

1. Are we witnessing a major shift in the way women's participation in the armed forces is perceived? Critically examine.

Demand of the question:

It expects students to write about the women's participation in the armed forces. Students should also write about the positives and negatives of the issue.

Introduction:

A Supreme Court order cleared the way for the women officers for permanent commissions and equal opportunity to rise up to the level of Commanding Officer.

Body:

Following arguments highlight a major shift in the way women's participation in the armed forces is perceived:

- Increase in service period: Induction of women officers started in 1992 only for a period of five years, eventually increasing it to 10 and to 14 years in later period.
- Increase in diversity of assigned roles: Earlier, limited to Medical Services; in 2019 government decided to grant permanent commission to women in all ten branches where they are inducted for Short Service Commission (SSC) - Signals, Engineers, Army Aviation, Army Air Defence, Electronics and Mechanical Engineers, Army Service Corps, Army Ordnance Corps and Intelligence.
- The women officers are proud and essential members of the Indian armed forces and their entry was need-based and mostly not court driven.
- Avani Chaturvedi, Bhawana Kanth and Mohana Singh are now part of IAF's fighter squadron.
- Navy has women as pilots and observers on-board its maritime reconnaissance aircraft, which is a combat role.
- Even Union defence minister has said that the government was committed to strengthening "stree shakti" (women power) in the military.

However, there are challenges in bringing women officers at par with their male colleagues:

- Though women officers are now allowed as pilot of fighter jets and leader of battleships but women officers in Army are not inducted in army's infantry and armoured divisions, due to fear of getting caught by enemy and torture.
- In Israel, too, women are mostly deployed in the military police and perimeter security rather than in actual combat.
- It is claimed that male troops, who are predominantly drawn from rural backgrounds, may be unwilling to "accept" a woman commander.
- Concerns are raised over physiology, motherhood and physical attributes of women officers.

- The differences in conditions of service for women officers and their men counterparts is perceived in favour as well as, against them. The women officers have concessions in physical standards during recruitment, in battle physical efficiency tests.
- Women officer appointments need extra considerations to hygiene, sensitivities and privacy issues while accommodating them. In Siachen, there are posts with only four soldiers. They sleep and share the same cramped post.
- Male officer's tenures in difficult field stations have increased, in adjusting women officers for spouse postings, child care leave.

To overcome the above mentioned pending issues and to implement SC orders following steps are needed:

- It will require a behavioural change at societal level first
- Need to revise their terms of engagement
- Certain concessions given to women officers can be withdrawn, and they can be put through the field and rough appointments with troops, to be at par with male counterparts and be accepted as 'Leaders' and not 'Appointed Officers'.
- The selection for command assignments has to merit-based irrespective of gender.
- The selection for the command should be done through officer's confidential reports and closed promotion board, common for both genders, and the names and gender of the profile should be hidden from selection board.

Conclusion:

'Gender Equality' is the societal need of the hour and applies to both female and male officers and should be ensured in the spirit of the SC judgement without compromising the operational effectiveness of the Armed Forces.

2. The ongoing COVID-19 pandemic has underscored the need for making cities self-sufficient and sustainable in terms of healthcare infrastructure and services. Elucidate.

Demand of the question:

It expects students to highlight the need and advantages of cities with self-sufficient and sustainable healthcare infrastructure and services.

Introduction:

Prime Minister of India said that the biggest lesson from the coronavirus pandemic was that it has taught people to become self-reliant. Cities which are on the front lines of COVID-19 need a self-sufficient and sustainable healthcare infrastructure and services

Body:

Need for cities self-sufficient and sustainable healthcare infrastructure and services:

- Fear of more people falling into poverty due to job loss and out of pocket healthcare expenditure.
- As per National Health Profile–2019, there are only 0.55 beds per 1000 population.
- Residents of urban slums and informal settlements (17% of total urban population) are particularly at greater risk due to lack of infrastructure and basic services, including water, sanitation, waste collection and access to basic health care. E.g.: Dharavi corona outbreak.
- Both national and local governments are confronted with severely strained financial resources. Central government allocates only around 1.5% of GDP to healthcare.
- India not producing even 10% of the medical equipment and devices it needed at any point in time.
- Abrupt establishment of makeshift facilities like hostels, hotels, schools, stadiums, lodges etc. caused confusion and delayed mitigation efforts.
- Lack of testing kit, PPE kit, ventilator, masks manufacturing pre-outbreak of pandemic caused rush for expensive, low quality imports.
- Inadequate, corrupt and leakage prone food distribution system has caused rise in hunger and malnutrition.
- Difficulty in taking ambulance to skewed places has caused delays.

Advantages of self-sufficient and sustainable cities in terms of healthcare infrastructure and services:

- Help in sustaining ease of living by causing poverty alleviation and increase in expenditure on other essential needs like education, skills, etc.
- Curb dependency on costly imports – save revenue which can be used to encourage indigenous industries.
- Self-sufficient approach can provide quick and efficient response to pandemic situations.
- Adequate beds, personnel, equipment can motivate health workers and citizens.
- Assist cities more vulnerable, thus ushering cooperative spirit in healthcare sector.
- Inability to stop fake news, rumours causing fear and misinformation, shows lack of effective communication between people and healthcare system.
- Correct verified information will enable harmony in society, prevent conflicts and further increase coverage of healthcare measures.

Following steps need to be taken for making cities with self-sufficient and sustainable healthcare infrastructure and services:

- Allocating more revenue generation powers and autonomy to cities, more grants from Centre and states.

- Like shelter homes for natural disasters, we need to develop medically equipped shelter homes for pandemic situations and need to create awareness through mock drills for better coordination during the real crisis.
- Need to ensure Regulatory Sync-up and Synergy.
- Need to leverage technology to let users experience the best facilities in hassle free manner.
- Becoming more and more self-reliant in the area of medical devices, medical equipment and other kinds of requirements that are applicable for health care-related issues.
- Use of helicopter to rescue/evacuate serious patients for crowded urban settlements.
- Effective communication via advisories, media, social media, etc. to curb fakes news, rumours. E.g.: use of PIB for fact verification of viral videos and social media posts

Conclusion:

Thus, making cities self-sufficient and sustainable in terms of healthcare infrastructure and services will lay foundation for 'Atma Nirbhar' and healthy India which is ready to prevent and tackle future challenges especially pandemic situations like corona.

3. While going through the news items related to COVID-19, you must have come across a term called the 'R' value. What does this term signify? Explain. What would it mean if the 'R' value in a particular state is higher than its neighbour? Explain.

Demand of the question:

It expects students to define the term 'R' value and highlight its significance. Students also needs to write about impact of correlation of 'R' value between neighbouring states.

Introduction:

The R number refers to the 'effective reproduction number', it's a way of measuring an infectious disease's capacity to spread. An R value of 1 is a crucial threshold. The COVID-19 has a reproduction number of about three.

Body:

Significance of 'R' value:

- The R number signifies the average number of people that one infected person will pass the virus to.
- e.g. Measles has one of the highest numbers in town with a reproduction number of 15 in populations without immunity.
- R value helps to understand how the disease will spread and how it will impact the health of people. R of 1 and above tends towards exponential growth. An R of below 1 tends towards the end of the outbreak.

- R value also helps the government, administrative machinery and health care professionals to understand what kind of steps are needed to be taken to control the outbreak and what should be the standard operating procedure.

Implications of higher 'R' value in a particular state than its neighbour:

- A state having a greater R value than neighbouring one simply means that the rate of spread of disease is more in the state than neighbouring one.
- e.g. Consider, If Maharashtra has R value of 9 and Telangana has R value of 4, it means that a single person in Maharashtra can infect 9 other persons and so on the infection rate will multiply as these 9 infected people will interact with other persons. Whereas, in Telangana it will spread to 4 persons from one single person. So, Maharashtra will experience more wide scale disease outbreak than in Telangana.
- It also indicates how swiftly the state's administrative and health machinery responded to check the spread of diseases and what needs to be done.
- e.g. As happened in the case of New Zealand where the State machinery managed to bring down the R value below 1.

Conclusion:

As of today total 36 countries in the world declared themselves COVID-19 free based on the calculations of R value. So, the calculations with respect to R value and putting forward steps according to them seems to be imperative to flatten the curve of disease outbreak. In this way R value plays a crucial role to understand and check the outbreak of disease.