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## Daily News Simplified - DNS

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**1. UPSC Current Affairs:** Covid impact on learning | Express explained

**UPSC Syllabus:** Mains – GS Paper II– Issues relating to education

**Sub Theme:** Primary Education | UPSC

ASER 2021 survey shows an increase in dependence on private tuitions and an absence of ready access to smartphones. Specific attention is needed to help make up learning losses, especially in the lowest classes

As schools begin to limp back after the long disruption of the Covid-19 pandemic, India's flagship national education survey has captured **an unprecedented jump in government school students**, and a 10-year low in private school enrolments. It has reported a growing dependency on private tuition classes — and a stark digital divide, which carries the risk of severely affecting the learning abilities of primary grade students.

The Annual Status of Education Report (ASER) survey, which is facilitated by Pratham Education Foundation, is the oldest survey of its kind in the country, and well regarded for the range of insights it provides on levels of foundational learning at the elementary level. In the context of the pandemic, the ASER Centre switched its focus to access to learning opportunities in 2020, and in its latest report released on Wednesday.

The 16th edition of the report is based on a phone survey, conducted in September and October, of 75,234 children ages 5-16 across 581 rural districts in 25 states and three Union Territories. The surveyors also contacted teachers or head teachers from 7,299 government schools offering primary grades.

### **Headline numbers**

The report shows a **“clear shift” from private to government schools** — from 64.3 per cent in 2018 to 65.8 per cent in 2020, to 70.3 per cent in 2021; and a fall in private school enrolment from 28.8 per cent in 2020 to 24.4 per cent in 2021.

According to ASER Centre Director Wilima Wadhwa and Pratham CEO Rukmini Banerji, government school enrolment had been declining since 2006 till it stabilised around 65% in 2018. Seen in this background, an increase of 5 percentage points over the last year is very significant.

### **Tuition-dependent**

Students, especially those from poor families, are dependent more than ever on private tuition, the survey found.

While 39.2 per cent of children overall are now taking tuitions, between 2018 and 2021, the proportion of children with parents in the ‘low’ education category who are taking tuitions increased by 12.6 percentage points, as opposed to a 7.2-percentage-point increase among children with parents in the ‘high’ education category, says the report.

The report classifies families with parents who have studied up to Class 5 or lower in the ‘low’ education category; parents who have cleared at least Class 9 are in the ‘high’ education category.

### Digital divide

From having no experience of pre-primary class to the lack of access to digital devices, the pandemic has left the youngest entrants in India’s formal education system particularly vulnerable, and not addressing their specific needs can have grave consequences, says the survey.

Suman Bhattacharjea, director of ASER research centre, has observed in the report that about 1 in 3 children in Classes I and II have **never attended an in-person class**. Among government school students, the percentage is 36.8; in private schools, it is 33.6 per cent.

Banerji told *The Indian Express*, “These students who entered the school system after the pandemic will require time to settle down, get ready for the formal education system... This is essential as these students do not even have the experience of pre-primary schools, or anganwadis.”

Of concern is the survey finding that the youngest learners also have the “least access to technology”.

Almost a third of all children in Classes I and II did not have a smartphone available at home.

While the percentage of enrolled children having at least one smartphone at home has risen from 36.5 to 67.6 between 2018 and 2021, only 19.9 per cent of children in Classes I-II have access to the devices whenever they require. The access to smartphones increases with age, with 35.4 per cent students in Classes IX and above having constant access.

### Falling behind

65.4 per cent teachers flagged the problem of children being “unable to catch up” as one of their biggest challenges — which is also a warning that their learning outcomes are set to be affected unless addressed with urgency. During the recent National Achievement Survey (NAS) of the central government, teachers and field investigators across the country reported that primary grade kids struggled to make sense of questions to test basic comprehension and numerical skills.

While the ASER survey does not shed light on learning outcomes, a sample assessment done in Karnataka in March 2021 that covered 20,000 children ages 5-15 found “steep drops” in foundational skills, especially in lower primary grades — which underlined the need for special attention to children of primary classes as they return to, or enter schools for the first time.

### Silver lining

The report captured a decline in the proportion of children not currently enrolled in the 15-16 age group — the one in which the risk of dropping out is the highest.

“In 2010, the proportion of 15-16-year-olds who were out of school was 16.1%. Driven by the government’s push to universalise secondary education, this number has been steadily declining and stood at 12.1% in 2018. The decline continued in 2020 to 9.9% and to 6.6% in 2021,” the report says. The survey also found that 91.9 per cent of enrolled children have textbooks for their current grade. But only about a third (33.5 per cent) of children in grades I-II of yet-to-reopen schools reported having received learning materials — print or virtual worksheets, online or recorded classes, or learning-related videos — from schools.

“Even fewer had had some form of contact with teachers to discuss children’s learning (28.5%). The proportion of families who had some contact with teachers was heavily skewed towards better off families, as proxied by parental education levels,” states the report.

**2. UPSC Current Affairs:** Impact of inflation on Indian society | Express explained

**UPSC Syllabus:** Mains – GS Paper III – Indian economy

**Sub Theme:** Inflation trend | UPSC



### Situation in India

- India is **not** going through the phase of **Stagflation** as there is continuous **rise in the economic growth**.
- However, since the **opening of markets** in last 6 month, **rise in demand** has caused concerns about the **inflation**.
- This inflationary trend is going to be there for **next 1 year** because:
- Current trend of inflation is **continuation of past 2 years of inflation**.
- Most of the high inflationary force is coming from the **food and fuel**. This impacts the **poor class most**.
- Food and fuel are subjected to **sudden fluctuations**.
- Most serious concern is that **core inflation is higher than headline inflation**.

### High inflation, matter of concern

Major reason for high headline inflation is **fuel price across the nation**. As fuel remains the **basic input** in major **production process and transport**, any small fluctuation in fuel prices creates multiplies impact on the final prices.

However, with **ease of food prices** in past few months, over all **headline inflation is coming down**.

Real matter of concern is high core inflation; **Basic reasons are:**

- Gradual rise in service sector,
- Lack of supply chains in short-run,
- Weak regional inter-linkages,
- Poor integration of international trade,
- Labour shortage

**TABLE 1**

**CPI INFLATION ACROSS INCOME CLASSES\* (%YOY)**

Income segment	FY21		H1FY22	
	Rural	Urban	Rural	Urban
Top 20%	5.9	6.4	5.4	5.4
Middle 60%	5.9	6.8	5.2	5.5
Bottom 20%	5.9	7.0	5.2	5.6

*With share of commodity groups in baskets as weights; Source for Tables 1 and 2: NSSO, National Statistics Office, CEIC, Crisil*

**TABLE 2**

**CONSUMPTION AND INFLATION PATTERNS IN URBAN AREAS**

Income segment	Food & Beverages	Fuel & Light	Core
Bottom 20%	58.0	10.5	31.5
Middle 60%	49.3	7.8	42.8
Upper 20%	34.9	5.3	59.9
<b>Inflation (%)</b>	<b>4.4</b>	<b>14.6</b>	<b>5.4</b>

*Inflation data refers to urban CPI inflation on-year in respective categories in H1FY22*

**3. UPSC Current Affairs:** Rani Kamlapati and Gond Tribe | Express explained

**UPSC Syllabus:** Prelims: Modern History

**Sub Theme:** Gond Tribe | UPSC

Context:

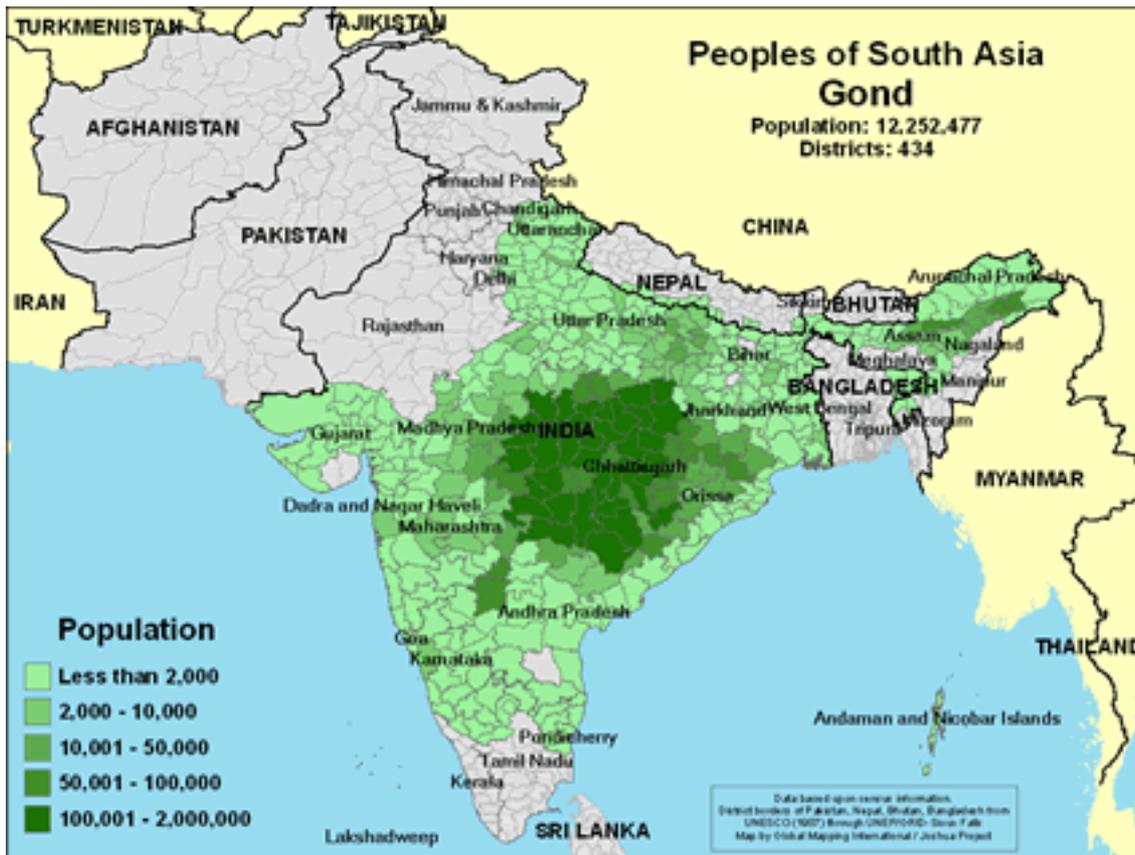
- The name of Bhopal’s Habibganj railway station has been changed to Rani Kamlapati station.
- This is to coincide with the inauguration of the station, which has been redeveloped at a cost of around Rs 100 crore with private participation — a first such large-scale PPP model in station redevelopment in India, in the works for the past few years.

**Who was Rani Kamlapati**

- Rani Kamlapati was the widow of Nizam Shah, whose Gond dynasty ruled the then Ginnorgarh, 55 km from Bhopal, in the 18th century. Nizam Shah built the famous seven-storeyed Kamlapati Palace in her name in Bhopal.

**Basics About Gondi People:**

- The Gondi are a Dravidian ethno-linguistic group.
- They are one of the largest groups in India. They are spread over the states of Madhya Pradesh, Maharashtra, Chhattisgarh, Uttar Pradesh, Telangana, Andhra Pradesh, Bihar and Odisha. They are listed as a Scheduled Tribe for the purpose of India's system of positive discrimination.



### Gonds in Modern History

- During colonial rule, the Gonds were marginalized by colonial forest management practices. **The Bastar rebellion of 1910, better known in the tribal belt as the bhumkal**, was a partly-successful armed struggle against colonial forest policy that denied the Madia and Muria Gonds of Bastar, along with other tribes in the region, access to the forest for their livelihoods.
- In the early **1920s, Komaram Bheem**, a Gond leader from Adilabad in Hyderabad state, rebelled against the Nizam and sought a separate Gond raj. It was he who coined the well-known slogan jal, jangal, jameen ("water, forest, land") that has symbolized Adivasi movements since independence.

#### 4. UPSC Current Affairs: Zika outbreak and India | The Hindu (14 November)

**UPSC Syllabus:** Prelims and Mains: Health related issues, Disease burden

**Sub Theme:** Zika virus | UPSC

#### Emergence of Zika Virus and its Spread

- Zika virus was first detected in rhesus monkeys in the Zika forest in Uganda in 1947 and then identified in humans after a few years, appears to be re-positioning itself.
- The first ever outbreak of Zika virus was reported in 2007 in the island of Yap (a federated state in Micronesia) in the Pacific.
- This was followed by a large outbreak of Zika virus infection in French Polynesia in 2013 and other countries and territories in the Pacific.

- In March 2015, Brazil reported a large outbreak of rash illness, soon identified as Zika virus infection, and in July 2015, found to be associated with Guillain-Barré syndrome and neuropathies in adults and children infected with the virus.
- **Guillain-Barre (gee-YAH-buh-RAY) Syndrome** is a rare disorder in which your body's immune system attacks the nerves. Guillain-Barre syndrome often begins with tingling and weakness starting in the feet and legs and spreading to the upper body and arms. In about 10% of people with the disorder, symptoms begin in the arms or face. As Guillain-Barre syndrome progresses, muscle weakness can evolve into paralysis.

### About Zika

- **Transmission**
  - ✓ Zika virus disease is caused by a virus transmitted primarily by Aedes mosquitoes, which bite during the day.
  - ✓ Zika virus infection during pregnancy can cause infants to be born with microcephaly and other congenital malformations, known as congenital Zika syndrome.
  - ✓ Infection with Zika virus is also associated with other complications of pregnancy including preterm birth and miscarriage.
  - ✓ Zika virus is also transmitted through sexual contact, transfusion of blood and blood products, and organ transplantation.
- **Symptoms** - The incubation period (the time from exposure to symptoms) of Zika virus disease is estimated to be 3–14 days. The majority of people infected with Zika virus do not develop symptoms. Symptoms are generally mild including fever, rash, conjunctivitis, muscle and joint pain, malaise, and headache, and usually last for 2–7 days.
- **Similarity in Symptoms with Dengue** - Zika is usually mild with symptoms lasting for several days to a week. People usually don't get sick enough to go to the hospital, and they very rarely die of Zika. For this reason, many people might not realize they have been infected. Symptoms of Zika are similar to other viruses spread through mosquito bites, like dengue and chikungunya.
- **Diagnosis** - A diagnosis of Zika virus infection can only be confirmed by laboratory tests of blood or other body fluids, such as urine or semen.
- **Associated Risks**
  - ✓ An increased risk of neurologic complications is associated with Zika virus infection in adults and children, including Guillain-Barré syndrome, neuropathy and myelitis.
  - ✓ Fetus of pregnant women may develop congenital malformation, especially abnormal brain development, microcephaly and other related neurological outcomes.
  - ✓ Microcephaly can occur because a baby's brain has not developed properly during pregnancy or has stopped growing after birth, which results in a smaller head size.
- **Treatment** - There is no treatment available for Zika virus infection or its associated diseases. So far, there is no licensed vaccine to prevent disease and no specific treatment available. People are advised to take rest, eat well and drink plenty of fluids.

### Zika Outbreaks in India

- **2017** - The first two outbreaks of Zika virus infections in India were reported in 2017. This included three human cases from Ahmedabad, Gujarat (January-February, 2017) and one case from Krishnagiri district of Tamil Nadu (July 2017).
- **2018** - There were two more outbreaks in 2018 from Madhya Pradesh (130 cases) and Rajasthan (159 cases). In 2021, at least three Zika virus outbreaks have been reported.

- **2021** - In Kerala (at least 89 cases) and then in Maharashtra (Around 12 cases), both in July, and most recently from Uttar Pradesh in October-November, 2021 (nearly 110 confirmed cases till now).

#### What needs to be done for India?

- **Preventive Steps + Awareness** - The current reports of Zika virus outbreaks are not a matter of immediate concern for Indian citizens but government must step up preventive and public health measures including awareness about the symptoms of Zika and about transmission of the virus.
- **Need to Identify New Mutations based on History** -
  - ✓ The outbreak which had started in Brazil in 2015 was caused by a new variant of Zika virus, termed as American lineage.
  - ✓ Though originated from South Asian lineage, it has crucial mutation S139N, attributed to higher incidences of microcephaly and other neurological conditions.
  - ✓ All previous outbreaks in India have been due to South-East Asian lineage and no case of microcephaly has been reported from the country.
- **Need for systematic & enhanced surveillance** - There is a need for a systematic surveillance of evolutionary trends in Zika virus, which can be built upon newly developed genetic sequencing capacity for SARS CoV2. Considering most Indian states have reported Zika virus for the first time, there is a need for enhanced surveillance and equipping laboratories with testing kits for Zika virus.
- **Identify Areas of high Incidence** - In areas where cases are reported, active case findings and surveillance and mosquito control measures (elimination of breeding sites and the public awareness campaigns, especially for specially for pregnant women should be prioritized.
- **Coordination among state authorities** - It is also the time to ensure coordinated actions between the State government and municipal corporation to develop joint action plans against vector borne diseases and share responsibilities for public health actions.

**Way Forward** - The emergence and re-emergence of viral diseases is partly unavoidable. However, with a stronger public health system, application of principles of epidemiology and use of data, their impact can be minimised.