1. World over, the idea of providing basic minimum income has gained traction after COVID-19 took away jobs and exposed the deep rooted vulnerabilities of the poor populations. What are your views on this idea? Should India implement a universal basic income scheme? Substantiate your views.

Demand of the question:
It expects students to express their views on the idea of providing basic minimum income. It also expects students to express their views with relative examples whether India should implement universal basic income scheme or not.

Introduction:
Basic minimum income is a theoretical governmental public program for a periodic payment delivered to all citizens of a given population without a means test or work requirement.

Body:
The Covid-19 crisis has come unannounced and disrupted the daily lives of people. Economies every sector is impacted by the COVID-19 crisis, giving rise to possibility of new global recession in upcoming period.

- The economic fallout of the pandemic has led to widespread job losses and pay cuts, and countless might be finding it challenging to get a new job with better or even similar perks during this lockdown.
- The world lost nearly 400 million full-time jobs in the year's second quarter (April-June 2020) due to the novel corona virus disease (COVID-19) pandemic, said the International Labour Organization (ILO).
- With respect to Indian economy, It lost 124 million jobs in March and April, primarily in the informal sectors comprising small traders and wage labourers; employment was also lower in self-owned businesses and salaried employees, too, lost jobs.
- Hence, in the time of COVID-19 pandemic where almost all economic activities were shut and people left with no source of income in hand, there arouse the call for Basic minimum income for all because of its following benefits.

Benefits of providing Basic minimum income:
- Administrative Efficiency: In place of plethora of separate Government schemes, Basic minimum income will reduce the administrative burden on the state.
- Psychological Benefits: Guaranteed income reduces pressure of finding a basic living on a daily basis.
- Better Targeting of Poor: As all individual are targeted under Basic minimum income, Exclusion error i.e. poor being left out is Zero though Inclusion error i.e. rich gaining the access is 60%. e.g. India's Aadhar coverage stands at 99% i.e. nearly 111 crore people, so combining this with JAM trinity scheme will reap immense benefits.

- Improvement in financial inclusion: Payment transfer encourages usage of bank account leading to higher profits for banking correspondents.
- Credit & Insurance: Increase in income will release the constraints on access to credit for those with low income. Guaranteed income will provide Safety net against health income and other shocks.

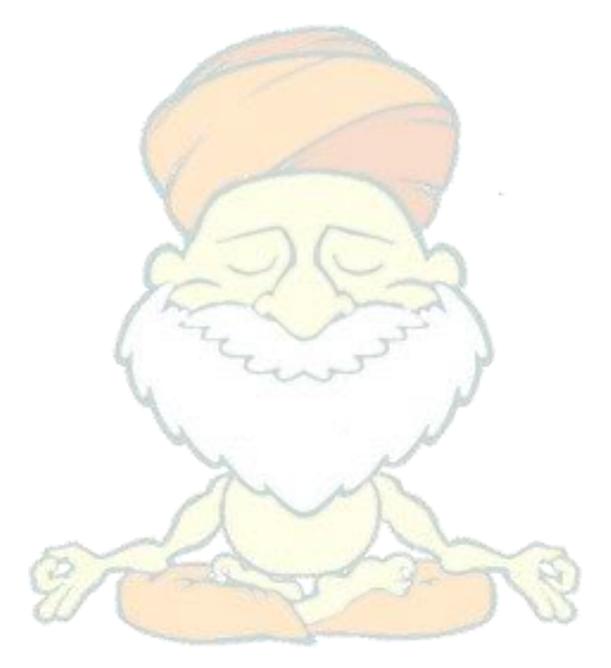However, the idea of basic minimum income is not hole proof due to following reasons:
- Some worry that the free cash would encourage poor people to increase their spending on 'sin' goods like alcohol and tobacco.
- Money for nothing: The concern about a citizens income is that people will get money without doing anything. It may encourage people to be lazy and live off benefits.
- Disincentive to work: Some fear that if universal income is given, some will work less. Studies are mixed, but one study from Canada found that as universal credit is relatively low, the main groups who worked less were young mothers and teenagers in education.
- Less flexible labour markets: The basic minimum may mean part-time workers, such as working mothers and students don't need to supplement income by working part-time, reducing the flow of temporary part-time workers. Others argue this is not a problem as we should try to avoid a part-time, zero-hour contract labour market.

In 2016, the idea of a Universal Basic Income (UBI) in India was discussed in Economic Survey 2016-2017, as a serious and feasible solution to India's poverty and a hope for the economy as a whole.
- Supporters believe this large-scale welfare program could be revolutionary and could provide a poverty alleviation blueprint for other developing countries.
- Recently a limited version of the UBI in the form of the Pradhanmantri Kisan Samman Nidhi Yojana (PM-KISAN) which promises ₹6,000 per annum to farmers who own less than 2 hectares of land is successfully implemented in India.
- Similarly, The Rythu Bandhu scheme is a welfare scheme started in the state of Telangana in May 2018, aimed at helping farmers. Each farm owner receives 4,000 INR per acre twice a year for rabi and kharif harvests.
- Internationally, Finland's government is planning to give every one of its citizens a basic income of 800 Euros (£576) tax free and abolish benefits altogether.
- However, critics are wary of establishing such a wide-scale program because it might undermine the fragile social security architecture, cause already employed workers to drop out of labour force and encourage idleness, and also encourage wasteful spending.

Conclusion:

The interesting thing about a Universal basic income is that it gains support from almost every strata of the society except few. UBI can help to end poverty, discourages low wages, in short UBI has the potential to reduce inequality and revolutionize our lives. Hence, if implemented with caution it will help the marginalised sections of society to develop themselves.

2. In the light of the ongoing COVID-19 pandemic and the preparedness to deal with the upsurge in cases, what lessons can be learnt by India's healthcare sector? Discuss.

Demand of the question:
It expects students to put forth their views on the kind of lessons be learnt by India's healthcare sector in the light while dealing with COVID-19 pandemic.

Introduction:
The novel corona virus pandemic is the most devastating public health emergency in this 21st century of human history. It is making countries around the world take a hard look at their health systems. India's inadequate health infrastructure accompanied by factors like population density, poverty and illiteracy made India highly vulnerable to Covid-19.

Body:
Since, Covid-19 is a respiratory pathogen, its spread over the world is unprecedented. Hence, World Health Organisation has declared it as a Pandemic. In this context, India needed an adequate preparedness to deal with this global emergency.

India's Vulnerable Health infrastructure and Covid-19:
- The total expenditure by the Centre and states for FY20 was ₹2.6 trillion, or 1.29% of GDP, including establishment expenditure comprising salaries, gross budgetary support to various institutions and hospitals and transfers to states under centrally sponsored schemes such as Ayushman Bharat.
- India's total healthcare spending is (out-of-pocket and public), at 3.6% of GDP, as per OECD, is way lower than that of other countries. The average for OECD countries in 2018 was 8.8% of GDP. Developed nations—the US (16.9%), Germany (11.2%), France (11.2%) and Japan (10.9%)—spend even more.
- According to WHO, India has only 80 doctors per 1,00,000 people.
- Lack of Primary Healthcare Services: The existing public primary health care model in the country is limited in scope. Even where there is a well-functioning public primary health centre, only services related to pregnancy care, limited childcare and certain services related to national health programmes are provided.
- It is implicit that the primary healthcare sectors network lags training to deal with the emergency situations like COVID-19 pandemic.
- Supply-Side Deficiencies: Poor health management skills and lack of appropriate training and supportive supervision for health workers prevent delivery of the desired quality of health services.
- Overlapping Jurisdiction: There is no single authority responsible for public health that is legally empowered to issue guidelines and enforce compliance of the health standards. e.g. Recent eruptionof controversy between ICMR and AIIMS due to Different guidelines to treat COVID-19.

- Sub-optimal Public Health System: Due to this, it is challenging to tackle Communicable Diseases, which is all about prevention and early detection. It diminishes preparedness and effective management for new and emerging threats such as pandemic like Covid-19.
- Lack of health care infrastructure: Many of the hospitals even in metro cities lacked major health care equipments such as ventilators, pulse oximeters, etc. For instance, Non-availability of beds to treat COVID-19 suspects is observed in many of the hospitals across India.
- While the public health system has gone into overdrive to tackle Covid-19, the response from private healthcare providers – responsible for 70% of healthcare provisioning in India – has been muted. There have been reports of massive overcharging of Covid-19 patients, with rates charged in Mumbai by certain private hospitals being up to Rs one lakh per day.

The Covid-19 pandemic is concentrated in cities and has affected the middle class. Illness can attack anyone. Hence, We need Right to Healthcare to protect everyone. Following steps needed to be taken to strengthen healthcare system in India.

- India can raise its supply—8.5 hospital beds and 8 physicians per 10,000 people—to the standards of Japan and South Korea: over 100 beds per 10,000 people.
- For this, a specially designed fiscal stimulus can be funnelled into public health and policy bottlenecks removed so that the sector becomes the engine of GDP growth.
- Creating a Nodal Health Agency: There is need to create a designated and autonomous focal agency with the required capacities and linkages to perform the functions of disease surveillance, information gathering on the health impact of policies of key non-health departments, maintenance of national health statistics, enforcement of public health regulations, and dissemination of information to the public.
- In this pursuit, NITI Aayog's National Health Stack is a step in the right direction, which needs to be operationalised as soon as possible.
- India must also rapidly increase its operational labs for rapid diagnosis, equip hospitals, and train medical staff for isolation and treatment of those infected.
- Behavioural Change: There is a need to ensure people eat right, sleep right, maintain good hygiene, exercise, and adopt a healthy lifestyle that necessitates concerted interventions at various levels of the system. For example, In order to catalyse people's participation for healthy India, there is need for Swasth Bharat Jan Andolan on lines of Swach Bharat Abhiyan also promoting Ayurveda as healthy way of life.
- Kerala's experience in 2018 with the deadly Nipah virus showed the value of investing in education and health over the long term.
- There is a need to establish an emergency loan facility, as the World Bank uses for disasters, natural or health, that can help augment own resources in times of a public health catastrophe. Subsidized loans, earmarked land,

single-window approvals, tax holidays, etc. can be used for making medical devices and drugs and setting up hospitals.

Pandemics such as Covid-19 starkly remind us that public health systems are core social institutions in any society. The government has made several efforts to address the shortfall in the public health system through the schemes like the National Medical Commission (NMC) Act, 2019, Pradhan Mantri Bhartiya Janaushadhi Pariyojana, Pradhan Mantri - Jan Arogya Yojana etc.

Conclusion:

Hence, the need of the hour is an adequate investment, for creating a health system that can withstand any kind of public health emergencies, deliver universal health coverage and meet the targets of the Sustainable Development Goals. So, that India can withstand any kind of COVID-19 like pandemic situation in future and win over it.

3. What are your views on distance education? Can it replace brick and mortar classrooms in the future? Is it really a great leveller in terms of access and affordability? Discuss.

Demand of the question:
It expects students to express their views on distance education. It also expects students to give clear facts whether distance education can replace the brick and mortar classrooms in future or not while focussing on whether it is a great leveller in terms of access and affordability.

Introduction:
The COVID-19 has resulted in schools shut all across the world. Globally, over 1.2 billion children are out of the classroom. As a result, education has changed dramatically, with the distinctive rise of e-learning, whereby teaching is undertaken remotely on digital platforms; it gave rise to debate of accessibility and affordability of distance education in India vs. Bharat.

Body:
While countries are at different points in their COVID-19 infection rates, worldwide there are currently more than 1.2 billion children in 186 countries affected by school closures due to the pandemic. In Denmark, children up to the age of 11 are returning to nurseries and schools after initially closing on 12 March, but in South Korea students are responding to roll calls online.

- With this sudden shift away from the classroom in many parts of the globe, some are wondering whether the adoption of online learning will continue to persist post-pandemic, and how such a shift would impact the worldwide education market.
- Even before COVID-19, there was already high growth and adoption in education technology, with global edtech investments reaching US$18.66 billion in 2019 and the overall market for online education projected to reach $350 Billion by 2025.
- Whether it is language apps, virtual tutoring, video conferencing tools, or online learning software, there has been a significant surge in usage since COVID-19.
- In response to significant demand, many online learning platforms are offering free access to their services. Since announcing free live classes on its Think and Learn app, BYJU's has seen a 200% increase in the number of new students using its product.
- Other companies are bolstering capabilities to provide a one-stop shop for teachers and students. For example, Lark, a Singapore-based collaboration suite initially developed by ByteDance as an internal tool to meet its own exponential growth, began offering teachers and students unlimited video conferencing time, auto-translation capabilities, real-time co-editing of project work, and smart calendar scheduling, amongst other features.
- So, it shows that distance education has great potential to replace brick and mortal classrooms in coming future.

The UGC Chairman said that to maintain social distancing, e-education was the only way out. He was also quoted as saying that online education was likely to be adopted as a strategy to enhance the gross enrolment ratio in higher education. But, distance learning has its own limitations:

- According to a report by Quacquarelli Symonds (QS), infrastructure in terms of technology in India has not achieved a state of quality so as to ensure sound delivery of online classes to students across the country. It is seen that both the state and the private players have not yet managed to overcome technical challenges, for instance, in providing adequate power supply and ensuring effective connectivity.
- Online classes are not feasible for students with research as an essential component. Though the students are able to keep up with the theoretical lessons, practical training held in the laboratories is suffering.
- Online learning is not for everyone. Schools located in remote areas of the country with limited availability of electricity and internet is making restricted use of WhatsApp to stay connected with their classrooms.
- Access is not merely enrolment: It also includes effective participation in curricular processes, which includes negotiating through language and social and economic barriers.
- The digital divide in Bharat i.e. Rural India, which makes marginalised people vulnerable to a double disadvantage if digital modes become the mainstay of education. Unless they receive consistent hand-holding and backstopping, they tend to remain on the margins and eventually drop out or fail. e.g. A small scale farmer in Uttar pradesh sold his buffalo to buy a mobile phone for his son to facilitate access to online classes.
- Also it has some health concerns as continuous screen exposure may affect the eye sight of some students.

Socio-economic benefits in terms of accessibility and affordability:
- All of the students do not have laptops or tablet computers. Parents also use the computer for their work from home so children do not get a chance to use it. For instance, a student in Maharashtra attempted suicide as his father was not able to afford a mobile phone to facilitate online education at home.
- Teachers too might have technical constraints and if teachers are equipped but the same might not be the case for the institutions. So issue of accessibility is still there.
- In terms of affordability many of the schools and colleges started charging more fees for online education other than the regular fees, which resulted in excessive economic burden on those who either can't afford it or lost jobs during COVID-19 pandemic.
- According to National Sample Survey data for 2017-18, only 42 per cent of urban and 15 per cent of rural households had internet access.
- Hence, it is a clear picture that though the distance education facilitates education to the last mile, its affordability and accessibility comes in to question for the poor and marginalised sections of society.

Government initiatives to address these challenges:

- SWAYAM Prabha: It is an initiative of the Ministry of Human Resources Development to provide 32 High Quality Educational Channels through DTH across the length and breadth of the country on 24X7 basis. This is primarily aimed at making quality learning resources accessible to remote areas where internet availability is still a challenge.

Conclusion:

Though an indispensable supplement for traditional education, there are certain aspects of traditional education and a social life that online learning cannot substitute. So, there should not be diversion from the traditional educations systems and distant online education should be a supplement and catalyst to achieve the 100 percent quality education across all the sections of population.