



# YK GIST

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## November 2018



एक कदम स्वच्छता की ओर

## Swachhta Abhiyaan Rural Healthcare

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### Preface

This is our 44<sup>th</sup> edition of Yojana Gist and 35<sup>th</sup> edition of Kurukshetra Gist, released for the month of October 2018. It is increasingly finding a place in the questions of both UPSC Prelims and Mains and therefore, we've come up with this initiative to equip you with knowledge that'll help you in your preparation for the CSE.

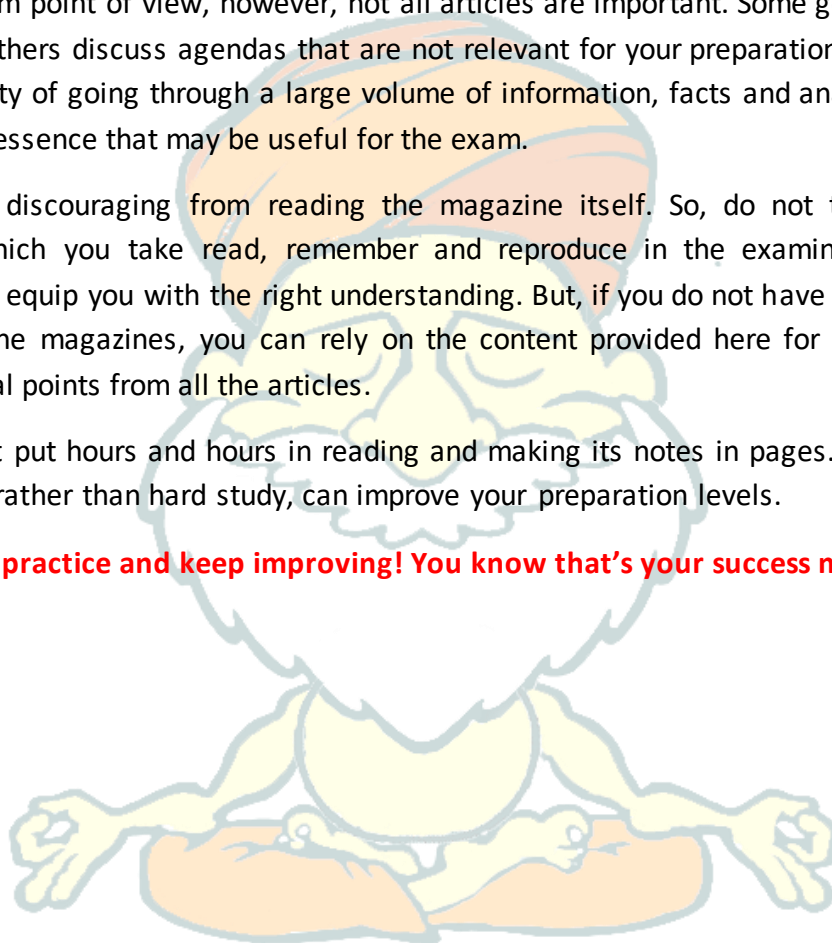
Every issue deals with a single topic comprehensively sharing views from a wide spectrum ranging from academicians to policy makers to scholars. The magazine is essential to build an in-depth understanding of various socio-economic issues.

From the exam point of view, however, not all articles are important. Some go into scholarly depths and others discuss agendas that are not relevant for your preparation. Added to this is the difficulty of going through a large volume of information, facts and analysis to finally extract their essence that may be useful for the exam.

We are not discouraging from reading the magazine itself. So, do not take this as a document which you take read, remember and reproduce in the examination. Its only purpose is to equip you with the right understanding. But, if you do not have enough time to go through the magazines, you can rely on the content provided here for it sums up the most essential points from all the articles.

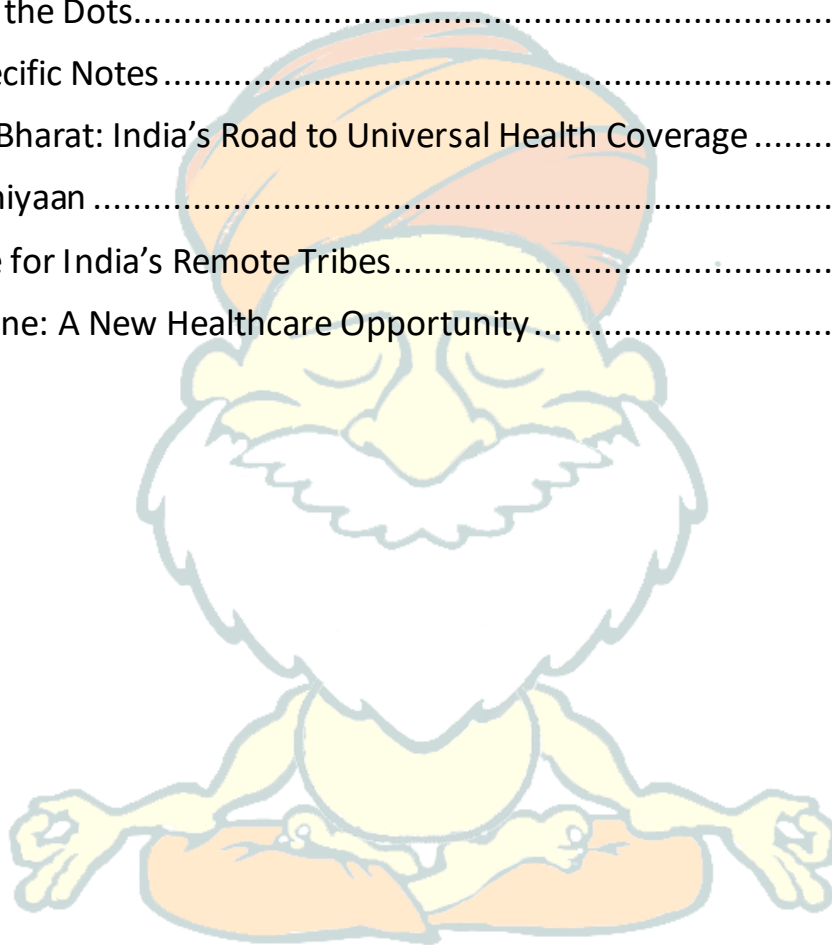
You need not put hours and hours in reading and making its notes in pages. We believe, a smart study, rather than hard study, can improve your preparation levels.

**Think, learn, practice and keep improving! You know that's your success mantra 😊**



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## “Swachhata – A Way of Life”

*“An ideal village will be so constructed as to lend itself to perfect sanitation...The very first problem the village worker will solve is its sanitation.”*

- Mahatma Gandhi wrote in ‘Harijan’ (1937)

Mahatma Gandhi gave great emphasis on cleanliness, personal hygiene and sanitation. They are the basic determinants of a healthy and quality life. Perfect sanitation formed the core of Mahatma Gandhi’s conception of an “Ideal Village”.

The term ‘Sanitation’ includes access to toilets for defecation, solid and liquid waste management, environmental cleanliness and personal hygiene. Lack of sanitation and personal hygiene has a direct impact on public health as it leads to prevalence of communicable and non-communicable diseases, high maternal and infant mortality rate, under-nutrition in children, thus impacting the economic productivity of the country.

Lack of adequate sanitation violates the privacy of the people, especially women and girls, by forcing them into the indignity of open defecation. Inefficient solid & liquid waste management leads to disastrous impact on environment, especially pollution of rivers and other water bodies. Hence sanitation, personal hygiene and environmental cleanliness are pre-requisites for development of a country.

### Swachh Bharat Mission – The Program

**Aim:** To accelerate the efforts to achieve universal sanitation coverage and to put focus on sanitation

**Mission Coordinator:** Secretary, Ministry of Drinking Water and Sanitation (MDWS) with two Sub-Missions, the Swachh Bharat Mission (Gramin) and the Swachh Bharat Mission (Urban).

**Strategy:** To move towards a ‘Swachh Bharat’ by providing flexibility to State governments, as **sanitation is a State subject**, to decide on their implementation policy, use of funds and mechanisms, taking into account State specific requirements. The Government of India’s role is essentially to complement the efforts of the State governments through the focused programme being given the status of a Mission, recognizing its dire need for the country.

#### *The key elements of the Strategy include*

- Augmenting the institutional capacity of districts for undertaking intensive behaviour change activities at the grassroots level
- Strengthening the capacities of implementing agencies to roll out the programme in a time-bound manner and to measure collective outcomes
- Incentivizing the performance of State-level institutions to implement behavioural change activities in communities

*The main components and activities for implementation of SBM-G are as follows:*

- Construction of Individual Household Latrines (IHHL)
- Solid and Liquid Waste Management
- Information, Education and Communication (IEC) activities
- Capacity building of the stakeholders
- Micro-financing of construction of toilets
- Community Sanitary Complex

*...in order to address the challenges of 4S's –*

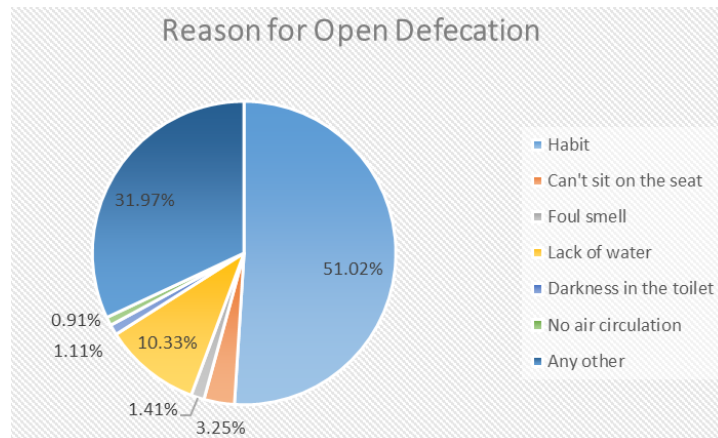
1. **Scale:** To meet the need to change this behaviour of 600 million people, an acknowledgement was required of the scale of the issue and the measures required to change the behaviour of the people, the nation as a whole.
2. **Speed:** A sense of urgency needed to be created to kickstart and roll through the campaign. PM's clarion call set a sunset clause, in order to avoid a drip-drip approach, and gave impetus to India's sanitation campaign.
3. **Stigmas and Myths:** There was a need to break the age-old stigmas to achieve its objectives – behaviour and attitude of the masses.
4. **Sustainability:** A parallel focus was to be maintained on sustaining the jan andolan and the progress being made on the ground.

## ODF

Villages are considered 'open defecation-free' when "no faeces are visible and every household and public/community institution uses safe technology to dispose of faeces in such a way that there is no contamination of surface soil, groundwater or surface water; excreta is inaccessible to flies or animals, with no manual handling of fresh excreta; and there are no odour and unsightly conditions"

- A. **SBM ODF+** protocol focuses on sustaining community/ public toilet usage by ensuring their functionality, cleanliness and maintenance.
- B. **SBM ODF++** will focus on achieving sanitation sustainability by addressing complete sanitation value chain, including safe containment, processing and disposal of faecal sludge and septage.
- C. **ODF+ and ++** protocol and toolkit to be launched will detail out the necessary conditions to be achieved by cities for declaring themselves as ODF+ and ODF++, along with the detailed steps required for third party certifications.





### IT'S NEVER TOO LATE

Some say Kunwarbai Yadav is 102. Others say she is 104. In Kotabhari, a hamlet deep inside the forested area of Dhantri, no one can say with authority what her real age is. But one thing is certain, not one of the 18 houses in the village had a toilet till a few months ago.

In May 2015, Bhim Singh, the Collector, visited Kotabhari and spoke about the need for toilets at home. He also explained the steps the government was taking to help people build one.

The common dangers of going out in the fields included diseases, snake bites and the occasional accidents during the monsoons. Nobody in the village contested these reasons, but then pitched against all this were deep-rooted habits. At least one that was more than a century old.

When Kunwarbai took the lead to get a toilet constructed in her house, the rest of the village found the biggest reason to build one themselves.

If someone that old could embrace change, then anyone could.

Kotabhari was declared open defecation free on July 15. For Kunwarbai, after a 100-year wait.

**KUNWARBAI DIDN'T JUST MOTIVATE HER VILLAGE, BUT ALSO THE NEIGHBOURING VILLAGE OF BERARI, WHERE ALL 450 FAMILIES ARE WORKING TO END OPEN DEFECATION.**

### Behaviour Change Communication (BCC)

BCC is not a 'stand-alone' separate activity to be done as a 'component' of SBM-G, but about nudging communities into adopting safe and sustainable sanitation practices through effective BCC. Emphasis is placed on awareness generation, triggering mindsets leading to

community behaviour change and demand generation for sanitary facilities in houses, schools, Anganwadis, places of community congregation, and for Solid and Liquid Waste Management activities. Since Open Defecation Free villages cannot be achieved without all the households and individuals conforming to the desired behaviour of toilet use every day and every time, community action and generation of peer pressure on the outliers are key.

**Criticisms:** The behaviour change method adopted is known as **Community-Led Total Sanitation**. CLTS does include elements of 'naming and shaming' towards achieving its goal of making a community understand the importance of sanitation. However, the method necessitates that through what is known as 'triggering' a community until it agrees on the importance of sanitation and begins to change its behaviour.

But in many parts of India coercive steps—threatening to cut off rations, water, power or even filing police cases—are adopted instead. This means vulnerable people are frightened into constructing toilets without being made to understand the need for such toilets. Reports have shown how people go into debt to achieve this for fear of losing benefits as the government subsidy is given after the toilet has been built.

Aside from flying in the face of human dignity, these methods cause **two problems**: they remove the element of behaviour modification ensuring there is no real change, but worse, they create a resentment among people about the importance of sanitation. If the government wants lasting change it needs to prioritise and incentivise behaviour modification over mere toilet construction and crack down on insensitive, dehumanising methods.

### Foot Soldiers of Swachh Bharat

There is a need for a dedicated, trained and properly incentivized sanitation workforce at the GP level. An army of 'foot soldiers' or 'Swachhagrahis', earlier known as 'Swachhata Doots' is developed and engaged through existing arrangements like Panchayati Raj Institutions, Co-operatives, ASHAs, Anganwadi workers, Women Groups, Community Based Organisations, Self-Help Groups, water linemen/pump operators etc. who are already working in the GPs, or through engaging Swachhagrahis specifically for the purpose.

#### Criticisms:

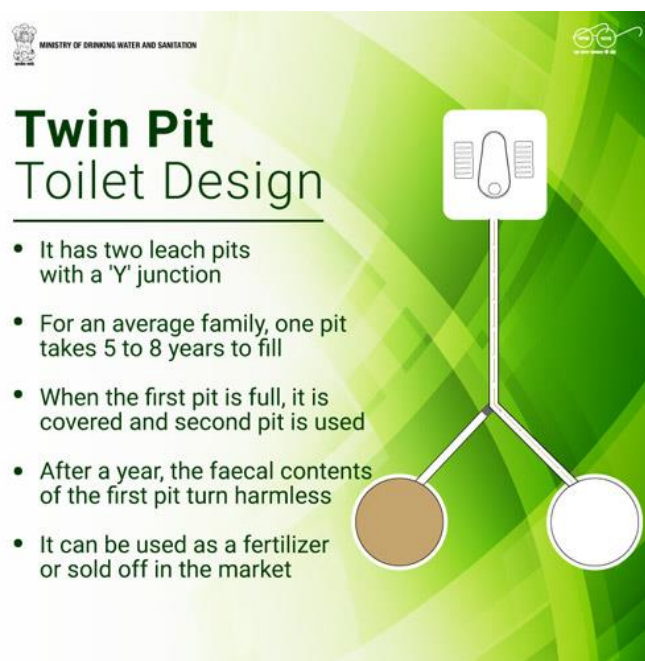
- These health workers already have a set of responsibilities. Piling on additional duties, particularly those that provide negligible compensation for hard work, will probably not help us achieve our goal.
- Many of these workers themselves don't own or use latrines. So how can we expect people who defecate in the open to effectively convince others to use latrines?



## Sanitation Technologies

Appropriate participation of the beneficiary/communities, financially or otherwise in the setting up of the toilets is advised to promote ownership and sustained use, both at the household and community levels. It is important that the toilet waste disposal is ecologically safe to prevent the problems like contamination of drinking water and soil and thereby prevent diseases.

While the Government provides flexibility in choosing the toilet technology considering area's topography, soil conditions etc., properly constructed Twin-Pit is considered the most preferred technology.



### Is constructing toilets = using toilets?

*Why do so many rural households prefer not to use government latrines?*

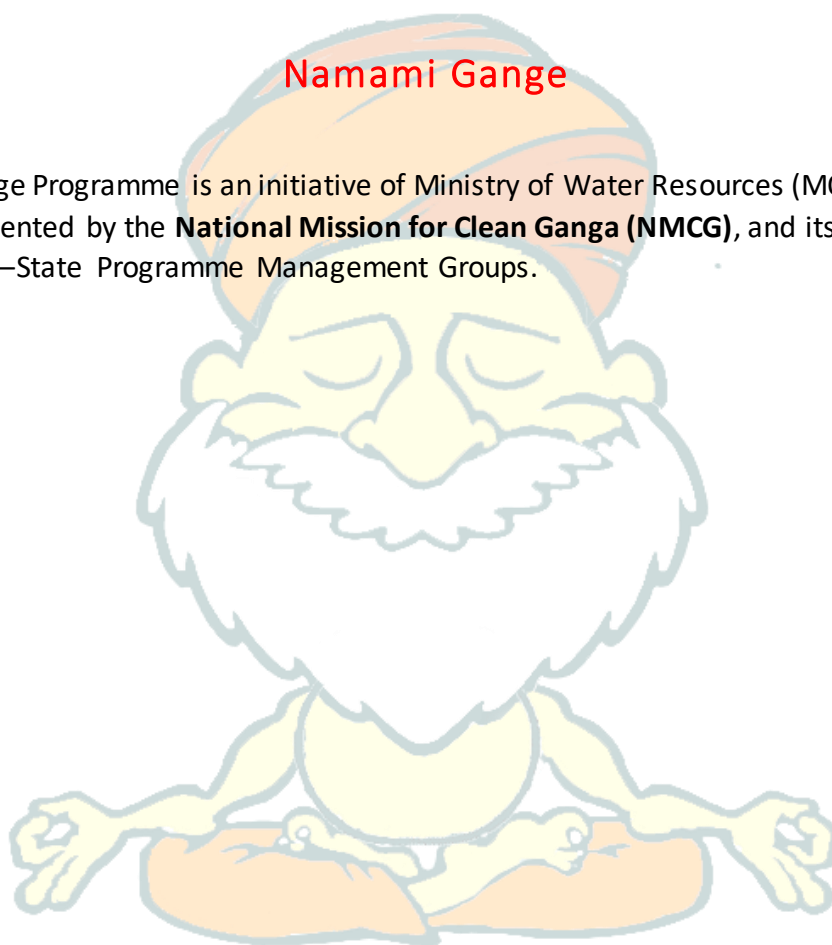
Many people believe that the pits of these latrines will fill up in a few months, when, in fact, if they are used by a family of six every day, it would take five to six years. Emptying a latrine pit poses particular challenges in India. Unfortunately, it is associated with “social pollution”, which means that the laws of supply and demand do not apply to pit emptying in the same way they might to other services. Only people from the lowest caste would empty a pit, and even they understandably seek to distance themselves from such work, a symbol of their past and continuing oppression. Therefore, there are important cultural reasons why so many Indians defecate in the open.

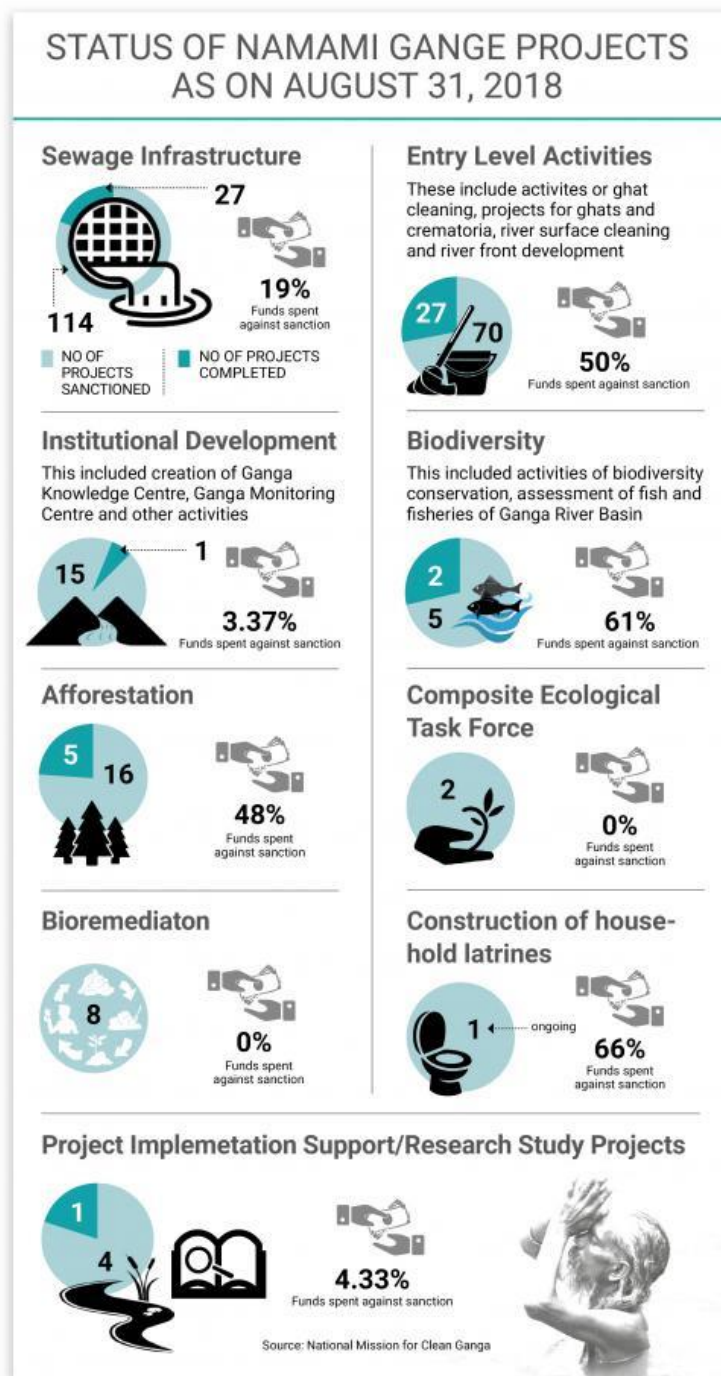
### Monitoring Mechanisms

A robust monitoring arrangement has been put in place to monitor Open Defecation Free status of a village, the implementation of Solid and Liquid Waste Management projects as well as the construction and use of household toilets, school and Anganwadi toilets, and Community Sanitary Complexes. The monitoring also uses a robust community led system, like Social Audit. Community-based monitoring and vigilance committees will help in creating peer pressure. States decide the delivery mechanisms to be adopted to meet the community needs.

### Namami Gange

Namami Gange Programme is an initiative of Ministry of Water Resources (MOWR), and is being implemented by the **National Mission for Clean Ganga (NMCG)**, and its state counterparts—State Programme Management Groups.





**Question: Cleaning of the Ganga needs a strategy where the NGC has to find effective solutions to the challenges that the previous programmes have failed to address. Discuss.**

Yes, this would entail addressing untreated waste that flows into the river, restoring the flow of the river, sludge management in Ganga basin towns, cost overruns in execution of projects and governance glitches.





### **Challenge I: Sewage treatment**

Sewage treatment plants (STPs) have been at the centre of Ganga pollution abatement. As per Namami Gange targets, STPs with over 2,000 million litres a day (MLD) capacity had to be rehabilitated of which only 328 MLD have been done. Till August 31, 2018 a total of 236 projects, including STPs, had been sanctioned out of which only 63 had been completed.

The government has said that the new projects are delayed because land acquisition and other related activities were taking a lot of time. The issue is just not with the construction or rehabilitation of STPs but also their performance.

### **Challenge II: Restoring the flow**

A river is a self-purifying system only when water flows through it. The Ganga fails this basic test except during monsoons. So, it's not just about unclean Ganga. It is about the existence of Ganga. The water level in the river is going down at an unprecedented rate. Also, if the flow in the river is maintained it can solve the problem of 60-80 per cent of organic pollutants and we may not require such an elaborate programme.

Unlike other rivers, the Ganga has three special properties because of the path it treads naturally.

- The Ganga has medicinal properties that can treat skin infections. These properties come due to medicinal plants on the path of Ganga.
- Also, the Ganga is very rich in minerals and has bacteriophages which kill the bacteria.

Due to restrictions and decrease in flow, the velocity of water decreases and siltation increases and therefore minerals of the water settle down at the riverbed. The decrease in flow has led to an increase in groundwater extraction for various uses.

**Challenge III: Sludge control**

A staggering 99.93 per cent villages lying on the banks of Ganga, also known as Ganga Grams, have been declared open defecation free (ODF) by the government under the Swachh Bharat Mission (SBM). As per SBM data, more than 2.7 million toilets have been constructed in over 4,000 villages till September 17, 2018.

But the CAG report said the state government was to verify the ODF status through its own teams or through a third party but 1,144 villages of UP and Bihar didn't get it done. The whole objective of making villages lying in the Ganga basin to be ODF was to reduce the faecal coliform levels in the Ganga.

The whole objective of making villages lying in the Ganga basin to be ODF was to reduce the faecal coliform levels in the Ganga. What should cause further concern is that faecal sludge is a bigger pollutant than sewerage. And if proper faecal sludge management is not in place, it would invariably pollute the Ganga.

Experts say that while toilets were constructed, hardly a thought was given to management of sludge. Plus, the pollution from the cities flows through a network of small and progressively larger open drains, which eventually flow into the Ganga. None of the cities has a scheme for management of solid waste, most of which is dumped in the streets, clogging open drains and adding to the pollution load. Only a fraction of this waste is collected by the Nagar Palika Parishads and dumped at the city limits without treatment or recycling.

**Challenge IV: Cost overruns**

Cleaning up the massive stretch of 2,525 km that the Ganga traverses is a programme where regulating the finances becomes as big an issue as any other.

**Challenge V: Governance glitches**

The cleaning of the Ganga requires seamless coordination between the agencies responsible for carrying out different tasks. This calls for vision and a clear-cut governance strategy. The water resources ministry signed MOUS with 10 ministries for better implementation of Namami Gange. However, till date no detail is available as to how these ministries are functioning for better convergence.

It is immaterial whether you come up with a new law or not. What is required is an autonomous body for the rejuvenation of Ganga which is independent of the government when it comes to its functioning. Instead of bureaucrats, it should consist of experts well-versed with the river.

Also, the top post of NMCG is working like musical chairs with seven senior officers appointed since 2014. Every chief came with his own micro-planning, the moment those

plans would start taking shape there was a transfer. This is one of the prime reasons for the underperformance of NMCG.

### VISHWAS (Village based Initiative to Synergise Health, Water and Sanitation)

Will build a collective initiative at community level, for improving Water, Sanitation and Hygiene situation and its impact on Health and quality of life.

- Create awareness on Water Sanitation & Hygiene and their impact on Health, and create a platform for local action on these issues.
- Empower communities to participate in planning and implementation of the program.
- Build the institutional capacity of VHSNCs to fulfill their roles as visualized in its original design, by undertaking the monthly campaigns.

### Swachh Swasth Sarvatra (SSS)

- Joint initiative between the MDWS and the Ministry of Health and Family Welfare (MoHFW).
- **Objective:** To build on and leverage the achievements of two complementary programmes – SBM and Kayakalp (MoHFW)
- The initiative involves focusing on WASH parameters in selected hospitals, priority ODF action in areas around identified health centres, and advanced sanitation training for doctors and health workers.

### Rashtriya Swachhta Kendra (RSK)

- To disseminate all information on sanitation matters and advanced toilet technology among people.
- Showcase ongoing SBM efforts across the country as well as history of sanitation in India

(announced during the centenary celebrations of *Champaran Satyagraha*- To be located opposite to Bapu's Samadhi at Rajghar)



## Swachh Iconic Places (SIP)

Ministry has taken up a multi-stakeholder initiative focusing on cleaning up 100 places across India that are “iconic” due to their heritage, religious and/or cultural significance.

- The goal of the initiative is to improve the cleanliness conditions at these places to a distinctly higher level
- This initiative is in partnership with Ministries of Urban Development, Tourism and Culture with MDWS being the nodal ministry.
- All Iconic Sites have designated PSUs for financial and technical support.

*The initiatives –*

- Improved sewage infrastructure, installation of Sewage Treatment Plant (STP),
- Drainage facilities,
- Improved sanitation facilities,
- Water vending machines (Water ATMs),
- Solid and Liquid Waste Management (SLWM) set-up,
- Structure restoration, roads maintenance, lighting arrangements, beautification of parks, better transport facilities in approach etc.

***The 10 iconic sites which were taken up in (Location very important for Prelims)***

Phase I	Phase II	Phase III
<ol style="list-style-type: none"> <li>1. Ajmer Sharif Dargah, Ajmer, Rajasthan</li> <li>2. CST, Mumbai, Maharashtra</li> <li>3. Golden Temple, Amritsar, Punjab</li> <li>4. Kamakhya Temple, Guwahati, Assam</li> <li>5. Maikarnika Ghat, Varanasi, Uttar Pradesh</li> <li>6. Meenakshi Temple, Madurai, Tamil Nadu</li> <li>7. Shri Mata Vaishno Devi, Katra, J&amp;K</li> <li>8. Shree Jagannath Temple, Puri, Odisha</li> <li>9. The Taj Mahal, Agra, Uttar Pradesh</li> <li>10. Tirumala Tirupati Devasthanams, Tirupati, Andhra Pradesh</li> </ol>	<ol style="list-style-type: none"> <li>1. Gangotri, Uttarakhand</li> <li>2. Yamunotri, Uttarakhand</li> <li>3. Mahakaleshwar Temple, Ujjain</li> <li>4. Char Minar, Hyderabad</li> <li>5. Church and Convent of St. Francis of Assisi, Goa</li> <li>6. Adi Shankaracharya's abode Kaladi, Ernakulam, Kerala</li> <li>7. Gomateshwar, Shravanbelgola, Karnataka</li> <li>8. Baijnath Dham, Deoghar, Jharkhand</li> <li>9. Gaya Tirth, Bihar</li> <li>10. Somnath temple, Gujarat</li> </ol>	<ol style="list-style-type: none"> <li>1. RaghavendraSwamy Temple (Kurnool, Andhra Pradesh);</li> <li>2. Hazardwari Palace (Murshidabad, West Bengal);</li> <li>3. Brahma Sarovar Temple (Kurukshetra, Haryana);</li> <li>4. VidurKuti (Bijnor, Uttar Pradesh);</li> <li>5. Mana village (Chamoli, Uttarakhand);</li> <li>6. Pangong Lake (Leh-Ladakh, J&amp;K);</li> <li>7. Nagvasuki Temple (Allahabad, Uttar Pradesh);</li> <li>8. ImaKeithal/market (Imphal, Manipur);</li> <li>9. Sabarimala Temple (Kerala); and</li> <li>10. Kanvashram (Uttarakhand)</li> </ol>

## Manual Scavenging

*We now know what the mission is all about – it is time we look at the realities that lurk behind the program.*

### Who really shoulders this responsibility of the public cleaning of India's roads, garbage dumps and toilets?

They are the **sanitation workers**. Over 1.1 million sanitation workers keep Indian cities clean. They are primarily engaged in sewer cleaning, septic tank cleaning, railway cleaning, and community/public toilet cleaning. More than 500,000 of these urban sanitation workers are women who are mostly engaged in cleaning of toilets, drains, and streets.

The newspapers and media highlight the miserable occupational and life conditions of manual scavengers. The plight of those engaged in manual scavenging surfaces in the news only in the extreme circumstance of their death, creating momentary fury among the middle classes. The working conditions of all other categories of sanitation workers such as septic tank cleaners, drain cleaners, toilet cleaners and street sweepers are no better and remain least discussed.

- The experience of working as contractual labour reiterates fear, threat and insufficiency. The current municipal contractual employment system does not have enabling terms and conditions.
- Despite the formulation of laws such as PEMSA (Prevention and Elimination of Manual Scavenging Act), Prevention of Atrocities Act, commissions such as National Safai Karmchari Commission (NSKM), and schemes available through National Safai Karmchari Development and Finance Corporation (NSKDFC) and SC/ST Development Corporation (SDC) at national level and Maha Dalit Vikas Missions at state level, access to ameliorating schemes is a huge difficulty. This is because most sanitation workers are unaware of their rights under these schemes; even when they are aware, they do not know the processes to avail benefits.
- Further, because most sanitation workers are urban poor and reside in informal settlements, they do not have adequate documents such as residence proof, birth certificates and identity cards making it next to impossible for them to apply for these schemes.
- The vulnerabilities of caste, class and gender restrict the life choices these women can make. When a woman sanitation worker says that she doesn't hate picking up garbage but expects that people will treat her respectfully for her work, it brings out an alternative narrative of the ways in which we perceive sanitation work. Women sanitation workers have limited access to first aid kits, drinking water and toilets.
- A formal complaint redressal mechanism, as per the Prevention of Sexual Harassment Act, is absent from the municipal workspace. Women sanitation workers too, have their own #MeToo stories.

- Socio-economic deprivation of sanitation workers is not just about caste and wages. There is a history of suppression and violence against them in socio-economic-cultural spheres. Hence, sanitation needs to be relooked in conjunction with sanitation workers.

#### *Loopholes in the Law:*

- Manual scavenging was banned in India in 1993. Employing people to the profession carries possible imprisonment penalties for up to one year and fine of 50,000 rupees. Still, demand for scavengers remains high.
- The 2013 Prohibition of Employment of Manual Scavengers and their Rehabilitation Act aimed to introduce safety measures for manual scavengers and encouraged their rehabilitation. Activists and manual scavengers have since criticized the law on the grounds that it does not strictly ban the practice.
- Manual scavenging also persists due to the continued presence of “insanitary latrines,” where human waste has to be cleaned physically and not by a machine or sewage system. The majority of such latrines are dry latrines, which don’t use water. According to the 2011 Census, there are about 2.6 million dry latrines in India.
- Protective gear like gloves, gas masks and boots are often not provided by employers, in violation of the 2013 law, leading to diseases and even death. There is no proper accountability system in place.
- The 2013 Act allows manual scavenging if the employer provides ‘protective gear’; However, the Act does not define what constitutes ‘protective gear,’ creating a possibility for employers to exploit this provision

#### *Government needs to now act with speed, sensitivity and consideration-*

- **Urgent need of the hour – Political Will:** The machines to clean sewers and septic tanks are already available globally, but they need to be adapted to Indian conditions, and the government needs to show the political will to actually use the technology on the ground on a large scale. A strong political will is required to reform the system, and rescue the thousands from a life that denies them basic dignity and rights.
- **Fulfil Present Legal Provisions:** Neither contractors nor municipalities are providing the equipment and logistical and medical support mandated by the law. Thus, even as we consider technology solutions, there is a need to fulfil the provisions of the law already there. Otherwise, all the innovation will not result in change on the ground. Municipalities must design enabling contracts with outsourced vendors, ensuring provisions for leaves (including maternity leave), fair wages beyond the minimum wage, and regular payment of wages on time.
- **Human Rights need to be Respected:** India cannot claim to be “clean,” because we have doomed a specific caste to clean our toilets, our garbage and our sewers manually. Some 95% of the people engaged in this degrading practice are Dalits. The National Human Rights Commission has termed manual scavenging as one of the



“worst violations” of human rights. The casteist mindset of the Government also needs to go an overhaul.

- **Swachh Bharat Abhiyan needs to work for the manual scavengers first:** The Swachh Bharat Abhiyan hasn't made things better either as dry latrines are being built under the scheme. Although the campaign encourages building composting toilets, bio-toilets and leach pits, people mostly choose to build toilets with septic tanks and dry pits, which have to be serviced manually.
  - A formal complaint redressal mechanism, as per the Prevention of Sexual Harassment Act, needs to be established for women sanitation workers
  - Fair and independent workers unions should be encouraged to promote 'substantive rights' with respect to wages, hours of work, and working conditions. Recognition of women's multiple burden of work will also go a long way in creating a supportive work environment for women sanitation workers.
- **Book officials** failing to enforce manual scavenging law

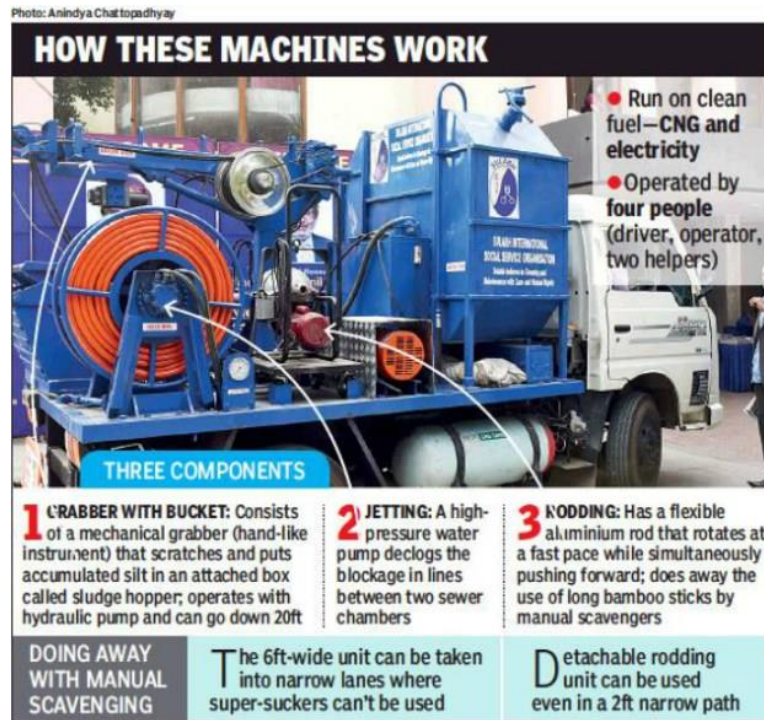
There is a need to change the approaches to policies which largely address only the economic aspect of deprivation to also consider the dynamics of social systems such as caste and gender. Equally, it is essential to change the perspective of how we look at waste, who we think is responsible to clean up the waste that we produce, and how we look at the workers who are entrusted to clean public and personal waste.

*The Swachh Bharat Abhiyan should make expansion of the sewer network a top priority and come up with a scheme for scientific maintenance that will end manual cleaning of septic tanks. The law should be enforced vigorously to eliminate manual scavenging in its entirety.*

### India gets its first sewer cleaning machine – Sulabh Sewer Cleaning Machine

#### *Ideal for*

- periodic mechanical de-silting of manholes
- to flush out sewer lines using the powerful jetting pump capable of producing 150 bar operating pressure and a flow of 150 litres per minute.
- It is also capable of de-choking sewer lines using specially designed flexible steel rods.



## SBM – Achievements & Challenges

*Even though a large chunk of the work remains to be achieved, we still cannot ignore the fact that the far worse situation has substantially changed with PM Modi's announcement of the Swachh Bharat Mission (SBM), which triggered a massive transformation in India.*

Today, rural India's sanitation coverage is over 96 per cent. Over 450 million people have stopped defecating in the open in a short period of four years. Today, India is witnessing a social revolution — a jan andolan — through the construction and use of toilets.

*"WHO lauds India's commitment to accelerated coverage of safe sanitation services which, assuming 100% coverage is achieved by October 2019, could avert up to 300,000 deaths due to diarrhoeal disease and protein-energy malnutrition (PEM) since the country launched the Swachh Bharat Mission in 2014."*

**What triggered this change? Why did the SBM achieve, in just four years, more than all previous sanitation programmes put together?**

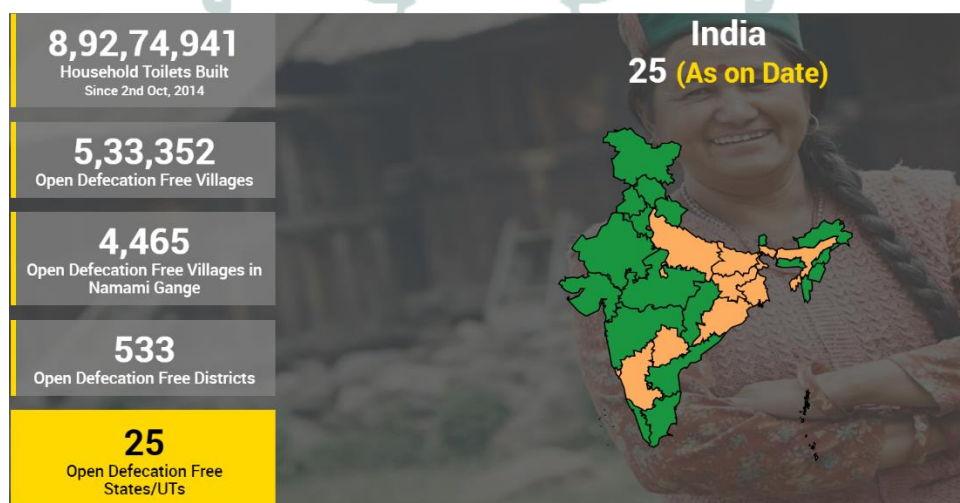
**Political Push:** The most important success factor for the SBM was the fact that sanitation was brought into the national consciousness by none other than the Prime Minister of India, and that too in his first major address to the nation. This established sanitation and cleanliness as central to his vision for India. He gave the nation a time-bound goal to work towards achieving a clean and open defecation free India by October 2, 2019. This injected a sense of urgency in the entire administrative system at the Centre, state and district levels

and made them prioritise a much-neglected problem. To this day, the PM continues to give the SBM significant prominence, and is in fact the chief communicator of the mission.

**Public finance:** Triggered by the PM's firm commitment to the SBM, the finance ministry provided the funds for this ambitious programme with a tight timeline. India has the world's largest government rural sanitation budget, in excess of \$20 billion. The SBM also provides significant financial incentive to socially and economically weaker sections to construct and use toilets, at Rs 12,000 per eligible household.

**Partnerships:** SBM has built several strategic partnerships to mainstream sanitation in all sectors. All ministries of the Government of India are working tirelessly to improve sanitation in their respective spheres of influence like schools, hospitals, anganwadis, highways, markets, and railways. Various national and international developmental agencies and corporates have supported the mission. These strategic partnerships have helped the mission spread its learnings and best practices on behaviour-change rapidly, as well as improve implementation across the country.

**People's participation:** SBM has scaled up sanitation by involving all sections of society from filmstars to sportspersons to religious leaders to the common man. The September 15 to October 2, 2018 'Swachhata Hi Seva' campaign kicked off by the PM is a good example of an estimated 150 to 200 million people joining the jan andolan. Today, almost every village has swachhagrahis and millions of volunteers work for swachhata with no official titles. SBM is a classic example of the power of the collective and the extraordinary results that can be achieved when people come together for a common cause.





## SBM-G at a Glance

## Toilet Reported

<b>892.91</b> Toilet Built (in Lakh) <i>since 2nd Oct 2014</i>	<b>58.02</b> % increase in HHs with Toilet <i>since 2nd Oct 2014</i>
<b>1,90,54,929</b> Toilet Built <i>in 2018-19</i>	<b>533</b> No. of ODF Districts <i>Self Declared</i>
<b>2,42,599</b> No. of ODF Gram Panchayats <i>Self Declared</i>	<b>5,33,352</b> No. of ODF Villages <i>Self Declared</i>

And yet, if we are asked on the challenges that we still face

**Data Related Challenges**

- Adequate data on the basis of third-party surveys and evaluation is not available to assist in performance evaluation.
- Whatever data has been recorded reveals a lot of inconsistencies. Accuracy of data is lacking since there is duplication of names and false toilet construction has been reported in many cases.

**Quality Concerns**

- Quality of toilets being constructed and performance of other initiatives is an issue.
- No training is being undertaken to mobilise all the people involved. Officials of the local government and those responsible for sanitation are not given any training for community mobilization.

**Administrative Concerns**

- Even though Panchayati Raj Institutions (PRI) have a major role to play still there is lack of institutional capacity at the grassroots level to deliver sanitation services.
- The high level of political focus that SBA has received has brought along with it immense performance pressure for essential stakeholders such as district collectors. This pressure has had a negative impact on the officers incharge.
- For the success of this programme a lot of investment in terms of administrative capabilities has to be made. Since the same is lacking, there is inefficiency in the performance and also diversion from the prime objective.

**Citizen Engagement**

- Since the district collectors and other officers in charge are supposed to work towards targets, they have resorted to penalization of citizens.
- Coercive measures such as disconnecting power supply and withholding supply of rations are being used in case of failure of public to construct toilets.
- Citizens are being fined for not constructing toilets and being forced to take loans from banks since the government gives the money after construction of the toilet.
- There is limited interaction between the government officials and the citizens who need to be made aware of the programme and their roles and responsibilities.

**So what is the way forward – The Reforms Strategy?**

- Citizens need to be involved in activities to spread awareness and for the purpose of demand creation. Citizen participation has to be increased.
- Not always will a carrot and stick approach work. Hence, the bureaucracy and the government officials involved should not use coercive measures. Rather citizens should be incentivized and motivated.
- Community interaction should be encouraged. Civil society institutions need to be approachable to the people. Such collective action will go a long way in the success of this campaigns. Local government has to be very proactive in their work. Organs of local government need to be strengthened with sufficient powers to work towards the objectives of SBA.

**Connecting the Dots**

1. “Everyone must be his own scavenger.” Discuss.
2. Can the lessons learnt from the success of SBM be a template for other mass-scale social revolutions? Examine.
3. Swachh Bharat Mission Urban (SBM-U) promised not only to make India clean but also to improve the lives and work conditions of sanitation workers. Do you think it is changing the realities of sanitation workers? Discuss.
4. Any tangible achievement of a clean India is possible only if the stigma attached to sanitary labour, place and waste are critically addressed by caste-neutralising these professions and through adoption of technologies. Do you agree?
5. The Swachha Bharat mission is not only a cleanliness campaign but also a socio-economic movement. Elaborate.
6. Is Swachh Bharat Abhiyan treading the path it has carved for it? What are the challenges and way forward for a ‘Clean India’?

## Prelims Specific Notes

- A. #LooReview:** The Ministry of Housing and Urban Affairs, under the aegis of Swachh Bharat Mission – Urban has partnered with **Google** to launch the Loo Review campaign. Will allow all citizens to locate public toilets in their cities on Google Maps, Search and the Assistant and also provide feedback on the same.
- B. Ease of Living Index:**
- closely linked to the Sustainable Development Goals (SDGs) and will provide a strong impetus to India's effort for systematic tracking progress of SDGs in the urban areas.
  - This framework comprises four pillars namely Institutional, Social, Economic and Physical which are further broken down into 15 categories and 78 indicators.
- C. Nikkei Asia Prize for Culture and Community:** Noted social reformer and founder of Sulabh International Bindeshwar Pathak (Former PM Manmohan Singh and Infosys Chairman Narayan Murti are among the few Indians who have won the prize in the past)
- D. Bagasse based food packaging by Ministry of Railways PSU IRCTC to commemorate World Environment Day 2018:** Bagasse is the fibrous remains left behind after extracting **sugarcane** juice – is being used to make disposable cutlery and containers in which meals will be served
- E. Gobar Dhan Scheme: Galvanising Organic Bio-Agro Resources-Dhan** – To make villages clean & Generate wealth and energy from cattle and other waste (**Must Read:** [Link 1](#))

## Ayushman Bharat: India's Road to Universal Health Coverage

Presently, India is in a state of health transition. The country is not just confronting infectious diseases such as tuberculosis, malaria, dengue, H1N1 pandemic influenza and antimicrobial resistance; but also the emerging problem of chronic non-communicable diseases such as cardiovascular diseases, diabetes, cancer which are now the leading cause of mortality. Climate change, globalization, urbanization and changing lifestyles are further fueling this transition. This has resulted in the health infrastructure undergoing severe strain.

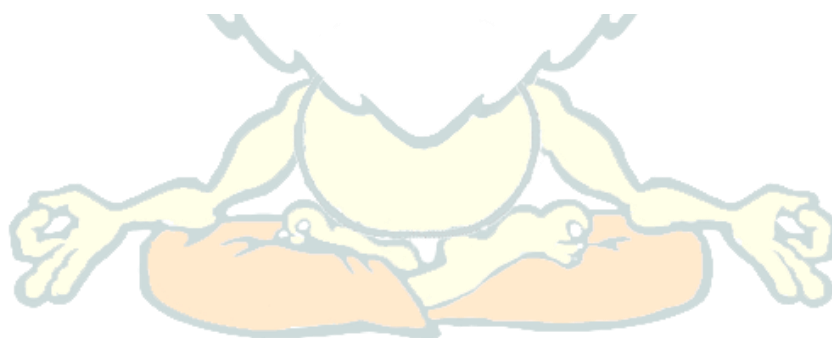
### Ayushmaan Bharat – An attempt to transform India's Healthcare Map

Innovative and path-breaking scheme in the history of public health in India. It may have a transformative impact if implemented in an effective and coordinated manner.

- **Aim:** To make path-breaking interventions to address health holistically, in primary, secondary and tertiary care systems
- **Objective:** Prevention + Promotion (Health & Wellness)
- Full proof mechanism while allowing States to accommodate the existing schemes, keeping the flavour of Digital India intact

### Budget States:

- Rs 52,800 crores for the health ministry, up from Rs 47,352 crore during the previous year signifying an increase of **11%** (yet as a percentage of the GDP, it is still among the lowest in the world)
- Increase the levy of health cess from 3 to 4%





## Insuring the masses

Key features of the Pradhan Mantri Jan Arogya Abhiyaan, to be officially launched on Sept. 25

**Launch pad:** The project will start on a pilot basis in 80-100 districts. October will see the second phase of expansion

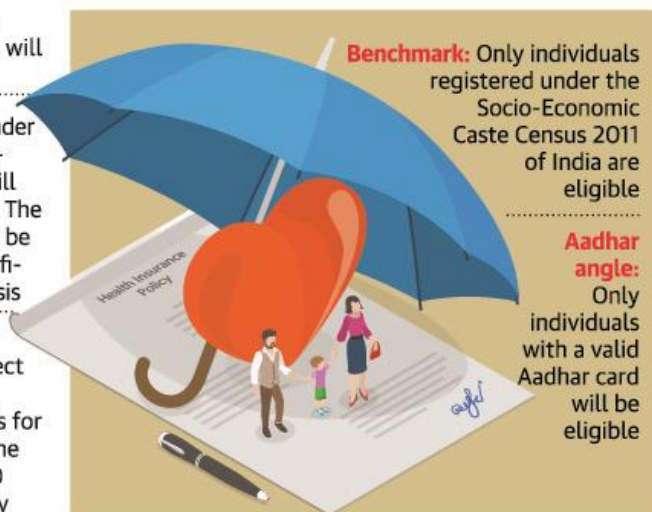
**Participants:**

28 States/ Union Territories have agreed to join the health insurance scheme. Maharashtra, Karnataka, Kerala, Tamil Nadu, Punjab, Odisha, Telangana and Delhi are yet to come on board

**Yearly payments:** Under the scheme, all registered beneficiaries will get a sum of ₹5 lakh. The insurance money will be provided to the beneficiaries on a yearly basis

**Core centres:** The government will select 1.5 lakh healthcare centres and hospitals for implementation of the scheme. with ₹1,200 crore allocated solely to develop and activate such centres

**Identification:** Beneficiaries will be required to use their registered mobile phone numbers as their ID number



**Benchmark:** Only individuals registered under the Socio-Economic Caste Census 2011 of India are eligible

**Aadhar angle:** Only individuals with a valid Aadhar card will be eligible

**WHO IS ELIGIBLE**

Only financially weak and underprivileged members of the society will be eligible for the Scheme. A maximum of five members of such a family will get the insurance cover

### Two major initiatives:

#### Health and Wellness Centre: Foundation of India's health system

- 1.5 lakh centres will provide – comprehensive health care, including for non-communicable diseases and maternal and child health services, provide free essential drugs and diagnostic services
- The budget has allocated Rs.1200 crore for this flagship programme
- Contribution of the private sector through CSR and philanthropic institutions in adopting these centres is also envisaged.

#### National Health Protection Scheme:

- Will cover over 10 crore poor and vulnerable families (approximately 50 crore beneficiaries)
- Coverage of up to ₹5 lakh a family a year will be provided for secondary- and tertiary-care hospitalization (50 crore beneficiaries)

### Ayushman Bharat can be a Game Changer only if:

- Collaboration is the key: The Central government collaborates successfully with State governments and the industry, and focusses aggressively on the operational and implementation aspect of these initiatives. Government and industry should develop partnerships with the focus on improving the coverage and providing access to quality healthcare services to the people.

- Capacity building of the existing resources: Increased capacity-building of the resources at hand during policy formulation.
- Technology: Strong emphasis on the adoption of technology by the entire healthcare ecosystem to provide accessible and affordable patient care to the last mile of the country.
- Role of States: State ownership and commitment of them is critical as the states are expected to agree for 40 per cent share under the NHPS (Health: State subject). Also, absorptive capacity of States needs to be increased.
- Clarity on the Services being provided: More clarity on the kind of services that will be provided by government health facilities and for which conditions patients will have to use private parties and what mechanisms are being thought of.
- Price matters: Establishment of uniform pricing systems for various health interventions, including diagnostics and medicines, and making them transparent by displaying them in hospital premises.
- Community Engagement: Continuum of care system needs to be established by linking institutions or hospitals, with health centres and the community. Community engagement is thus crucial in planning and implementation of the programme and in ensuring that the health and wellness centres and the primary health centres are responsive to the needs of the community.
- Special Unit to measure success, course correct: For effective implementation, an independent body or unit may be set up within the Ministry of Health & Family Welfare to plan, coordinate, and provide technical backstopping to states, including in capacity building and development of standards and guidelines for the programme. Such a unit will ensure uniform and systematic approach to programme implementation across the country.

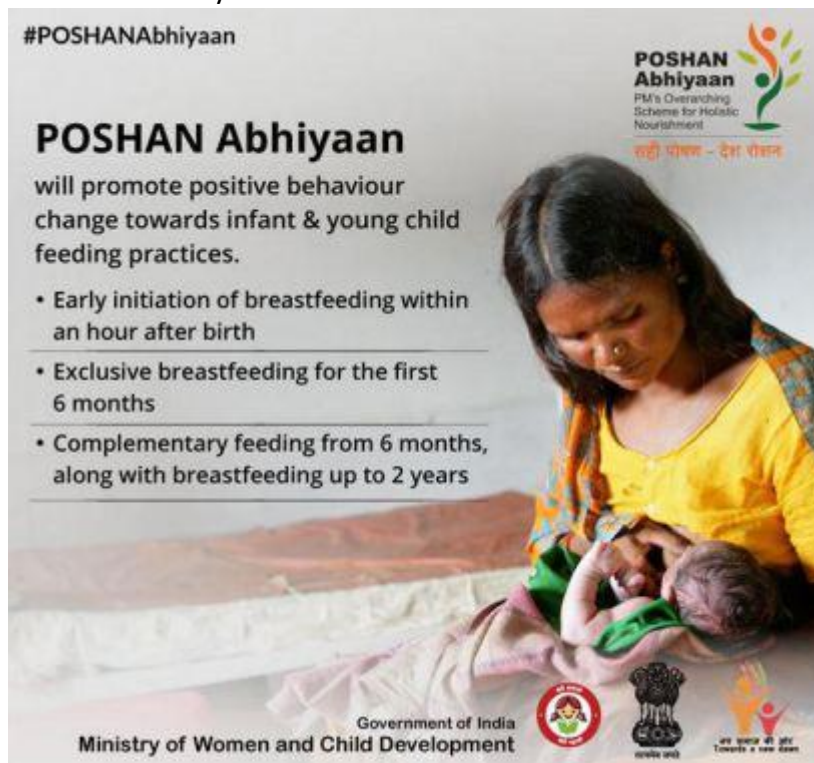
### Poshan Abhiyaan

India's flagship programme to improve nutritional outcomes for children, adolescents, pregnant women and lactating mothers, the National Nutrition Mission (NNM) or the Poshan Abhiyan, reflects an amalgamation of scientific principles, political fortitude and technical ingenuity.

#### National Nutrition Mission (NNM) or the Poshan Abhiyan

- The Abhiyan highlights a strong focus on convergent actions from the national to the village level.
- A flagship programme of the Ministry of Women and Child Development (MWCD)
- The key nutrition interventions and strategies, which form the core of NNM, contribute to the targets of the World Health Assembly for nutrition and the Sustainable Development Goals (SDGs), dedicating Goal 2 to the challenge of meeting "zero hunger".

- The Abhiyaan targets to reduce stunting, under-nutrition, anemia (among young children, women and adolescent girls) and reduce low birth weight by 2%, 2%, 3% and 2% per annum respectively.
- The target of the mission is to bring down stunting among children in the age group 0-6 years from 38.4% to 25% by 2022.



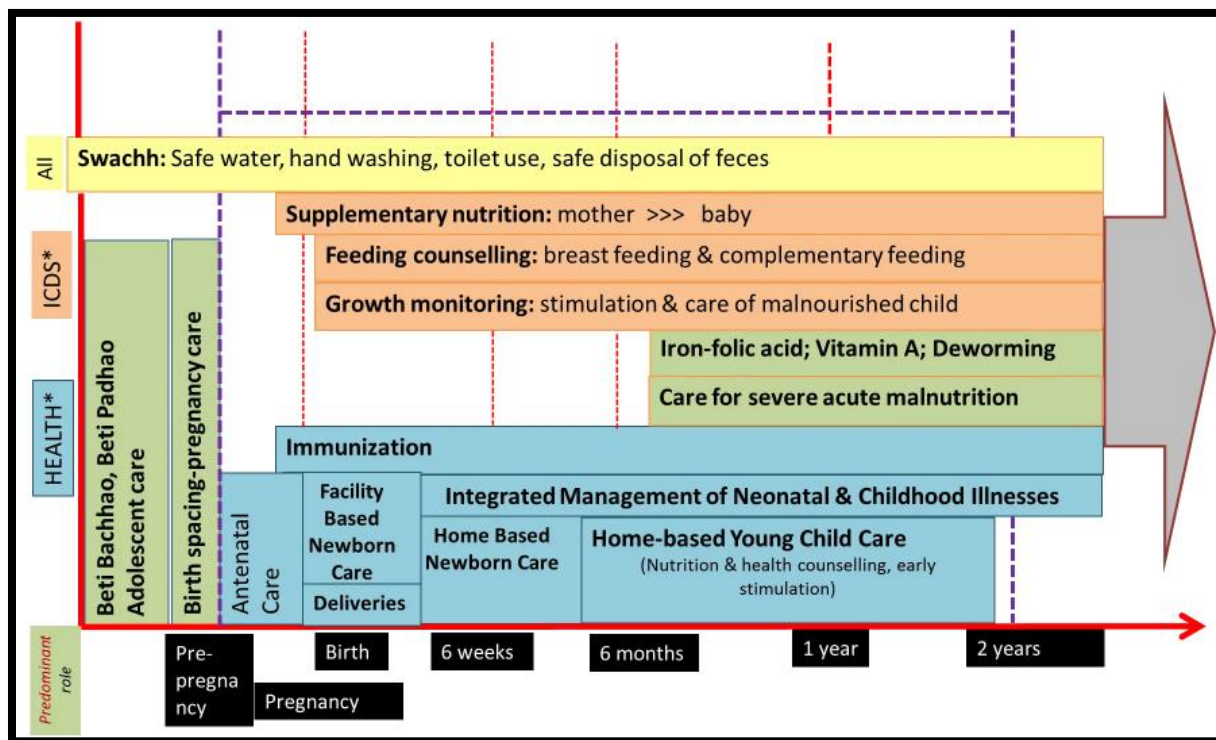
### Why Nutritional security?

- Good nutrition is critical to avert the irreversible cumulative growth and development deficits.
- It contributes towards improving maternal and child health, learning outcomes, adult productivity and strengthening gender equality.
- Nutrition security is inextricably linked to food and agriculture, yet, the agriculture sector does not clearly fall within the scope of the Abhiyan.
- However, there are areas where the sector could support the Abhiyan and help to achieve its objectives.

### Agricultural production and nutritional security

- For long, the agriculture sector focused on increasing food production — particularly staples, which led to lower production and consumption of indigenous traditional crops/grains, fruits and other vegetables, impacting food and nutrition security in the process.
- Today, globally, 821 million people suffer chronic undernourishment of which 196 million reside in India, according to 'The State of Food Security and Nutrition in the World 2018' report.

The twin burden of malnutrition — that is, undernutrition, along with overweight and obesity, coexists in many countries and its cost to the global economy is equivalent to \$3.5 trillion a year.



*Pillars of POSHAN Abhiyaan*

### Nutritional production in India: changing trends

- The momentum towards a reverse trend, however, is slowly gaining ground, which is reflected in the production record of not only horticulture crops and fruits, but milk too.
- In 2017-18, milk production in India rose to 165 million tonnes from about 35 million tonnes in 1980, also making it one of the largest employers of rural people, especially women.
- India ranks second in fruits and vegetables production in the world, after China.
- As per the National Horticulture Database (2015-16), India produced 90.2 million metric tonnes of fruits and 169.1 million metric tonnes of vegetables.
- The area under cultivation of fruits stood at 6.3 million hectares while vegetables were cultivated at 10.1 million hectares.

The major highlight of the mission is that this will have an apex body which will monitor, supervise and fix the target and guide the nutrition related intervention across all the ministries. At present, many ministries are taking care of this problem- Women and Child ministry, Ministry of Health, Ministry of Sanitation. Now the idea is to coordinate the activity of all the ministries and various ongoing schemes.



### The proposal consists of

- mapping of various Schemes contributing towards addressing malnutrition
- introducing a very robust convergence mechanism
- ICT based Real Time Monitoring system
- Incentivizing States/UTs for meeting the targets- There will be competition between different states to achieve the targets faster.
- Incentivizing Anganwadi Workers (AWWs) for using IT based tools- Also involve anganwadi workers as they implement the scheme. They should also be incentivized when they fulfill the target.
- eliminating registers used by AWWs
- introducing measurement of height of children at the Anganwadi Centres (AWCs)
- Social Audits
- Setting-up Nutrition Resource Centres, involving masses through Jan Andolan for their participation on nutrition through various activities, among others.

### A change from the past

- Main thrust is on use of ICT tools to monitor the real time basis implementation of the programme. Now there will be synergy of schemes, achievements of targets and real time monitoring by using the IT tools.
- Till now it was operated through manual registers with anganwadi workers. Now they will use smart phones, laptops and computers to register the data. The idea is to coordinate and monitor the schemes on IT basis and supervise in real time and compile reports. The move will be a deviation from the old practice of maintaining registers and will also help to reduce pilferage.
- Social audit of impact of all these schemes on the masses. Except for MGNREGA, no other scheme has social audit. The government has brought in transparency, accountability through social audit. When there will be constant monitoring, there will be compliances to the standards as well as work done.
- Involving the masses through the jan andolan is the idea. Creating IEC materials like posters, videos, doing street plays etc. will involve the public as well as create environment for awareness.

### How is it different from other schemes?

- Earlier, there were many schemes but they were not synergized. Now the government has decided to synergize them and goal is to benefit 10 crore people. Initially 315 districts where problem of malnutrition is very high have been identified and catered till 2018, in 2019, 235 districts will be targeted and in 2020, remaining 90 districts will be covered.
- For this, the government has a dedicated budget of 9046 crore for which, 50% will be contributed by government (60:40 between Centre and States/UTs, 90:10 for NER and Himalayan States and 100% for UTs without legislature) and 50% by World Bank.

### Way Forward

The time is opportune for agricultural interventions such as increasing the production of targeted nutrition-rich crops (nutri-cereals), homestead gardens, and diversification of the agricultural production system towards fruits, vegetables and aquaculture, to address the adverse effects of malnutrition.

- Further, with the Poshan Abhiyan advocating the “Triple A” approach, that is building the capacity of ASHA, Anganwadi Worker (AWW) and Auxiliary Nurse Midwife (ANM) workers, there is an opportunity to leverage the agriculture extension services in the country.
- The extension workers have a direct and ongoing contact with smallholder farmers.
- They can be the agents of change for nutritional intervention by leveraging modern technologies to impart nutrition-linked messages for bringing about sustainable behaviour change towards food and nutrition.
- UN agencies such as FAO can provide support to develop and plan targeted activities for capacity building of the agriculture extension agents, so they can promote nutrition-sensitive agriculture.
- The support can help to foster research on areas such as bio-fortification of crops, enhancing production diversity including the coarse grains/millet and food safety.

### Conclusion

The Poshan Abhiyan presents an opportunity for inter-sectoral collaboration that can amplify collective actions to improve nutrition indicators and achieve the goal of “zero hunger” in the country.

Agriculture is not merely an activity to make “food” available to the people but an indispensable ingredient in this recipe of achieving “sampoorna poshan” for the citizens of this country.

In line with the Zero Hunger vision, the Food and Agriculture Organisation (FAO) of the United Nations can support ongoing NNM efforts related to dietary diversity through agricultural diversification and sustainable intensification, thus making the agriculture and food system more nutrition-sensitive, climate-resilient and socio-economically viable simultaneously.

**Question: What is national nutrition mission and how can the aim of Kuposhan Mukta Bharat be achieved? Comment.**

## Health Care for India's Remote Tribes

Health is intimately linked to these essentials of living. The health status of India's tribal communities is in need of special attention. Being among the poorest and most marginalised groups in India, tribals experience extreme levels of health deprivation. The tribal community lags behind the national average on several vital public health indicators, with women and children being the most vulnerable.

Several studies on maternal health show poorer nutritional status, higher levels of morbidity and mortality, and lower utilisation of antenatal and postnatal services among tribals. Under-five mortality rates among rural tribal children remain startlingly high, at 95 deaths per 1,000 live births in 2006 compared with 70 among all children.

Health problems prevalent in tribal areas include endemic infectious diseases like malaria, tuberculosis, and diarrhoeal diseases, apart from malnutrition and anaemia. What is worrying is that the prevalence of chronic diseases such as hypertension and diabetes mellitus, hitherto rare in these populations, is rising, and stroke and heart disease are now the leading causes of death. Some of the highest rates of tuberculosis in the country have been reported from the Sahariya tribe of Madhya Pradesh. Similarly, deaths due to malaria occur disproportionately among tribals.

### Reasons for poor health

- Research has shown that 75 per cent of India's tribal population defecates in the open and 33 per cent does not have access to a clean source of drinking water.
- Insanitary conditions, ignorance, lack of health education and poor access to healthcare facilities are the main factors responsible for the poor health of tribals.
- Further, displacement from their traditional forest homes and natural source of food and lack of livelihoods makes them dependent on the public distribution system (PDS) and other government handouts for survival.
- Most tribal groups are traditionally hunter-gatherers and not accustomed to agriculture — their diets, therefore, are now severely limited in fruits and vegetables as well as good sources of protein (including fish and meat). Polished rice and cereals available through the PDS have replaced diverse dietary food baskets.
- Although the government has provided for the establishment of Primary Health Centres (PHCs) in tribal areas for every 20,000 population and sub-centres for every 3,000 population, quality healthcare is not available to the majority of tribals. Posts of doctors and paramedicals are often vacant.
- Additionally, the non-availability of essential drugs and equipment, inadequate infrastructure, difficult terrain and constraints of distance and time (one Auxiliary Nurse Midwife is responsible for 15-20 scattered villages), and the lack of transport and communication facilities further hinder healthcare delivery.

Tribals' right to good healthcare must be addressed using modern technology and innovative approaches and most importantly, by involving the community in developing solutions for their problems. Health is intimately linked to food and nutrition security, safe housing and availability of sanitation and clean drinking water.

### Tele-Medicine: A New Healthcare Opportunity

Telemedicine is the use of electronic information to communicate technologies to provide and support healthcare when distance separates the participants. The World Health Organization (WHO) defines Telemedicine as, "The delivery of healthcare services, where distance is a critical factor, by all healthcare professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation and for the continuing education of healthcare providers, all in the interests of advancing the health of individuals and their communities."

Using telemedicine, the finest doctors in India can effectively offer their services to patients living hundreds, if not thousands, of kilometres away. What makes telemedicine all the more efficient is that based on well-documented research, nearly 70 percent of outpatients do not need to be physically present in front of a doctor in order to be accurately diagnosed. This means that a patient suffering an ailment in a remote corner of Karnataka can be diagnosed by a trained physician in New Delhi without ever leaving his/her hometown.

In a country like India, with its masses of talented people but an as-yet underdeveloped physical infrastructure, telemedicine provides an opportunity to leapfrog many of the challenges faced by existing deficiencies in physical infrastructure.

**Note:** In India, Apollo hospitals were one of the first to set-up tele-medicine facility in rural village called Aragonda, 16 km from Chittoor (population: 5000), in Andhra Pradesh.





**Government Initiatives for Adolescent Health:**

- **School Health Programme:** To handle the health problems/requirements of the 6-18 year age groups in the Government & Government aided schools. Preventive biannual health check-ups and screening for diseases, deficiency, and disability amongst school going adolescents.
- **Rashtriya Bal Swasthya Karyakram (RBSK):** A systemic approach of early identification and early intervention for children from birth to eighteen years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability.
- **Kishori Shakti Yojana:** To improve the nutritional, health and development status of adolescent girls, promote awareness of health, hygiene, nutrition, and family care. This scheme is replaced by Scheme for Adolescent Girls.
- **Balika Samridhi Yojana:** To change negative family and community attitudes towards the girl child at birth, improve enrolment and retention of girl children in schools and raise the age at marriage of girls.
- **Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)-SABLA:** Self-development, improvement in nutritional and health status, promote awareness about health, hygiene, upgrade their home-based skills, life skills and tie up with National Skill Development Program (NSDP) for vocational skills.
- **Integrated Child Protection Scheme (ICPS):** To build a protective environment for children in difficult circumstances through Government-Civil Society Partnership.
- **Adolescence Education Programme:** Aims to empower young people with accurate, age-appropriate and culturally relevant information, promote healthy attitudes.
- **National Programme for Youth and Adolescent Development:** To develop leadership qualities and to channelize their energy towards socio-economic development and growth of the nation.

All the Best 😊

