

12TH MAY, 2020



IASBABA'S CURRENT AFFAIRS PRELIMS (CAP) - TO THE POINT!





Topics to be covered

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1. Chief Minister & Prime Minister (constitutional articles)
2. ELISA test
3. Birth Rate, Death Rate, IMR
4. National Green Tribunal, Strict liability & Absolute liability
5. Atal Pension Yojana



JUST IN

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⌚ 45mins Morning Digest:
Complete exit from
lockdown not possible,

4

⌚ 1hr Trump abruptly ends
press conference after spat
with reporters

5

⌚ 1hr White House directed
staff to wear masks after
officials contract



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NEWS

CORONAVIRUS

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THREAD



STATES ▾

ANDHRA PRADESH

KARNATAKA

KERALA

TAMIL NADU

TELANGANA

WATCH | HOW DOES

NEWS > STATES > OTHER STATES

OTHER STATES

Uddhav, other MVA leaders file nomination for MLC polls

**Alok Deshpande**

MUMBAI, MAY 12, 2020 02:12 IST
UPDATED: MAY 12, 2020 02:12 IST

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Uddhav Thackeray leaves Vidhan Bhavan after filing his nomination on Monday. | Photo Credit: **Vivek Bendre**



CM & PM (Articles in the Constitution)

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- ▶ News: CM
- ▶ Article 164
- ▶ Article 169
- ▶ Article 167
- ▶ Article 163

- ▶ PM & CoM
- ▶ Article 75
- ▶ Article 78
- ▶ Article 77

“The robust indigenous IgG ELISA test for antibody detection developed by ICMR-NIV, Pune will play a critical role in surveillance for COVID-19”: Dr. Harsh Vardhan

Posted On: 10 MAY 2020 8:07PM by PIB Delhi

Indian Council of Medical Research (ICMR)-National Institute of Virology (NIV) at Pune has developed and validated the indigenous IgG ELISA test “*COVID KAVACH ELISA*” for antibody detection for COVID-19.

COVID19 pandemic has spread across 214 countries with a total of 38,55,788 confirmed cases and 2,65,862 deaths. Most countries in the world are struggling to contain the pandemic using possible interventions. There is an augmented demand of various types of diagnostic tests by countries all across the globe. Most of the diagnostic material for COVID19 is imported into India from other countries. Therefore, Indian scientists are tirelessly engaged in developing indigenous diagnostics for SARS-CoV-2, the causative agent of COVID19.

ICMR-National Institute of Virology (NIV), Pune is the apex laboratory of the country with state-of-art infrastructure and expertise for research in virology. NIV’s competent scientific team successfully isolated the SARS-CoV-2 virus from laboratory confirmed patients in India. This in turn has paved the way for development of indigenous diagnostics for SARS-CoV-2.

While real time RT-PCR is the frontline test for clinical diagnosis of SARS-CoV-2, robust antibody tests are critical for surveillance to understand the proportion of population exposed to infection.

The scientists at ICMR-NIV, Pune have enthusiastically worked to develop and validate the completely indigenous IgG ELISA test for antibody detection for SARS-CoV-2. The test was validated at two sites in Mumbai and has been found to have high sensitivity and specificity. In addition, the test will have the advantage of testing 90 samples together in a single run of 2.5 hours. Moreover, ELISA based testing is easily possible even at district level as the ELISA kit has inactivated virus. There are also minimal bio-safety and bio-security requirements as compared to the real-time RT-PCR test. The test has an advantage of having much higher sensitivity and specificity as compared to the several rapid test kits which have recently flooded the Indian market.

Speaking on the occasion, Dr. Harsh Vardhan said, “The robust indigenous IgG ELISA test for antibody detection developed by ICMR-NIV, Pune will play a critical role in surveillance of proportion of population exposed to SARS-CoV-2 Coronavirus infection.”

ICMR has partnered with Zydus Cadila for mass scale production of the ELISA test kits. After development at ICMR-NIV, Pune, technology has been transferred for mass scale production to Zydus Cadila, which is an innovation driven global healthcare company. Zydus has proactively taken up the challenge to expedite the approvals and commercial production of the ELISA test kits so that they can be made available for use at the earliest. The test is named as “COVID KAVACH ELISA”. This is a perfect example of “Make in India” in record time.



ELISA Test

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- ▶ Enzyme Linked Immunosorbent Assay
- ▶ Developed by ICMR – NIR
- ▶ Indigenous IgG ELISA TEST named 'COVID KAVACH ELISA'
- ▶ Benefits of this test
- ▶ Immunoglobulins, IgG
- ▶ How is ELISA based testing done

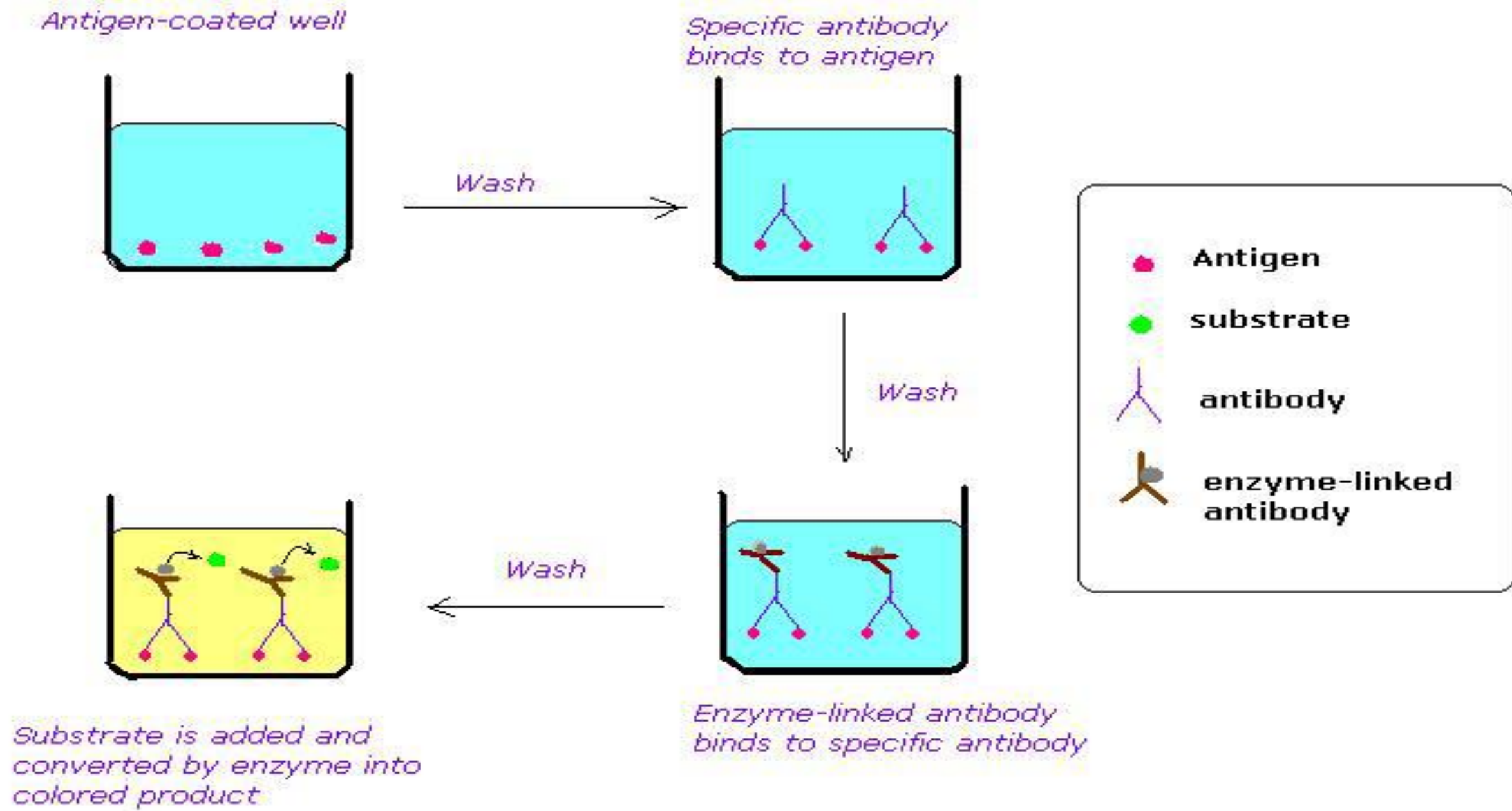


Figure 1: Indirect ELISA

Home / India / National infant mortality rate at 32, Madhya Pradesh worst performer

National infant mortality rate at 32, Madhya Pradesh worst performer

According to the data released by the Registrar General of India, the national birth rate in 2018 stood at 20, and death and infant mortality rates stood at 6.2 and 32, respectively.

Written by **Deeptiman Tiwary** | New Delhi | Updated: May 10, 2020 7:32:18 am



The data shows that against the national infant mortality rate (IMR) of 32, Madhya Pradesh has an IMR of 48 and Nagaland 4. (Representational image)

Madhya Pradesh has the highest infant mortality rate in the country while Nagaland has the best. Chhattisgarh has the highest death rate, while Delhi has the lowest. Bihar continues to remain at the top of list in birth rate while Andaman and Nicobar is at the bottom. These details were released by the Centre recently in its Sample Registration System (SRS) bulletin based on data collected for 2018.

According to the data released by the Registrar General of India, the national birth rate in 2018 stood at 20, and death and infant mortality rates stood at 6.2 and 32, respectively. The rates are calculated per one thousand of the population.

The data largely reflects past trends as far as the position of states is concerned with marginal improvements at national level on health indices. The data shows that against the national infant mortality rate (IMR) of 32, Madhya Pradesh has an IMR of 48 and Nagaland 4. Bihar has the highest birth rate at 26.2 and Andaman and Nicobar Islands has a birth rate of 11.2. Chhattisgarh has the highest death rate at 8 and Delhi, an almost entirely urban state, has a rate of 3.3, indicating better healthcare facilities.

Mortality is one of the basic components of population change and the related data is essential for demographic studies and public health administration. The death rate of India has witnessed a significant decline over the last four decades from 14.9 in 1971 to 6.2 in 2018. The decline has been steeper in rural areas. In the last decade, death rate at an all-India level has declined from 7.3 to 6.2. The corresponding decline in rural areas is 7.8 to 6.7 and in urban areas, 5.8 to 5.1.

As far as IMR is concerned, the present figure of 32 is about one-fourth as compared to 1971 (129). In the last 10 years, IMR has witnessed a decline of about 35 per cent in rural areas and about 32 per cent in urban areas. The IMR at an all-India level has declined from 50 to 32 in the last decade.

Birth rate is a crude measure of fertility of a population and a crucial determinant of population growth. India's birth rate has declined drastically over the last four decades from 36.9 in 1971 to 20.0 in 2018. The rural-urban differential has also narrowed. However, the birth rate has continued to be higher in rural areas compared to urban areas in the last four decades. There has been about an 11 per cent decline in birth rate in the last decade, from 22.5 in 2009 to 20.0 in 2018. The corresponding decline in rural areas is 24.1 to 21.6, and in urban areas, it is 18.3 to 16.7.

The SRS is a demographic survey for providing reliable annual estimates of infant mortality rate, birth rate, death rate and other fertility and mortality indicators at the national and sub-national levels.

Initiated on a pilot basis by the Registrar General of India in a few states in 1964-65, it became fully operational during 1969-70. The field investigation consists of continuous enumeration of births and deaths in selected sample units by resident part-time enumerators, generally anganwadi workers and teachers; and an independent retrospective survey every six months by SRS supervisors. The data obtained by these two independent functionaries are matched.



Birth Rate, Death Rate & IMR

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- ▶ News
- ▶ Birth Rate
- ▶ Death Rate
- ▶ IMR
- ▶ Registrar General of India
- ▶ Sample Registration System

NATIONAL

Visakhapatnam gas tragedy | NGT cites obsolete law in gas leak case



Krishnadas Rajagopal

NEW DELHI, MAY 08, 2020 22:08 IS

UPDATED: MAY 09, 2020 08:42 IS

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Principle of 'strict liability' was made redundant in 1986



NGT, Strict Liability & Absolute Liability

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- ▶ News
- ▶ Background
- ▶ Strict Liability Principle
- ▶ Absolute Liability Principle
- ▶ NGT Act of 2010
- ▶ About & Structure of NGT

ATAL PENSION YOJANA (APY) – Completion of 5 years

• Marking 5 Year's of Successful Implementation, Atal Pension Yojana Achieves Remarkable Feat of 2.23 Crore Enrolment

Posted On: 11 MAY 2020 5:19PM by PIB Delhi

The flagship social security scheme of Government of India ‘**Atal Pension Yojana**’ (APY) has completed five years of successful implementation. Launched on 9th May 2015 by Hon’ble Prime Minister Shri Narendra Modi with an objective of delivering old age income security particularly to the workers in the unorganised sector and Government providing guarantee of minimum pension after 60 years of age, the scheme even after garnering 2.23 crores workers under the ambit of pension still remains unequivocally relevant for addressing the challenges of rapidly increasing aging population of India. Apart from remarkable enrolments, the scheme has been implemented comprehensively across the country covering all states and Union Territories with male to female subscription ratio of 57:43.

The journey of APY over these five years has been phenomenal and as on 9th May 2020, the total enrolment under the scheme stood at 2,23,54,028. During the first two years of its launch, almost 50 lacs subscribers were enrolled which doubled to 100 lacs in the third year and the milestone of 1.50 crore was achieved in the 4th year. In the last financial year, almost 70 lacs subscribers were enrolled under the scheme.

Shri SupratimBandyopadhyay, Chairman, Pension Fund Regulatory and Development Authority (PFRDA), which administers Atal Pension Yojana, said *‘this feat of bringing in the most vulnerable sections of the society under the coverage of pension was possible only with the untiring efforts of Public & Private Banks, Regional Rural Banks, Payments Banks, Small Finance Banks, Department of Posts and the support extended by the State Level Bankers’ Committees’*.

APY can be subscribed by any Indian citizen in the age group of 18-40 years having a bank account and its uniqueness is attributable to three distinctive benefits. First, it provides a minimum guaranteed pension ranging from Rs 1000 to Rs 5000 on attaining 60 years of age, Secondly the amount of pension is guaranteed for lifetime to spouse on death of the subscriber and lastly, in the event of death of both the subscriber and the spouse, entire pension corpus is paid to the nominee.

The PFRDA Chairman (Shri SupratimBandyopadhyay) said *‘going forward we have a humongous task of increasing the pension coverage as only five per cent of the eligible population has been covered under APY till date and recognising the social importance of this scheme, we continuously undertake proactive initiatives for achieving exponential growth and addressing unexpected scenarios as and when they arise.’*



ATAL PENSION YOJANA

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▶ News

▶ About APY

- b/w 18-40 years
- After 60 years of age
- Minimum pension – ₹1000 to ₹5000

▶ PFRDA



MCQs

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1. The Prime Minister of India, at the time of his/her appointment:

- a) need not necessarily be a member of one of the Houses of the Parliament but must become a member of one of the Houses within six months
- b) need not necessarily be a member of one of the Houses of the Parliament but must become a member of the Lok Sabha within six months
- c) must be a member of one of the Houses of the Parliament
- d) must be a member of the Lok Sabha



2. Which of the following molecule(s) can be detected by ELISA?

- a) Proteins
- b) Hormones
- c) antibodies
- d) All of the above



3. Consider the following statements:

1. **infant mortality rate (IMR)**, is the number of deaths of children under five year of age per 1000 live births.
2. **death rate** is the ratio of deaths to the population of a particular area or during a particular period of time, usually calculated as the number of deaths per one thousand people per year.

Which of the above statement/s is/are correct:

- a) 1 only
- b) 2 only
- c) Both 1 & 2
- d) Neither 1 nor 2



4. How is the National Green Tribunal (NGT) different from the Central Pollution Control Board (CPCB):

1. The NGT has been established by an Act whereas the CPCB has been created by an executive order of the Government.
2. The NGT provides environmental justice and helps reduce the burden of litigation in the higher courts whereas the CPCB promotes cleanliness of streams and wells, and aims to improve the quality of air in the country.

Which of the statements given above is/are correct:

- a) 1 only
- b) 2 only
- c) Both 1 and 2
- d) Neither 1 nor 2



5. Consider the following statements regarding the Atal Pension Yojana:

1. Indian Citizens between the age group of 18 to 40 years eligible to join APY through their savings bank account or post office savings bank account.
2. APY is based on defined benefit for providing guaranteed minimum monthly pension of Rs. 1000 or Rs. 2000 or Rs. 3000 or Rs. 4000 or Rs. 5000 at the age of 60 years based on pension amount chosen.
3. The Central Government contributes 100% of the total contribution in this scheme.

Which of the following above statements is true?

- a) 1 and 2
- b) 2 and 3
- c) 1 and 3
- d) 1, 2 and 3



Thank You