



Daily Current Affairs

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Reducing Carbon Emission by Altering the Method of Farming

Why in news?

Recently Minister of State for Ministry of Agriculture & Farmers Welfare has given information about climate resilient agriculture.

Highlights:

- Initiative have been taken to make agriculture more adaptive and resilient to climate variability and in the process to reduce carbon emission.
- Important initiatives in this regard include crop diversification programme under Rashtriya Krishi Vikas Yojana (RKVY), National Food Security Mission (NFSM) and Bringing Green Revolution to Eastern India (BGREI).
- Other supporting programmes viz. Soil Health Card (SHC), Paramparagat Krishi Vikas Yojana (PKVY), Mission Organic for Value Chain Development for North East (MOVCD), Rainfed Area Development (RAD), Sub-Mission on Agroforestry (SMAF) and National Bamboo Mission (NBM) are also being implemented under the National Mission for Sustainable Agriculture (NMSA), which is one of the eight Mission under the National Action Plan for Climatic Change (NAPCC).

Soil, water and crop management practices that reduce carbon emission include:

1. Increasing the area under System of Rice Intensification (SRI) as an alternative to transplanted paddy.

2. Deployment of zero tillage drill machines and other residue management equipment which enable planting of rabi crop in the standing residue of rice crop to avoid its burning.
 3. Alternate wetting and drying, direct seeded rice system of rice cultivation, use of slow release nitrogen fertilizers, integrated nutrient management practices, leaf colour chart-based nitrogen application, use of urea super granules etc.
 4. Mandatory Neem coating of urea.
 5. Promotion of micro irrigation under Pradhan Mantri Krishi Sinchai Yojana (PMKSY)-Per Drop More Crop.
 6. Planting of trees under National Food Security Mission (NFSM), Bringing Green Revolution to Eastern India (BGREI), Sub-Mission on Agro Forestry (SMAF) and National Bamboo Mission (NBM).
 7. 45 models of Integrated Farming System (IFS) have been developed for replication in Krishi Vigyan Kendras (KVKs) and in the States for enabling climate resilient agriculture.
 8. Climate resilient villages have been developed by Indian Council of Agricultural Research (ICAR), one in each of 151 districts. Climate Vulnerability Atlas has been prepared under National Innovations in Climate Resilient Agriculture (NICRA). District Agriculture Contingency Plans have been developed for 633 districts in order to give real time agro advisories for overcoming climate risks.
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Pradhan Mantri Ujjwala Yojana

Why in news?

Vice President presents LPG connections to Ujjwala beneficiaries to mark six crore connections.

About Pradhan Mantri Ujjwala Yojana:

- Pradhan Mantri Ujjwala Yojana (PMUY) aims to safeguard the health of women & children by providing them with a clean cooking fuel - LPG, so that they don't have to compromise their health in smoky kitchens or wander in unsafe areas collecting firewood.

- Pradhan Mantri Ujjwala Yojana was launched by Prime Minister on May 1st, 2016 in Ballia, Uttar Pradesh. Under this scheme, 5 Cr LPG connections will be provided to BPL families with a support of Rs.1600 per connection in the next 3 years.
- Ensuring women's empowerment, especially in rural India, the connections will be issued in the name of women of the households. Rs. 8000 Cr. has been allocated towards the implementation of the scheme. Identification of the BPL families will be done through Socio Economic Caste Census Data.
- PMUY is likely to result in an additional employment of around 1 Lakh and provide business opportunity of at least Rs. 10,000 Cr. over the next 3 Years to the Indian Industry.
- Launch of this scheme will also provide a great boost to the 'Make in India' campaign as all the manufacturers of cylinders, gas stoves, regulators, and gas hose are domestic.

Why PMUY?

- In India, the poor have limited access to cooking gas (LPG). The spread of LPG cylinders has been predominantly in the urban and semi-urban areas with the coverage mostly in middle class and affluent households.
- But there are serious health hazards associated with cooking based on fossil fuels. According to WHO estimates, about 5 lakh deaths in India alone due to unclean cooking fuels.
- Most of these premature deaths were due to non-communicable diseases such as heart disease, stroke, chronic obstructive pulmonary disease and lung cancer.
- Indoor air pollution is also responsible for a significant number of acute respiratory illnesses in young children. According to experts, having an open fire in the kitchen is like burning 400 cigarettes an hour.
- Providing LPG connections to BPL households will ensure universal coverage of cooking gas in the country. This measure will empower women and protect their health.
- It will reduce drudgery and the time spent on cooking. It will also provide employment for rural youth in the supply chain of cooking gas.

Target beneficiaries:

- Under the scheme, five crore LPG connections are to be provided to BPL households. The identification of eligible BPL families will be made in consultation with the State Governments and the Union Territories.
 - BPL is a person/ household who suffers from at least one deprivation under the Socio-Economic Caste census (SECC) - 2011 Database.
 - While the selection of beneficiaries would be from the BPL families only, preference would be given to SC/ST and weaker sections of society. While providing the new connections to BPL households, priority would be given to the States which have lower LPG coverage (compared to the national average) as on 1st Jan, 2016.
 - Release of LPG connection under this Scheme shall be in the name of the women belonging to the BPL family.
 - The Government has also decided to cover the following categories under the Scheme :-
 1. All SC/STs households beneficiaries of Pradhan Mantri Awas Yojana(PMAY) (Gramin)
 2. Antyoday Anna Yojana (AAY)
 3. Forest dwellers
 4. Most Backward Classes (MBC)
 5. Tea & Ex-Tea Garden Tribes
 6. People residing in Islands
 7. People residing in river islands.
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Assam Accord

Why in news?

Cabinet approves high level committee to implement Clause 6 of Assam Accord in recent cabinet meeting.

Highlights:

- After Assam agitation of 1979-1985, Assam Accord was signed on 15th August, 1985. **Clause 6 of the Assam Accord** envisaged that

appropriate constitutional, legislative and administrative safeguards, shall be provided to protect, preserve and promote the cultural, social, linguistic identity and heritage of the Assamese people.

- The Cabinet, therefore, approved the setting up of a High Level Committee to suggest constitutional, legislative and administrative safeguards as envisaged in Clause 6 of the Assam Accord.
- The Committee shall examine the effectiveness of actions since 1985 to implement Clause 6 of the Assam Accord. The Committee will hold discussions with all stakeholders and assess the required quantum of reservation of seats in Assam Legislative Assembly and local bodies for Assamese people.
- The Committee will also assess the requirement of measures to be taken to protect Assamese and other indigenous languages of Assam, quantum of reservation in employment under Government of Assam and other measures to protect, preserve and promote cultural, social, linguistic identity and heritage of Assamese people.

About Assam Accord:

- The Assam Accord (1985) was a Memorandum of Settlement (MoS) signed between representatives of the Government of India and the leaders of the Assam Movement in New Delhi on 15 August 1985.
 - The accord brought an end to the Assam Agitation and paved the way for the leaders of the agitation to form a political party and form a government in the state of Assam soon after.
 - As per the Accord, those Bangladeshis who came between 1966 and 1971 will be barred from voting for ten years. The Accord also mentions that the international borders will be sealed and all persons who crossed over from Bangladesh after 1971 are to be deported.
 - Though the accord brought an end to the agitation, some of the key clauses are yet to be implemented, which has kept some of the issues festering.
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Pradhan Mantri - Jan Arogya Yojana

Why in news?

The Union Cabinet chaired by Prime Minister has approved the restructuring of existing National Health Agency as "National Health Authority" for better implementation of Pradhan Mantri - Jan Arogya Yojana (PM-JAY).

Key facts:

- With this approval, the existing society "National Health Agency" has been dissolved and will be replaced by National Health Authority as an attached office to Ministry of Health & Family Welfare.
- The existing multi-tier decision making structure has been replaced with the Governing Board chaired by the Minister of Health & Family Welfare, Government of India which will enable the decision making at a faster pace, required for smooth implementation of the scheme.
- The composition of the Governing Board is broad based with due representations from the Government, domain experts, etc. Besides, the States shall also be represented in the Governing Board on rotational basis.

About Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana:

- Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a Centrally Sponsored Scheme having central sector component under Ayushman Bharat Mission anchored in the Ministry of Health and Family Welfare (MoHFW).
- It is an umbrella of two major health initiatives, namely Health and wellness Centres and National Health Protection Scheme.

Health and Wellness Centres

- Under this 1.5 lakh existing sub centres will bring health care system closer to the homes of people in the form of Health and wellness centres.
- These centres will provide comprehensive health care, including for non-communicable diseases and maternal and child health services.

List of Services to be provided at Health & Wellness Centre

- Pregnancy care and maternal health services
- Neonatal and infant health services
- Child health

- Chronic communicable diseases
- Non-communicable diseases
- Management of mental illness
- Dental care
- Eye care
- Geriatric care Emergency medicine

National Health Protection Mission (AB-PMJAY) Benefits

- AB-PMJAY provides a defined benefit cover of Rs. 5 lakh per family per year. This cover will take care of almost all secondary care and most of tertiary care procedures.
- To ensure that nobody is left out (especially women, children and elderly) there will be no cap on family size and age in the scheme.
- The benefit cover will also include pre and post-hospitalisation expenses. All pre-existing conditions will be covered from day one of the policy. A defined transport allowance per hospitalization will also be paid to the beneficiary.
- Benefits of the scheme are portable across the country and a beneficiary covered under the scheme will be allowed to take cashless benefits from any public/private empanelled hospitals across the country.
- The beneficiaries can avail benefits in both public and empanelled private facilities. All public hospitals in the States implementing AB-PMJAY, will be deemed empanelled for the Scheme.
- Hospitals belonging to Employee State Insurance Corporation (ESIC) may also be empanelled based on the bed occupancy ratio parameter. As for private hospitals, they will be empanelled online based on defined criteria.
- To control costs, the payments for treatment will be done on package rate (to be defined by the Government in advance) basis. The package rates will include all the costs associated with treatment.
- For beneficiaries, it will be a cashless, paper less transaction. Keeping in view the State specific requirements, States/ UTs will have the flexibility to modify these rates within a limited bandwidth.

Number of Beneficiaries:

- AB-PMJAY will target about 10.74 crore poor, deprived rural families and identified occupational category of urban workers' families as per

the latest Socio-Economic Caste Census (SECC) data covering both rural and urban.

- The scheme is designed to be dynamic and aspirational and it would take into account any future changes in the exclusion/ inclusion/ deprivation/ occupational criteria in the SECC data

Major Impact

- In-patient hospitalization expenditure in India has increased nearly 300% during last ten years. (NSSO 2015). More than 80% of the expenditure are met by out of pocket (OOP).
 - Rural households primarily depended on their 'household income / savings' (68%) and on 'borrowings' (25%), the urban households relied much more on their 'income / saving' (75%) for financing expenditure on hospitalizations, and on '(18%) borrowings. (NSSO 2015).
 - Out of pocket (OOP) expenditure in India is over 60% which leads to nearly 6 million families getting into poverty due to catastrophic health expenditures. AB-PMJAY will have major impact on reduction of Out Of Pocket (OOP) expenditure on ground of:
 1. Increased benefit cover to nearly 40% of the population, (the poorest & the vulnerable) Covering almost all secondary and many tertiary hospitalizations. (except a negative list) Coverage of 5 lakh for each family, (no restriction of family size)
 2. This will lead to increased access to quality health and medication. In addition, the unmet needs of the population which remained hidden due to lack of financial resources will be catered to.
 3. This will lead to timely treatments, improvements in health outcomes, patient satisfaction, improvement in productivity and efficiency, job creation thus leading to improvement in quality of life.
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