

SUMMARY





ABITYAS MAINS 2024 ALL INDIA MAINS (GS + ESSAY + OPTIONAL) MOCK TEST (OFFLINE)

PAPER DATES

GS-I & II

GS-III & IV 25 AUG ESSAY
31 AUG

OPTIONAL-I & II

1 SEPT

OPTIONAL SUBJECTS

ANTHROPOLOGY | GEOGRAPHY | HINDI | HISTORY | MATHS | PHILOSOPHY PHYSICS | POLITICAL SCIENCE | PUBLIC ADMINISTRATION | SOCIOLOGY

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for Higher

CONTENT

| 1.1. Gender Pay Gap | 4.5. Accreditation system for Higher Educational Institutes (HEIs) |
|---|--|
| 2.1. Children's Prolonged Usage of Social Media | 6. NUTRITION |
| 3. OTHER VULNERABLE SECTIONS | 7.1. Declining Demography |



STUDENT NOTE

Dear Students,



To support you, we have distilled essential information from VisionIAS Mains **365 resources**, renowned for their comprehensive coverage of current affairs.



This summary helps you revise key topics quickly and effectively.



The document is designed in an infographic format, making it easy to replicate in your answers.



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Mahila

e-Haat, etc.

(PMEGP)

1. WOMEN

1.1. Gender Pay Gap

About: Latest PLFS survey highlighted weekly hours worked, showing the incomplete picture of total earnings inequality.

C Key Facts

- Self-employed men earn 2.8 times more than women in 2023.
- Increased LFPR in rural women, but average work hours dropped from 37.1 to 30.1 weekly (2019-2023).
- 47% of women make financial decisions independently
- Women earn 77 cents for every dollar men earn (World Bank).

Initiatives to reduce Gender pay gap Female Deen Dayal Prime Entrepreneur Pradhan Upadhyay Minister's ship: National Mantri National Mahila Shakti Employment Programmes Crèche Kaushal Vikas Urban Kendra (MSK) Generation like Stand-Up Livelihoods Scheme Yojana Programme India and

Mission

(DAY-NULM)

O Way Forward

- Communicate salary ranges and Establish wage-setting institutions
- Effective representation of women in leadership roles
- Workplace Reforms (implement POSH Act, support maternity breaks etc.)

(PMKVY)

• High-quality data collection disaggregated by sex, age, etc., to aid policy making



1.2. Menstrual Leaves



Need for Menstrual Leaves

Aligns with fundamental rights (Article 21 (Right to Life) and Article 14 (Right to Equality))

Addresses unique health needs of women (proper sanitation)

Improve **overall productivity and well-being**

Encourages discussion and support for women's reproductive health and rights

!ssues related to Menstrual Leaves

Potential workplace discrimination and perpetuation of sexist beliefs

Resentment among employees and financial strain on businesses

Difficult to implement in informal sector, freelancers and gig economy



- At National level: No central law or directive for paid menstrual leave. (Draft National Menstrual Hygiene Policy, 2023)
- At state level: Kerala (2023) grants menstrual leave for female university students.
- Private Sector: Zomato, Swiggy, offer paid menstrual leave,



- Japan (1947): Introduced menstrual leave in labour law.
- South Korea (2001): Provides monthly physiologic leave.

Draft National Menstrual Hygiene Policy, 2023 Strategy

Ensuring
affordable and
safe menstrual
hygiene products

Promote Quality Standards and Regulatory Framework Collaboration
with
Non-Government
Sector/Engageme
nt with private
sector for
research and
development

Integrate
principles of
menstrual
hygiene into
existing health,
education,
programs

Availability of
Clean and
Dignified
Menstrual
Hygiene
Facilities





Flexible Alternatives (Options like working from home) **Incentivize private firms** to offer menstrual leave Inclusive Environment (Access to hygienic facilities and essential supplies) Destigmatize
Menstruation through
Education and
awareness campaign

1.3. Women in STEM

About: Women make up 29.2% in STEM, despite being 49.3% in non-STEM jobs (Global Gender Gap Report 2023).

Break down gender stereotypes, and promoting young girls to pursue STEM

Address shortage of skilled workers

Need for Women in STEM

Narrow gender pay gap and enhance women's economic security

Ensure gender diversity in global digital economy Initiatives to promote Women in STEM

Science, Technology, and Innovation (STI) Policy, 2013

Women in Science and Engineering-KIRAN
(WISE-KIRAN) to encourage women to return to the
workforce after career breaks

Gender Advancement for Transforming Institutions (GATI) programme

SWATI Portal (Science for Women-A Technology & Innovation) Portal

1995 Beijing Declaration and Platform for Action for women's equal access science and technology

Challenges wrt Women in STEM

Dual role syndrome (Domestic responsibilities affect professional decisions)

Inadequate travel allowance, lodging, and maternity benefits

Fewer role models

Perception that women are intellectually weaker in Mathematics and Science

O* Way Forward

Institute stable mentorships and support networks

Creation of an 'Office for Equity and Inclusion' in every institution

Ensure women scientists on panels for career drives, recruitments, budget proposals, etc.

Set up daycare centers on campus



1.4. Women Entrepreneurs in India

About: Women constitute 13.76% of entrepreneurs in India and their contribution to GDP is 17%, as against global average of 37%.



Significance of Women Entrepreneurs in India

Employment Generation (Creating 150 to 170 million jobs (NITI Aayog))

Poverty Alleviation (increase GDP growth by 1.5% by including 50% of women in workforce (World Bank))

Role Models and Agents of Social Change. E.g., Maa Bimaleshwari Janhit Karya Samiti -SHG started by Phool Basan Yadav, empowering 200,000 poor women

Women Empowerment: E.g., Usha Jha - known as 'Usha auntie' in Patna, supported women with entrepreneurial aspirations



Challenges faced by women entrepreneurs

Capital Gap (only 3% women accessed external funding)

Lack of gender-disaggregated data.

Societal undervaluation of women's work.

Rebuilding social networks after migration resulting in slower career progression.

> Career pauses due to caregiving responsibilities.



Effective policy interventions based on data

Grants to women entrepreneurs and female focused Venture Capital funds. E.g., Women Exporters in the Digital Economy (WEIDE) Fund by WTO.

Providing co-working and co-building space

More responsive financial system: KPIs for inclusive investing and credit.

1.5. Women in Defence Forces

About: Supreme Court asked the Indian Army to finalize the policy for considering the promotion of women officers from colonel to brigadier.



Current Status of Women in Defence Force

Permanent Commission {Secretary, Ministry of Defence V. Babita Puniya & Ors. (2020)} granted to Women Officers in 12 Arms & Services in Army

Command appointments: **Women Officers** considered for Colonel (Select Grade) ranks

Women Agniveers (as a part of **Agnipath** Scheme)

Women officers appointed on board warships in Indian Navy







1.6. CARE ECONOMY

About: Globally, 249 million women and 132 million men comprised care workforce and about 76.2% of total amount of unpaid care work performed by women.

Need for formalization **Care Economy**

Increasing demand (elderly persons is expected to increase to 20.8% by 2050 (India Ageing Report 2023))

Women Empowerment (Gender gaps in unpaid care work represent an economic value of 15%-17% of GDP)

Safer environments, compliance with labor regulations, minimal wages

Challenges Associated with Care Economy

Disproportionate burden (women and girls deliver more than 75% of unpaid care hours)

Low Expenditure (less than 1% of GDP)

Low Wages (India's 2.5 million women Anganwadi workers not paid fixed monthly salaries)

Absence of standards and regulations poses dangers in private care service delivery

Initiatives Taken to Promote Care Ecosystem

Childcare

Women Care

Elderly Care

Disability Care

Rajiv Gandhi National Crèche Scheme; **Accredited Social Health Activists**; **Integrated Child Development Services** etc.

Maternity Benefit (Amendment) Act, 2017: Pradhan Mantri Matru Vandana Yojana etc.

National Policy on Older Persons; National Programme for Health Care for Elderly; Integrated Programme for Older Persons, etc.

Indira Gandhi National Disability Pension Scheme (IGNDPS) etc.

Way Forward

State-involvement: Shift responsibility of care from households to state

5R Framework by ILO (Recognize, Reduce, Redistribute, Reward, and Represent care work)

Public Investment in care infrastructure and mobilisation of PPP

Subsidies for Care Services for elderly and childcare to NGO/SHGs

Quality assurance mechanisms: Establish Sector Skill Council, collect data on care work







1.7 Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) (POSH) Act, 2013

C Key Provisions

Definitions: Aggrieved
Woman (all working
women), Workplace
(government, private,
educational institutions,
etc.), Sexual Harassment
at Workplace (physical
contact, requests for
sexual favors, etc.

Complaints
Committees: At least
50% women
representation.

Internal Complaints
Committee (ICC):
Employers must
constitute ICC at each
workplace.

Local Complaints
Committee (LCC): For small organizations with less than 10 workers.

Outcomes of POSH Act

Increased Reporting:

54% increase in registered cases (2014-2017).

Women

Empowerment: Legal protection created safer working environments.

Increased
Accountability of
Employers to create
safe working
environments.

Increased Awareness:

Initiatives like "A Handbook and Training Module" educated women about their rights.

Challenges in Implementation of the Act

Non-constitution of

ICC: 16 out of 30 national sports federations not constituted ICC.

Lack of Monitoring: No centralized data on harassment cases.

Inaccessibility: Law inaccessible to informal sector workers.

Underreporting: Fear of professional repercussions.

Lack of clarity: On conducting inquiries and awareness among women.

O Way Forward

SC Directions: Verify complaints committees, publish details on websites, conduct awareness programs for ICC members.

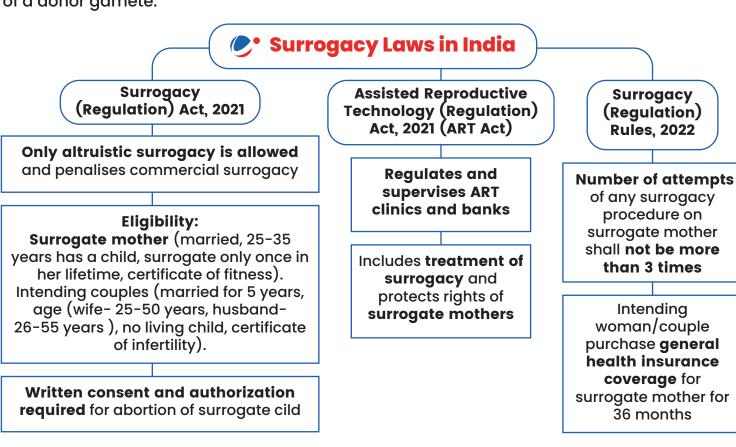
Technological solutions: For confidential reporting and case management

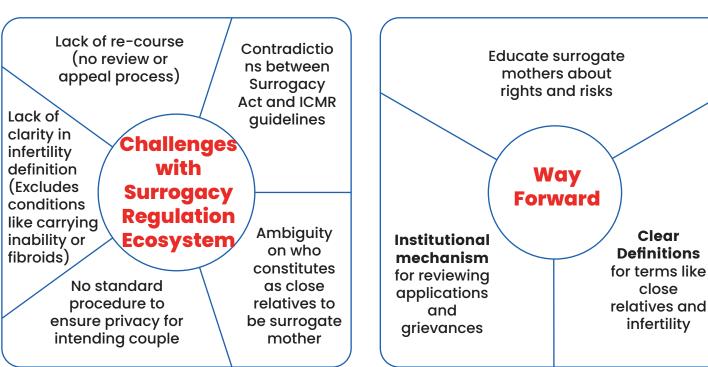




1.8. Surrogacy (Regulation) Amendment Rules, 2024

About: It amended Surrogacy (Regulation) Rules, 2022. 2024 rules allow surrogacy using a donor gamete. Benefits of this provision could be availed if **District Medical Board certifies that either of intending couples suffers from a medical condition** necessitating the use of a donor gamete.









2. CHILDREN

2.1. CHILDREN'S PROLONGED USAGE OF SOCIAL MEDIA

About: A recent survey indicated that 60% of urban kids spend 3 hours daily on social media and other online platforms.

Role of different stakeholders in increasing children's access to Internet

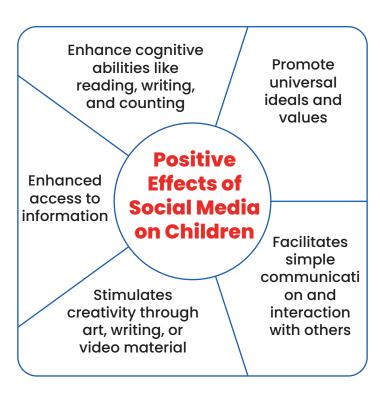
Parents In metropolitan areas (both parents work) children may not receive attention, resulting in "iPad kid" issue

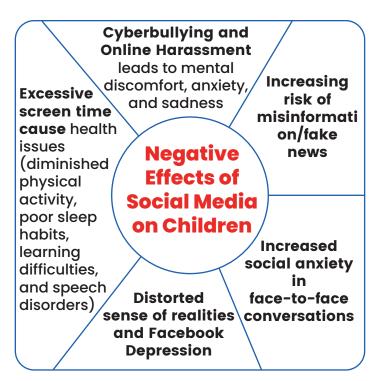
Digital
platforms
(YouTube and
Instagram)
Rapid screen
changes (colour,
sound) can
cause sensory
overload and
trigger happiness

Schools
Parents feel
pressure to
supply
technology due
to online nature
of
post-pandemic
job

Children
Use of latest
technologies,
games, and apps
due to peer
pressure

Government
No clear
distinction
between adult
and kid
regulations













Initiatives taken to address concerns associated with screen time

WHO guidelines: On physical activity, sedentary behaviour and sleep for children.

Manodarpan Initiative: By Ministry of Education to provide **psychosocial** support to students for Mental Health and **Emotional well-being**

Cyber Crime Prevention against Women and Children (CCPWC) scheme: By Ministry of Home Affairs to provide a safe and secure online environment for children

Way Forward

Parental control: WHO advises no screen time for infants under 2 and limits it to 1 hour per day for children aged 2 to 4.

Empower children by teaching about legal boundaries in age-appropriate language.

Maintaining children's gadgets with updated software and privacy settings to reduce data collection

Prevent and respond to child sexual exploitation and abuse online and promote initiatives **like "Fit India Movement"** to foster discipline and teamwork

Local norms can align with 2020 ITU Guidelines on Child Online Protection

2.2. Child Sexual Abuse Material (CSAM)

About: Up to 1 billion children aged 2–17 years experienced physical, sexual, or emotional violence and about 4.5 lakh cases of CSAM spread have been reported in India as of May 2023.







Impact of Child Sexual Abuse Material (CSAM) on Survivors

Survivors may blame themselves and feel guilty

Anxiety, depression, and PTSD

Social Isolation, low self-esteem, hinder relationships

Substance Abuse (alcohol, drugs etc.)

Disease burden (Sexually Transmitted Infections, HIV, and other health issues (unintended pregnancies, etc))

Measures taken to curb CSAM

IT Act, 2000 imposes penalties and fines for online transmission of obscene/pornographic content, including CSAM

IT (Intermediary Liability Guidelines and Digital Media Ethics Code) Rules, 2021 requires social media platforms to deploy technology-based measures to identify CSAM

Online Child Sexual Abuse and Exploitation (OCSAE) Prevention/Investigation Unit by CBI

Cyber Crime Prevention against Women and Children

Child Sexual Abuse Imagery (CSAI) Match by YouTube

Challenges in **Countering CSAM**

Limited Awareness (In 2020, only 1,102 cybercrimes against children reported through National Cybercrime Reporting Portal)

Privacy vs. Safety: Breaking encryption to trace CSAM may violate online privacy rights

Fake accounts hinders identifying and prosecuting perpetrators

Online learning and apps increase vulnerability (from 2019-20, cybercrimes against children rose by 400% due to COVID-19 and shift to online services)

Way Forward

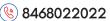
Develop National Framework for Child Online Safety for safe physical and online environments

Identify and combat online grooming and preparatory behavior

Integrate OCSAE modules into education curricula and explore partnerships with countries like Australia that have robust mechanisms to address OCSAE

Develop enhanced online safety measures for children







2.3. AGE OF CONSENT

About: 22nd Law Commission in its 283rd report advised that the age of consent should be not reduced from 18 to 16 years.

* Key facts

POCSO Act fixed age of being categorized as a child at 18 years, making it default 'age of consent'

Age of consent for a married woman under definition of rape (Section 63 Bharatiya Nyaya Sanhita) increased from 15 to 18 **vears**

Previously, it was **15 years** for married women under section 375 of IPC

Arguments for Reducing **Age of Consent**

Rising Criminal Cases under POCSO Act (Parents urge police to file POCSO Act charges for elopement/consensual sexual conduct)

Changing social realities (Increasing early puberty/consensual relationships; 39% of women had sex before 18 (NFHS-5))

Recognising sexual autonomy (right to desired sexual behaviour and protection from unwanted sexual aggression)

Global practices (consent age in Germany, Austria, Hungary, Italy, and Portugal is 14. In England and Wales, 16 years)

Arguments against reducing Age of Consent

Emotional/Psychological immaturity hinders informed decisions making by adolescents

Challenging social approval of lowering consent age

Child exploitation and trafficking

Undermine fight against child marriage by allowing parents to marry minor girls

* Key Recommendations of Law Commission

Court may impose lesser sentences if a child aged 16-18 has tacitly approval

Age difference between accused and child should not exceed 3 years

Use discretion if there is tactical approval, no criminal history, and excellent conduct after offense

Amend Juvenile Justice (JJ) (Care and Protection of Children) Act 2015 to allow JJ Board to handle POCSO Act cases involving persons aged 16-18 instead of criminal courts

Knowledge dissemination about early sex repercussions, contraception, safe sexual behaviour, POCSO Act etc.







2.4. CHILD MARRIAGE

About: Recent study conducted by Lancet Global Health report-2023 analysed prevalence of child marriage across states and UTs for the time period 1993-2021.

* Key findings of Lancet Global Health report-2023

Child marriage in girls declined from 49.4% in 1993 to 22.3% in 2021

Currently, 1 in 5 girls and 1 in 6 boys are still married below legal age of marriage

Bihar, West Bengal, Uttar Pradesh and Maharashtra (in decreasing order) accounted more than 50% of girls child marriages

Only Manipur experienced an increase in prevalence of child marriage in girls from 1993 to 2021

P Reasons for overall decline in Child **Marriage**

Laws Implementation (Appointment of Child Marriage Prohibition officers under Prohibition of Child Marriage Act (2006), POCSO) Act 2012 etc.)

Increase in girl education (via schemes like Kasturba Gandhi Balika Vidyalaya, Beti Bachao Beti Padhao, etc.)

Reasons for prevalence of child marriage

Poverty drives families may view child marriage as financial relief

Traditional practices and patriarchal marriage **beliefs** (in some tribal communities, daughters are married soon after puberty)

58% of girls without higher education married **before 18 years old (NFHS-5)**

Ineffective legal enforcement (inadequate birth and marriage registration systems etc.)

Impact of Child Marriages

- **Health risks** (early pregnancy, maternal mortality, sexually transmitted infections etc.)
- Intergenerational effects as children of young mothers may face health and developmental challenges
- Gender-based violence higher in Child brides and cause trauma, depression, and loss of childhood
- Perpetuates poverty by limiting educational and employment opportunities

* Way Forward

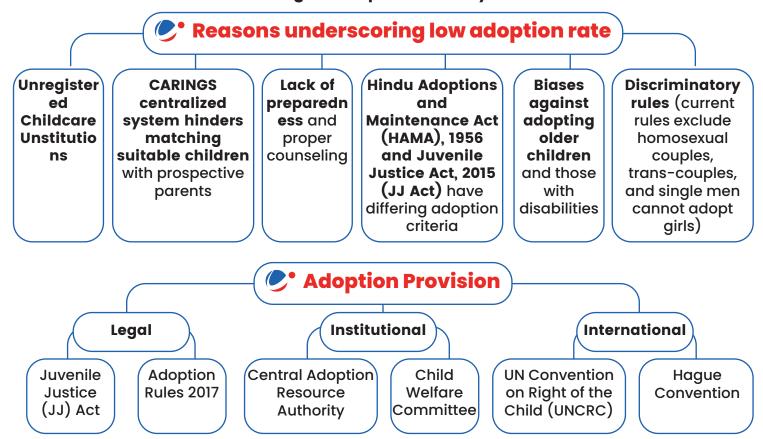
- Strengthen **civil registration systems** by making birth and marriage registration mandatory and free
- Implementing Shivraj Patil Committee (2011) recommendations (vocational training for girls, reduced child marriages in Karnataka from 42% (2005-06) to 21.3% (2019-20) etc.)
- Implement community-based programs to shift attitudes
- Rights-based health information supports informed choices and prevents unintended pregnancies.





2.5. CHILD ADOPTION

About: It is estimated that there are 29.6 million stranded, orphaned and abandoned children in India. Just 3000-4000 gets adopted annually.



Initiatives to Ease Adoption

2021 Amendment Act to JJ Act 2015:

- Empowers District Magistrates and Additional DMs to authorise orders of adoption.
- Allows CARA to carry out functions of Central Authority under Hague Convention on Protection of Children and Cooperation in respect of Inter-country Adoption.

Easing Inter- Country Adoption:

- Amendment to Adoption Regulations 2021 allows **CARA to issue NOC to prospective parents** who opt for inter-country adoption under HAMA, 1956.
- Two-year mandatory period that an adoptive family would have to stay in country for constant monitoring by CARA

Other:

- Mission Vatsalya to upscale institutional care and services for children in difficult circumstances.
- Online registration **portal CARINGS (Child Adoption Resource Information and Guidance System)**









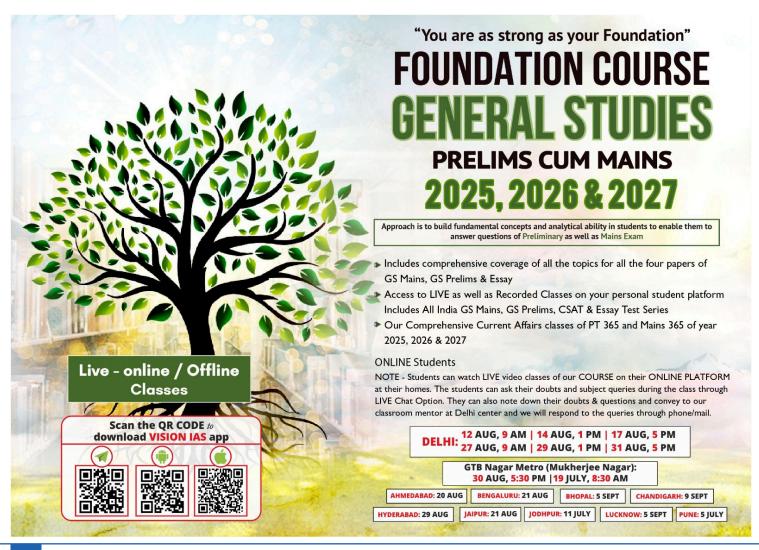
Recommendation of Parliamentary committee on Personnel, Public Grievances, Law and Justice

Allow prospective parents to adopt children from their respective states. Register all Child Care Centres with CWC within a set timeframe or face closure

Provide special help to rural families unaware of or hesitant about legal adoption procedures

Make registration with CARA mandatory New legislation should cover LGBTQ community Bring Adoption Laws under a single Ministry for better monitoring and implementation.

Adoption related matters are being dealt by Ministry of Law and Justice and Ministry of Women and Child Development





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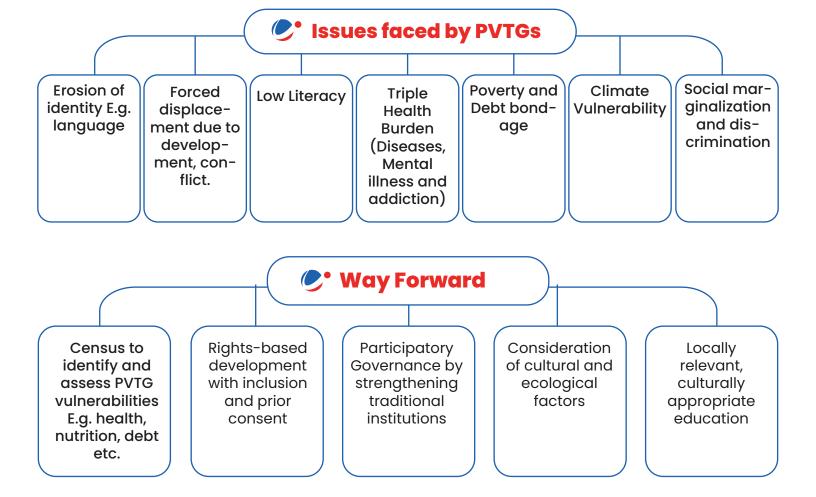
3. OTHER VULNERABLE SECTIONS

3.1. Particularly Vulnerable Tribal Groups (PVTGs)

Union government launched PM JANMAN (PM- Janjati Adivasi Nyaya Maha Abhiyan) on Janjatiya Gaurav Divas (Tribal Pride Day).

About PM JANMAN

- Objective: To saturate PVTG households and habitations with basic facilities, E.g., housing, sanitation, education etc.
- Saturation in Sickle Cell Disease Elimination, 100% immunization, PM Matru Vandana Yojana, PM Poshan, etc.
- 11 critical interventions across 9 ministries over 3 years









3.2. Tribal Health

Parliamentary Standing Committee on Empowerment of Women submitted a report in Lok Sabha titled "Health Facilities for Tribal Women".



Issues highlighted in the report

High Mortality rates due to factors like child marriage, early marriage, high anemia prevalence etc.

Insufficient data related to tribal health, especially women and children.

Highest prevalence of teenage pregnancies.

Triple disease burden: Communicable, nutritional, and non-communicable diseases.

Challenges

Inaccessible healthcare due to geographical remoteness

Distrust in Modern Healthcare Communication Barriers due to socio-cultural differences

Inadequate access to healthcare facilities, professionals

Misaligned healthcare assumptions E.g. paired with rural healthcare despite different issues and needs

Ayushman Bharat-Health and Wellness Centres (HWCs): Relaxed population norms in vulnerable areas

Mobile Medical Units (MMUs) for diverse healthcare services

Initiatives under National **Health Mission** for Tribal Health

National Free **Diagnostic Service Initiative**

O Way Forward

Reforming governance structure for tribal health

National

Free Drugs

Service

Initiative

Recommendations by Parliamentary Panel:

- Separate database for tribal health
- Infrastructure development for improved accessibility to healthcare
- Basic healthcare o education and

awareness generation

Integration of traditional medicine with modern medicine





3.3. Supreme Court Judgment on LGBTQIA+ Rights

Supreme Court in Supriyo @ Supriya Chakraborty vs Union of India case unanimously refused to accord legal recognition to marriages between persons of the same sex.



Right of transgender persons to marry Right to enter a Civil Union for queer couple

Interpretation of Special Marriage Act (SMA) Adoption rights for non-heterosexual couples

C*Key Highlights of the Judgement

No fundamental, unequivocal right to marry in India. Judicial restraint: Judiciary refrained from taking the role of the legislature.

Court declined to invalidate or interpret SMA in a gender-neutral manner,

Judiciary directed the government to take steps to prevent discrimination against the queer community.

In pursuance of the direction, Ministry of Law and Justice notified a 6-member committee

3.4. Elderly in India

NITI Aayog released a position paper titled "Senior Care Reforms in India: Reimagining the Senior Care Paradigm".

Challenges faced by Elderly in India Health Social **Economic** Digital Underdeveloped Lack of social security, High dependency and High digital illitracy, Geriatric care gender inequalities, vulnerability, difficult to adapt rural-urban disparities, Undervalued and inadequate underpaid care elderly-friendly economy, etc. infrastructure, etc.



C* Key Recommendations

Health Empowerment

Promote health literacy

Increase accessibility to services

Incentivize preventive health

Strengthen research & development in geriatric care

PPP- Tap synergies between public and private sector.

Social empowerment

Community sensitization on senior-care

Strengthen Assisted Living Facilities

Elderly for Elderly model: peer support groups

Ease access to services: centralized portal

Economic Empowerment

Reskilling of elderly Pension support for unorganized sector

Digital Empowerment

Accessible and affordable digital services

Increase digital literacy

3.5. Rights of Persons with Disabilities (RPwD) Act, 2016

Supreme Court expressed disappointment at inadequate implementation of RPwD Act, 2016.

* Key Provisions of the RPwD Act,2016

Defines PwDs as persons with long-term physical, mental, sensory, or intellectual impairment which hinder their full and effective social participation.

Recognizes 21 types of disabilities

Enumerates rights of PwDs, E.g., right to equality, life with dignity, Protection from abuse, accessibility in voting etc. Creation of National and State Funds for PwDs







Reasons for sub-optimal implementation of the RPwD Act

Inadequate allocation of resources

Centre-State coordination issues

Inadequate accessibility, availability, and utilization of rehabilitation services Lack of updated data and research



Some major schemes for PwDs

Social Empowerment

- Accessible India Campaign (AIC)
- Unique Disability Identification (UDID) Project

Physical Empowerment

 Assistance to disabled persons for purchase/fitting of aids/assistive devices (ADIP)

Economic Empowerment

- National Action Plan for Skill Training of Persons with Disabilities
- Concessional loan to entrepreneurs

Educational Empowerment

- Scholarships for students with Disabilities
- Deendayal Disabled Rehabilitation Scheme (DDRS)



Impact assessment through social audit etc.

Handholding to states

Collaboration of government, civil society and private sector

Improve accessibility to physical and digital infrastructure



4. Education

4.1. Aadharshila: a National Curriculum for ECCE

Union Ministry of Women and Child Development released National Curriculum for Early Childhood Care and Education 2024 titled 'Aadharshila'.

C Key features of the policy

Based on Panchakosha concept Teaching Language and Literacy in Early Years Positive
Learning Habits
(Executive
Function and
Self-Regulation
Skills)

Play as Learning Others:
Embracing
learning diversity;
Ensuring gender
equality from an
early age;
Divyang Inclusion

4.2. Navchetana - National Framework for Early Childhood Stimulation

Union Ministry of Women and Child Development launched "Navchetna- National Framework for Early Childhood Stimulation for Children from Birth to Three Years, 2024".

* Early Childhood Stimulation (ECS)

intentional efforts to activate the child's early development

It begins from the **biological and sensory growth** of the child right from **their gestation in the mother's womb.**

C * Key highlights of the ECS Framework

Objective:

To empower caregivers and Anganwadi Workers

Nurturing Care Framework:

Emphasizes
'responsive
caregiving' and
'creating
opportunities for
early learning.'

Activities for Development:

36 sets of activities for children aged 0 to 36 months

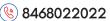
Inclusion of Children with Disabilities: Includes an

Includes an age-appropriate screening tool.

Counseling Caregivers:

Guides on conducting stimulation activities.







Counselling Caregivers (Parents should be counselled to)

Get the child's attention

Communicate with their child. respond to their child

Introduce play activities gradually, in a sensitive and responsive manner

Select activities appropriate for the age and skills of their child

Help the child with a new task, and praise the child for her efforts

4.3. National Curriculum Framework for School Education (NCF-SE)

Union Ministry of Education released NCF-SE prepared by the NCERT.

* Key Highlights of NCF-SE

Curriculum framework: 5+3+3+4 (in terms of ages)

Board examinations: twice per year

Pattern of study: semester design

Multilingualism and Indian Languages: at least three languages

Flexibility and Choice in the Secondary Stage

Vocational Education

Rooted in India

Capacities for Scientific Inquiry

Interdisciplinary Areas of Study

Environmental Education

Need of NCF-SE

Contemporary Framework and National Standard across India:

Knowledge-based approach

Improving Quality of Teachers

Involving new techniques

Holistic growth of Students

Concerns with NCF-SE

Over-centralised curriculum design

Logistical challenges

Manpower shortage

Limitation of Schools



Higher Education Revamp:

Align higher education with new frameworks to facilitate smoother transitions from school.

End Discriminatory Practices

Improve Pupil-Teacher Ratio:

The ratio in primary schools improved from 43 in 2010-11 to 26.3 in 2020-21.

Increase Public Investment:

Education expenditure for 2020-21 was 4.64% of GDP, still short of the 6% target under NEP 2020

4.4. Higher Education in India

Parliamentary Standing Committee submitted its report on Implementation of the National Education Policy (NEP), 2020 in Higher Education.

Salient features of NEP in the higher education

Gross Enrolment Ration to reach atleast 50% by 2035.

Multiple entry and exit options for undergraduat e degrees.

Multudisciplin arv Education and Research Universities (MERU)

Internatilization of Education

National Education technology Forum (NETF)

National Research Foudation

Major problems faced by the higher education system in India

Fragmented **Ecosystem:**

Lack of integration and coordination among education organizations

Rigid **Disciplines:**

Specialization and streaming push students into narrow study areas.

Reduced Research Focus:

Limited scope and funding for futuristic research compared to other countries.

Limited **Autonomy:**

Institutions face strict regulations on curriculum, research etc.

Regional Language **Emphasis:**

English-centri c curriculum affects students with regional language schooling backgrounds.



* Key Recommendations of the Committee

Personalized Degree **Programs: Encourage** personalized, interdisciplina ry degrees tailored to students' career needs.

Industry-Institution Connect

Creative Potential **Development:** Prioritize research and innovation with financial support etc.

Regional Languages: Provide curriculum and digital resources in regional languages

Access for Marginalized **Communities:** Increase education access through awareness campaigns, improved infrastructure etc.

Multi-Entry and Multiple Exit (MEME): Develop a clear MEME framework with eligibility criteria and credit transfer mechanisms

4.5. Accreditation system for Higher Educational Institutes (HEIs)

Union Ministry of Education accepted Dr. K Radhakrishnan Committee's recommendations on reforms inaccreditation system of HEIs.

Significance of Accreditation

Country: Improvement of ranks in international ranking

Students: Selection of best education institution and programmes

Employer: Programme credibility and Student's knowledge determination

Institution: Student retention, Investments etc.

Funding agency: data for assessment of Institution



Challenges in India's accreditation system

Centralized system: Indian regulation and accreditation are centralised, with limited outreach in federal states.

Low participation: only 418/1113 universities are accredited by NAAC.

Duplication and overlap: Multiple agencies mandated for periodic approvals, assessment etc.

Challenging procedure: Process for collection of the information are cumbersome.

Manual/hybrid systems: Increased subjectivity and inconsistency among agencies' assessments.

Alleged corruption: Recent allegations of malpractices in the NAAC accreditation system have been raised.





Key recommendations for improving India's accreditation system of HEIs

Composite **Assessment System** (CAS): **Amalgamate** Programme -Accreditation and Institutional Accreditation.

Binary **Accreditation:** Either accredited or not accredited.

Maturity-Bas ed Graded **Accreditation:** Level 1 to Level 5 to encourage HEIs to evolve disciplines.

One Nation One Data **Platform:** To ensure integrity and transparency in handing institutional data.

Stakeholder validation

Other proposals: **Enable choice** based ranking system for diverse users, bring down periodicity of re-accreditati on, etc.



* Accreditation of school

In India, there is no mandate from the government on regular school evaluations.

NEP 2020 visualizes an effective quality self-regulation or accreditation system

National Accreditation Board for Education and Training (NABET): Accreditation standard for Quality School Governance

4.6. Regulation of FHEIs in India

UGC has notified the UGC (Setting up and Operation of Campuses of Foreign Higher Educational Institutions (FHEIs) in India) Regulations, 2023.



Significance of **FHEIs in India**

Increased access to quality education

Reduction in foreign exchange outflow

Improved research opportunities

Control of brain drain

promotes competition

affordable foreign qualification



Key highlights of Regulations

Approval: FHEIs require UGC's approval

Eligibility: FHEIs ranked within top 500 in global rankings either in overall category or in subject-wise category or possessing outstanding expertise in a particular area.

Qualifications: Qualifications awarded and quality of education in Indian campuses shall be equivalent to those awarded in their home jurisdiction.

Autonomy: Allowed to decide admission process and criteria, recruit faculty and staff, and decide a transparent and reasonable fee structure.

Restrictions: FHEIs' Operation shall not be contrary to sovereignty and integrity of India, security of State, friendly relations with foreign States, public order, decency, or morality.



Initiatives for FHEI in India

World Class foreign Universities allowed in GIFT City NEP 2020 allows setting up of foreign unviersities capuses in India UGC 2023 guidelines for setting up foreign universities

4.7. Anusandhan National Research Foundation (NRF) Act, 2023

Parliament enacted the Anusandhan National Research Foundation Act, 2023.

* Key highlights of the Act

Establish the Anusandhan NRF

A Governing Board to provide strategic direction

Department of Science and Technology (DST) will be the administrative Department of NRF.

Funds for NRF: grants and loans from the central government, donations, etc.

Anusandhan NRF is modelled on the US National Science Foundation (NSF).

Repeals Science and Engineering Research Board (SERB) and subsumes it into ANRF.

Objectives of NRF

Seeding and facilitating research

Funding

Assisting in setting up research infrastructure

promoting capital intensive technologies

Analysing scientific research expenditures

Encouraging international collaboration

Encouraging investments by Private and Public Sector entities.

Significance of NRF

Increase Funding Address Disparity Build Research Capacity Support Multidisciplinary Projects

Research in Social Sciences

* Concerns associated with the Act

Structural voids unfilled

Lack of stakeholder collaboration

Challenge to cooperative Federalism



Social: NSF invests in education and training programs etc.

Scientific development: NSF invests in supercomputers, ground-based telescopes, etc.

Collaboration: research partnerships between colleges, industry, non-profits, government etc.

Communication: development of the devices needed in a fibre-optic communication system.



Prioritising research: to give priority to projects directed towards higher education institutions etc.

Ensure transparency

Prioritising Inclusivity

Wider Consultation: Entail creating a system to openly share proposal abstracts etc.

Address Loopholes: Address the structural issues

4.8. Education in Regional Languages

Union Ministry of Education directed schools and higher education regulators to make study material available digitally in Indian languages included in 8th Schedule.

Policy and Legal framework for education in regional languages

Article 350A

Right to Education Act 2009

National Education Policy 2020

Others: Anvadini, e-KUMBH Portal, National Language Translation Mission etc. Challenges related to education in regional languages

Teacher Training and Proficiency

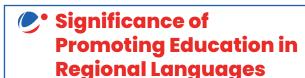
Transition to English-Medium
Higher Education

Globalization and job market demands.

Technological barriers

Parental aspirations

Administrative and Policy Implementation



Enhanced learning and cognitive development

Preservation of culture and identity

Addressing Socio-Economic Disparities

Community Participation



Teacher training programs

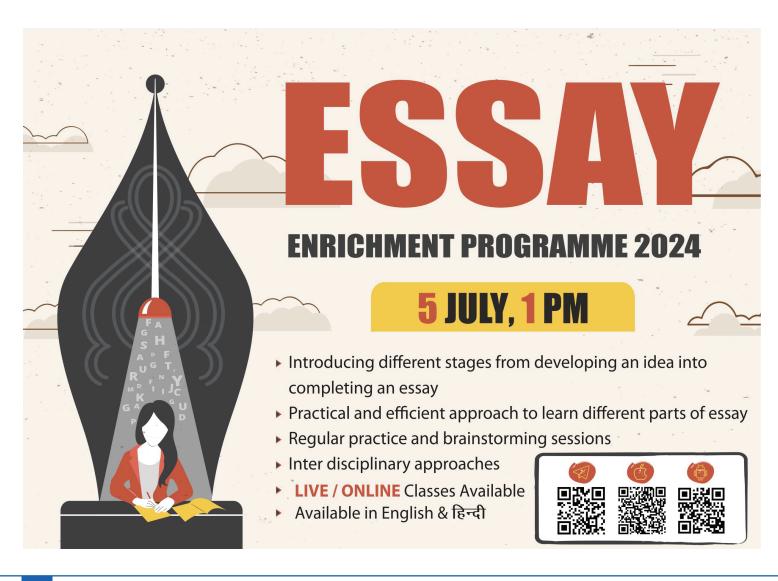
Bridge programs for English Transition

Technology integration

Incentives for Regional Language Education: Such as scholarships, awards, and recognition.

Partnerships with NGOs and the Private Sector

International Collaboration: share best practices and experiences

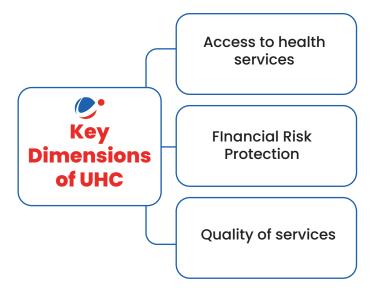


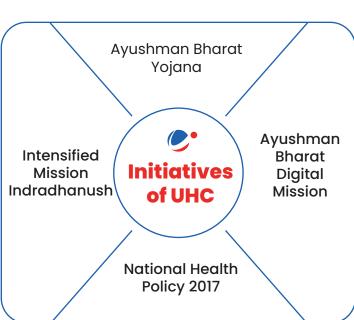


5. Health

5.1. Universal Health Coverage

'Tracking Universal Health Coverage: 2023 Global Monitoring' report released by the WHO and World Bank.





O Way Forward

Recommenda tions from report: Adopting primary healthcare approch, expansion of essential services etc. Increase public spending: Raise spending to 5.2% of GDP Address
Structural
Issues:
Engage
private sector
and civil
society,
expand
medical seats
etc.

"Health" in all policies approach: For example, ensuring mid-day meals to avoid malnutrition.

Centre-State
Coordination:
 Adopt
collaborative
mechanisms
for flexible
policymaking
 etc.



5.2. Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)

Comptroller and Auditor General of India **presented a report** on the performance AB-PMJAY.



Type: Centrally Sponsored Scheme (MoHFW) Purpose: Universal health Coverage

Background: Recommende d by NHP 2017 Components: Health and Wellness Centres and PM-JAY



Key issues highlighted in the report

Inadequate Registration

Irregularities in Identification

Empanelled Health Care
Providers (EHCPs): Many EHCPs
failed to meet minimum criteria
and quality standards

Financial Irregularities

Claim Management: Issues included inadequate validation, delayed payments etc.

Monitoring and Grievance Redressal:

Many states lack Whistle Blower Policies and Anti-Fraud Cells etc.



Key Recommendations

Registration: Implement mechanisms to ensure timely coverage of beneficiaries and establish an IEC cell to enhance scheme reach.

Weed out ineligible beneficiaries: suitable mechanism for the identification and validation of beneficiaries' data

Hospital Empanelment and
Management: Ensure mandatory
physical verification for the empanelment
of hospitals.

Financial Management: Ensure SHAs have designated escrow accounts etc.

Claims Management: Ensure timely and scrutinized claim payments etc.

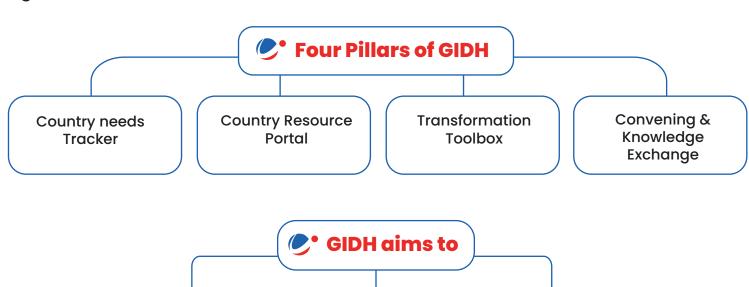
Monitoring and Grievance Redressal: Ensure the formation of **District** Implementing Units in every District.





5.3. Digital Health

WHO and the G20 India presidency announced a new **Global Initiative on Digital Health (GIDH)**.



Align: Efforts with the Global Strategy on Digital Health 2020–2025 for universal health improvement. Support: Standards-based, interoperable systems.

Facilitate: Use of digital tools for health transformation.

C Significance of Digital Health

Early
Diagnosis:
Regular
monitoring
aids in early
detection of
disease
progression.

Cost
Reduction:
Lowers
healthcare
expenses for
patients and
providers.

Improved
Outcomes:
Personalised
treatment
plans
enhance
patient
health.

Monitoring:
Logs
significant
health
elements like
medication
use.

Real-Time

Efficiency:
Reduces
administrative
workload for
healthcare
professionals.

Accessibility
: Initiatives
like
telemedicine
enhance
healthcare
access









Concerns Associated with Digital Health

Data Consent Concerns

Data Processing:

Managing vast data from hospitals and clinics is challenging for personalized patient care.

Accountability:

Identifying liability in case of device failure is difficult.

Lack of Infrastructure:

Inadequate IT support, poor digital connectivity in rural areas, and lack of trained staff etc.

Digital Illiteracy:

Patients'
inability to use
technology
affects digital
health
success.

Quality of Care:

Concerns about the accuracy of diagnoses and treatments



Government Initiatives to promote Digital Health

Ayushman Bharat Digital Mission

Covid Vaccine Intelligence Network (CoWIN) system

ESanjeevani

Poshan Didi

Nikshay 2.0 portal

Tele-MANAS



Way Forward

World Bank, in its 'Digital in Health – Unlocking Value for Everyone' report, recommended: Prioritize, Connect and Scale

Prioritising Governance: Invest in digital health governance and foundational aspects

Data protection: Increase data-sharing willingness by ensuring consent, consumer data access etc.

Training and awareness:

Upskill health professionals and the public through awareness initiatives.

Use of AI: Leverage AI to process healthcare data for targeted, personalized services







5.4. Palliative Care

Kerala received praise from the WHO for their exemplary palliative care model.



Unaffordable treaments

Population ageing and incidence of incurable illnesses.

Major Public Health Problems like NCDs,Cancer



Kerala Model of **Palliative Care**

Government Support

Community-Based **Approach:** Integrates community involvement in providing care.

Integration: Palliative care is integrated into primary healthcare.

Home-based: Formation of the Neighbourhood Networks in Palliative Care (NNPCs)

Accessibility: Training mid-level professionals has facilitated access to home-based palliative care.

Volunteerism:

Volunteerism has played a significant role, adapting to local needs.



Challenges in providing quality Palliative care

Policy gaps: For example, under NPPC the palliative care service delivery starts only from the district hospital.

Lack of a dedicated budget: This prevented the effective implementation of the NPPC.

Human and physical resources: Inadequate trained workforces, and limited physical infrastructure.

Restricted accessibility of morphine

Lack of understanding: Knowledge deficits in patients, families, and health care providers about Palliative care.

Psychological barriers





Health systems governance: Integrate palliative care into national health policies and structures with accountability

mechanisms.

Financing: Include essential palliative care packages in national health system budgets.

Enhancing accessibility of morphine: countries can work with the International Narcotics Control Board (INCB) etc.

Decentralised care: Promote home-based care and services at health and wellness centers and sub-centers.

Health and social care workforce: integrated in the curricula of all new health care professionals

Medical insurance: Ensure significant coverage for hospice and palliative care in India.

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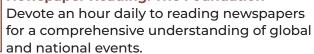






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6. Nutrition

6.1. National Food Security Act (NFSA), 2013

The Centre to provide **free of cost food grains for 5 year** starting from Jan 01, 2024, under the National Food Security Act (NFSA), 2013.

WTO Challenges:

India's subsidized food security is viewed as a 'price-distorting norm.'

Environmental Sustainability:

Rice-wheat procurement depletes water tables and soil nutrients.

Identification of
Beneficiaries: Only 16
states and UTs recognize
destitution as an inclusion
criterion.

Challenges in NFSA

Financial Unviability: Rising production costs have substantially increased the food subsidy bill from 2014-22.

Poor Grain
Management: Excess
buffer stock increases
storage costs, leading to
inflation and wastage.

PDS Leakages: Shanta Kumar Committee reported leakages ranging from 40%-50%, with some states as high as 60%-70%.

Recent reforms to enhance effectiveness of NFSA, 2013

Fortification of rice

Online greivance Registration

Automation of the Supply Chain

One Nation One Ration Card

Aadhar Seeding

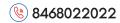
Way Forward

Identification: Adopt standardised criteria for identification and selection of PHH to ensure rightful targeting.

Rationalise beneficiary: Reduce the number of beneficiaries from current 67% to 40%. (Shanta Kumar Committee)

Revise Central Issue Prices (CIPs): Link
CIP with Minimum Support Prices of
cereals.

Ensure efficient markets: Allow private players to procure and store food grains, stopping bonuses on MSP.





6.2. Anganwadi System

Union Ministry of Women and Child Development (MoWCD) launched national protocol to provide for training of Anganwadi workers to track and help children with disabilities.



launched under the **Anganwadi Services** Scheme and is an integral part of the Integrated Child Development Service (ICDS) scheme

AWCs are also digitally strengthened with smartphones for POSHAN tracking systems, and monitoring devices.

Recent initiatives: Leveraging traditional knowledge and AYUSH practices, development of POSHAN Vatikas etc.



Auxiliary Nurse Midwife (ANM)

Accredited Social Health Activist (ASHA)

Significance of AWWs and AWHs

Non-formal pre-school education

Tracking Child Malnourishment

Curbing preventable diseases

Tackling community health problems

Community Mobilisation Eliminating infant mortality

🥏 Challenges in Anganwadi system

Financial:

inconsistency in percentage increase in budget allocations over the years.

Inadequate number of AWCs: gap between sanctioned and operational number of **AWCs**

Inadequate basic amenities at AWCs: For example, in Meghalaya only 30.85% **AWCs** have drinking water facilities.

Accessibility to technology: many AWWs have not received smartphones affecting their functioning.

Inadequate human capital: large number of posts of Supervisors, AWWs and **AWHs** have been lying vacant.

Remuneration : still meagre in comparison to the services being rendered



Way Forward

Expand the Coverage:

Remove the bottlenecks hindering operationalizatio n of sanctioned AWCs/Mini AWCs in States.

Basic amenities:

Creating drinking water and toilet facilities in AWCs should be taken on priority basis.

Improve service condition:

Enhanced remunerations and better service conditions to them.

Effective deployment of technology:

increase availability of a height and weight measuring instrument etc.

6.3. Global Hunger Index (GHI)

GHI 2023 was released by Concern Worldwide and Welt Hunger Hilfe.



Issues raised by government of India on GHI

Methodological: Three out of four indicators are related to health of Children and cannot be representative of entire population.

Small sample size

Use of data: Government questions use of data for child wasting from NFHS 5 instead of Poshan Tracker







C* Government initiatives to address hunger in India

National Food Security Act (NFSA), 2013: Recognizes the right to food as a statutory right.

Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY): Provide food grains free of costs to 80 crore poor.

Pradhan Mantri Matru Vandana Yojna

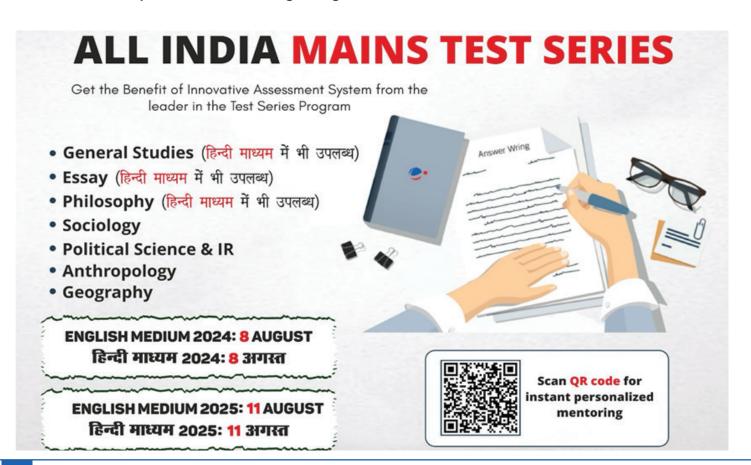
POSHAN Abhiyan (National Nutrition Mission): To achieve improvement in key nutrition parameters for children and women.

POSHAN Tracker: A real-time monitoring system

Eat Right Movement: To transform country's food system to ensure safe, healthy, and sustainable food.

Conclusion

Despite GHI imperfections, India must address its malnutrition issue. A nuanced study is vital for effective policies combating hunger and malnutrition.





7. POVERTY AND DEVELOPMENTAL ISSUES

7.1. Declining Demography

The global population growth rate is falling fast.

- In 1963 total population rose by 2.3% and only 0.8% in 2022 the lowest rate since the 1950s.
- The global **TFR** has plunged from **3.3 in 1990 to 2.3 now**, only slightly above the "replacement rate (2.1).
- Some countries in Asia like Japan and South Korea are also seeing demographic decline.

Reasons for Demographic decline

Improved nutrition, healthcare, living conditions and education Expanded choices for women led to lower child mortality, longer lives and fewer births per women Changing societal values and preferences towards smaller families

Urban lifestyles and higher living costs contribute to fewer children

Consequences of declining demography

Fiscal constraints due to shrinking working age population

Declining fluid intelligence for innovation and creativity Entrepreneurial vacuum due to low risk-taking

Migration and related socio-cultural and political tensions

Shifting family dynamics leading to social isolation

Conclusion

Invest in youth education and innovation, foster inclusive growth, adapt economic policies to support aging populations, and encourage balanced migration to sustain workforce needs.







7.2. Youth-led Development

Mera Yuva Bharat (MY Bharat, an initiative of Ministry of Youth Affairs & Sports) platform has been launched for youth on National Unity Day.

 MY Bharat provides an over-arching institutional mechanism powered by technology for youth (15-29 years) and youth-led development.



Need for India to focus on Youth

Demographic dividend: Average age of India is 29 years

Improve youth's political engagement

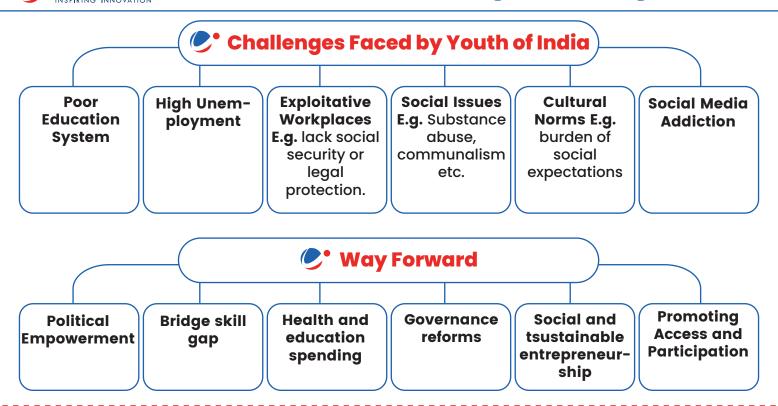
Promoters of Sustainable Development and LiFE Movement

Addressing social challenges E.g. gender equality, access to health and education

Youth representation at International forum

Initiatives Promoting the Role of Youth

| Education | National Education Policy, 2020Smagra Shiksha (An integrated School Education), 2018 |
|------------------------|--|
| Health and Wellness | Ayushman Bharat Health and Wellness Centres (HWCs)Pradhan Mantri Jan Arogya Yojana (PM-JAY) |
| Entrepren- eurship | ○ Start-up and Stand-up India |
| Science | Science cities/centres and Innovation HubsIMPacting Research INnovation and Technology (IMPRINT-2) |
| Infrastructure | Smart Cities MissionAtal Mission for Rejuvenation and Urban Transformation (AMRUT)PM Gati Shakti |
| Skill Development | O Pradhan Mantri Kaushal Vikas Yojana. O Skills Acquisition and Knowledge Awareness for Livelihood Promotion (SANKALP) |
| Innovation | o Atal Tinkering Lab (ATL) program |



7.3. Manual Scavenging

As on November 2023, out of 766 districts in the country, 714 districts have reported themselves as manual scavenging-free.

Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013 (MS Act, 2013)

Defines 'Manual Scavenger' as any person employed to handle, without appropriate protective gear, undecomposed human waste from an insanitary latrine, open drain or pit or railway track.

Local Authorities to identify manual scavengers and maintain sanitary community latrines.

Provisions for rehabilitation of manual scavengers.





* Key initiatives to prevent manual scavenging

Safai Karamchari vs Union of India. **2014: Manual** scavenging violates Article National Safai Karamcharis Finance and Development Corporation (NSKFDC)

National Action for Mechanised Sanitation **Ecosystem** (NAMASTE)

Swachh Bharat Mission

Swachhata Abhiyaan App

Rashtriya Garima Abhiyan: National Campaign for Dignity and **Eradication of** Manual Scavenging.



Manual Scavenging violates

International Conventions

- Universal Declaration of Human Rights (UDHR)
- International Convention for Economic, Social and Cultural Rights (ICESCR)
- Convention on the Elimination of all forms of Discrimination against Women (CEDAW)

Constitutional Provisions

- Article 15: Prohibition of discrimination on grounds only of religion, race, caste, sex, place of birth.
- Article 17:Abolition of Untouchability
- O Article 21: Protection of life and personal liberty

Legal Provisions

- Prohibition of **Employment as Manual** Scavengers and their Rehabilitation Act, 2013 (MS Act, 2013)
- Scheduled Caste and **Schedules Tribes** Amendment Act, 2015 (SC/ST Act)

C Reasons for persistence of Manual Scavenging

Informal economy

Weak law and Ineffective implementation

Water scarcity Institutional Hurdls in Restoration and rehabilitation

Lack of voice

Absence of mechanisa -tion

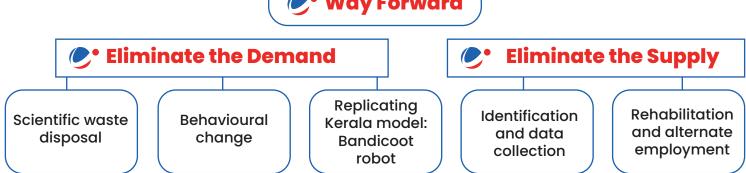
Caste and class identities









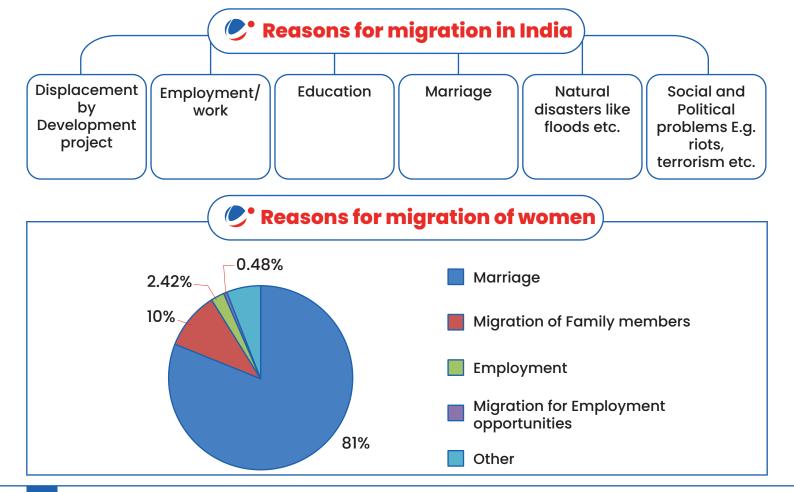


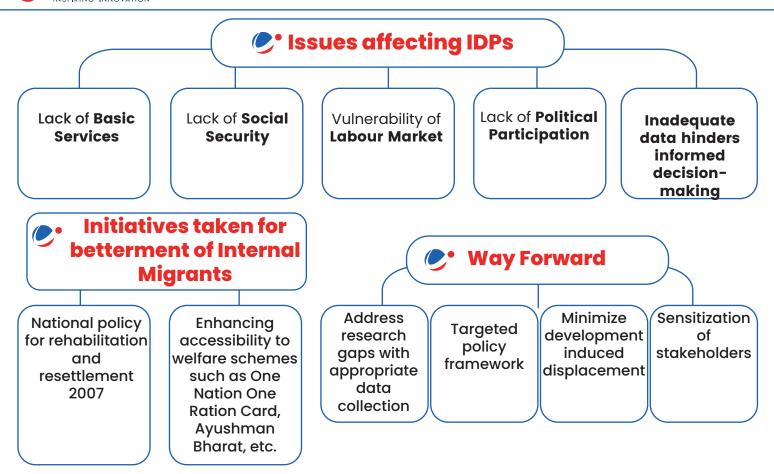
7.4. Internal Displacement

75.9 million individuals were living in internal displacement at the end of 2023, according to Internal Displacement Monitoring Centre (IDMC) report.

Displacement is a particular form of migration, in which individuals are forced to move against their will. (UNFCCC)

Internally displaced persons (IDPs) are persons who have been forced to flee to leave their homes in order to avoid the effects of armed conflict; situations of generalized violence; violations of human rights or natural or human-made disasters.





7.5. Prime Minister Street Vendor's Atma Nirbhar Nidhi (PM SVANidhi) Scheme

State Bank of India released a report analysing the impact of PM SVANidhi on street vendors.

Key Findings

 Positive Impact on women with increased female entrepreneurship.
 Breaking down community barriers: 75% from non-general categories and 65% aged 26-45.

About PM SVANidhi Scheme

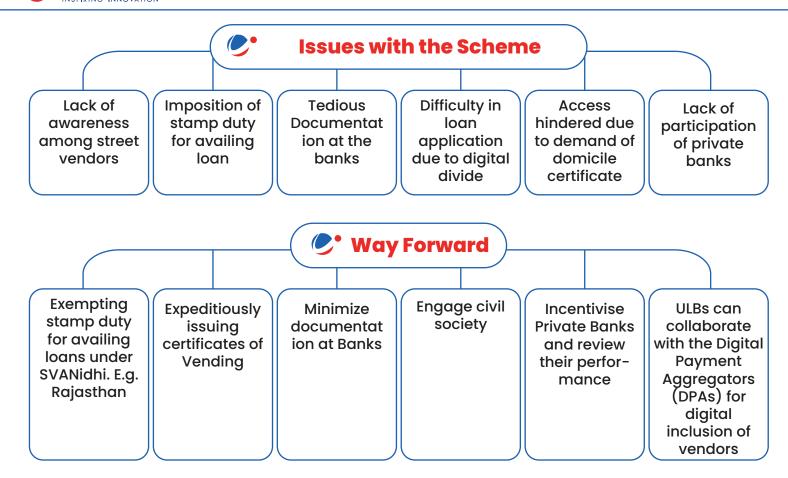
A micro-credit scheme for urban street vendors, launched in 2020

Objective: Integrating street vendors into the formal economic system and facilitating access to formal channels of credit.

Target: revised target of 63 Lakh street vendors

Collateral-free working capital loan upto ₹50,000, available in 3 tranches

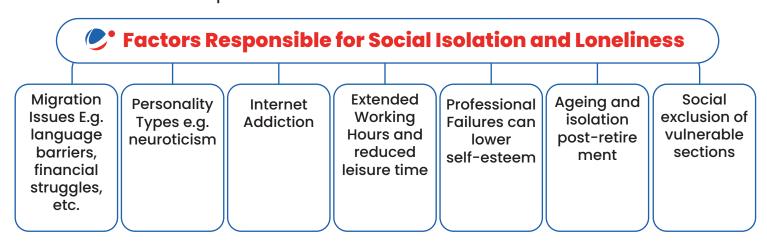
Benefits: Regular repayments incentivized with a 7% interest subsidy, rewards for Digital transactions



7.6. Social Isolation and Loneliness

WHO declared loneliness a pressing global health threat.

- Social isolation is the lack of relationships with others and little to no social support or contact.
- Loneliness is feeling of being alone or disconnected from others. It reflects the difference between a person's actual and desired level of connection.











Health Risks: increased risks of dementia, heart disease etc.

Adoption of unhealthy habits: Substance abuse, poor quality sleep etc.

Increased risk of premature deaths

Diminished job satisfaction and performance results

Poor education outcome



Enjoy significantly better health outcomes

Lower levels of community violence

Economic Prosperity

Civic Engagement and Representative Government

Natural Hazard Preparation and Resilience



O Way Forward

Community Level

- O Ensure accessible, secure infrastructure like parks and community centers.
- Promote engagement in social causes and activities like volunteering at old age homes.
- Create intergenerational support programs to reduce loneliness for older adults.

Individual Level

- Adopt personalized programs like mindfulness and meditation.
- Build meaningful relationships and support systems.

Societal Level

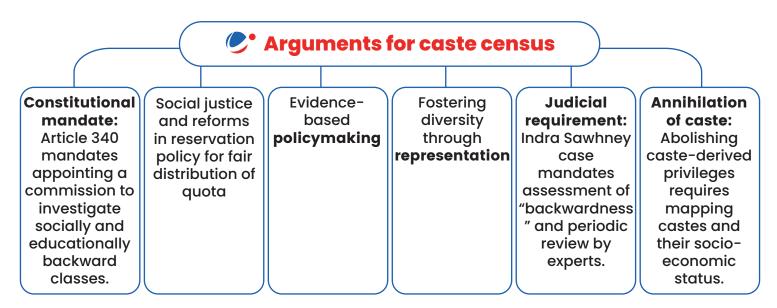
- Launch educational campaigns on loneliness.
- Advocate for policies addressing social isolation.
- Secure funding for Ioneliness program development and evaluation.

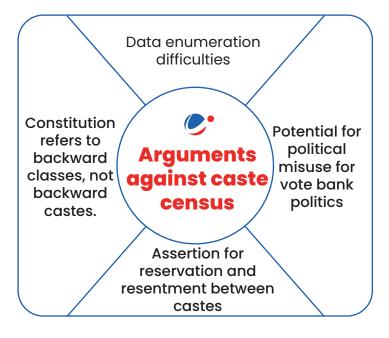


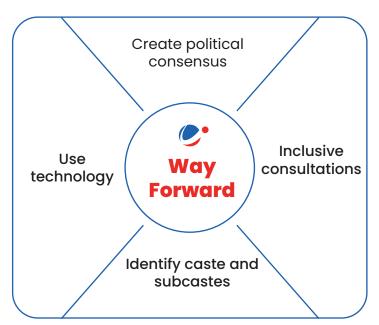
8. INDIAN SOCIETY

8.1. Caste Census

State government of Bihar released a report on caste survey conducted in state, after a resolution passed by state legislature for the same.













8.2. Emerging Technology and Caste Identities in India

Lately, caste-based discrimination has risen in both tech usage and representation of marginalized caste groups in the workforce.



Emerging technologies exacerbating caste disparities

Upper caste dominance of social media (SM)

Digital divide: caste-based disparities in device ownership and digital skills.

Algorithmic bias may perpetuate caste discrimination

Underrepresentation of marginalized caste groups in the technology workforce.

Social stigma and segregation: Hate speech and online harassment based on caste identities



• Emerging technologies addressing caste disparities

Digital inclusion: Affordable and accessible technology infrastructure can help mainstream of marginalized social groups.

Democratised Political mobilization through social media

Incresed awareness of caste-based discrimination, promote inclusivity, and challenge stereotypes.

Community empowerment through networking and access to information

Access to resources: Enhanced access to education, healthcare, and economic opportunities due to technology



O Way Forward

Recognize Caste Bias to eliminate their impact on algorithms

Develop Fairness Metrics & Constraints

Promote Diversity and Inclusivity

Meaningfully Support Marginalized Communities

Eliminate Caste in Al through guidelines





8.3. Live-In Relationships

Uttarakhand Uniform Civil Code (UCC) Act, 2024 mandates compulsory registration for all live-in relationships in the state.



Not explicitly governed by laws or customs.

Supreme Court Judgements related to Live-In Relationships:

Lalita Toppo vs The State of Jharkhand (2018): Provisions of Domestic Violence Act, 2005 (PWDVA 2005) applicable in case of live-in relationships.

Indra Sarma v. VKV Sarma (2013):
Entering into a mutual live- in relationship is not illegal if both partners are unmarried, and it does not constitute an offense.



Economic Considerations: Concerns about financial stability, asset division, prenuptial agreements is nudging toward live-in relationships.

Increased importance of personal autonomy and freedom of choice challenge the traditional arranged marriage system

Evolving Views on Commitment: Importance of emotional connection, communication, and compatibility, reducing the sanctity of marriage as the ultimate symbol of commitment.

Seen as a way to test compatibility before marriage

Despite legal recognition, societal acceptance of live-in relationships challenges traditional family structures

Conclusion

Enact separate legislation specifically addressing live-in relationships. Ambiguous clauses in current legislation must be revised to clearly define the status and rights of children born within such relationships.



Building Mental Resilience for UPSC CSE with VisionIAS Student Wellness Cell

The UPSC Civil Services Examination is one of the most prestigious exams in the country, bringing immense professional and personal satisfaction. However, the journey often involves overcoming loneliness, intense competition pressure, anxiety, and other psychological challenges. These issues can impact both your preparation and overall well-being.

At **VisionIAS**, we recognize the multifaceted nature of this journey. To support our students comprehensively, we have established a dedicated Student Wellness Cell. Since April 2024, our highly professional psychologists and experienced professionals have provided confidential and mindful support as per student needs.

From Stress Management to Academic Excellence



Enhancing Academic Performance:

Effective stress management contributes to better academic outcomes.



Comprehensive Wellness Cell:

Addressing various issues impacting mental health and academic performance.



Professional Mental Health Support:

Seeking professional help is crucial for success in UPSC preparation.



Safe and Non-Judgmental Environment:

A space for students to discuss issues and receive personalized support.



Well-Supported Mind for Excellence:

Mental well-being is essential for achieving success in UPSC exams.



Confidential and Structured Support:

Multiple, structured sessions based on the severity of the issues.

Common Issues and Our Approach

Our counseling services have addressed a variety of issues, including:



Anxiety and Hopelessness: Using Cognitive Behavioural Therapy (CBT) to promote positive thinking.



Lack of Motivation and Focus: Introducing time management strategies and SMART goal-setting.



Emotional Struggles: Providing a safe space for expression and techniques such as journaling and progressive muscle relaxation.



Social Isolation and Loneliness: Encouraging healthy social interactions and setting personal boundaries.



Family and Personal Issues: Offering advice on coping with family dynamics, personal loss, and significant life stressors.

To support the larger student community, **VisionIAS** is now extending our counseling and wellness support to all students preparing for UPSC CSE, regardless of their coaching institute affiliation. Schedule a session by visiting our office at Apsara Arcade near Karol Bagh Metro Station or emailing **student.wellness@visionias.in**.

Remember, seeking help is a sign of strength, not weakness.



in TOP 20Selections in CSE 2023

from various programs of Vision IAS



Aditya Srivastava



Animesh **Pradhan**



Ruhani



Srishti **Dabas**



Anmol



Nausheen



Aishwaryam Prajapati



in **TOP 50** in **CSE 2022**



Ishita **Kishore**



Garima Lohia



Uma Harathi N



SHUBHAM KUMAR CIVIL SERVICES **EXAMINATION 2020**

HEAD OFFICE

Apsara Arcade, 1/8-B 1st Floor, Near Gate-6 Karol Bagh Metro Station

MUKHERJEE NAGAR CENTER

Plot No. 857, Ground Floor, Mukherjee Nagar, Opposite Punjab & Sindh Bank, Mukherjee Nagar

GTB NAGAR CENTER

Classroom & Enquiry Office, above Gate No. 2, GTB Nagar Metro Building, Delhi - 110009

FOR DETAILED ENQUIRY

Please Call: +91 8468022022, +91 9019066066



enquiry@visionias.in



/c/VisionIASdelhi



/visionias.upsc



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