

1. How does poverty stifle human development? Can poverty alleviation measures address the problem of stifled human development? Critically examine.

Introduction

According to World Bank, Poverty is deprivation in well-being and is multi-dimensional. It includes low incomes and inability to acquire the basic goods and services necessary for survival with dignity

Body

Facts:

- According to the recent Multidimensional Poverty Index (MPI) 2019 report, between 2005-06 and 2015-16, India lifted 271 million out of poverty, significantly reducing deprivations in many of the ten indicators, particularly in “assets, cooking fuel, sanitation and nutrition”.
- According to the World Data Lab — which monitors global poverty using advanced statistical models — less than 50 million Indians may be living on less than \$1.90 a day now.

Impact on human development:

- **Reduced access**- It reduces access to education, healthcare facilities etc.
- **Takes away choice**- Poor cannot live life or get employed as per their choice as must work even in life threatening conditions to sustain their family e.g. death of miners in Talcher coal mine, who were working because of no alternative.
- **Increased mortality**- Lack of nutrition and healthcare results in high mortality among poor.
- **Low awareness**- Poverty reduces the time to gain knowledge and thus impacts the awareness and decision making like voting on rational basis.
- **Social life**- Poverty serves as a modern day factor for social exclusion because of class based groupings.

Various poverty alleviation measures in India are MGNREGA, National Rural Livelihood Mission, Food Security, Pradhan Mantri Kaushal Vikas Yojana, Ayushman Bharat Programme, PM KISAN, educational scholarships etc.

Poverty alleviation measures can lead to human development:

- **Improved access**- India has halved its poverty rate in the last 10 years. In absolute terms, the number of poor fell from 630 million to 360 million during this period. Thus those people now have better access to things economically

- **Improved living standard-** Through public expenditure on social consumption needs like provision of PDS for food grains, education, health and water supply, people's living standards improve.
- **Education and health-** Programmes supplement the consumption of the poor, create employment opportunities and bring about improvements in health and education.
- **Safety nets-** Pension and insurance schemes give safety cushion to poor so that he is not risk averse always and can make better choices in life.
- **Reduced inequalities-** Provisions like housing, education and other material assets help to reduce inequalities in the society and improve community participation of poor.

Poverty alleviation measures may not always result in human development:

- **Poor choices-** People who have been lifted out of poverty economically may not want to invest the increased income on health and education, rather on goods like alcohol.
- **Gender inequality-** Economic upliftment does not correlate to gender equality in a patriarchal society like India.
- **Social exclusion-** Poverty is just one factor of social exclusion, others like caste, religion etc still are dominant ones.
- **Hidden hunger-** Improved economic levels do not always translate to nutritional food intake.
- **Ignorance-** Ignorance is due to several social and institutional factors and poverty alleviation alone cannot remove it.

Conclusion

Poverty and human development are correlated and improvement in one results in another. However, along with poverty alleviation we need social reforms to guide people towards holistic development.

2. What are the challenges in implementing a state-sponsored healthcare scheme having universal coverage? Analyse.

Introduction:

The ultimate goal of Universal Health Coverage (UHC) is to ensure that everyone, everywhere, should have access to essential healthcare services without facing financial hardship.

Body:

India's commitment towards achieving UHC is reflected in policies and institutional mechanism, which are directed towards increasing coverage and access to health services. India has taken many steps to achieve UHC such as Ayushman Bharat, but still many challenges exist such as,

- **Funds:** Cost of Providing UHC is far greater than government estimates. India's public health expenditure is amongst the lowest in the world, India currently spends a little over 1% of GDP on health. Considering public and private expenditure on health, the feasibility of UHC seems to be concerning in tandem with the current economic reality of India.
- **State Cooperation:** Health is a state subject. State cooperation is a must for UHC. With states and UTs like West Bengal and Delhi keeping themselves out of Ayushman Bharat Scheme, creates a challenge for UHC.
- **Infrastructure:** Lack of adequate infrastructure is a concern which includes proper hospital infrastructure, number of beds and diagnostic centres.
- **Professionals and Staff:** In India, the doctor-population ratio stands at just 0.62:1000 as against the WHO recommended a ratio of 1:1000. Moreover, there is lack of sufficient capacity of well-trained Nurses and other supporting staff to fulfil the high demands. Denial of qualified doctors and skilled medical personnel to serve in rural areas is also a challenge which creates a rural-urban divide in the health sector.
- **Participation of Insurance companies:** There are concerns about fair play and efficiency. Government insurance companies do not perform effectively and private insurance companies do not provide holistic coverage of diseases. Indian health insurance covers only hospitalization costs and other expenditures like clinical visits, diagnostics and medication are not covered.
- **Changing pattern of Diseases:** There is an epidemiological transition from communicable towards non-communicable diseases such as hypertension, diabetes and mental illnesses.
- **Private participation:** Currently almost 70 per cent of our healthcare needs are met by the private sector. Feasibility of empanelling private healthcare in UHC is a major task to be done as private sector feel that the prices fixed by the government are far below market rate and it would be unsustainable to operate at such costs while providing high-quality outcomes.
- **Awareness and Behavior:** Most of the time people are not aware of government initiatives and schemes. Moreover, people take symptoms for granted and does not consult the doctor at the earliest and prefer taking medicine from the medical shop without prescription. Illiteracy plays a major role in it.
- **Resistance Development:** People are rapidly developing Multi-Drug Resistance in cases of Tuberculosis.

Way Forward:

- Strengthen both rural and urban public health infrastructure, human resource capacity and service delivery at all the three levels i.e. primary, secondary and tertiary.
- Strengthen regulatory framework such as IRDA for insurance companies.
- Raise the percentage of GDP allocated to health from 1.2% today to 2.5% by 2022.
- Inform people and spread awareness about government initiatives in the health sector.

- Incentivize medical personnel to work in rural areas.
- Private hospitals participation is a must for UHC.

Conclusion:

India cannot realize its demographic dividend without its citizens being healthy. UHC is expected to reduce social inequities and is also must for achieving the 17 UN Sustainable Development Goals (SDG's) by 2030.

3. The Delhi Government has started a happiness curriculum to supplement the regular curriculum. What are your views on this innovative step? Should it be replicated across the country? Comment.**Introduction:**

To create a happy environment, in recent years, many countries like Bhutan, South Korea, UK etc have made happiness either a specific goal of their education and development policies or have included elements relating to happiness in their policy framework. In this backdrop, a new initiative by the Delhi Government that introduces the 'Happiness curriculum' in schools is an innovative and a welcome step.

Body:**Affirmative implications of the Happiness Curriculum:**

- **Strengthen the inculcation of sound values:** This curriculum is based on human-centric education which includes meditation, value education and mental exercises and will be purely activity-based without formal exams, thus encouraging students towards value building.
- **Self-awareness and resilience:** The curriculum aims to stimulate self-awareness and a good mental health and character. This will go a long way in the child's performance in school and daily life. This will also contribute to a higher emotional quotient among the children.
- **Reduce anxiety, depression, and intolerance among students:** With an alarming increasing rate of suicides among school children – (Between 2014 and 2016, more than 26,000 students committed suicide, of which around 30 percent were due to exam failure) there is an urgent need to help students cope with the pressure of success and failure and take cognitive decisions. The happiness period is a big step in this direction.
- **Healthy childhood leads to healthy future:** A healthy and wholesome childhood, happy school life and a sound mindset goes a long way in creating a solid foundation for the youth of the country. This will invariably lead to a productive and strong growth of the young population ready to face the world and build a life.
- **Improved academic performance:** Research shows that a happy child performs better than his peers under pressure, and is able to accept both wins and losses with humility and sportively.

- **Increases interactive people skills:** Helps shy, introvert students shed their inhibitions and learn to be friendlier.

Need for the Happiness Curriculum across the country:

- As per the World Happiness Report, 2019, India ranked 140 out of 156 countries evaluated. The report calls for an environment in India which keeps people happy. It only reiterates the fact that India needs a well-being fused system of development for a better performance and education with a friendly touch is a much-needed reform in this regard.
- All over India, instances of suicide and succumbing to pressures of failures are on the rise. A uniform comprehensive happiness curriculum will ensure overall growth in the demographic dividend of the country.
- Feeling good about oneself and our place in the world—is the foundation on which great lives and great achievements are built. Adolescent mental health is a major factor that contributes to the youngsters' lifestyle and choices and a wellbeing induced education system is the most effective way to influence that.
- Failure to promote good mental health not only ruins lives, it costs the economy. Happiness curriculum will improve the deteriorating mental health and cut down the nation's mental health bill for years to come and also play a major role in the efficiency of the future economic contributors of India.

Concerns and a way forward:

- Efficient and conducive training to teachers must be given and the education models followed must be revised and evaluated regularly so that that innovative step does not die a mere experiment.
- Uniformity of the curriculum in all schools whether private or government-aided to ensure that all youngsters get the right idea of happiness and builds a strong cognitive ability.
- Make it a purely activity based, interesting session so as to encourage students to be active participants and not treat it as another school 'burden' that increases stress.

Conclusion:

School is the place where children inculcate an academic environment and also indulge in their all-round development, and this has a greater impact in learners' lives in the long run. Thus it is non-negotiable to create a happy environment from early childhood in all schools of India.

4. Can technological innovations be used for uplifting the poor and the marginalised? Illustrate with the help of at least 3 examples.

Introduction

The marginalized communities are Women, people with disabilities, lower caste, aged people, transgender, poor, the downtrodden, etc. These people are socially, economically, politically and legally ignored and excluded in Indian society.

Body

Role of technological innovations

- Inclusive development.
- Sustainable growth.
- Participate in nation's scientific, technological, financial, political, and social life.
- Use of technology is having cascading and multiplier effect.
- To assist marginalized communities through e-learning or tele-medicine services.
- Confidence and moral support

Examples for technological innovation

1. Massive open online course (MOOC)

Purpose: It is an online course aimed at unlimited participation and open access via the web.

Mechanism: Traditional course materials, such as filmed lectures, readings, and problem sets, many MOOCs provide interactive courses with user forums to support community interactions among students, professors, and teaching assistants.

2. Photo-Voltaic (PV) Integrated Micro Solar Dome (MSD)

Purpose: Slums suffer from low lighting due to poor ventilation, as sunlight cannot enter the cramped spaces. Switching on electric lights is a necessity, even though they have to brave the heat it gives off.

Mechanism: The Micro Solar Dome takes light and passes it through a sun-tube with a thin layer of highly reflective coating on the inner wall. A shutter at the bottom of the lower dome, can close it if light isn't required. This wonderful innovation is fitted with photo-voltaic cells.

3. Old age support integrated services (OASIS)

Purpose: To bridge the gap between the elderly and caregivers using technological solutions.

Mechanism: Healthcare monitoring devices developed by OASIS come in the form of sensors and radar equipment that "monitor falls, heart rates, motion and pressure integrated to a 'complete sleep monitoring system' with an Android App which can be monitored remotely.

4. Assistive cars

Purpose: Designed and built a mechanism that can be easily installed under a car's driving seat, making it disabled-friendly.

Mechanism: The original seat, along with its track and reclining motion, remains intact. The seat is removed, the mechanism is installed, and the seat is put back. So, there is no modification made in the car's structure or core functioning, except that it now becomes disabled-friendly.

5. Suraksha application in mobile

Purpose: Designed to protect the modern Indian woman

Mechanism: It will help women in distress alert police for help, as it is linked to the police control room and patrolling vehicles in the city. Karnataka government has also made available 200+ cars patrolling cities for the safety of women and empowerment. Through this app, the person in distress has to hold the phone in front of the attacker so that the camera can record a 10-second video. An alarm will be sent to the control room along with the video.

6. Real-time text to Braille converter

Purpose: A letter-to-letter Braille converter that prints the recognised letter in the Braille cell.

Mechanism: The product consists of a small cuboid which can be held with three fingers (thumb, index, and middle) and get placed on a printed text. The user has to slide the cuboid on the text to read it.

Other important technological innovations:

- Gaming for the specially challenged people
- System for detection of adulteration in milk (KSHEER-SCANEER)
- KrishiShakti, an Indigenous Diesel Engine Tractor for small land Holdings
- Anaerobic Digester to convert Household Organic Kitchen Waste to Biogas: Interventions for 'Swachh Bharat
- Earthquake Warning System

Conclusion

CSIR, IIT, IISc, national innovation foundation, Atal tinkering labs, Atal incubation centres, department of science and technology are making consistent efforts to uplift the marginalized people for the aim of sustainable development.

5. What is Human Development Index (HDI). Evaluate India's overall performance with respect to the indicators constitutions the HDI.

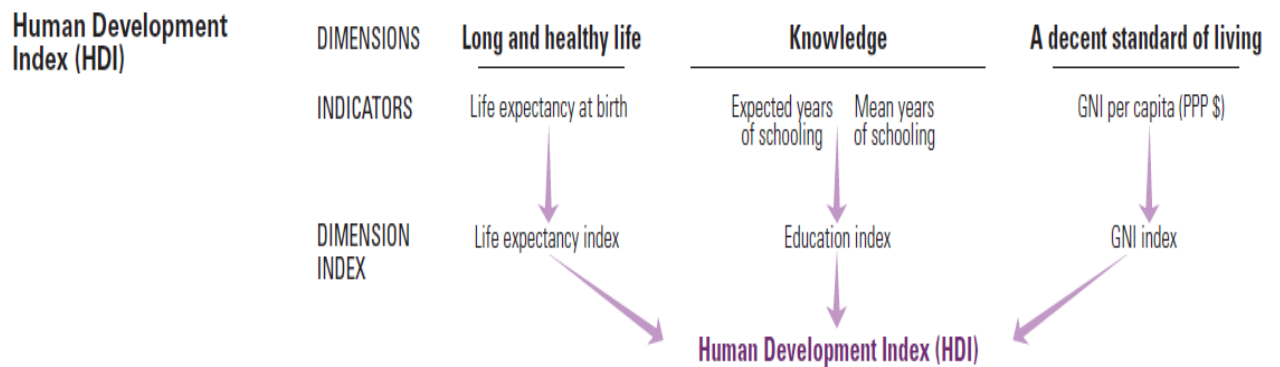
Introduction

The Human Development Index emphasises that people and their capabilities should be the ultimate criteria for assessing the development of a country, not economic growth alone. It is published by UNDP and was created by Pakistani economist Mahbub ul Haq in 1990.

Body

The HDI is the composite measure of every country's attainment in three basic dimensions:

- Standard of living measured by the gross national income (GNI) per capita. **(SDG 8)**
- Health measured by the life expectancy at birth. **(SDG 3)**
- Education levels calculated by mean years of education among the adult population and the expected years of schooling for children. **(SDG 4)**



Performance of India

- As per the latest human development ranking released by the United Nations Development Programme (UNDP), India has climbed one spot to **130** out of 189 countries.
- The Inequality-Adjusted Human Development Index (IHDI) allows one to compare levels of inequality within countries, and the greater the inequality, the more a country's HDI falls.
- The value of India's Inequality-adjusted HDI (IHDI) falls to 0.468, a 26.8 per cent decrease, far worse than the global average decrease in the global HDI value due to inequality at 20 per cent.

India's statistics:-

- Life expectancy at birth - 68.8
- Mean year of schooling: 6.4 years
- GNI per capita: 6353 PPP \$.

Health Outcomes

- IMR (Infant Mortality Rate) is 34.6 per thousand live births which are to be brought to 12 per 1000 by 2030.
- Mortality rate for Under 5 is 43 per 1000 with task of cutting it almost to its half by 2030 to 25.
- India remains to be the highest TB burden country according to WHO, with as many as 211 people per lakh suffering from either newly contacted or relapsed TB.
- India spends only 1.3% of its GDP on health expenditure

Education Achievement

- Total government expenditure on education is a paltry 4.6% of total GDP.
- Primary school dropout rate in India during 2007-2016 was 9.8%

National Income

- Total GDP of India in 2017 – 2.6 lakh crores \$
- GDP per capita - 6,427 dollars

CHALLENGES IN INDIA

- Challenges such as violence against women, child marriage, and share of parliamentary seats for women are also evident in India, where despite considerable progress at the policy and legislative levels, women remain significantly less politically, economically and socially empowered than men.
- Fewer women's participation: For instance, women hold only **14.58 per cent of parliamentary seats**, and only 39 per cent of adult women have reached at least a secondary level of education as compared to 64 per cent males.
- Low Female labour participation - 27.2 per cent compared to 78.8 for men.
- Unequal distribution: According to the report, the unequal distribution of outcomes is visible not just between countries but also within each country. In India's case, the inequality-adjusted HDI of 26.8 per cent is due to the stark inequality in access to education, health, and income.

Conclusion

India's Human Development Index (HDI) has increased tremendously from 0.427 in 1990 to 0.640 in 2018, but this is not the end. To develop further, India needs to focus on inequality and the pockets of deprivation that are dragging the HDI down and affects it adversely. Increasing the participation of women in labour force and climate resilience should be focused on is to ensure sustained HDI growth.