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NCERT Class 11 Economics Chapter 8: Infrastructure YouTube Lecture Handouts

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- Punjab, Haryana and Himachal Pradesh prosper in agriculture and horticulture
- Kerala or 'God's own country' - excelled in literacy, health care and sanitation
- Karnataka – IT Industries (world class communication facilities)
- Some are good at infrastructure, others at irrigation, transport, ports, manufacturing

Infrastructure

Provides supporting services in the main areas of industrial and agricultural production, domestic and foreign trade & commerce

Rail, road, port, dam, power station, pipeline, telecom, school, college, hospital – direct & indirect impact on economy

- Economic Infrastructure – energy, transport & communication – enhance productivity of factors of production & improves quality of life
- Social Infrastructure – education, housing and health; Improvement in sanitation reduces morbidity (ill due to waterborne diseases)

Increases Efficiency

Provides speedy transport – (case of agriculture – seeds, pesticides etc.)

State of Infrastructure in India

- Traditionally was under government but found inadequate
- Private sector started to develop
- Rural women still use biofuel – crop residue, dung (Pradhan Mantri Ujjwala Yojana)
- 56% electricity in rural areas (as of 2001) – Saubhagya scheme and Deen Dayal Upadhyaya Gram Jyoti Yojana

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- Tap water limited to only 24% in rural areas
- Sanitation to only 20% rural people – PM Swachh Bharat Mission

As of 2014,

India invest 34% of GDP in infrastructure (less than China)

Some Infrastructure in India and other Countries

Country	Investment* in Infrastructure as a % GDP (2014)	Access to Improved Water Source (%) (2015)	Access to Improved Sanitation (%) (2015)	Mobile Subscribers/ 100 People (2015)	Power Generation (billion kwh) (2013)
China	46	96	77	93	5431
Hong Kong	24	92	100	229	39
India	34	94	40	79	1193
South Korea	29	98	100	119	541
Pakistan	15	91	64	70	97
Singapore	29	100	100	146	47

Image of GDP in Infrastructure

- India will become 3rd largest economy in few decades – need to boost investments
- As income rises, infrastructure changes significantly
- After basic consumption are met – service required infrastructure is required
- Share of power and telecommunication infrastructure is greater in high-income countries.

Infrastructure & Economic Development Go Hand in Hand

- Agriculture & irrigation go together
- Industry and power and electricity go hand in hand

Energy

Critical for development

Used for agriculture, industry, production units

- Conventional Sources of Energy
 - Commercial sources are coal, petroleum and electricity as they are bought and sold - exhaustible
 - Non-commercial sources of energy are firewood, agricultural waste and dried dung (found in nature/forest) – inexhaustible or renewable
- Non-Conventional Sources of Energy: Solar energy, wind energy and tidal power

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60% households depend on traditional source of irrigation

74% commercial energy in India (54% coal, 32% oil, 10% natural gas and 2% HEP) with non-commercial as 26% energy

High import dependence on crude oil and is likely to grow

In 1953-54 – transport was largest consumption of commercial energy

Trends in Sectoral Share of Commercial Energy Consumption (in %)

<i>Sector</i>	<i>1953-54</i>	<i>1970-71</i>	<i>1990-91</i>	<i>2014-15</i>
Household	10	12	12	23
Agriculture	01	03	08	18
Industries	40	50	45	44
Transport	44	28	22	2
Others	5	07	13	13
Total	100	100	100	100

Sectoral Share of Commercial Energy Consumption

- Most visible form of energy identified with progress is called electricity – determines economic development of nation
- Growth rate for demand for power is higher than GDP
- 70% by thermal, 16% HEP and only 2% nuclear
- Global energy generation from nuclear is 13%
- Solar and wind don't rely on fossil fuels and hence avoid carbon emissions

Challenges in Power Sector

- Transmission losses
- Installed capacity is not sufficient to feed annual economic growth of 7-8% (present India can add only 20,000 MW a year)
- State Electricity Boards incur losses exceeding Rs. 500 billion – transmission loss, wrong pricing and inefficiencies
- Role of private sector is still not well defined
- General public unrest due to high power tariff and power cuts
- Thermal power which is main source has issues of raw material shortage and coal supplies

What We Need?

More investment, better R & D, exploration, technological innovation and use of renewable energy

Health

- Absence of disease and ability to realize one's potential
- Holistic process for overall growth and development
- IMR, MMR, life expectancy, nutritional levels, incidence of diseases
- Good hospital, medical, nursing, paramedical staff, beds, equipments and pharmaceuticals
- Ayushman Bharat

State of Health Infrastructure

- Address medical education, adulteration of food, drugs and poisons, medical profession, vital statistics, mental deficiency and lunacy
- Policies evolve through Central Council of Health and Family Welfare
- PHCs have been set up
- During 1951-2013, the number of government hospitals and dispensaries increased from 9,300 to 44,000 and hospital beds from 1.2 to 6.3 lakh. Also nursing personnel increased from 0.18 to 23.44 lakh and allopathic doctors from 0.62 to 9.2 lakh.
- Eradication of small pox, guinea worm, polio and leprosy

Private Sector Infrastructure

- More than 70% run by private sector – control 2/5th total beds
- 60% dispensaries by private sector
- Healthcare for 80% outpatients and 46% in-patients
- Role in medical education and training, medical technology and diagnostics, manufacture and sale of pharmaceuticals, hospital construction and the provision of medical services
- Since 1990s, many pharma companies and NRIs have established multi-specialty hospitals in India

Indian Systems of Medicine (ISM): It includes six systems -Ayurveda, Yoga, Unani, Siddha, Naturopathy and Homeopathy (AYUSH). At present, there are 3167 ISM hospitals, 26,000 dispensaries and as many as 7 lakh registered practitioners in India.

Indicators of Health

- Expenditure on health sector as 4.7% of total GDP (low as compared to other nations)

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- India has about 17% of the world's population but it bears a frightening 20% of the global burden of diseases (GBD).
- GBD is an indicator used by experts to gauge the number of people dying prematurely due to a particular disease as well as the number of years spent by them in a state of 'disability' owing to the disease.
- In India, more than half of GBD is accounted for by communicable diseases such as diarrhea, malaria and tuberculosis.
- Every year around five lakh children die of water-borne diseases. Malnutrition and inadequate supply of vaccines lead to the death of 2.2 million children every year.
- Less than 20% population uses public health facilities
- Only 38% PHCs have required number of doctors
- Only 30% PHCs have medicine stock which is sufficient
- 70% population lives in rural area but only 1/5th hospitals are located there – of 6.3 lakh beds only 30% are in rural areas
- There is only 0.36 hospitals for every one lakh people in rural areas while urban areas have 3.6 hospitals for every one lakh people
- PHCs located in rural areas do not offer even X-ray or blood testing facilities
- Bihar, MP, UP and Rajasthan lack in health care facilities
- Poorest 20% of Indians living in both urban and rural areas spend 12% of their income on healthcare while the rich spend only 2%
- Deterioration in the child sex ratio in the country from 927 in 2001 to 914 in 2011, points to the growing incidence of female feticide in the country.
- Close to 3,00,000 girls under the age of 15 are not only married but have already borne children at least once.
- More than 50% of married women between the age group of 15 and 49 have anemia and nutritional anemia caused by iron deficiency, which has contributed to 19% of maternal deaths.

What Next?

- Need is accessible, affordable healthcare with basic infrastructure
- Regulated private sector health services can improve the situation
- NGOs and community participation for health care facilities and spreading health awareness (SEWA in Ahmedabad and ACCORD in Nilgiris)

- Trade Unions - Shahid Hospital, built in 1983 and sustained by the workers of CMSS (Chhattisgarh Mines Shramik Sangh) in Durg, MP
- Tribal Organization - Kashtakari Sangathan, trains women health workers at the village level to treat simple illnesses at minimal cost – Thane, Maharashtra
- Natural systems of medicine have to be explored
- Medical tourism advancement is a great step (around 1,50,000 foreigners visited India for medical treatment in 2004-05)
- CFLs consume 80% less power as compared to ordinary bulbs and now it is LEDs (replacement of one million 100-watt bulbs with 20 watt CFLs can save 80 megawatt in power generation which amounts to saving Rs 400 crore)

Power Distribution in Delhi

- Delhi State Electricity Board (DSEB) was set up in 1951.
- This was succeeded by the Delhi Electric Supply Undertaking (DESU) in 1958.
- Delhi Vidyut Board (DVB) came into existence as SEB in February 1997.
- Distribution by Private sector companies - Reliance Energy Limited (BSES Rajdhani Power Limited and BSES Yamuna Power Limited) and Tata - Power Limited (NDPL)
- Supply electricity to approximately 46 lakh customers in Delhi.
- Tariff structure and other regulatory issues are monitored by the Delhi Electricity Regulatory Commission (DERC)

India'S Healthcare System

- Primary health care includes education concerning prevailing health problems and methods of identifying, preventing and controlling them; promotion of food supply and proper nutrition and adequate supply of water and basic sanitation; maternal and child health care; immunization against major infectious diseases and injuries; promotion of mental health and provision of essential drugs. Auxiliary Nursing Midwife (ANM) is the first person who provides primary healthcare in rural areas, then we have PHC and CHC.
- Secondary Health Care include facilities for X-ray, ECG along with primary health care. When the condition of a patient is not managed by PHCs, they are referred to secondary or tertiary hospitals.
- Tertiary sector also includes many premier institutes which not only impart quality medical education and conduct research but also provide specialized health care like AIIMS, New Delhi; PGI, Chandigarh; Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry; NIMHANS, Bangalore and All India Institute of Hygiene and Public Health, Kolkata

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-Manishika