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A Shankar IAS Academy Initiative

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INDEX

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1.	FINANCIAL INCLUSION IN INDIA : CHALLENGES AND WAY FORWARD	3
2.	ACCOUNTABILITY FOR NUTRITION OUTCOMES	11
3.	STRETCHING A HAND TO THE VULNERABLE	13
4.	EXPANDING UNIVERSAL HEALTH COVERAGE	15
5.	NUTRITIONAL STATUS IN INDIA	17



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1. FINANCIAL INCLUSION IN INDIA: CHALLENGES AND WAY FORWARD

What is Financial Inclusion?

Financial inclusion may be defined as the process of ensuring access to financial services and timely and adequate credit where needed by vulnerable groups such as weaker sections and low income groups at an affordable cost.

What are the challenges faced in extending financial inclusion?

- Most of the accounts opened under the PMJDY are non operative and have nil balance which hinders the implementation of technological advancements as a matter of concern.
- The rural households do not have adequate financial literacy resulting in lack of awareness of many financial services provided by financial institutions.
- There is a need for technical and institutional infrastructure for epayment systems to service a large number of new and existing accounts.
- There is a skill requirement of sufficient technical skill development and training for banks and institutional staff.
- The security of electronic transactions is a matter of concern especially with a large number of new accounts, in remote parts of India.

- Lack of ease in transaction related activities in banks is clearly demonstrated by the repetitive behaviour of rural household's persistence in taking loans from the money lenders.
- On the operational side, despite the convenience offered by the ATMs in providing banking services, the debit card penetration continued to be low with only 30 percent of deposit account holders having a debit card.
- Factors such as lower income or asset holdings, lack of awareness about financial products, perceivably unaffordable products, high transaction costs, products which are not convenient, inflexible, and not customised to the rural sector income pattern are a major barrier for gaining access to the financial system.
- Costs in terms of increasing expenditure on IT deployment and risks in terms of monetary losses, data theft and breach of privacy are a cause of concern.

What are the financial inclusion initiatives taken by GOI?

 Advised all banks to open Basic Saving Bank Deposit (BSBD) accounts with minimum common facilities such as no minimum balance, deposit and withdrawal of cash at bank branch



and ATMs, receipt/ credit of money through electronic payment channels, facility of providing ATM card.

- Relaxed and simplified KYC norms to facilitate easy opening of bank accounts, especially for small accounts with balances not exceeding Rs. 50,000 and aggregate credits in the accounts not exceeding Rs. one lakh a year.
- Simplified Branch Authorization Policy, to address the issue of uneven spread bank branches, domestic SCBs are permitted to freely open branches in Tier 2 to Tier 6 centers with population of less than 1 lakh under general permission, subject to reporting.
- Compulsory Requirement of Opening Branches in Un-banked Villages, banks are directed to allocate at least 25% of the total number of branches to be opened during the year in unbanked (Tier 5 and Tier 6) rural centers.
- Opening of intermediate brick and mortar structure, for effective cash management, documentation, redressal of customer grievances and close supervision of BC operations, banks have been advised to open intermediate structures between the present base branch and BC locations.
- Banks have been advised that their
 FIPs should be disaggregated and

percolated down up to the branch level. This would ensure the involvement of all stakeholders in the financial inclusion efforts.

What is the way forward?

- Since India is a multi lingual country
 we need to develop the interface in all
 the local languages to make the
 financial products dear to the citizens.
- The cost of equipments for making digital transactions is also high for the low income vendors and care must be taken care to develop low cost machineries for that purpose.
- The cyber security professionals also should be increased to prevent any cyber attacks on the banking services, for example FIN CERTIn is an specialized task force banking cyber threats.
- More awareness channels should be found out to make the people aware of opening bank accounts and their operation.
- The banking rules should be changed according to the rural urban divide, so that the banks can attract the large amount of business.
- The Common service centers should be used as a focal point of banking awareness and education.

2. ACCOUNTABILITY FOR NUTRITION OUTCOMES

What is National Nutrition Mission?



- The National Nutrition Mission (NNM)
 has been set up with a three year
 budget of Rs.9046.17 crore
 commencing from 2017-18.
- The NNM is a comprehensive approach towards raising nutrition level in the country on a war footing.
- It will comprise mapping of various contributing towards Schemes addressing malnutrition, including a very robust convergence mechanism, ICT based Real Time Monitoring system, incentivizing States/UTs for meeting the targets, incentivizing Anganwadi Workers (AWWs) for using IT based tools, eliminating registers used by AWWs, Social Audits, setting-Nutrition Resource Centres, up involving masses through Jan Andolan for their participation on nutrition through various activities, among others.

What is the need for the specific mission on nutrition?

- There is a need to bring all the stakeholders into a single platform to enable the synergistic and holistic response to the issue.
- The mission sets specific targets related to nutritional outcomes and a timeline which brings urgency in tackling the problem of malnutrition while demonstrating the political commitment towards it.
- The mission encompasses a targeted strategy consisting of plan of actions

- and interventions which are designed to help in accelerating the improvement in nutritional outcomes.
- Moreover the mission targets behavioral changes through social awareness, and by creating a mass movement through a partnership between government, the private sector and the public.

What will be the impact of this mission?

- The programme through the targets will strive to reduce the level of stunting, under-nutrition, anemia and low birth weight babies.
- NNM targets to reduce stunting, under- nutrition, anemia (among young children, women and adolescent girls) and reduce low birth weight by 2%, 2%, 3% and 2% per annum respectively.
- Although the target to reduce Stunting is atleast 2% p.a., Mission would strive to achieve reduction in Stunting from 38.4% (NFHS-4) to 25% by 2022 (Mission 25 by 2022).
- It will create synergy, ensure better monitoring, issue alerts for timely action, and encourage States/UT s to perform, guide and supervise the line Ministries and States/UT s to achieve the targeted goals.

What are the key implementation strategies in this mission?

 One of the biggest changes proposed through the nutrition strategy to



orient the system towards achievements of outcomes.

- Measurement should be done at the ground level. which allows stakeholders to assess the better strategy and allows for auick readjustment and scaling up of successful strategies across different geographic areas.
- Rankings based on improvement allows for competition between different villages, districts, and states to do better than each other and come out on top.
- The best performing villages or districts are incentivized which will be a boosting thing for the stakeholders to perform.
- Monitoring of the outcomes is being done through six layered dashboard which shows aggregate outcome performance at the level of Anganwadi centres, sectors, blocks, districts, state and national.
- A council is set up by NITI Aayog with participation of ministries to tackle the fragmentation of various schemes and to strengthen the notional mission.
- The council which formed also promotes federalism since they include the representation of states on a rotation basis.
- In parallel to the Aspirational Districts
 Program this mission will be carried out by selecting the worst performing

- districts thereby improving the nutritional status of the district in a faster manner.
- This is a unique kind of mission where it nudges the individuals, families, communities to take up the cause of nutritional improvement.

3. STRETCHING A HAND TO THE VULNERABLE

What are vulnerable groups?

- Vulnerable groups are the groups which would be vulnerable under any circumstances (e.g. where the adults are unable to provide an adequate the household livelihood for reasons of disability, illness, age or some other characteristic), and groups whose resource endowment inadequate provide sufficient to income from any available source.
- vulnerable The groups that face discrimination include-Women, Scheduled Castes (SC), Scheduled Tribes (ST), Children, Aged, Disabled, Poor migrants, People living with HIV/AIDS and Sexual Minorities. Sometimes each group faces multiple barriers due to their multiple identities.

What are the Constitutional provisions for the protection of these groups?

• Art. 15(4): Clause 4 of article 15 is the fountain head of all provisions regarding compensatory discrimination for SCs/STs.



- Art. 15 (5): This clause was added in 93rd amendment in 2005 and allows the state to make special provisions for backward classes or SCs or STs for admissions in private educational institutions, aided or unaided.
- Art. 16(4): This clause allows the state to reserve vacancies in public service for any backward classes of the state that are not adequately represented in the public services.
- Art. 16 (4A): This allows the state to implement reservation in the matter of promotion for SCs and STs.
- Art. 17: This abolishes untouchability and its practice in any form. Although the term untouchability has not been defined in the constitution or in any act but its meaning is to be understood not in a literal sense but in the context of Indian society.
- Art. 19(5): It allows the state to impose restriction on freedom of movement or of residence in the benefit of Scheduled Tribes.
- Art. 23: Under the fundamental right against exploitation, flesh trade has been banned.
- Art. 39: Ensures equal pay to women for equal work.
- Art. 40: Provides 1/3 reservation in panchayat.
- Art. 42: Provides free pregnancy care and delivery.

What are the various schemes to protect these vulnerable sections of society?

- MWCD implements **SwadharGreh Scheme** which targets the women victims of unfortunate circumstances who are in need of institutional support for rehabilitation so that they could lead their life with dignity.
- Ujjawala Scheme is being implemented for Prevention of trafficking for and Rescue, Rehabilitation, Re-integration and Repatriation of victims of trafficking for commercial sexual exploitation.
- The Ministry administering is 'Support to Training and **Employment Programme for Women** (STEP) Scheme' to provide skills that give employability to women and to provide competencies and skill that women enable to become selfemployed/entrepreneurs.
- Government of India has approved for setting up of National Nutrition
 Mission (NNM) on 30.11.2017, which aims to achieve improvement in nutritional status of Children, pregnant women and lactating mothers and reduce anemia among children and women.
- One Stop Centre (OSC) scheme is being implemented by the Ministry to support women affected by violence w.e.f. 1st April, 2015, which aims to facilitate access to an integrated range of services including medical aid,



police assistance, legal aid/case management, psychosocial counseling and temporary support services.

- The Ministry also implements the scheme of Universalisation of **Women Helpline** through States/UTs

 Government since 1st April, 2015 to provide 24-hour emergency and non-emergency response to women affected by violence. Women Helplines are functional in 28 States.
- Government of India has launched a
 Central Sector Scheme "Vanbandhu
 Kalyan Yojana (VKY)". The VKY is
 broadly a process, which aims at
 achieving overall development of tribal
 people through convergence of
 available resources, with an outcome based approach, monitored by an
 independent agency.
- Deendayal Disabled Rehabilitation **Scheme (DDRS):-** Under the Scheme, funds for the welfare of persons with disabilities are provided to the nongovernmental organizations for projects like special schools disabled, Vocational Training Centres, Half Way Homes, Community Based Rehabilitation Centres. Early Intervention Centres for Disabled and Rehabilitation Leprosy of Cured Persons etc.
- The National Handicapped Finance and development Corporation (NHFDC) provides concessional credit to persons with disabilities for setting

up income generating activities for self employment.

4. EXPANDING UNIVERSAL HEALTH COVERAGE

What are the recent initiatives taken by GOI in health sector?

- National Health Policy (NHP) 2017 addresses the current and emerging challenges necessitated by the changing socio-economic, technological and epidemiological landscape.
- The Policy aims to attain the highest possible level of health and well-being for all at all ages through a preventive and promotive healthcare and universal access to quality health services without anyone having to face financial hardship as a consequence.
- National Medical Commission Bill 2017 was introduced to replace the Medical Council 1956 Act and to enable a forward movement in the area of medical education reform.
- Introduction of a **national licentiate examination.** This will be the first time such a provision is being introduced in any field of higher education in the country, as was the introduction of NEET and common counselling earlier.
- The **National Nutrition Mission** is envisioned to reduce the level of stunting, under-nutrition, anemia and low birth weight babies.



- It will create synergy, ensure better monitoring, issue alerts for timely action, and encourage States/UTs to perform, guide and supervise the line Ministries and States/UTs to achieve the targeted goals.
- The National Mental Health Care
 Act adopts a rights-based statutory
 framework for mental health in India
 and strengthens equality and equity
 in provision of mental healthcare
 services in order to protect the rights
 of people with mental health problem
 to ensure that they are able to receive
 optimum care and are able to live a
 life of dignity and respect.
- HIV & AIDS (Prevention & Control)
 Act, 2017 was introduced to end the epidemic by 2030 in accordance with the Sustainable Development Goals set by the United Nations.
- The Intensified Mission Indradhanush will be held in 121 districts in 16 States, 52 districts in the North Eastern States and 17 urban areas where immunization coverage has been very low in spite of repeated phases of Mission Indradhanush and in UIP, with an aim to rapidly build up immunization coverage to more than 90% by December 2018.
- MoHFW launched LaQshya to improve the quality of care that is being provided to the pregnant mother in the Labour Room and Maternity

- Operation Theatres, thereby preventing the undesirable adverse outcomes associated with childbirth.
- Pradhan Mantri Surakshit Matritva
 Abhiyan (PMSMA) was launched with
 the aim to provide assured,
 comprehensive and quality antenatal
 care, free of cost, universally to all
 pregnant women on the 9th of every
 month.
- To combat STH infections, the Health Ministry has adopted a single day strategy called National Deworming Day, wherein single dose of albendazole is administered to children from 1-19 years of age group through the platform of schools and anganwadi centres.
- Health and Wellness Centres (HWCs) are expected to provide preventive, promotive, rehabilitative and curative care for a package of services related to RMNCH+A, communicable diseases, communicable non-Ophthalmology, ENT, diseases, Dental, Mental, geriatric care, treatment for acute simple medical conditions and emergency & trauma services.
- For comprehensive management of lifestyle related disorders, a pilot project on 'Integration of AYUSH with NPCDCS' has been initiated in six districts in collaboration with the different Central Councils for AYUSH.



- 105 pharmacies have been set up across 19 states for providing medicines for Diabetes, CVDs, Cancer and other disease at discounted prices to the patients through AMRIT (Affordable Medicine And Reliable Implants For Treatment) scheme.
- A case based web based reporting system called NIKSHAY is established and this has been scaled-up nationwide to capture all TB cases in the public health system.
- For adherence monitoring **99DOTS** has been implemented wherein the patient just has to give a missed call to a toll free number and the system captures the adherence information.
- MoHFW has designed an ICT-based Patient
 Satisfaction System (PSS) called "Mera
 Aaspital" for implementation in public and
 empanelled private hospitals. It is a multichannel approach i.e. web portal, mobile
 application, Short Message Service (SMS) and
 Interactive Voice Response System (IVRS) is
 being used to collect patients' feedback.
- mDiabetes will contribute to improving awareness about diabetes and promoting healthy diets and active lifestyle, which are vital to the prevention of diabetes.

5. NUTRITIONAL STATUS IN INDIA

What is the need for reforms to promote nutrition in India?

 Although India has made sizeable economic and social gain over the last two decades, the challenge of maternal and child undernutrition remains a national public health concern.

- India is home to over 40 million stunted and 17 million wasted children under five years.
- Despite of а marked trend improvement variety in а of anthropometric measures of nutrition over last 10 vears. child undernutrition rates persist as among the highest in the world.
- The inequality in the nutritional status also varies from state to state.
- The significant investments in the human resources pertaining to the health sector is the need of the hour.

What are the policy interventions needed to be incorporated?

- The National Food Security Act, 2013 can be used effectively to overcome the calorie deficiency.
- The increase in milk and milk products must be concentrated so that the protein hunger can be eliminated.
- The hidden hunger caused by the micro nutrient deficiency can be met out by the establishment of genetic gardens of bio fortified plants and promoting a Farming System for Nutrition Program.
- The other factors like ensuring the availability of clean drinking water, sanitation and primary health care also should be done to remove nutritional deficiency.
- We need to develop a cadre of Community Hunger Fighters who are



well versed with the art and science of malnutrition eradication for better community awareness and participation.

- ICDS needs to be in mission mode with special attention to nutrition, with the additional sanction of adequate financial resources and decision making authority.
- Last mile deliverv of **ICDS** interventions needs to standardise the nutritional component of supplementary food, prioritise educational outreach to pregnant and lactating mothers, improve program targeting and streamline operations of AWCs through better infrastructure provision and training for AWWs.
- Currently the mandatory fortification is limited to the salt only and additional guidelines are need to fortify the additional food products to enrich the micro nutrient consumption among the citizens.
- The standards of hot cooked meals should also be changed to using only fortified inputs, which will help in providing sufficient calories and micro nutrients to large number of children under five.
- The push for the toilet construction must be combined with a strategy for behavioural change, so that the other drivers contributing to the hidden hunger can be eliminated.

- The agricultural policy must be brought in tune with nutrition policy, with incentives provided for encouraging the production of nutrient rich and local crops for self consumption.
- Efforts should be made to reduce current distortions in agricultural incentives and to discourage the cultivation of resource rich cash crops with no nutrient value, such as sugarcane and cotton.
- Agriculture and cropping pattern must focus on securing diet quality for infants and young children.
- The Government should allow PPPs in the sector that can leverage technological solutions for scaling up food fortification initiatives and complement the government's outreach efforts through mass awareness.