
- 3. National Education Technology Forum - few exchange of ideas, use of technology, to enhance learning, planning, Administration.

#### Teachers development

1

- 1. Teacher education, institutions to be multi displinary institutions by 2030.
- 2. PHD students to be provided with teaching experience.

#### Implementation of NEP 2020

- 1. Karnataka 1st state to implement
- 2. Gujarat 2nd to implement
- 3. Tamilnadu

Oposes NEP 2020

Framed Justice Murugesan committee to frame state education policy.

#### Conclusion

- National Education policy will make India as innovative hub of the world & in competition with world countries.
- 3) List down the highlights of National Health Policy 2017

#### Introduction

NHP 2017 replace the previous policy of 2002 to achieve universal access to good quality health care services without financial hardship.

#### **Key targets**

- 1. Increase life expectancy at birth from 67.5 to
- 2. Reduce fertility rate to 2.1 by 2025
- 3. Reduce Infant mortality rate to 28 by 2019
- 4. Reduce Maternal Mortality Rate 1/1000 live birth
- 5. Reduce under 5 mortality rate to 23 by 2025
- 6. Reduce premature death from cardiovascular disease by 25% by 2025.

#### **Highlights of NHP 2017**

10

#### Changing health priorities

1. Tackle the increasing non-communicable & infections diseases in India Growth of health care industry

#### **Growth of health care industry**

1. Strengthen the health care industry by advanced technologies

#### Lower the expenditure

- 1. Reduce the medical expenses
- 2. Provide service to poor & backward communities.

#### **Economic growth**

Enhance the fiscal capacity by boosting the economic growth.

#### Increase the budgetary allocations

Increase from 1.2% to 2.5% of GDP

#### **Insurance coverage to poor population**

NSSO data suggest 80% of India's population still uncovered by health insurance.

#### Reducing out of pocket expenses

6.9% in rural & 5.5% urban

#### Reduction of disease prevalence

1. Target of 90:90:90 for HIV/AIDS

#### Health infrastructure & human resource

- 1. Availability of paramedics & doctors
- 2. Ensure primary & secondary care facility

#### **Health management Information**

1. District level electronic database of information on health system of 2020.

#### Upgradation of policy

1. National Digital Health Mission (NDHM) Digital health services



2. Components

Health ID

Digi Doctor

Health facility Registry

Personal health records

E-pharmacy

Tele medicine

3. Merging of NOHM with Ayushman Bharat will gave big leap.

#### **Conclusion** 1

- National health policy was successful in providing affordable health facilities to poor, but health expenditure needs to be enhanced further.
- 4) What were the challenges faced by India during Covid - 19 issue and analyze the measures taken by Gol to tackle the issue.

#### Introduction 1

- First case of COVID 19 reported on 30 Jan, 2020 which impacted India on every sphere social, economic political sphere.
- It was first found in Kerala on March 23, and March 25 in east of the country which leads to lockdown.

#### Challenges faced by India during COVID 19 issue

#### **Population density**

- 1. Second most populous country in the world
- 2. Population density of 382 persons per sq km
- 3. Due to the unawareness of people spread of COVID 19 was rapid which is difficult to contain

#### Poverty & illiteracy

- 1. India holds largest number of poor people in the world
- 2. India's literacy rate 74.04%
- 3. Vast majority are semi literate, illiterate or poorly educated - Lack of knowledge about COVID 19.

#### Healh care

#### Poor health infrastructure

- 1. India holds only 0.55 beds per 1000 people
- 2. Total ICU capacity, less than 1 lakh

3. Total ventialator facility - 40000

#### Lack of health professionals

- 1. WHO recommended doctor: patient ratio 1: 1000
- 2. Indian case 1:1445

#### **Informal & migrant workers**

- 1. Loss of employment & wage
- 2. Trapped into poverty
- 3. ICO estimated 400 m informal workers is at risk of falling deeper into poverty.
- 4. Quarantine: Senior cirizens and orphans.
- 5. Increase of crime against women.

#### Measures taken by the Gol

7

#### Lockdown & guarantine

- 1. From March 24 21 day lockdown
- 2. Invoked under Epidemic disease act, 1897
- 3. Under Drugs and cosmetic rules, 1945. Chloroquine H1 announced as a medicine.

#### Testing cababilities

1. RTPCR & other antibody based test to be developed

#### Vaccine development

- 1. Financial & technical support to vaccine development
- 2. COVAXIN, COVISHIELD developed in India

#### **Technological upgradation**

- 1. Arogyasetu App for indentifying disease containing zone
- 2. COVIN App for registering to COVID 19 vac-
- 3. e-sanjeevani Tele medicine services

#### **Bring Indians from Abroad**

- 1. Vande Bharat through Airways
- 2. Samudra setu through waterways

#### **Support to neighbour countries**

- 1. Samudra setu II
- 2. Mission sanjewami

#### **Conclusion**

World countries are lauding India's efforts in containing COVID 19 till now India achieved 198 crore doses of COVID 19 vaccines.