

ROYAL CIVIL SERVICE COMMISSION  
BHUTAN CIVIL SERVICE EXAMINATION (BCSE) 2021  
EXAMINATION CATEGORY: B.ED. GRADUATES

PAPER I: ENGLISH FOR B.ED. GENERAL GRADUATES

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<b>Date</b>	: October 29, 2021
<b>Total Marks</b>	: 100
<b>Writing Time</b>	: 3 hours
<b>Reading Time</b>	: 15 minutes (prior to examination time)

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**READ THE FOLLOWING INSTRUCTIONS CAREFULLY:**

1. Write your Registration Number clearly and correctly on the Answer Booklet.
2. The first 15 minutes is to check the number of pages of the Question Paper, printing errors, clarify doubts and to read the instructions. You are NOT permitted to write during this time.
3. This paper is divided into four sections:
  - ❖ Section A – to assess writing skills
  - ❖ Section B – to assess comprehension skills
  - ❖ Section C – to assess language and grammar skills
  - ❖ Section D – to assess précis writing skillsAll sections are compulsory.
4. All answers should be written on the Answer Booklet provided to you. Candidates are not allowed to write anything on the question paper. If required, ask for additional Answer Booklet.
5. All answers should be written with the correct numbering of the Section and Question Number in the Answer Booklet provided to you. Note that any answer written without indicating the correct Section and Question Number will NOT be evaluated and no marks will be awarded.
6. Begin each Section on a fresh page of the Answer Booklet.
7. You are not permitted to tear off any sheet(s) of the Answer Booklet as well as the Question Paper.
8. Use of any other paper including paper for rough work is not permitted.
9. **You must hand over the Answer Booklet to the Invigilator before leaving the examination hall.**
10. This paper has **9 printed pages**, including this instruction page.

**GOOD LUCK!**

**SECTION A: Writing [30 marks]**

**Given below are three topics. Write an essay in about 1000 words in response to any ONE of the questions.**

*The essay will be assessed using the following criteria:*

- *Thought and content development: 15 marks*
- *Communicative competence and vocabulary: 10 marks*
- *Grammatical accuracy and variety: 5 marks*

1. Elaborate on some effects of fake news and describe some ways to deal with them.
2. Discuss how the trending perceptions of beauty and body standards could be detrimental to the youth especially in terms of health, psychological wellbeing and social behaviour.
3. As per a WHO document (2015) on Bhutan, the prevalence of non-communicable diseases (NCDs) has risen considerably, and now account for about 70% of the reported burden of disease and account for 68% of total deaths. Discuss how this is going to be a huge problem for the country in terms of financial cost and overall health of the nation.

**Section B: Comprehension [35 marks]**

**Direction: Read the passage given below and answer the questions that follow according to the instructions given:**

**Disability and Health**

Key facts

- Over 1 billion people live with some form of disability
- The number of people with disability are dramatically increasing. This is due to demographic trends and increases in chronic health conditions, among other causes.
- Almost everyone is likely to experience some form of disability — temporary or permanent — at some point in life.
- People with disability are disproportionately affected during the Covid-19 pandemic
- If health services for people with disability exist, they are invariably of poor quality or under resourced.
- There is an urgent need to scale up disability services in primary healthcare, particularly in rehabilitation interventions.

Disability refers to the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports).

**Disability — a public health issue**

Over 1 billion people are estimated to live with some form of disability. This corresponds to about 15% of the world's population, with up to 190 million (3.8%) people aged 15 years and older having

significant difficulties in functioning, often requiring healthcare services. The number of people living with disability is increasing, in part due to ageing populations and an increase in chronic health conditions.

Disability is extremely diverse. While some health conditions associated with disability result in poor health and extensive healthcare needs, others do not. However, all people with disability have the same general healthcare needs as everyone else, and therefore need access to mainstream healthcare services. Article 25 of the UN Convention on the Rights of Persons with Disabilities (CRPD) reinforces the right of persons with disability to attain the highest standard of healthcare, without discrimination. However, the reality is that few countries provide adequate quality services for people with disability.

Also, very few countries collect data to enable disaggregation by disability in the health sector. This became very apparent during the Covid-19 pandemic where countries failed to include disability consistently in their response to control the pandemic. This left people with disability exposed to three increased risks with devastating consequences: the risks of contracting Covid-19, developing severe symptoms from Covid-19 or dying from the disease, as well as having poorer health during and after the pandemic, whether or not they are infected with Covid-19.

### **Barriers to healthcare**

People with disability encounter a range of barriers when they attempt to access healthcare including the following:

- **Prohibitive costs**

Affordability of health services and transportation are two main reasons why people with disability do not receive much needed healthcare in low-income countries. Just over half of people with disability are unable to afford healthcare compared to about a third of people without disability.

- **Limited availability of services**

There is a lack of appropriate services for people with disability. Many studies reveal high unmet needs for healthcare among people with disability due to unavailability of services, especially in rural and remote areas.

- **Physical barriers**

Uneven access to buildings (hospitals, health centers), inaccessible medical equipment, poor signage, narrow doorways, internal steps, inadequate bathroom facilities, and inaccessible parking areas create barriers to healthcare facilities. For example, women with mobility difficulties are often unable to access breast and cervical cancer screening because examination tables are not height-adjustable and mammography equipment only accommodates women who are able to stand.

- **Inadequate skills and knowledge of health workers**

People with disability were more than twice as likely to report finding healthcare provider skills inadequate to meet their needs, four times more likely to report being treated badly, and nearly three times more likely to report being denied care.

### **Disability inclusion in the health sector**

Very often, disability is not perceived as a public health issue. Therefore, action is not taken towards disability inclusion in the health sector, which is also often overlooked in national disability strategies

and action plans to implement and monitor the CRPD. Thus, disability inclusion in the health sector remains a breach in countries' health agendas.

Ministries of Health need to commit towards disability inclusion. This involves action to achieve equity for people with disability in three areas:

- access to effective health services,
- protection during health emergencies, and,
- access to cross-sectorial public health interventions, such as water, sanitation and hygiene services to achieve highest attainable standard of health.

Governments can improve health outcomes for people with disability by improving access to quality, affordable healthcare services, which make the best use of available resources. As several factors interact to inhibit access to healthcare, reforms in all the interacting components of the healthcare system are required.

### **Policy and legislation**

Assess existing policies and services, identify priorities to reduce health inequalities and ensure disability inclusion in the health sector. Make changes to comply with the CRPD. Establish healthcare standards related to care of persons with disability with enforcement mechanisms.

### **Financing**

Where private health insurance dominates healthcare financing, ensure that people with disability are covered and consider measures to make the premiums affordable. Ensure that people with disability benefit equally from public healthcare programmes. Use financial incentives to encourage healthcare providers to make services accessible and provide comprehensive assessments, treatment, and follow-ups. Consider options for reducing or removing out-of-pocket payments for people with disability who do not have other means of financing healthcare services.

### **Service delivery**

Ensure access to effective promotion, prevention, treatment, rehabilitation and palliative health services. Provide a broad range of environmental modifications and adjustments (reasonable accommodation) to facilitate access to healthcare services. For example, changing the physical layout of clinics to provide access for people with mobility difficulties. Ensure accessibility of any public health information. Empower people with disability to maximize their health by providing information, training, and peer support. Promote community-based rehabilitation (CBR) to facilitate access for people with disability to existing services. Identify groups that require alternative service delivery models, for example, targeted services or care coordination to improve access to healthcare.

### **Human resources**

Ensure healthcare workers have the necessary competencies and skills to address the individual needs of people with disability. Integrate disability education into undergraduate and continuing education for all healthcare professionals. Train community workers so that they can play a role in preventive healthcare services. Provide evidence-based guidelines for assessment and treatment.

### **Data and research**

Ensure data disaggregation by disability. Include people with disability in healthcare surveillance. Conduct more research on the needs, barriers, and health outcomes for people with disability.

### WHO response

In order to improve access to health services for people with disability, WHO:

- guides and supports Member States to increase awareness of disability issues, and promotes the inclusion of disability as a component in national health policies and programmes;
- facilitates data collection and dissemination of disability-related data and information;
- develops normative tools, including guidelines to strengthen healthcare;
- builds capacity among health policymakers and service providers;
- promotes scaling up of CBR;
- promotes strategies to ensure that people with disability are knowledgeable about their own health conditions, and that health-care personnel support and protect the rights and dignity of persons with disability.

### United Nations Disability Inclusive Strategy

In June 2019, the UN Disability Inclusion Strategy (UNDIS) was launched by the UN Secretary-General to promote ‘sustainable and transformative progress on disability inclusion through all pillars of the work of the United Nations’. This strategy requires all UN agencies to ensure that disability inclusion is consistently and systematically mainstreamed into all aspects of work.

WHO welcomes UNDIS and is currently preparing a comprehensive WHO Policy on Disability and Action Plan, committing WHO to become an organization inclusive of people with disabilities in all their diversity and to systematically integrate disability in all programmatic areas, including at the country-level.

### Question I

(5X1 = 5 marks)

For each of the following questions, choose the correct answer and write down the letter of the correct answer chosen in the Answer Booklet against the question number. e.g. 6 (a)

1. The main purpose for giving the Key Facts is to
  - a) summarize the whole information in the text.
  - b) highlight pertinent issues mentioned in the text.
  - c) extract the important sub-topics dealt in the text.
  - d) provide only the most reliable information in the text.
2. Which of the following statement correlates with the information given under **Physical barriers**?
  - a) The building has lifts that can be easily operated by people on wheelchairs.
  - b) The voice assisted laptops were given to the visually challenged learners.
  - c) The instructions were printed in large fonts for the elderly participants.
  - d) The government is training all the teachers to learn sign languages.
3. *Almost everyone is likely to experience some form of disability — temporary or permanent — at some point in life.*

The above line conveys the message that

  - a) every person is certainly suffering from a form of disability.
  - b) all people likely undergo two forms of disability in their lives.
  - c) some form of disability could probably affect people every day.
  - d) most people become prone to disability at one stage of their lives.

4. Which information is **not** given under **Disability – a public health issue**?
  - a) Most people with disability do not get enough health care facilities.
  - b) Disability as a public health concern, is often overlooked by societies.
  - c) About 15% of the world population is living with some type of disability.
  - d) During the Covid-19 pandemic, people with disability were at high risks.
  
5. Under **Financing** sub-heading, the report states, “Consider options for reducing or removing out-of-pockets payments for people with disability who do not have other means of financing healthcare services.” This informs that, currently people with disability
  - a) do not have any means of paying for their healthcare services.
  - b) are being given help with payments for their healthcare services.
  - c) do not get any financial considerations for their healthcare services.
  - d) are given choices to the mode of payment for their healthcare services.

**Question II**

**(30 marks)**

**Read the following questions carefully and answer them briefly in your own words.**

1. According to the report, what are some causes for the rise in population of people with disability? (2 marks)
2. What can be said about Article 25 of UN CRPD and its present status? (2 marks)
3. As per the report, people with disability face hindrances while even availing healthcare services. Explain any three in your own words. (6 marks)
4. How can nations commit towards disability inclusion? (5 marks)
5. How will having data and research on disability help people living with disability? (5 marks)
6. Why did the people with disability get affected the worst during the pandemic of Covid-19? (5 marks)
7. Identify and explain any two areas that you can think of how the UN Disability Inclusion Strategy can be adopted in our schools. (5 marks)

**Section C: Grammar and Language [15 marks]**

**Read the directions to the following questions carefully and answer them.**

**Question I**

**From each pair in parentheses, choose the word that will make the sentence correct.**

**(5X1 = 5 marks)**

1. The chief guest for the day’s event was the (imminent/eminent) young businessman.
2. The bowl of chocolates and fruits was sent with (compliments/complements) by the hotel manager.

3. The project managers were worried as the (principle/principal) focus of their work was being compromised by the demand to complete it before its scheduled time.
4. Rinchen prepared tea for the visitor (whom/who) didn't want to drink coffee.
5. The young monks arranged the butter lamps to be placed on the (alter/altar).

**Question II**

**(5X1 = 5 marks)**

**For each of the following questions, choose the most suitable answer and number it. e.g. 6 (d)**

1. The durian fruit was \_\_\_\_\_ so everyone complained that it should be removed from the room immediately. It was funny to see the people covering their noses.
  - a) unripe
  - b) scented
  - c) overflowing
  - d) malodourous
2. All the students were excited to see \_\_\_\_\_ of elephants during their trip to Manas.
  - a) a pack
  - b) a pride
  - c) an army
  - d) a parade
3. Tshering felt \_\_\_\_\_ when she was told that her missing dog was found by the police. She could not control her tears of joy.
  - a) excited
  - b) relieved
  - c) satisfied
  - d) surprised
4. Compared to the exciting lifestyles of celebrities, Nima found his life \_\_\_\_\_ as he concluded that he did the same thing every day of his life.
  - a) methodical
  - b) restrictive
  - c) continual
  - d) mundane
5. The local companies knew that in order to \_\_\_\_\_ the multinational companies' hold over the market, they needed to make their products superior in quality.
  - a) vindicate
  - b) enervate
  - c) outcast
  - d) amend

**Question III**

**(5X1 = 5 marks)**

**Identify the correct form of the verb in parentheses in each of the following sentences.**

1. Kinley along with friends (is/are/were) coming over for lunch tomorrow.
2. The office furniture which (is/was/were) ordered last week will have to be stored in the big hall till we dispose the old ones.
3. A big mural depicting lives of the leaders (has/have/must) been exhibited in the gallery.
4. Sanjay had (spread/spreaded/spreading) the rumour that the test was postponed.
5. The noisy children were reprimanded by their teacher finally. It seemed like she had (has /had /have) enough of the chaos created by them!

**Section D- Précis Writing [20 marks]**

**Read the information given below carefully and write a précis in not more than 150 words, keeping in mind the following:**

- *The précis should be written in one paragraph.*
- *The précis must include the main points.*
- *The précis must be provided with a short title.*
- *The précis must not exceed 150 words.*

The International Olympic Committee (IOC) is a non-profit organisation, dedicated to using the revenue generated from the Olympic Games to assist athletes and develop sport worldwide. It is entirely privately funded and ever since the first modern Olympic Games in Athens in 1896 it has relied upon contributions from commercial partners in order to stage the Olympic Games and support the Olympic Movement. The broadcast coverage of the Games has been the most significant factor in the promotion of the Olympic ideals and the growth of the Olympic Games worldwide. The Games generate substantial revenues almost unparalleled across the sporting world. In total, through the sale of broadcasting and marketing rights, as well as other income streams, the revenue for the Olympiad that spans 2013 to 2016, covering the Olympic Winter Games Sochi 2014 and the Olympic Games Rio 2016, was USD 5.7 billion.

Because the IOC is a non-profit organisation, 90% of the revenues from the Games go straight back into sport and athlete development. In total, around USD 2.5 billion is put towards the staging of the Olympic Games, to ease the financial burden on the host cities. From Athens 2004 to Rio 2016 (Summer Games), and from Salt Lake City 2002 to PyeongChang 2018, the IOC has increased its contribution towards the success of the Games by 60 per cent, allocating a total of USD 1.53 billion for Rio 2016 and USD 887 million for PyeongChang 2018. A considerable sum is also put towards the cost of staging the Youth Olympic Games every two years.



As laid out in the IOC's Olympic Agenda 2020, supporting athletes is at the heart of the Olympic Movement. This is done during the Olympic Games, through the whole Games-time experience for athletes, the Olympic Village, travel grants and all the support athletes receive throughout the 17 days of competition. But beyond the Games, the IOC's funds are also used to finance the network of athletes' commissions across the globe which promotes the empowerment of athletes and enables their voices to be heard. Protecting clean athletes is extremely important to the IOC, and therefore substantial investment is made in the anti-doping ecosystem, with 50 per cent of the World Anti-Doping Agency's funding coming directly from the IOC, while the other 50 per cent comes from the governments of the world.

The IOC also aims to make success at the Games achievable by everyone, therefore, every Olympic cycle, a substantial portion of the profits from the Games is allocated through the National Olympic Committees (NOCs) directly to helping athletes and coaches from countries with the greatest financial need, as part of the Olympic Solidarity programme. This is particularly vital in the modern sporting world, in which talent and determination alone are not enough to reach the top. High-level coaching, preparation and the ability to travel to competitions are also required. Because of this, as part of the latest Olympic Solidarity Plan – which runs from 2017 to 2020 – more than half a billion dollars is being spent on various global and continental programmes going towards athlete development and coaches' education to make the Olympic Games more accessible across the globe. Part of this money is used to fund the Olympic scholarship programmes, which provide athletes in need with a monthly training grant as well as travel subsidies to compete in Olympic qualification competitions. In addition, for athletes to progress they also need expert coaching. Between 2012 and 2016, coaches from 172 NOCs had the opportunity to take part in a total of 988 expert technical courses, with 641 coaches receiving scholarships to further their coaching skills and education.

**TASHI DELEK**