

1A It is fall under ministry of labour, M.P. Govt.  
• Repository of unemployment data (educated + uneducated youth). started in 2008 in Madhya Pradesh. opened in each district (51) in M.P at district headquarter.

1B opened in 1957. declared Institute of National Importance and deemed university in 2009 by act of parliament. Situated in Gwalior, oldest sports university in India and Asia.

1D scheme for deaf childrens by Ministry of child and women empowerment, Govt. of Madhya Pradesh. Free hearing aids and equipment to needy children.

1E It is account of number of years a person lives from his birth. Life expectancy of India is 68.7 year now. Its importance can be judged as it is used in Human Development Index (UNDP issues). Health infrastructure improvement cause of high life expectancy.

1F It is the process of including intake of essential food ingredient required for healthier and nutritious growth of well being like vitamin, carbohydrate, mineral through secondary means (government programme - Fertilized Iron and zinc tablets, fertilized salt, fertilized crops, millets in PDS (Public Distribution System) by ministry of health and family welfare of Centre and states.

1H prevailing in childrens due to protein deficiency, symptoms - weakness, skeleton body, loss of weight, unable to perform day to day work. may lead to death

1I Run by ministry of health and family welfare with help of WHO. for vaccination of <sup>all</sup> childrens (3 month age to 5 year).  
Indradhanush and Indradhanush 2.0 are effective programme running now like Polio, Diphtheria, etc.

1J Run by madhya pradesh government through <sup>Department</sup> ministry of education. Aimed to raise child enrolment, inclusion of school left outs, civil society participation in rural and urban slums.

1L National Institute of Technology (~~to~~ Total 30 now) in each capital of state. previously called as Regional Engineering college, declared NIT in 2003 by government of India. In MP it is located in Bhopal as MANIT

11M started in 2017 by Ministry of social welfare, Department of Person with Disability, Govt of India. Ained for rehabilitation of Disabled (Divyang) with dignity, respect, through NGO, - NGO were provided fund under this program.

1N Statutory body, established in 1992 by National Commission of women Act, 1990, headquarter in Delhi. Rekha Sharma is chairwoman of NWC. Meenakshi Lekhi is chairwoman in M.P.

10 Rajiv Gandhi Mission for Adolescent girls - aged 10-19 years)  
- overall development, skill inculcation and upgradation, improving health through NNM, self defence techniques, especially targeted rural, poor, vulnerable section girls.

2A ASUA - Accredited <sup>social</sup> Health Activist - first level women health personnel at village level, PNC level. work under ministry of health and family welfare.

- paid by central government.
- Functions - Provide medicinal, technical support to Anganwadi workers.
- Provide knowledge to village women about Institutional deliveries, sanitation, cleanliness
- Nodal point between CHC and Anganwadi workers.
- Records of weight of children (periodical), vaccination of children, mother care
- motivate them for child birth registration in panchayat,
- provide supplementary nutrition medicine in villages.

ASUA workers are front field soldiers in remote, hilly and villages.

Issues of ASUA: ① Infrastructural negligence (Rooms, medicines, Contraceptive stocks) ② non-payment issues ③ lack of knowledge of ICT based instrument ④ overburden ⑤ responsibility of conducting various surveys, ⑥ shortage of number of ASUA workers etc.

Remedy - Provide Technology knowledge, Institutional support etc.

2B

Vital statistics are key element of demographic indicators. It mainly includes

- Birth Rate → Death Rate → Natural growth rate
- Life expectancy at birth → Infant Mortality rate → Total fertility rate
- MMR (Maternal Mortality rate) <sup>Death per 1,00,000 live birth</sup>
- Birth rate: No. of live births per 1000 birth of children. it is 130 in India and 147 in Madhya Pradesh, it is 147
- Death rate - No. of death per 1000 birth of children. It is 33 in India and 47 in Madhya Pradesh.
- Natural Growth rate = Birth rate - Death rate
- Life expectancy → no. of years a person lives after birth. 68.7 years in India
- IMR - no. of Infant (less than 1 year age) died per 1000 live birth.
- TFR → 2.2 in India (2.1 target in 12th Five year plan)

Rate of birth given by mother per 1,00,000.

Importance - ① Future human capital formation

- ② Value added to Indian Economy
- ③ Essential for growth of nation.
- ④ demographic advantage changed to demographic dividend.
- ⑤ helps in better policy formation, targeting malnutrition, Spatial distribution of finances in health sector, disease control measures etc.

2C

~~Acute~~ Acute Immuno deficiency syndrome is infectious disease spread through sexual intercourse, infected needle, infected blood contact, salival infectious etc

Government of India launched a national wide program to curb it with help of WHO (world health organisation),

• AIDS may lead to death.

Feature of program - • Spread awareness about AIDS.

- Provide better livable atmosphere to patient in society
- Provide medicinal support
- Provide easy accessibility, affordability of contraceptive (condom, Copper tube) etc.

Due to efficient and effective implementation of programme by ministry of health and family welfare, there is significant reduction in cases of AIDS patient and play important role in changing behaviour of Indian society.

Mosquitos are carrier of various diseases.

Some of them are

- ① Dengue, Chikengunia, spread by Agyptis mosquito
- ② Malaria by Andis mosquitos
- ③ Prevention - ① Sanitation, cleanliness techniques/practices
- ② Use of Insecticides, Bio-insecticides
- ③ Proper water storage, water chlorination
- ④ Avoid water stagnation in home and nearby area.
- ⑤ Proper disposal of household waste, segregation of waste at home
- ⑥ Various programmes started by Government like National Malaria Control program, Swachh Bharat Mission,

It includes - children, poor, elderly, remotely inhabitants, socially and economically backward groups like scheduled caste and scheduled tribes, disabled (Divyang) persons.

- 21% people live in Below poverty line (30.72% in M.P.)
- 15.6% are SC and 8.5% are ST in India
- 21.1% ST and 15.6% SC in Madhya Pradesh
- 1.20 crore children (0-6 year) in M.P and 6% in India.

Reason - ① Poverty ② Illiteracy ③ Unemployment

- ④ Low Agriculture productivity ⑤ Negligence by family, Society and government
- ⑥ Inefficient policy formulation and Implementation
- ⑦ Regional disparity ⑧ Industrial backwardness
- ⑨ Ill political will

## Government Measures

- ① Schemes of financial and social inclusion like Pradhan Mantri Jan Dhan Yojna, ~~Direct~~ in backward, rural, naxalite area, left wing extremism areas.
- ② National Nutrition Mission, programme for childrens
- ③ SABLA Programme for Adolescent girl and lactating mother.
- ④ ICT based e-governance initiative for Direct Benefit transfer of fund to targeted group
- ⑤ Proper implementation of Targeted Public Distribution system for National Food Security Mission
- ⑥ National Skill development programme - PM Kaushal Vikas Yojna, etc.

For sustainable development of India, Social Inclusion of all strata of society is need of hour.

2F

Primary education is foundation stone of whole education system. it includes pre-schooling and class 1 to class 5<sup>th</sup> schooling.

It is crucial for overall mental development of newly growing child.

Problems associated with Primary Education are

- ① Wastage - • of Infrastructure (low quality institutional accessories, lack of basic amenities like girls toilet, Pakka school as within 2 km of area under Right to Education Act 2009 (Article 21(A) of constitution)
  - low quality of teachers, widening teacher-student ratio,
  - low education quality - class 5<sup>th</sup> standard student cannot read class 1<sup>st</sup> book.
- ② Stagnation - • Gross enrolment ratio is not increasing
  - No improvement in teacher recruitment

- Decreasing number of women teachers
- No increase in girls inclusion in schools
- Low investment in new school opening
- Slow growth of toilet construction under Swachh Bharat mission.

Measures - opening of new schools, revival of existing infrastructure of schools, improving teacher quality and numbers in school, ICT based tools use etc can fill bridge created by difficult terrain, hilly, remoteness backwardness.

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Technical Education includes engineering, software, medical, agricultural sciences, Artificial Intelligence, study of various technologies in higher education like nuclear, space, nano, bio, genetics, etc.

- Importance:
- ① Growth of Industry - Manufacturing boost with knowledge of new emerging technologies like Robotics
  - ② Health vital statics improvement
  - ③ Address growing issue of Unemployment in youth by self employment
  - ④ Demand of Skill Technical experts in overseas market like Gulf countries, Europe etc.
  - ⑤ Help in Decrease Current Account deficit, ~~to~~ Improve Balance of payment through Remittance money by emigrants
  - ⑥ Attract Investment in Indian Industry to make use of cheap technically expert labour force
  - ⑦ Investing in new technology, technology upgradation and transfer by foreigners in India
  - ⑧ Raise standard of living of Indians by attracting Infrastructural funding

Technical education is backbone of economically developed nation.

2H

Malnutrition is the process of deprivation of essential ingredients like fibres, vitamin, minerals etc needed for mental and physical health.

Malnutrition is slow and steady growth inhibition, in human body caused for severe disease, acute illness and sometime death.

It is mostly prevailing in children aged 1 year or less.

Measure of malnutritious are

- (1) Infant Mortality rate (Death of children per 1000 live birth. classified as U5MR (age less than 5 year) and IMR (age less than 1 year)
- (2) ~~low~~ MMR (Mother Mortality Rate) - Death of mothers giving birth per 1,00,000.
- (3) Total fertility rate -
- (4) Low life expectancy at birth
- (5) ~~low~~ ~~high~~ ~~Crude~~ birth rate and high Crude birth rate
- (6) Low ~~so~~ nutritional diet intake reflect in basic laboratory tests.

2I

IMF is international organisation of member Country of United Nation organisation, established in 1944 (Brettonwood Conference).

Total members are 189, prerequisite to be member of world Bank group (IBRD particularly)

Functions - (1) providing short term loans to member country only

(2) To finance Balance of ~~error~~ payment crisis and foreign reserve issues (shortage) - 1991 Indian crisis resolved by IMF.

(3) IMF Currency basket of 6 currencies and SDR (Special Drawing Rights) ~~now~~ helps in member countries foreign exchange reserve problems.

- (4) Helps central Banks <sup>(RBI of India)</sup> of member country regarding international monetary fluctuations, instabilities.
- (5) ~~closely~~ closely monitor international market and issues reports like world economic outlook
- (6) Dispute redressal mechanism adopted to resolve issues of monetary originating problems of member countries.

2J Civil servants are public officers serves for interest of large section of welfare of society within limits of rules and laws determined by Constitution of India and ~~Rules and~~ Regulations made by competent regulatory bodies.

Training Institute in Madhya Pradesh -

- ① RCVN Narayana Academy of public Administration in Bhopal - 1957
- ② Indian Institute of Forest Management - Bhopal
- ③ Forest Training Institute - Balaghat and Betul
- ④ Indira Gandhi Tribal Institute - Amarkantak
- ⑤ Panchayat Training Institute - Panchameri (Hoshangabad)
- ⑥ Police Training Institutes at Jabalpur, Indore, Shivpuri, Bazar (Gwalior)
- ⑦ Atal Bihari Institute of Public Administration - Bhopal
- ⑧ ~~Panna Bai Institute~~ Sub Tropical Forest Institute - Jabalpur

2K Public Account Committee - is one of 3 financial Committee of Parliament.  
It is permanent standing Committee, constituted every year by speaker of lok Sabha.



• PAC consist of ~~20~~<sup>22</sup> members (15 from Lok Sabha and 7 from Rajya Sabha)

Chairman is speaker of Lok Sabha.

• Minister can not be a member.

• Election - Proportional representation by single transferable vote. to ensure due representation of every political party

Functions → ① To audit <sup>reports</sup> accounts of Comptroller and Auditor General of India comprising audit report of central and state departments, autonomous bodies, substantially financed Corporations by centre and states except public

② sector Undertaking, for which separate Committee is there.

② To advise the way of maintaining, formulating accounts of various stakeholders

③ Present report in both house of parliament.

④ Supervises expenditure incurred by ministries are in accordance with rules and laws determined by parliament and grants, fund allotted for specific person, if any deviation, highlighted in PAC report.

PAC is post mortem in nature as expenditure are already incurred.

2 L National Health Policy 2017

Features - ① Coordinates various programmes like National Nutrition Mission, Swachh Bharat Mission, etc

② Improve Health Infrastructure (Hospitals, PHC, CHC, increased number of beds in hospital, maternity ward and geriatric ward in each District Hospital)

③ Adopting online Medicine stock availability Information System

④ Increasing Doctor and Nurses availability through recruitment, promotion etc.

- ⑤ Increased staff of ASHA workers, Anganwadi health workers
- ⑥ use of ICT based tool for effective periodical monitoring.
- ⑦ Increased Health Ministry Budget (6% of GDP by year and step wise allocation increments)
- ⑧ effective implementation of Ayushman Bharat scheme - Empanelment of more private Multispeciality hospital inclusion.

Thus, Policy aimed to reduce IMR, MMR, TFR in long terms.

3A

Madhya Pradesh shows strong commitment to provide healthy lifestyle / livelihood to citizens by effectively running various programs in field of healthcare.

Some of them mentioned below -

- ① Indradhanush 2.0 programme - Universalisation of vaccine provided in diseases like polio, Diarrhoea etc.
- ② 108 ambulance seva - ~~star~~ free
- ③ mobile medicare vans - started from kharzone
- ④ Ayushman Bharat scheme - 2017
- ⑤ PMMVY - Pradhan Mantri Matruva Vandana Yojna - Rs 6000 + Institutional delivery
- ⑥ Janani Suraksha Yojna - 2005
- ⑦ Supplementary Nutrition through Mid Day Meal Program (2015), National Nutrition Mission (2015), PDS (Public Distribution System) - fortified salt, Daals, distribution of Iron and Zinc tablets
- ⑧ Awareness programmes like AIDS, Malaria, Dengue diseases
- ⑨ knowledge upgradation to ASHA and Anganwadi workers.

(10) SABLA scheme - Distribution of sanitary pad to school girls, village girls.

(11) Problems of health care sector in Madhya Pradesh

- (1) Lack of financial resources -

(2) Implementation issues - corruption, nepotism, nepotism, fake beneficiaries, difficult geographical terrain, remote far flung villages, sparsely inhabited houses,

(3) Social dilemma and myth regarding immunization, institutional deliveries

(4) Lack of awareness to mothers due to ~~illiterates~~ illiteracy.

(5) Rampant malnutrition issues

Remedies and way forward in healthcare sector is

(1) Use of ICT based e-governance tools

(2) Financial Inclusion

(3) Motivate Anganwadi workers by monetized incentive to aware mothers about child nutrition and institutional deliveries

(4) Give Recognition to ASHA and Anganwadi workers

(5) As Health is in state list, public spending on health care sector by Madhya Pradesh benefited its economy in long term and sustainable manner.

3B

Scheduled Caste and scheduled tribes were considered notified castes by Britishers but denotified and classified after Independence of India,

• SC and ST constitutes 15.6% and 8.5% population of India as per census 2011.

• Dr. B.R. Ambedkar, protagonist of reservation to scheduled caste and scheduled tribes, advocated.

need of special provision for economically, socially, morally backward section to society as they are exploited by Caste (Varna System) system of Indian Society way back from later vedic period.

Constitutional safeguards provided are

- ① Abolition of Untouchability (Article 17)
- ② Passing Prevention of Civil Right act, 1955 (previously called as Untouchability Prohibition Act) renamed in 1976.
- ③ SC and ST Prevention Act 1989, Amended in 2018<sup>3</sup>
- ④ Reservation in education and employment as per article 344 and 345 of Constitution for SC and ST respectively. (Initially for 10 years, renewed periodically)
- ⑤ Reservation of seats in local government (Panchayat and municipalities) elections:-
- ⑥ 73th and 74th Amendment, 1992
- ⑦ Special safeguards in ~~Directive state~~ DPSP. to states
- ⑧ Governors power in scheduled six states (special category states) regarding Tribal administration.)

⑨ Despite of above mentioned safeguards, ground reality is different as many states, UT and even central ministries, department does not implemented policies regarding reservation, promotion in employments. ~~is~~ not

Atrocities based on Untouchabilities, exploitation cases were reported.

Representation of seats in political parties, democratic institutions is inadequate.

Remedial measure - Strong enforcement of laws required.

Monitor effective implementation of policy, regulations by public administration, local authorities

Transparent and accountability ensured in executive machinery.

Other legal provisions are - (Statutory bodies)

- ① National Commission of Scheduled Caste
- ② National Commission of scheduled Tribes

3C

Indian population of 121 crore according to census 2011 constitute youth population (18-59 year aged) ~~over~~ 65% population and leads way of becoming youngest country in world by 2050.

To make this demographic advantage converted into demographic dividend, Government of India are taking following steps to make adult generation more productive and employable -

① Skill upgradation programmes -

• Pradhan Mantri Kaushal Vikas Yojna (PMKVY)  
and • Pradhan Mantri Kaushalya Yojna (girls, women)

• National Skill Development Corporation for collaborating and coordinating various stakeholders,

i.e. technical institutions (ITI, IIT, NIT, AICTE, UGC),

private participation in monitoring, evaluation through National Skill Quality Framework (NSQF)

- ~~Not~~ result oriented approach to skill development
- Linkage between companies and skill development institutes for placements.
- Filling bridge between education incurred and market (Industry) demand.

② MOOC - Mass open online courses - free online study material, Audio, video lectures

③ SWAYAM portal - Repository of online courses

④ NPTEL - Joint initiative of IIT, IIM's for providing better technical content

⑤ Distant learning universities - IGNOU, 13 State Universities (Bhoj University in Madhya Pradesh) in diverse need of society (women).

⑥ Make in India programme - Launched on 15 September, 2015 for boosting Indian manufacturing industry, which in turn provide employment to youth with newer technology inputs and exposer.

⑦ Start up India and Stand up India

⑧ Rejuvenating ITI, polytechnic colleges in states by making smart labs, ICT based tools etc.

- 9 Investing in basic Infrastructure facilities like Digital Inclusion, financial Inclusion, health sector revamping, etc.
- 10 School education linking to market demand through NITI Aayog's Atal Innovation tinkering Labs, projects, various competitions.
- 11 Attracting Foreign Professors in Indian Technical universities.

way forward for Government are

- effective implementation of self employment scheme in rural areas
- Revival plan for small scale industries
- Revival of Jute sector, sugar industry sickness resolution
- Providing loans for self employment through banks, NBFC and cooperative societies
- Opening branches of skill development centres in remote rural areas
- Developing sound atmosphere for attracting investments through FDI, FII by taking various reforms and improve ease of doing business ranking

30 Public Health System in India includes primary, secondary and tertiary sector.

① PHC - primary Health centre comprises group of one or more villages with one physician doctor and 1 nursing staff.

Issues - lack of staff, low doctor patient ratio (1 per 11000) against world Health organization (WHO) of

₹ (1 per 1000)

☐ CHC - Community Health Centre - one or more PHC with specialised doctors and nursing staff at block level.

• District Hospitals - maternity ward facilities, child (paediatric care)

Issues - lack of specialist Doctors, practitioners, paramedical staff.

• No separate Geriatric Department for elderly person, paediatric and maternity ward in every district hospital.

• Old and obsolete equipments in laboratories of hospitals.

• Lack of laboratories in India.

☐ Out of pocket expenditure - 70% of India's health care expenditure is from out of pocket of common people.

☐ Low Government expenditure - only 2.5% of GDP against 6% of GDP in other developing countries (BRICS Countries).

☐ Low Paramedical staff personnel in Indian Hospitals in rural India.

☐ Out of ~~Rich~~ Reach of Tertiary multispeciality hospital for common people due to heavy cost of treatment, medicines.

→ Measures to be taken for reviving public Health System - ① effective implementation of National Health policy, 2017

② Centralised monitoring agency for doctors recruitment

③ • Abolition of MCI (Medical Council of India) and



Create new regulatory council

- ④ Integrating various discipline of health sector (AYUSH)
- ⑤ Opening of new medical colleges
- ⑥ Incentivising doctor for rural posting
- ⑦ Compulsory rural and far flung area posting
- ⑧ Increasing public expenditure in Health in Union Budget
- ⑨ Motivate Patent system in Pharma sector for cheap, affordable medical - ~~open~~
- ⑩ opening of Pradhan Mantri Jan Aushadhi Yojna branches (A. Jan Aushadhi Kendra) - to ensure accessible medicine
- ⑪ Use of nanotechnology, biotechnology in health sector
- ⑫ encourage private player to invest in rural area
- ⑬ use of mobile medicine units through PPP mode, Civil society organisation, NGO, SHG.