

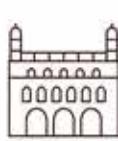


SOCIAL JUSTICE

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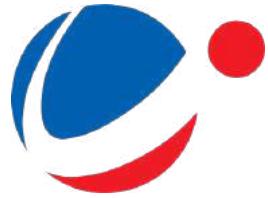
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S.N. TOPIC

1. Development and Management of Social Sector
2. Issues Relating to Poverty and Hunger
3. Welfare Schemes for Vulnerable Sections

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ISSUES RELATING TO DEVELOPMENT AND MANAGEMENT OF SOCIAL SECTOR/SERVICES RELATING TO HEALTH, EDUCATION, HUMAN RESOURCES

Student Notes:

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1. Education

Student Notes:

1.1. Introduction

"Swadeshe Pujyate Raja, Vidwan Sarvatra Pujyate"-

"A king is honoured only in his own country, but one who is learned is honoured throughout the world." This verse illustrates the significance that India attaches to education since times immemorial. The human mind makes possible all development achievements, from health advances and agricultural innovations to efficient public administration and private sector growth. In this context, the global education development agenda reflected in the Goal 4 (SDG4) of the 2030 Agenda for Sustainable Development, adopted by India in 2015 - seeks to "ensure inclusive and equitable quality education and promote lifelong learning opportunities for all" by 2030.

In 1960, UNESCO adopted the Convention against Discrimination in Education, which acknowledges the crucial role of education in ensuring equality of opportunity for members of all racial, national or ethnic groups.

Role of Education

- Education is fundamental to development and growth.
- It is a great leveller, and provides the only sustainable route to reduce poverty and inequalities.
- Improving education scenario is equally essential to enhance India's competitiveness in the global economy.

Therefore, ensuring access to quality education for all is central to the economic and social development of India. At the time of independence, India's literacy rate was just 12%. Subsequent developments in education sector have to be seen in the context of centuries of apathy and neglect.

The overall literacy rate in India in 2011 increased to 74%, with a male literacy rate of 82.1% and a female literacy rate of 65.5%. However, the level is well below the world average literacy rate of 84% and India currently has the largest illiterate population in the world. Kerala is the most literate state in India, with 93.91% literacy, while Bihar is the least literate state with a literacy rate of 63.82%.

The **75th round of National Sample Survey (NSS) conducted by National Statistical Office (NSO)** gathered the following data regarding education for persons of age 3 to 35 years in India:

- Literacy rate among persons of age 7 years and above was 77.7%.
- Nearly 10.6 % of the persons of age 15 years and above in India had completed level of education graduate and above.
- Engagement in domestic activities by females and engagement in economic activates by males was cited as the main reason for currently not attending education.
- While lack of interest in education was cited as the primary reason for never enrolling in any educational institute by both males and females

Important Measures Related to Education

- Education as a subject comes in Entry 25 under List III i.e. **Concurrent List**, under Seventh Schedule of the Constitution.
- **Article 21A** of the Constitution of India ensures **free and compulsory education** to all children in the age group of six to fourteen years as a Fundamental Right.
- The 1968 and 1986 National Education policies in India recognized education as a **precondition for development** and set out three critical issues in those policies – **equity, accessibility and quality**.

- Right of Children to Free and Compulsory Education Act, 2009 is the **enforcing legislation** to ensure free and compulsory education as envisaged in Article 21A.
- **Various schemes** launched from time to time (discussed later)

Student Notes:

In the last twenty years, the educational scenario has seen major changes with emergence of **new concepts** such as:

- **Rights-based approach** to elementary education and student entitlement
- **Shift in emphasis** from literacy and basic education to secondary, higher, technical and professional education
- The endeavour to **extend universalization of primary education to secondary education**
- **Reshaping** the higher education.

1.2. Pre-school Education

Pre-primary education, which is also known as Kindergarten, is very important for the development of young children before they enter formal school. The main purpose of pre-primary education is to **prepare children physically, emotionally, socially and mentally for formal schooling and to prevent poor performance and early drop out**. It also helps older children, particularly girls, to attend their schools making them free from responsibility of sibling care.

The RTE Act (2009), while does not include children below 6 years under its aegis, does include Early Childhood Education (ECE) and says, "with a view to prepare children above the age of three years for elementary education and to provide early childhood care and education for all children until they complete the age of six years, the appropriate Government may make necessary arrangement for providing free pre-school education for such children."

In 2013, the government of India approved the **National Early Childhood Care and Education (ECCE) Policy** which also includes the National Curriculum Framework and Quality Standards for ECCE.

The **Ministry of Women and Child Development (MWCD)** is responsible for the policy on ECCE. MWCD is in charge of a flagship programme introduced by Government in India for Early Childhood Education which is **Integrated Child Development Services (ICDS)** Scheme. ICDS offers **six basic services** to its beneficiaries which include supplementary nutrition, nutrition and health education, health check-up, pre-school non-formal education, immunization, and referral services. By 2014, 349.82 lakh 3-6 years children were benefitting from the pre-school component of the ICDS. In addition, there are some ECCE centres running under SSA and some preschools are attached to government as well as private schools.

Still quality ECCE is not available to crores of young children, particularly children from socio-economically disadvantaged backgrounds.

Policy Initiatives for Pre-School Education in India

- **Article 45** of Constitution directs the state to make provisions for early childhood care and education for all children till the age of 6 years.
- The National policy on Education 1986 has placed immense importance on pre-school education.
- It is supported by the ongoing flagship educational programme Sarva Siksha Abhiyan (SSA) which includes a major component of ECCE.
- The Government of India launched the Integrated Child Development Services (ICDS) scheme in 1975.

ASER 2019 report

ASER 2019 survey by NGO Pratham was focused on Early childhood education. Its Key findings include:

- **Status of Pre-school and school enrolment patterns among young children (age 4-8):** More than 90% of young children in this age group are enrolled in some type of educational institution.
- **Status of Children in early primary grades (Std I-III):** The variation in age distribution which is widest in Std I, decreases in each subsequent grade. And older children continue to do better than younger ones on every task.
- **Private schools performing better than the Government schools:** They have a learning advantage on all the crucial factors, such as, age distribution in grade one, home factors such as affluence, mother's education and some baseline abilities that children enter grade one with. They expose children to school-like curricula even before they have entered school.
- **Role of Mother's education:** Among the pre-primary section, children with mothers who completed eight or fewer years of schooling are more likely to be attending anganwadis or government pre-primary classes. Whereas their peers whose mothers studied beyond the elementary stage are more likely to be enrolled in private LKG/UKG classes.

1.3. School Education in India

The National Policy of Education (1968 & 1986) and its revised formulation (1992) envisaged a **uniform pattern of school education** (10+2 pattern, 12 years of schooling) across the states.

The entire school education can be divided in to four parts, namely, **primary, upper primary, secondary and higher secondary** levels.

Primary education includes five years of lower primary (classes 1-5) and Upper Primary includes three years of education (classes 6-8).

Secondary school education comprises of two years of lower secondary (Classes 9-10) and two years of higher secondary education (Classes 11 and 12).

1.3.1. Present Status

- The **enrolment ratios** for the **elementary level** are **close to 100 per cent**. In addition, the gross enrolment ratios (GER) for secondary education have also increased, even though the net enrolment ratio (NER) is still low. Moreover, data shows enrolment is **largely similar across gender and castes**.
 - Despite increasing access, **enrolment in government primary schools declined** by 2.31 crores in absolute numbers from 2007-08 to 2015-16 while enrolment in private primary schools increased by 1.45 crores over the same period owing to perception of better quality of education.
 - The Gross Enrolment Ratio (GER) for Grades 6-8 was 90.9%, while for Grades 9- 10 and 11-12 it was only 79.3% and 56.5%, respectively - indicating that a significant proportion of enrolled **students drop out** after Grade 5 and especially after Grade 8.
 - As per the 75th round household survey by NSSO in 2017-18, the

SDG-4.1

By 2030, ensure that all boys and girls complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.

SDG 4.5

By 2030, eliminate gender disparities in education and ensure equal access to all levels of Education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.

Article 26, Universal Declaration of Human Rights, 1948: 'Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory.'

- number of out of school children in the age group of 6 to 17 years is 3.22 crore.
- As per the 2019 Human Development Report released by United Nations Development Programme (UNDP), between 1990 and 2018, **mean years of schooling** increased by 3.5 years and expected years of schooling increased by 4.7 years in India.
 - The ASER surveys estimate that **national attendance in primary and upper primary schools** is 71.4 per cent and 73.2 per cent respectively, with considerable differences across states.
 - According to U-DISE 2016-17 data, about 19.6% of students belong to Scheduled Castes at the primary level, but this fraction falls to 17.3% at the higher secondary level. These **enrolment drop-offs are more severe for Scheduled Tribes** students (10.6% to 6.8%), and differently abled children (1.1% to 0.25%), with even greater declines for female students within each of these categories. The **learning outcomes** of those enrolled in the schooling system need improvement.
 - Large proportion of students currently in elementary school - estimated to be over 5 crore in number - have **not attained foundational literacy and numeracy**, i.e., the ability to read and comprehend basic text and the ability to carry out basic addition and subtraction.
 - Our educational system is of **General Education in nature**. Development of technical and vocational education is quite unsatisfactory. So our education is unproductive. Hence number of educated unemployed persons is increasing day by day.
 - The present pattern of board and entrance exams also force students to learn a very narrow band of material in a single stream, rather than allowing the flexibility and choice.
 - **Pupil-Teacher ratio** at national level for elementary schools was 24:1 and for secondary schools it was 27:16.
 - Finally, the **mental pressure on students**, especially in secondary education, has been increasing. Data from the National Crime Records Bureau shows that student suicides have increased from about 6,600 in 2012 to about 9,000 in 2015, many of these because of stress related to examinations and careers. Thus, there is a need to reduce the mental stress students suffer from.

1.3.2. Factors for unsatisfactory quality of school education.

- **Inadequate public funding** in the sector.
- **Disproportionate focus on school infrastructure as opposed to learning outcomes.** Further, there are challenges in governance and monitoring mechanisms for learning outcomes.
- At present, **all main functions of governance and regulation** of the school education system are **handled by a single body**, i.e., the Department of School Education or its arms. This leads to conflict of interest, centralization of power, ineffective management etc.
- **Inadequate teacher training**, large number of teaching vacancies and rampant absenteeism representing low teacher motivation and thus affecting their performance.
- **Limited options for vocational education** in the school system.
- Slow progress in regard to use of **information and communication technologies** in education.
- **Indian languages are still underdeveloped** and standard publications are not available in Indian language. The medium of instruction particularly in science subjects is English. So rural students who are not well versed in English, cannot understand science properly.
- **Development of numerous very small schools** which are economically suboptimal and operationally complex to run. Teachers often teach multiple grades and subjects at a time, in which they may have no prior background.

1.3.3. Way forward

Student Notes:

- **Funding by government:** Government spending on education as a whole (not just school education) should be increased to at least 6 per cent of GDP by 2022. At present, allocations to the education sector by the centre and states remains close to 3 per cent of GDP, while according to the World Bank, the world average in this regard is 4.7 per cent of GDP.
- **Revamped governance system to improve monitoring and accountability:** State governments should develop and formulate robust mechanisms to enforce regulations on teacher qualifications, teacher absenteeism and learning outcomes. Learning outcomes should be regularly assessed by bodies independent of the line ministries.
- **Gearing the system towards learning outcomes:**
 - Rationalize public school structure by integration or clubbing of small schools resulting in additional human, financial and infrastructure resources. States like Rajasthan have already initiated school integration programmes along with improved transport facilities for sparsely populated regions to achieve both higher quality and savings. It helps in reduction of teacher vacancies, increase in retention rates especially for girls and increase in enrolment.
 - The remediation process should be made part of the education system and should be run concurrently with regular classes so that no child gets left behind.
 - There should be **consequences if schools fail to meet the minimum learning outcomes** like free tutoring, public school choice, school restructuring, firing of teachers, or school closure.
- **Flexibility in education stream and vocational education**
 - Develop a system of awarding credits for every subject and grade passed, specifying the minimum credits required to appear in the final exam for any grade. This system of credits may remain valid forever and be seamlessly integrated across different levels of education, providing an opportunity for life-long tracking of learning outcomes in the electronic national educational registry.
 - Give children the option, under the guidance of the school and parents, of branching into vocational courses from secondary school level upwards.
 - Design guidelines for states to implement vocational education at the school level, which may cover aspects such as selection of schools/ trades, tendering process for labs, database of industry contacts for field visits/guest lectures, timings, workshops, permitting informal apprenticeships or assistantship in the formal system, etc.
 - Pilot different innovation models in vocational education and provide adequate funding for successful innovative programmes.
- **Curriculum/syllabus**
 - Pre-primary and primary syllabus should be designed on a skill/competency-based continuum. At the pre-primary level, it would help develop school readiness, and at the primary level, it would facilitate multi-level and multi-grade teaching.
 - The vocational education syllabus should be NSQF-aligned and ensure smooth transition from school education to vocational education.
 - The curriculum should include summer activities and monthly study trips, including visits to practitioners for practical learning.
- **Teacher training:** Improving the quality of teaching is an integral aspect of improvement in school education. (discussed in detail later)
- **Reducing mental stress:** The above recommendations in terms of remedial education and allowing different tracks of education will help address students' mental stress.
 - Life skills, including coping with failure/crises and stress management, should be included as part of the school curriculum.
 - Easy and safe access to mental health support should be strengthened. Child helplines should feed into easy and safe access to counselling in schools, especially for children at

- risk.
- Easy and safe access to counselling and support must be provided for girl children in schools, especially focused on victims of abuse, violence and other gender-related social evils.
- **RTE should cover the entire spectrum of 18 years.** Guaranteed inclusion will empower those in the 14-18 years and will help them getting vital foundational knowledge in order to get inclusion in the workforce.
- **Drop-out cases** involving lack of funds and loss of interest must be **creatively tackled**. Policies such as free bicycles in Bihar have been successful in increasing enrolment by improving mobility of training of teachers, monitoring, availability of basic infrastructure, school and home environment etc.

1.4. Higher Education in India

Higher Education is the responsibility of both the Centre and the States. The coordination and determination of standards in Universities & Colleges, at present, is entrusted to the UGC and other statutory regulatory bodies.

The Central Government provides grants to the UGC and establishes Central Universities/ Institutions of National Importance in the country. The Central Government is also responsible for declaring an educational institution as "Deemed-to-be University" on the recommendations of the UGC. However, the Government is committed to **reform the UGC** and is in process of replacing it with **Higher Education Commission of India**.

At present, the main categories of University/University-level Institutions are:- Central Universities, State Universities, Deemed-to-be Universities and University-level institutions.

1.4.1. Status of Higher Education in India

As per All India Survey of Higher Education (AISHE) for the year 2018-19

- **Enrolment in Higher Education:** Gross Enrolment Ratio (GER) in higher education in India has risen marginally from 25.8% in 2017-18 to 26.3% in 2018-19, with men constituting 26.3% and women 26.4%.
 - However, we lag behind the world average of 33 per cent and that of comparable economies, such as Brazil (46 per cent), Russia (78 per cent) and China (30 per cent). Korea has a higher education GER of over 93 per cent.
- **Number of Institutions of Higher Education:** Number of universities (from 903 in 2017-18 to 993 in 2018-19) & total higher educational institutions has increased.
 - The number of university-level institutions has grown by about 25 per cent and the number of colleges by about 13 per cent in the last five years.
 - The private sector accounted for a large share of these institutions, managing approximately 37% of universities, 78% of colleges and 76% of standalone institutions in 2016-17.
- **Narrowing gender gap:** Nearly 51.36% of enrolled are male & 48.64% are female, indicating narrowing gender gap in higher education.
- **Social Backwardness:** SC & ST student enrolment is 14.89% & 5.53% respectively. Among minorities, 5.23% students belong to Muslim category and 2.32% to other minority communities.
- **Regional Disparities:** The college density (number of colleges per lakh eligible population) varies from 7 in Bihar to 59 in Telangana as compared to all India average of 28.
 - Also, most of premier universities and colleges are centred in **metropolitan and urban city**, thereby leading to the **regional disparity in access to higher education**.
 - GER varies from 5.5 per cent in Daman & Diu to 56.1 per cent in Chandigarh.
- **Pupil Teacher Ratio (PTR):** Pupil Teacher Ratio (PTR) in Universities & Colleges is 29 if regular mode enrolment is considered.

Further **Quality is a challenge** in higher education in India. Few Indian institutions feature in the top 200 in world rankings.

Student Notes:

- In comparison, China has seven universities in the top 150 (3 in top 50) of the Quacquarelli Symonds (QS) world rankings.
- These rankings did rank three IITs and the IISc amongst the top 20 BRICS universities in 2018.
- Another issue is the employability of graduates.
- Only 2.5% Colleges offer Ph.D. programme & 34.9% Colleges offer Post Graduate Level programmes.

The **foreign student enrolment** has also been increased from 34,774 in 2012-13 to 47,575 in 2016-17 with a greater increase in male foreign students as compared to female students.

1.4.2. Issues with Higher Education

- Management of the Indian education faces challenges of **overcentralisation, bureaucratic structures and lack of accountability, transparency, and professionalism**. Outdated and multiple regulatory mechanisms limit innovation and progressive change.
- **Outdated curriculum** results in a mismatch between education and job market requirements, dampens students' creativity and hampers the development of their analytical abilities. Education system is plagued with rot learning, lack of employability and skill development.
 - An assessment of 150,000 engineering graduates in 2016 found that only 18% of engineers were employable in the software services sector in a functional role.
 - There is a **mismatch** between courses taught at **universities** and requirement of **industry** resulting into **unemployable graduates** coming out of these institutes every year.
- **Quality assurance** or accreditation mechanisms are inadequate. Even institutions like IISc, IITs and IIMs **perform poorly in world ranking**.
- There is no policy framework for **participation of foreign universities** in higher education.
- There is no overarching **funding body** to promote and encourage research and innovation.
 - Further, as a result of increase in number of affiliated colleges and students, the burden of administrative functions of universities has significantly increased and the core focus on academics and research is diluted.
 - There is a **disconnect** between the **teaching** and **research enterprise** with research being concentrated in specialized research institutes under different government departments limiting universities to largely play a teaching role.
- There are a large number of **faculty posts lying vacant**, for example in central universities, nearly 33 per cent of teacher posts were vacant in March 2018. Also, faculty training is inadequate.
 - **Faculty shortages** and the inability of the state educational system to attract and retain well qualified teachers have been posing challenges to quality education for many years. Shortage of faculty leads to **Ad-hoc expansion** even in premier institution.
 - Large numbers of NET/PhD candidates are unemployed even when there are lot of vacancies in higher education.
 - **Inadequate mechanisms for merit-based career management** and progression of faculty and institutional leaders
- **Rigid separation of disciplines**, with early specialisation and streaming of students into narrow areas of study.
- **Limited access** particularly in socio-economically disadvantaged areas, with few HEIs that teach in local languages
- **Other issues include - Public funding** in the sector remains inadequate; limited teacher and institutional autonomy; an ineffective regulatory system etc.

1.4.3. Way Forward to Improve Higher Education

Student Notes:

Regulatory and governance reforms	<ul style="list-style-type: none"> • Ensure effective coordination of roles of different higher education regulators, such as the UGC, All India Council for Technical Education (AICTE) and National Council for Teacher Education (NCTE), and restructure or merge these where needed. Amend the UGC Act to provide legislative backing to the tiered regulatory structure. • Create a framework to allow foreign universities of global repute to operate in India, in collaboration with Indian institutions to offer joint degree programmes. • Ensure that the selection process of ViceChancellors of universities is transparent and objective. • Link at least a proportion of the grants to performance and quality.
Curriculum design	<ul style="list-style-type: none"> • Domain experts in each educational field should be asked to develop a basic minimum standard in curriculum that will serve as a benchmark for institutions at the undergraduate and post-graduate levels. Institutions should be given the freedom to innovate and expand curriculum beyond this basic minimum standard. • Curriculum and pedagogy at all higher education institutions should be updated continuously through mandatory feedback from domain experts, faculty, students, industry, and alumni. • Diverse post-secondary career options should be provided through skills/vocational training that should be integrated seamlessly with higher education and the skilling mission. • Internships by students in undergraduate courses should be encouraged and potentially mandated in all professional and technical courses. This would help with the practical orientation of students.
Reforming accreditation framework	<ul style="list-style-type: none"> • All higher education institutions must be compulsorily and regularly accredited. • Despite a two-fold increase in accreditation levels in the last five years, accreditation coverage is still inadequate. One way to bridge this gap by 2022-23 is to allow credible accreditation agencies, empanelled through a transparent, high quality process, to provide accreditation. • Accreditation must give adequate weightage to outcomes rather than inputs only. • Public information material brought out by institutions and their websites should prominently display the accreditation status and grade.
Creating 'world class universities'	<ul style="list-style-type: none"> • Twenty universities – 10 each from the public and private sector – are being selected as 'Institutions of Eminence' and are helping to attain world-class standards of teaching and research. The funding of INR 1,000 crore over a 5-year period to each institution, planned for selected public universities, could be further increased. • Further, a graded mechanism to ensure additional funds flow to the top public universities should be developed. This is similar to the model adopted by Singapore and China to develop their top two public universities.
Performance-linked funding and incentives	<ul style="list-style-type: none"> • Only two out of 47 central universities have NAAC scores of above 3.51, despite generous funding available to them. An evaluation may be undertaken to understand the challenges faced by these central universities, and they should be asked to develop strategic plans for getting into the top 500 of global universities rankings in the next 10 years. Going forward, funding to these institutions should be linked to performance and outcomes through the Ministry of Human Resource Development and the newly constituted Higher Education Funding Agency.

	<ul style="list-style-type: none"> • A system of public funding for research in specific areas of public importance has driven much of the innovation in science and technology in other countries. A similar system should be set up in India with funding to specific scholars, thus, providing both maximum flexibility and accountability for results. • Another model that should be adopted is the ‘prize’ system with funding going to research/innovation groups that deliver solutions to clearly specified problems. Such a system can be used in the future to drive innovation and research, solve pressing problems, and provide a mechanism for competition and quality assurance. 	Student Notes:
Development of teacher resources	<ul style="list-style-type: none"> • Develop stringent norms for faculty recruitment in universities and colleges. A rigorous and transparent process of identifying the best talent for the higher education sector should be put in place. An ecosystem should be created where the most deserving talent is hired and retained. This should include eligibility tests of a high standard, such as existing UGCrecognised NET, as a minimum eligibility criterion for faculty recruitment, to ensure recruitment of candidates with academic and/ or research aptitude. • Quality teaching skills are in short supply across disciplines. A central scheme may be launched to attract teachers of Indian origin. • Enable and encourage the recruitment of practitioners with distinguished experience from professional bodies/industry as faculty. This can be achieved through the creation of a separate parallel track, on which the mandatory Ph.D qualification for faculty may be relaxed. These industry practitioners may also be encouraged to join as adjunct faculty in the higher education institutions. • Introduce pre-service faculty training (3-6 months), including faculty exposure to the latest tools/techniques of quality teaching and research. Continuous faculty training and updating process should be introduced and made mandatory. • Develop a system of outcome-based faculty evaluation in higher education, which is flexible across different categories of institutions. • Conduct regular quality checks of journals, especially those that are used for evaluating faculty on academic performance indicators (APIs). 	
Distance and online education	<ul style="list-style-type: none"> • There is a need to broaden the scope of Massive Open Online Course (MOOCs) and Open and Distance Learning (ODL) and tap their potential to provide access to quality education beyond geographical boundaries. Universities with high accreditation scores may be permitted to offer online education programmes. In regular courses, technology could be leveraged to overcome faculty shortages. 	
Increased focus on vocational profession education	<ul style="list-style-type: none"> • Establish and promote norms/standards and/or outcome based certification for institutions that focus on skills and trades closely tied to employment. • Include vocational subjects in mainstream universities to allow for greater acceptance and utility for vocational learning. • Focus more in particular on those skills that are expected to be in high demand from the public sector in the coming years. Examples include public health workers, foundational skills teaching, nursing and paramedics. 	

1.5. Teacher Education

There cannot be a quality education system without quality teachers. Therefore, a thorough revamp of the entire ecosystem of teacher education both at the school and college level is necessary. In this context, the focus areas should include - Enforcing minimum teacher

standards through rigorous teacher eligibility tests and criteria for the induction of teachers; improving in-service teacher training system; increasing teacher accountability for learning outcomes of students; and addressing the problem of teacher vacancies and teacher absenteeism.

1.5.1. Current Situation

- The National Council for Teacher Education (NCTE) is the **regulator for teacher education** in the country.
 - NCTE has recognized 23,219 teacher-training institutes in the country. Around 90 per cent of these are privately run, of which 1,011 institutions are for training teacher-educators (M Ed).
 - The intake of these teacher-training institutes was 17.58 lakh in 2016.
- While teacher education institutes churn out a large number of candidates with a Bachelor's and Master's in education, the **quality of teacher education** has not been assured. As per the Right to Education (RTE) Act, a teacher appointed in schools should have passed the teacher eligibility test (TET) conducted by the relevant government body. In institutions of higher education, passing the National Eligibility Test (NET)/State Level Eligibility test (SLET) has been the minimum eligibility criterion for teaching.
 - In 2015, only 13.53 per cent candidates who sat for the Central Teacher Eligibility Test (CTET) qualified. A primary reason for this is inadequate accreditation and grading process followed by NCTE in the past.
 - At the higher educational level, the pass percentage in the UGC-NET exams is also low, where only 6 per cent candidates qualify.
 - Besides, the quality of PhDs in several institutions does not rise to the required standard.
- **In-service teacher training needs upgradation.** The in-service training framework includes 592 District Institutes of Educational Training (DIETs), 112 Colleges of Teacher Education (CTEs), 35 Institutes of Advanced Studies (IASEs) and 17 Block Institutes of Teacher Education (BITEs). The block resource centres (BRCs) and cluster resource centres (CRCs) form the lowest rung of institutions providing in-service training to schoolteachers.
 - While only about 20 per cent of school teachers are still professionally untrained, only 14.9 per cent teachers received in-service training for elementary education in 2015-16 even though the Sarva Shiksha Abhiyan (SSA) has a provision of 20 days of in-service training for all teachers.
 - The BRCs and CRCs are primarily involved in administrative work and provide very little resource support to schools.
- **Teacher vacancies are also affecting the quality of education.** Out of the total sanctioned posts of 51.03 lakhs, the number of working teachers is 42.03 lakhs, leading to vacancies of 9 lakh teachers in schools, of which 4.2 lakh teacher vacancies are in SSA schools.
- Thirty-three per cent of schools do not meet the **pupil-teacher ratio**. Ironically, despite the overall shortage of teachers, there are also 2.91 lakh surplus teachers across the country because of an imbalance in regional demand-supply.
- **Teacher attendance** at schools is another issue of concern. A study shows that 25 per cent of teachers were absent from school, and only half were teaching during an unannounced visit as part of a national representative sample survey of government primary schools in India.

1.5.2. Issues

- There is insufficient regulatory monitoring of teacher education institutions.
- Teacher eligibility tests in some states may not be adequately robust.
- There are inadequate in-service training programmes as well as lack of public funding support.

- There is no robust system for balancing the demand for and supply of teachers at the regional or state level.
- There are limited accountability systems for teachers.

Student Notes:

1.5.3. Way forward

Strengthening the regulatory framework	<ul style="list-style-type: none"> • A committee should be set up to develop transparent/objective and rigorous criteria to recognize institutions. NCTE may assess institutions on these criteria and take steps to enforce them. • In addition, the accreditation system developed should ensure the closure of fraudulent or dysfunctional teacher education institutions. • Five to six teacher training institutions of eminence with an annual intake of 2000 students each need to be established.
Robust in-service teacher development	<ul style="list-style-type: none"> • In-service teacher professional development programmes should be redesigned with continuous progressive development through different modes such as early tenure coaching, peer-learning, resource centres, demonstration classes, sabbaticals for research/advanced studies, seminars and visits to other institutions. • The Pt. Madan Mohan Malviya National Mission for Teachers & Teaching, which seeks to “build a strong professional cadre of teachers by setting performance standards and creating top class institutional facilities for the professional development of teachers , should be taken up in mission mode.
Accountability of teachers	<ul style="list-style-type: none"> • A national electronic teacher registry should be set up and the entire educational profile of each teacher aspirant may be hosted in one section of this registry by all teacher-training institutions. This will be an electronic platform to bring together employers and job aspirants in this sector. • Performance Indicators (PINDICS), 2013, and the Quality Monitoring Tools of NCERT should be adopted or adapted by states/UTs. • Universal monitoring of teachers' competencies should be done on an annual basis and uploaded on the National Electronic Teacher Registry. • The salary increment of teachers should be linked to an assessment of their performance. • States should test teachers tri-annually on the same test designed for the children they are teaching. It will ensure competency of teachers in the subjects being taught by them. • The Teacher Eligibility Test (TET) across states should be strengthened as per central TET: standardization of results, quality benchmarking of testing-items and extending the TET for teachers at pre-school and classes 9-12 levels. • The UGC-recognised NET/SLET should be continued as a minimum eligibility criterion for recruitment to Assistant Professor positions. States that currently do not conduct SLET should do so to enable availability of a larger base of qualified candidates for faculty positions. Eligibility tests should ensure quality in selection
Tackling teacher demand-supply imbalance	<ul style="list-style-type: none"> • Each state must develop a teacher-demand forecast model for all levels, starting from elementary to higher education. The surplus and deficiency can be aggregated at the national level and appropriate decisions taken on whether to set up new training institutions or provide leverage to existing ones to correct overall deficiencies.

1.6. Recent developments and debates in education

1.6.1. Right of Children to Free and Compulsory Education (Amendment) Act, 2019

The Constitution (Eighty-sixth Amendment) Act, 2002 inserted Article 21 A in the Constitution of India which envisages **free and compulsory education** for all children in the age group of **six** to **fourteen**.

to fourteen years as a **Fundamental Right** in such a manner as the State may, by law, determine. Consequentially, the Right of Children to Free and Compulsory Education (RTE) Act, 2009 entitles **every child of the age of six to fourteen year** with the right to **free and compulsory education in a neighbourhood school till completion of elementary education.**

Student Notes:

Other Major provisions of Right to Education Act, 2009

- **Children with disabilities** including mental illness, mental retardation, blindness, and hearing loss, shall also have right to education.
- A child above six years of age who is not enrolled in school or was unable to complete his education shall be enrolled in an **age appropriate class**. Furthermore, these children have a right to receive special training in order to reach their peer group level.
- It empowers the central or state government to **allow schools to hold back a child in class 5, class 8, or in both classes**. Earlier, no child could be held back in any class until the completion of elementary school (classes 1-8).
 - It provides for regular examination in classes V and VIII, and if a child fails, there is a provision to give her or him additional opportunity to take a re-examination within two months. Such children will be provided with two-month remedial teaching to perform better in the re-examinations. If the students still do not pass the exam, the state government may decide to detain them.
- The Act also lays down **the Pupil Teacher Ratio**
 - Primary Level – 30:1
 - Upper Primary Level – 35:1
 - Secondary Level – 30:1 (According to Rashtriya Madhyamik Shiksha Abhiyan)
- **No child shall be subject to physical punishment or mental harassment.**
- Schools shall constitute **School Management Committees (SMC)** comprising local authority officials, parents and guardians, and teachers. The SMC shall monitor the school and utilisation of government grants, prepare a school development plan, and perform any other functions as prescribed.
- **Private schools** have to set aside **25% quota** for students belonging to weaker sections and disadvantaged groups from their neighbourhoods for free education.

1.6.2. Samagra Shiksha Abhiyan

The Union Budget, 2018-19, had proposed to treat school education holistically without segmentation from pre-nursery to Class 12. So, an overarching programme named **Samagra Shiksha Abhiyan** has been formulated which subsumes following schemes-

- Sarva Shiksha Abhiyan (SSA)
- Rashtriya Madhyamik Shiksha Abhiyan
- Teacher Education

Principles to be followed

Principles are based on the report of Shri Anil Bordia committee to reform SSA.

- **Holistic view of education** with implications for a systemic revamp of the entire content and process of education with significant implications for curriculum, teacher education, educational planning and management.

Educational Achievements from 2010-11 to 2014-15 (As per NITI Aayog Appraisal of Five Year Plan)

1. The enrolment at the elementary level under the SSA has increased from 19.28 crore to 19.77 crore.
2. The number of schools has increased from 13.62 lakhs to 14.45 lakh.
3. The average dropout rate has significantly reduced to 4.17 per cent, indicating an improvement in the retention rate.
4. The SSA has led to the reduction in Out Of School Children (OoSC) from 134 lakh in 2005 to 61 lakh in 2014.
5. GER at secondary level increased from 65 per cent to 80.01 per cent while in higher secondary level from 39 per cent to 56.16 per cent.
6. The number of secondary/senior secondary schools has increased substantially from 2.06 lakh to 2.53 lakh.

- **Equity and Access**, to mean not only equal opportunity or school becoming accessible within specified distance, but also creation of conditions in which the disadvantaged sections of the society – children of SC, ST, Muslim minority, landless agricultural workers and children with special needs, etc. – can avail of the opportunity.
- **Gender concern**, implying not only an effort to enable girls to keep pace with boys but to view education in the perspective spelt out in the National Policy on Education 1986 /92; i.e. a decisive intervention to bring about a basic change in the status of women.
- **Centrality of teacher** to motivate them to innovate and create a culture in the classroom, and beyond the classroom, that might produce an inclusive environment for children, especially for girls from oppressed and marginalised backgrounds.
- **Moral compulsion** is imposed through the RTE Act on parents, teachers, educational administrators and other stakeholders, rather than shifting emphasis on punitive processes
- **Convergent and integrated system of educational management** is pre-requisite for implementation of the RTE law. All states must move in that direction as speedily as feasible.

Student Notes:

Key features of the scheme

Holistic approach to education	Focus on Inclusion	Administrative reform	Focus on Girl Education
<ul style="list-style-type: none"> • Treat school education holistically as a continuum from Pre-school to Class 12 • Supporting States to initiate pre-primary education • Inclusion of senior secondary levels and pre-school levels in support for School education for the first time 	<ul style="list-style-type: none"> • Allocation for uniforms and textbooks under RTE Act enhanced. • Allocation for Children with Special Needs (CwSN) increased from Rs. 3000 to Rs. 3500 per child per annum. Stipend of Rs. 200 per month for Girls with Special Needs from Classes 1 to 12. 	<ul style="list-style-type: none"> • Single and unified administrative structure leading to harmonized implementation • Flexibility to States to prioritise their interventions under the Scheme • An integrated administration looking at 'school' as a continuum 	<ul style="list-style-type: none"> • Upgradation of KGBVs from Class 6-8 to Class 6-12 . • Self-defence training for girls from upper primary to higher secondary stage • Stipend for CWSN girls to be provided from Classes I to XII. (earlier IX to XII) • Enhanced Commitment to 'Beti Bachao Beti Padhao'

Focus on Quality of Education	Focus on Digital Education	Strengthening of Schools	
<ul style="list-style-type: none"> • Emphasis on Learning Outcomes • Capacity Building of Teachers • Strengthening Teacher Education Institutions • SCERT to be the nodal institution for in-service and pre-service teacher training. • Annual Grant per school for strengthening of Libraries to almost 1 million schools • Improving quality of education by focus on two T's – Teachers and Technology • Outcome oriented allocation of resources 	<ul style="list-style-type: none"> • Support 'Operation Digital Board' in all secondary schools over a period of 5 years • Enhanced use of digital technology in education through smart classrooms, digital boards and DTH channels • Digital initiatives like Shala Kosh, Shagun, Shaala Saarthi to be strengthened • Strengthening of ICT infrastructure in schools from upper primary to higher secondary level. • "DIKSHA", digital portal for teachers to be used extensively for upgrading skills of teachers 	<ul style="list-style-type: none"> • Emphasis on consolidation of schools for improvement of quality • Enhanced Transport facility to children across all classes from I to VIII for universal access to school • Increased allocation for infrastructure strengthening • Composite school grant increased and allocated on the basis of school enrolment. • Specific provision for Swachhta activities – support 'Swachh Vidyalaya' • Improve the Quality of Infrastructure in Government Schools 	
Enhanced Funding for Education	Focus on Skill Development	Focus on Sports and Physical Education	Focus on Regional Balance
<ul style="list-style-type: none"> • The budget has been enhanced. • Learning outcomes and steps taken for quality improvement will be the basis for allocation of grants under the Scheme. 	<ul style="list-style-type: none"> • Extending Exposure to Vocational Skills at Upper Primary Level. • Strengthening vocational education at secondary level as an integral part of curriculum • Vocational education to be started from class 6 (earlier 9) as integrated with curriculum & made more industry oriented. • Reinforce emphasis on 'Kaushal Vikas' 	<ul style="list-style-type: none"> • Sports equipment will be provided to all schools under this component. • Sports Education to be an integral part of curriculum • Every school will receive sports equipments under the scheme to inculcate and emphasize relevance of sports in the school curriculum • Support 'Khelo India' 	<ul style="list-style-type: none"> • Promote Balanced Educational Development • Preference to Educationally Backward Blocks (EBBs), LWEs, Special Focus Districts (SFDs), Border areas and the 115 aspirational districts identified by Niti Aayog • 'Sabka Saath Sabka Vikas' and Sabko Shiksha Achhi Shiksha

1.6.3. New Education Policy 2020

Union Cabinet has approved the New Education Policy (NEP) 2020. This policy will replace the 34-year-old National Policy on Education (NPE), 1986. It has been formulated after an unprecedented process of consultation that involved nearly over 2 lakh suggestions from 2.5 lakhs Gram Panchayats, 6600 Blocks, 6000 ULBs, 676 Districts. It aims for India to have an education system by 2040 that is second to none, with equitable access to the highest-quality education for all learners regardless of social or economic background.

Area of reform	Key provisions
Early Childhood Care and Education (ECCE)	<ul style="list-style-type: none"> Universal Access to ECCE for children of 3-6 years ECCE will be delivered through Anganwadis and pre-schools that will have teachers and Anganwadi workers trained in the ECCE pedagogy and curriculum. Pre-school sections covering at least one year of early childhood care and education will be added to Kendriya Vidyalayas and other primary schools, particularly in disadvantaged areas. NCERT will develop a National Curricular and Pedagogical Framework for ECCE for children up to the age of 8 Implementation to be jointly carried out by Ministries of HRD, Women and Child Development (WCD), Health and Family Welfare (HFW), and Tribal Affairs.
Attainment of Foundational Literacy and Numeracy	<ul style="list-style-type: none"> National Mission on Foundational Literacy and Numeracy by MHRD: Under it, States/UTs will prepare an implementation plan for attaining universal foundational literacy and numeracy in all primary schools for all learners by grade 3 by 2025. National Book Promotion Policy is to be formulated to ensure the availability, accessibility, quality, and readership of books across geographies, languages, levels, and genres. National Repository of high-quality resources on foundational literacy and numeracy will be made available on the Digital Infrastructure for Knowledge Sharing (DIKSHA).
Curtailing Dropout Rates and Ensuring Universal Access to Education at All Level	<ul style="list-style-type: none"> Providing effective and sufficient infrastructure so that all students have access to safe and engaging school education. Open and Distance Learning (ODL) Programmes offered by the National Institute of Open Schooling (NIOS) and State Open Schools will be expanded and strengthened with special emphasis on Socio-Economically Disadvantaged Groups (SEDGs). Tracking students as well as their learning levels through counsellors or well-trained social workers.
Curriculum and Pedagogy	<ul style="list-style-type: none"> Restructuring school curriculum and pedagogy in a new 5+3+3+4 design <ul style="list-style-type: none"> 5 years of the Foundational Stage (covering ages 3-8): 3 years of Anganwadi/pre-school + 2 years in primary school in Grades 1-2 3 years of the Preparatory Stage (covering ages 8-11): Grades 3, 4, 5. 3 years of the Middle Stage (covering ages 11-14): Grades 6, 7, 8. 4 years of the High Stage (covering ages 14-18): Grades 9, 10, 11, 12. Reduced curriculum content to its core essentials to enhance essential learning and critical thinking. Experiential learning will be adopted in all stages, including hands-on learning, arts-integrated and sports-integrated education. Freedom of choosing a variety of subject-combination: no rigid separation among ‘curricular’, ‘extracurricular’, or ‘co-curricular’, among ‘arts’, ‘humanities’, and ‘sciences’, or between ‘vocational’ or ‘academic’ streams. Introduction of contemporary subjects such as Artificial Intelligence, Design Thinking, Holistic Health, Organic Living, Environmental Education, Global Citizenship Education (GCED), etc. Vocational education through 10-day bagless period sometime during Grades 6-8 where students will intern with local vocational experts such as carpenters, gardeners, potters, artists, etc. National Curricular Framework for School Education will be developed by the NCERT.

Student Assessment	<ul style="list-style-type: none"> School examinations in Grades 3, 5, and 8 which will be conducted by the appropriate authority. Board exams for Grades 10 and 12 will be continued but redesigned. National Assessment Centre, PARAKH (Performance Assessment, Review, and Analysis of Knowledge for Holistic Development), will be set up as a standard-setting body under MHRD. Holistic Progress Card with 360-degree, multidimensional report that reflects the progress as well as the uniqueness of each learner in the cognitive, affective, and psychomotor domains. National Testing Agency (NTA) to serve as an autonomous testing organization to conduct entrance examinations for undergraduate and graduate admissions and fellowships in higher education institutions. 	Student Notes:
Multilingualism and the power of language	<ul style="list-style-type: none"> Medium of instruction up till grade 5, and preferably till Grade 8 and beyond, will be home language/ mother-tongue/ local language. ‘The Languages of India’ a fun project/ activity on to be taken by every student under the ‘Ek Bharat Shrestha Bharat’ initiative. Three languages formula with greater flexibility. All classical languages (Sanskrit, Tamil, Telugu, Kannada, Malayalam, Odia) will be widely available in schools as options. In addition, Pali, Persian, and Prakrit will also be widely available as options. Indian Sign Language (ISL) will be standardized across the country. 	
Equitable and Inclusive Education- Provisions for Socio-Economically Disadvantaged groups -SEDGs	<ul style="list-style-type: none"> Setting up of Gender Inclusion Fund for female and transgender students Areas having large populations from SEDGs to be declared as Special Education Zones (SEZs). Children with disabilities will be enabled to fully participate in the regular schooling process from the foundational stage to higher education. Every state/district will be encouraged to establish “Bal Bhavans” as a special daytime boarding school, to participate in art-related, career-related, and play-related activities. Special mechanisms for children belonging to tribal groups to receive quality education Fee waivers and scholarships will be offered to meritorious students from all SEDGs Setting-up of additional JNVs and KVs in aspirational districts/SEZs. 	
Robust Teacher Education and Recruitment	<ul style="list-style-type: none"> New and comprehensive National Curriculum Framework for Teacher Education (by 2021) By 2030, the minimum degree qualification for teaching will be a 4-year integrated B.Ed. degree. Setting-up of National Mission for Mentoring with a large pool of outstanding senior/retired faculty Teacher Eligibility Tests (TETs) for all teachers across Foundational, Preparatory, Middle and Secondary stage in both public and private schools. More autonomy to teachers in choosing aspects of pedagogy in classroom teaching National Professional Standards for Teachers (NPST) will be developed by the National Council for Teacher Education by 2022. National Council for Teacher Education (NCTE) to be restructured as a Professional Standard Setting Body (PSSB) under General Education Council (GEC). 	
School governance	<ul style="list-style-type: none"> Schools can be organized into complexes or clusters which will be the basic unit of governance and ensure availability of all resources including a strong professional teacher community. 	

	<ul style="list-style-type: none"> Schools will develop School Development Plans (SDPs). These plans will then become the basis for the creation of School Complex/Cluster Development Plans (SCDPs) The twinning/pairing of one public school with one private school will be adopted across the country, so that such paired schools may learn from each other, and also share resources, if possible. 	Student Notes:
Standard-setting and Accreditation for School Education	<ul style="list-style-type: none"> Clear, separate systems for policy making, regulation, operations and academic matters. Independent State School Standards Authority (SSSA) to be set up by States/UTs. School Quality Assessment and Accreditation Framework (SQAAF) to be developed by SCERT. Public and private schools (except the schools that are managed/aided/controlled by the Central government) will be assessed and accredited on the same criteria. For a periodic 'health check-up' of the overall system, a sample-based National Achievement Survey (NAS) of student learning levels will be carried out by the proposed new National Assessment Centre, PARAKH. 	

Key provisions for Higher education

Area of reform	Provisions
Institutional Restructuring & Consolidation	<ul style="list-style-type: none"> All higher education institutions to be consolidated into three types of institutions: <ul style="list-style-type: none"> Research Universities - equal focus on research and teaching Teaching Universities - primary focus on teaching with significant focus on research Autonomous degree-granting colleges - almost exclusive focus on teaching Affiliation of colleges is to be phased out in 15 years and a stage-wise mechanism is to be established for granting graded autonomy to colleges. Over a period of time, it is envisaged that every college would develop into either an Autonomous degree-granting College, or a constituent college of a university. By 2040, all higher education institutions (HEIs) shall aim to become multidisciplinary institutions. There shall, by 2030, be at least one large multidisciplinary HEI in or near every district. The aim will be to increase the Gross Enrolment Ratio in higher education including vocational education from 26.3% (2018) to 50% by 2035.
Holistic Multidisciplinary Education	<ul style="list-style-type: none"> The policy envisages undergraduate education with flexible curricula, creative combinations of subjects, integration of vocational education and multiple entry and exit points with appropriate certification. An Academic Bank of Credit is to be established for digitally storing academic credits earned from different HEIs so that these can be transferred and counted towards final degree earned. Multidisciplinary Education and Research Universities (MERUs), at par with IITs, IIMs, to be set up as models of best multidisciplinary education of global standards. The National Research Foundation will be created as an apex body for fostering a strong research culture and building research capacity across higher education.

Regulation	<ul style="list-style-type: none"> Higher Education Commission of India (HECI) will be set up as a single overarching umbrella body for entire higher education, excluding medical and legal education. Public and private higher education institutions will be governed by the same set of norms. 	Student Notes:
Internationalization of HEIs	<ul style="list-style-type: none"> Internationally relevant curricula, meaningful opportunities for social engagement, quality residential facilities and on-campus support, etc. An International Students Office at each HEI hosting foreign students to support students arriving from abroad. High performing Indian universities will be encouraged to set up campuses in other countries, and similarly, selected universities e.g., those from among the top 100 universities in the world will be facilitated to operate in India. Research collaboration and student exchanges between Indian institutions and global institutions will be promoted. Credits acquired in foreign universities will be permitted, where appropriate as per the requirements of each HEI, to be counted for the award of a degree. 	
Equity and Inclusion	<p>Steps to be taken by Governments</p> <ul style="list-style-type: none"> Earmark suitable Government funds for the education of SEDGs Set clear targets for higher GER for SEDGs Enhance gender balance in admissions to HEIs Enhance access by establishing more high-quality HEIs in aspirational districts and Special Education Zones containing larger numbers of SEDGs <p>Steps to be taken by all HEIs</p> <ul style="list-style-type: none"> Mitigate opportunity costs and fees for pursuing higher education Provide more financial assistance and scholarships to SEDGs Make curriculum more inclusive Ensure sensitization of faculty, counsellor, and students on gender-identity issue Strictly enforce all no-discrimination and anti-harassment rules 	

Other Major provisions

- Increase funding:** The Centre and the States will work together to increase the public investment in Education sector to **reach 6% of GDP**. Policy calls for promotion and support for **private philanthropic activity** in education sector.
- Technology in education:** An **autonomous body, National Educational Technology Forum (NETF)**, will be created to provide a platform for the free exchange of ideas on the use of technology to enhance learning, assessment, planning, administration. Further, appropriate **integration of technology into all levels of education** will be done to improve classroom processes, support teacher professional development, enhance educational access for disadvantaged groups.
- Adult education:** Policy aims to achieve 100% youth and adult literacy. Thus, it calls for Use of schools/ school complexes beyond school hours and adoption of quality technology-based options – satellite courses etc.
- Online and Digital Education:** It recommends promotion of online education where traditional and in-person modes of education are not possible. A dedicated unit for the purpose of coordinating building of digital infrastructure, content and capacity building will be created in the MHRD for both school and higher education.
- Professional education:** All professional education will be an integral part of the higher

education system. Stand-alone technical universities, health science universities, legal and agricultural universities etc. will aim to become multi-disciplinary institutions.

- **Promotion of Indian Languages, Arts, and Culture:** The policy calls for developing degrees in such subjects, hiring local artists and craftsperson as guest faculty, artist-in-residence in every HEI etc.

- For each of the languages mentioned in the Eighth Schedule of the Constitution of India, Academies will be established consisting of scholars and native speakers to determine simple yet accurate vocabulary for the latest concepts, and to release dictionaries on regular basis.

1.6.4. Key initiatives in higher education

Recognising the need to improve access, equity and excellence in higher education in the country, the government has taken significant steps, including the following:

Implementation and continuation of the centrally sponsored scheme, Rashtriya Uchchatar Shiksha Abhiyan (RUSA): This scheme seeks to improve access, equity and quality in state higher education institutions through a reforms-based approach and links funding to performance. The continuation of RUSA was recently approved until March 2021 with an almost three-fold increase in allocation compared to that in its first phase (2013-17). The second phase of RUSA puts a premium on quality enhancement and addresses concerns of access and equity in the aspirational districts identified by the NITI Aayog.

National assessment and accreditation reforms: While making accreditation of higher education institutions mandatory, the reforms move away from an intrusive system to a more enabling, mixed method of assessment and accreditation. The process of accreditation has been fast-tracked and made more transparent. The emphasis is more on self-assessment, data capture, validation by third party evaluation and objective peer review. This is a paradigm shift from the subjective assessment parameters adopted earlier. Ongoing reforms could lead to the empanelment of multiple accreditation agencies.

Regulations for graded autonomy to universities and autonomous colleges: A three-tiered graded autonomy regulatory system has been initiated, with the categorization of institutions as per their accreditation score by the National Assessment and Accreditation Council (NAAC) or other empanelled accreditation agencies, or by their presence in reputed world rankings. Category I and Category II universities will have significant autonomy as shown in Figure 24.2. Similarly, the University Grants Commission (UGC) has also issued new regulations for granting autonomy based on accreditation scores for colleges. These colleges will have the freedom to conduct examinations, prescribe evaluation systems and even announce results but are not allowed to grant degrees.

Category I:

- Open constituent units/off-campus centres within its geographical jurisdiction
- Open research parks, incubation centres, university society linkage centre
- Academic collaboration with top foreign institutions
- Exemption from section 12B inspections & annual monitoring of off-campus centres/study centres of private universities
- Start a new course/dept/school/centre
- Start NSQF-aligned skill courses
- Hire foreign faculty
- Merit-based incentives for faculty to attract talent
- Admit upto 20% of foreign students on merit with freedom to fix fees
- Offer courses in open & distance learning mode

Category II:

- Start a new course/programme/department/school/centre
- Start NSQF-aligned skill courses
- Hire foreign faculty
- Merit-based incentives to faculty to attract talent
- Admit upto 20% of foreign students on merit, with freedom to fix fees
- Offer courses in open and distance learning mode

Category III: No changes in regulation

Source: UGC

1.6.5. ASER 2020 findings

Recently Annual Status of Education Report (ASER 2020 Wave 1) was released which explores provision of and access to distance education mechanisms, materials and activities for children in rural India, and the ways in which children and families are engaging with these remote learning alternatives from their homes.

- **Children's enrolment:** As compared to data from ASER 2018, data from ASER 2020 (September 2020) show a small shift in enrolment from private to government schools, across all grades and among both girls and boys.
 - **Reasons:** financial distress in household and/or permanent school shutdown among private schools.
- **Children not currently enrolled:** It found that 5.3% of rural children aged 6-10 years had not yet enrolled in school this year, in comparison to just 1.8% in 2018.
 - **Reasons:** families are waiting for schools to open to seek admission.
- **Household Resources:** While schools are closed, children rely mainly on the resources available at home to help them learn. These resources can consist of people who can help them to study (for example, educated parents); technology (TV, radio or smartphone); or materials (such as textbooks for the current grade).
 - Children in lower grades get more family support than in higher ones. Similarly, children with more educated parents receive more family support than those with less educated parents.

- **Access to Learning Materials and Activities:** Governments and others have used a variety of mechanisms to share diverse learning materials with students during school closures. However, data shows large variation in access
 - A higher percentage of private school children received learning materials/activities as compared to government school children in the same grades.
 - WhatsApp was the most common medium through which activities and materials were received. However, this proportion was much higher among children in private schools (87.2%) than those in government schools (67.3%).
 - About 36% of rural households with school-going children had smartphones. By 2020, that figure had spiked to 62%.
 - About 11% of families bought a new phone after the lockdown, of which 80% were smartphones.
 - There are significant variations by state in children's receipt of learning materials or activities during the reference week. States where less than a quarter of all children had received any materials include Rajasthan (21.5%), Uttar Pradesh (21%), and Bihar (7.7%).

Student Notes:

1.6.6. Is education a public good?

The concept of public goods is central to economic analysis of the role of government in the allocation of resources. Public goods are defined by two characteristics: 1) Non-excludability: It is not possible to exclude non-payers from consuming the good. 2) Non-rivalry in consumption: Additional people consuming the good do not diminish the benefit to others.

Why education should be a public good?

- It is a service that **every welfare democracy is obliged to give** in the most accessible form.
- **Article 26 of the Universal Declaration of Human Rights**, adopted at the UN General Assembly in 1948, declared that "everyone has the right to education"
- By 2030-2032 we will be the third largest economy at over ten trillion. India's ten trillion economy will not be driven by natural resources, but by **knowledge resources**. Quality education will be a key part of this transition.
- Nearly one-fifth of the population of India is below poverty line and making education as a public good provides them a way out to **learn and earn their living in a dignified way**.
- Education should be seen as tool to **development against deprivation** and cannot be treated as a commodity, where market forces create the demand for certain types of education (Eg: Artificial Intelligence)

Why education should not be a public good?

- Most of the top institutes in US such as Stanford and Harvard Universities are privately owned and they provide scholarships to students.
- Making education as a public good may not always lead to quality education due to bureaucratization, limited competition, resources, limited need to attract best talents.
- Many financial institutions provide education loans to students which they can repay back when they start earning (Study now, pay later model of Australia). This way the quality will not be compromised as there are more funds to disburse with the institutions.
- Further education especially higher education is not a pure public good. What people who call education a public good mean is that there are positive externalities i.e. not all of the benefits accrue to the students but society benefits when more people go to college. However, students enjoy a significant fraction of it. Thus, it is reasonable that students should bear a good fraction of the cost of higher education.

1.6.7. E-learning good or bad

The COVID outbreak has altered the traditional teaching-learning mechanisms with the distinctive rise of elearning. Online learning or e-learning is a whereby teaching is undertaken

remotely and on digital platforms through live platforms. It is based on formalised teaching but is electronically supported and relies on the Internet for teacher/student interaction and the distribution of class materials.

Student Notes:

Advantages

- Flexibility to plan schedule
- Ease of Access
- More Affordable as online programs are cheaper.
- Solves teacher scarcity
- Environmentally friendly as it consumes less energy and it is a paperless learning method

Disadvantages

- Weak Student Feedback
- Social Isolation and lack of communication skill development due to the absence of human communication.
- Requires strong self-motivation
- Cheating prevention during online assessments is complicated.

Challenges for India

- Digital Divide: less than 15% of rural Indian households have Internet connection. only 4.4% of rural households and 23.4% of urban households have computer/laptop.
- Parents complain of increased screen time for children and they aren't comfortable with technology themselves
- Increased domestic responsibilities especially for girls impairs learning.
- Lack of vernacular content
- Inadequate training of teachers in using technology

Way forward

- Deployment of ed-tech applications which takes into account the low internet bandwidth and patchy connections.
- Improve content in regional language
- Leveraging community owned tablets and smart devices
- Establishing quality assurance mechanisms and quality benchmark for online learning
- Inclusive learning solutions need to be developed. For example - leveraging expanding access to mobile internet

Government Initiatives for Online Education

- **VidyaDaan 2.0:** It was launched due to the increasing requirement for e-learning content for students (both school and higher education) in the backdrop of COVID-19. VidyaDaan is national program, in which individuals (teachers, educationists, subject experts etc.) & organizations (schools etc.) can contribute to e-learning in the education domain.
- 200 new textbooks have been added to **e-Paathshaala.** E-Paathshaala is a portal/app developed by NCERT. It hosts educational resources including textbooks, audio, video, periodicals, and a variety of other print and non-print materials for teachers, students, parents, researchers and educators.
- **PRAGYATA guidelines on Digital Education** was released by Ministry of Education, along

- with Students' Learning Enhancement Guidelines (prepared by NCERT) that addressed issues related to students with no or limited access to online and digital technologies.
- **Manodarpan:** It is an initiative for psychosocial support of teachers, students and their families with regard to their mental health and emotional wellbeing.
 - **NISHTHA (National Initiative for School Heads' and Teachers' Holistic Advancement)** has been customized for online mode
 - **12 new SWAYAM PRABHA DTH channels** were added to support and reach those who do not have access to the internet. Government has also tied-up with private DTH operators like Tata Sky, Airtel etc. to air educational video content in order to enhance the reach among students.
 - **PM eVIDYA:** A programme for multi-mode access to digital/online education consisting of:
 - DIKSHA for school education in states/UTs. DIKSHA (Digital Infrastructure Knowledge Sharing) portal provides supplementary learning material for students and for upgrading the skills of teachers (one nation, one digital platform).
 - One earmarked TV channel per class from 1 to 12 (one class, one channel)
 - Extensive use of Radio, Community radio and Podcasts
 - Special e-content for visually and hearing impaired.
 - Top 100 universities will be permitted to automatically start online courses

1.6.8. How Can Private Sector Play a Bigger Role?

Narayana Murthy Committee was appointed on Corporate Sector Participation in Higher Education. Major recommendations of this committee are following:

- A. Creating enabling conditions to make the higher education system robust and useful to attract investment:**
 1. **Autonomy** – in financial, regulatory, academic and administrative aspects
 2. **Resources** – ensuring availability of land, infrastructure and connectivity
 3. **Fiscal incentives** – to encourage investments and attracting funding
 4. **Enabling environment** – (such as visas) for free movement of faculty and students to promote collaboration with world-class institutions abroad
 5. **Freedom to accredit** – with global accreditation agencies to put Indian institutions on par with the best
 6. **Access to funds** – through scholarships to enable students to pursue their chosen fields of study.
- B. Corporate participation in improving quality by enhancing research focus and faculty development:**
 1. **Enhancing research focus** – through dedicated funding for research, sponsored doctoral programs, and part-time Masters and PhD programs
 2. **Faculty development** – by increasing the talent pool of faculty from corporates (working and retired), faculty development programs, and sponsorships of visits by expert faculty
- C. Creation of new infrastructure through corporate investments in higher education:**
 1. Setting up of new facilities by the corporate sector in existing universities and higher education institutions either as Centres of Excellence (CoEs) or in the form of technology parks.
 2. Setting up of new universities and higher education

1.7. Institutions Related to Education Sector

1.7.1. Administrative Framework

At the centre, the Ministry of Human Resource Development (MHRD) formulates policies, and implements laws and schemes related to education in the country. Under the Ministry, the Department of Higher Education is responsible for the higher education sector. At the state

government level, Departments of Education carry out similar functions. Institutions offering specialised professional disciplines in sectors such as health, agriculture, etc, are regulated by their respective ministries

Student Notes:

1.7.2. Regulatory Bodies

The main regulators for higher education are the University Grants Commission (UGC) and the All India Council for Technical Education (AICTE). In addition, there are 15 professional councils regulating various professional courses. These are statutory bodies established by Acts of Parliament such as the Medical Council of India, Bar Council of India, Council of Architecture, etc.

1.7.3. University Grants Commission

The University Grants Commission is a statutory organization established by an Act of Parliament in 1956 for the coordination, determination and maintenance of standards of university education. Apart from providing grants to eligible universities and colleges, the Commission also advises the Central and State Governments on the measures which are necessary for the development of Higher Education.

1.7.4. Draft Higher Education Commission of India Bill, 2018

The Bill seeks to replace UGC with Higher Education Commission of India (HECI). The HECI unlike UGC will not have grant functions which would be done by the Ministry of Human Resource. HECI is tasked with the mandate of improving academic standards with specific focus on learning outcomes, evaluation of academic performance by institutions, mentoring of institutions, training of teachers, promote use of educational technology etc. It will develop norms for setting standards for opening and closure of institutions, provide for greater flexibility and autonomy to institutions, lay standards for appointments to critical leadership positions at the institutional level irrespective of University started under any Law (including State Law).

1.7.5. Higher Education Finance Agency (HEFA)

- It is a joint venture of MHRD Government of India and Canara Bank.
- RBI granted license to operate as Non-Banking Financial Company (NBFC).
- It seeks to introduce a **market-linked education financing structure**.
- It aims to **lend low-cost funds to government higher educational institutions**.

1.7.6. Revitalization Infrastructure and Systems in Education (RISE)

- It is a new initiative to **step up investments** in centrally funded institutions like IITs, Central Universities and others such institutes.
- Funding will be provided through Higher Education Financing Agency (**HEFA**).

2. Health

2.1. Introduction

“Om Sarve Bhavantu Sukhinah, Sarve Santu Nir-Aamayaah”

This verse from ancient times which means “*May everyone be happy, may everyone be free from all diseases*” is the core around which healthcare sector in welfare state of India is woven around.

The WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The determinants of good health are: access to various types of health services, and an individual’s lifestyle choices, personal, family and social relationships.

At present, India’s health care system consists of a mix of public and private sector providers of

health services. Networks of health care facilities at the primary, secondary and tertiary level, run mainly by State Governments, provide free or very low cost medical services. There is also an extensive private health care sector, covering the entire spectrum from individual doctors and their clinics, to general hospitals and super speciality hospitals.

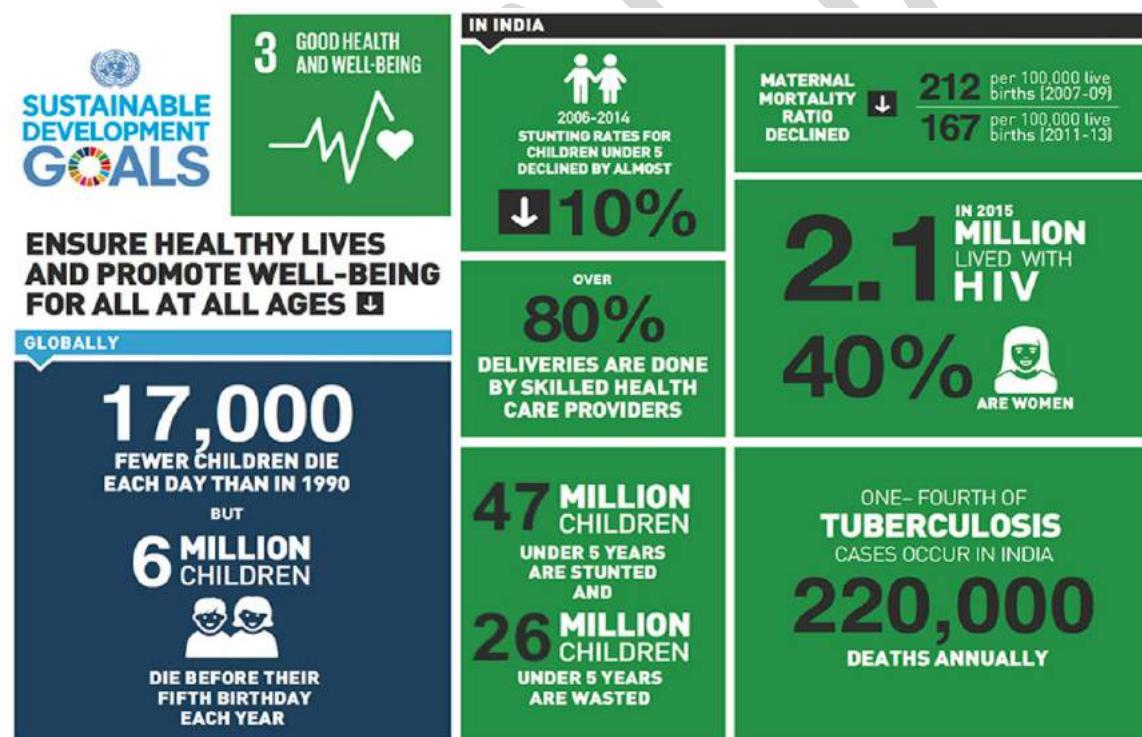
Student Notes:

India has made considerable progress in many health indicators. Life expectancy at birth has increased, infant mortality and crude death rates have been greatly reduced, diseases such as small pox, polio and guinea worm have been eradicated, and leprosy has been nearly eliminated. The country strives towards achieving Universal Health Coverage.

Healthcare in the Constitution of India

- Our Constitution requires the State to ensure health and nutritional well-being of all people as its duty under various articles of Directive Principles of State Policy such as-
 - Article 39(e): Securing health of workers, men and women.
 - Article 41: Public assistance basically for those who are sick and disable.
 - Article 42: To protect the health of infant and mother by maternity benefit.
 - Article 47: Raising of the level of nutrition and standard of living of its people and improvement of public health
- The Supreme Court in various judgements (such as CESC Ltd. vs. Subash Chandra Bose; Paschim Banga Khet mazdoor Samity; Murali S. Deora; N. D. Jayal etc.) has enlarged the scope of Article 21 to also include Right to Health.

SDG Related to Health



2.2. Status of Healthcare in India

Of the total current expenditure on health classified by healthcare functions, preventive care accounts for 6.7 per cent. The money spent on curing people on the other hand is 51 per cent of the expenditure¹ with the remaining money being spent on pharmaceuticals, other medical goods and patient transportation.

Although India accounted for only 18 per cent of the global population in 2016, we accounted for 34 per cent of the global tuberculosis burden and 26 per cent of the premature mortality due to diarrhoea, lower respiratory and other common infectious diseases. At the same time,

non-communicable diseases (NCDs), including cardiovascular conditions, chronic obstructive respiratory diseases, diabetes, mental health conditions and cancers are now the leading cause of health loss, with 55 per cent morbidity and premature mortality attributable to these conditions. The range of health loss across states is wide. Kerala and Goa have the lowest rates while Assam, Uttar Pradesh and Chhattisgarh have the highest rates.

- **Health expenditure:**

- **General Government expenditure** on health as percentage of GDP in 2019-20 was 1.6% (up from 1.5% in 2018-19).
- **Out-of-Pocket Expenditure** (OOPE) as a percentage of Current Health Expenditure fell down to 58.7% in 2016-17 from 60.6% in 2015-16.
- **Population with health insurance coverage:** About 14% of the rural population and 19% of the urban population had health expenditure coverage.
- **Source of hospitalisation expenditure:** Rural households primarily depended on their 'household income/savings' (80%) and on 'borrowings' (13%) for financing expenditure on hospitalisation. The figure is 84% and 9% respectively for Urban households.

- **Life Expectancy:** As per the 2019 Human Development Report released by United Nations Development Programme (UNDP), between 1990 and 2018, life expectancy at birth increased by 11.6 years in India.

- **Child Health:** As per estimates developed by the UN Inter-agency Group for Child Mortality Estimation Under-five mortality rate (U5MR) (deaths of children less than 5 years per 1,000 live births) has declined from 126 in 1990 to 34 in 2019, with a Annual rate of reduction (ARR) of 4.5 per cent in the time period 1990-2019.

- **Infant mortality rate** (deaths of children less than 1 year per 1,000 live births) has declined from 89 in 1990 to 28 in 2019.
- **Neonatal mortality rate** (deaths of children within a month per 1,000 live births) has declined from 57 in 1990 to 22 in 2019.
- **Under-nutrition** is the prime risk factor in over 40 per cent of under-five child deaths. Children with under-nutrition, anaemia and iodine deficiency will have low IQ scores and productivity as adults. A World Bank estimate indicates that reducing stunting can raise India's GDP by 4-11 per cent.
- Although progress has been made, according to National Family Health Survey-4 (NFHS-4), 2015-16, over one-third of all under-five children are **stunted** (low height-for-age), every fifth child is **wasted** (low weight-for-height), and more than 50 per cent of the children are anaemic.

- **Status of Immunisation among children aged 0-5 years:**

- About 97% of children across the country received at least one vaccination — mostly BCG and/or the first dose of Oral Polio Vaccine at birth, but two out of five children (40%) do not complete their immunisation programme.
- Among States, Manipur (75%), Andhra Pradesh (73.6%) and Mizoram (73.4%) recorded the highest rates of full immunisation.
- In Nagaland, only 12% of children received all vaccinations, followed by Puducherry (34%) and Tripura (39.6%).

- **Maternal Health:**

- **Institutional deliveries:** In rural areas, about 90% childbirths were institutional (in Government/private hospitals) and in urban areas it was about 96%.
- **Pre and Post Natal Care:** Among women in the age-group 15-49 years, about 97% of women took prenatal care and about 88% of women took post-natal care.
- **Maternal Mortality Rate** (proportion of maternal deaths per 1,00,000 live births reported) of India has declined from 130 in 2014-2016 to 122 in 2015-17.

- **Profile of ailments:** About 31% of the hospitalised cases had infectious diseases followed by injuries (around 11%), cardio-vascular (around 10%) and gastro-intestinal (around 9%).

2.3. Challenges Faced by Indian Healthcare Sector

Student Notes:

A. Low level of Public expenditure on Health-

1. India's public expenditure on healthcare was 1.4% of its GDP in 2017-18 which was substantially lower than other BRICS countries (Brazil: 3.8%, China: 3.1%, Russia: 3.7%, South Africa: 4.2%)
2. WHO data shows that there are only about 30 countries, mostly in sub-Saharan Africa and India's neighbourhood that allocate less than India does as a percentage of the GDP.
3. National Health Policy, 2017 has set a target of increasing health expenditure to 2.5% of GDP by 2025 and current level of expenditure is very low in order to achieve that target.

B. High out of Pocket Expenditure on Health-

1. Over 70% of ailing population in rural areas and almost 80% in urban areas utilize private facilities.
2. The public sector accounts for only about 20 %, of the total healthcare expenditure with 80 % contribution coming from the private sector.
3. Of the total private expenditure on healthcare, 94 % is the out of pocket expenditure which is one of the highest in the world.

C. Lack of Health Infrastructure

1. India faces an acute shortage of hospital beds with a ratio 0.5 per 1000 population for India as compared to 2.3 for China, 2.6 for Brazil and 3.2 for the US.
2. This ratio is much lower than the requirement of 1 bed per 1000 population as defined for the low-income countries by WHO.

D. Human Capital Crunch- Healthcare sector requires highly skilled human resources from doctors to other medical support staff like nurses, lab technicians, pharmacists, etc.

1. Though India has one doctor for every 921 people (WHO recommends: 1:1000) but this number includes Ayurveda, Homeopathy and Unani practitioners.
2. Doctor-population ratio for Allopathic doctors alone in India stands at 1:1613

E. Regional Disparities is evident in differences between rural-urban gaps and inter-state gaps.

1. According to a KPMG report, 74% of India's doctors cater to a third of urban population.
2. As a consequence, India is 81% short of specialists at rural community health centres.
3. The 25,308 primary health centres (PHCs) spread across India's rural areas are short of more than 3,000 doctors, with shortage up by 200 % over the last 10 years.
4. According to the NHP, 2018, in Bihar, one doctor serves a total population of 28,391 whereas in Delhi, the figure stands at 1:2203.

F. Rising Cost of Treatment:

1. Per capita public expenditure on health in nominal terms has gone up from Rs 621 in 2009-10 to Rs 1112 in 2015-16.
2. Majority of the population faces problem in affording health care especially in tertiary care.

G. Quality of health care services -The Regulatory standards for public and private are not adequately defined and ineffectively enforced.

H. Social Determinants of Health- Health of the population is determined largely by lifestyle (50%) followed by biological and environmental factor (20% each), whereas health systems related factors contribute only 10%.

I. Health Insurance

1. Despite the increase in annual growth, more than 80% of the population still does not have any significant health insurance coverage.
2. Also, commercial health insurance in India is seriously deficient as most of them covers only catastrophic expenditure, such as the cost of highly restricted hospital treatments while outpatient treatment and prescription medicines are not covered.

J. Issues in primary health care

Student Notes:

1. The existing primary health care model in the country is **limited in scope**. Even where there is a well-functioning public primary health centre, only services related to pregnancy care, limited childcare and certain services related to national health programmes are provided, which represent only 15 per cent of all morbidities for which people seek care.
2. Supply side deficiencies, poor management skills and lack of appropriate training and supportive supervision for health workers prevent delivery of the desired quality of health services
3. Although the National Health Mission focuses on engaging communities through village health, nutrition and sanitation societies, health has not yet become a people's movement.

K. Issues with respect to nutritional status

1. The design of the ICDS programme has an important limitation – its focus on the first 1000 days of the child's life is inadequate. Over 80 per cent of brain growth occurs during the first 1000 days of a child's life.
2. The ICDS programme is beset with persistent challenges such as shortage of staff and field workers, poor monitoring, instances of food pilferage and poor quality of services

Major healthcare issues highlighted during COVID 19

- **Availability of basic infrastructure:** India has 8.5 hospital beds per 10,000 citizens, one doctor for every 1,456 citizens (WHO's prescribed norm is 1:1000) and 1.7 nurses per 1,000 people (WHO's prescribed norm is 3:1000).
 - Lack of adequate number of ventilators in hospitals needed for patients with severe COVID-19 infection.
 - Availability of limited accredited diagnostic labs delays testing and consequent understanding of disease progression.
- **Uneven distribution of healthcare workforce:** Most of the workforce practice in metropolitan or tier I or tier II cities, creating personnel deficiencies in small towns and villages.
- **Denial of healthcare:** Private hospitals are reportedly denying treatments to the poor along with the cases of overcharging patients despite accounting for about 62 percent of the total hospital beds as well as ICU beds and almost 56 percent of the ventilators
 - This has been seen in Bihar, which has witnessed an almost complete withdrawal of the private health sector which has nearly twice the bed capacity of public sector.
- **Negative perception of medical career:** The stories of shortages of PPE leading to health workers getting infected, and health workers getting attacked by infuriated patients and relatives etc. may create a negative perception towards medical career in India in long run.
- **Gaps in urban health services and urban planning:** The coronavirus epidemic has disproportionately affected the urban areas and has highlighted that many large urban conglomerations lack public health services, especially the sub-urban regions.
- **Dysfunctional state of Integrated Disease Surveillance Programme (ISDP):** It was launched in 2004 to strengthen decentralized laboratory-based IT enabled disease surveillance system for epidemic prone diseases to monitor disease trends and to detect and respond to outbreaks in early rising phase through trained Rapid Response Team (RRTs). But it continues to struggle for manpower and resources and has failed to create a robust and decentralized data collection system involving the district health system across states.
- **Gaps in Care of Non-COVID-19 patients:** Extreme focus on containment of COVID-19 infection is likely to result in missed opportunities for timely diagnosis and treatment of other chronic diseases.
- **Other issues:-** India's dependence on imports for pharmaceutical products like Active Pharmaceutical Ingredients (APIs)
 - Disbelief in alternative/traditional medicines for treatment due to lack of research in AYUSH treatments, lack of precise standards for herbal formulations etc.
 - Lack of focus on preventive healthcare: Of all healthcare spending, only 7% was spent on preventive healthcare, while more than 80% was spent on treatment and cure as of FY17.

2.4. Some Steps taken by the government

Student Notes:

During the last four years, the government has taken several steps to strengthen public health in the country including the launch of Mission Indradhanush and Intensified Mission Indradhanush as well as the National AYUSH Mission. Efforts have also been intensified for eliminating Neglected Tropical Diseases like Kala Azar and Lymphatic Filariasis. Further, the war against Tuberculosis has been escalated through the launch of the National Strategic Plan in 2017.

2.4.1. Ayushman Bharat

- Ayushman Bharat was launched in 2018.
- **Ayushman Bharat Yojana is a Centrally Sponsored Health scheme** having two components viz.-
 - A. **Health and Wellness Centre**
 - B. **National Health Protection Mission**
- Eligibility is based on Socio-Economic Caste Census (SECC) database.

Health and Wellness Centre

- Health and Wellness Centres were envisioned under National Health Policy, 2017.
- Under this 1.5 lakh centres will bring health care system closer to the homes of people.
- These centres will provide comprehensive health care, including for non-communicable diseases and maternal and child health services.
- Contribution of private sector through CSR and philanthropic institutions in adopting these centres is also envisaged.
- Augmented by induction of non-physician healthcare providers such as nurse practitioners, in addition to the existing staff, the HWC will provide essential drugs and basic diagnostic free of cost.
- Various vertical disease control programmes will find convergence at this delivery point.
- Using technology, HWCs can generate real time data for monitoring various health indicators.
- **Challenges** - shortage of human resource along with concerns related to lower budget allocation.

Ayushman Bharat- National Health Protection Mission (AB – Jan Arogya Yojana)

- Ayushman Bharat-National Health Protection Mission (AB-NHPM) is a pioneering initiative to ensure that poor and vulnerable population is provided health cover without anyone having to face financial hardship as a consequence of using health services.
- AB-NHPM is unlike other medical insurance schemes where there is a waiting period for pre-existing diseases.
- AB-NHPM subsume Rashtriya Swasthya Bima Yojana and Senior Citizen Health Insurance Scheme (SCHIS)..

Major Highlights of AB-NHPM

- Government provides health insurance cover of up to Rs. 5,00,000 per family per year.
- All families listed in the SECC database as per defined criteria will be covered. No cap on family size and age of members.
- More than 10.74 crore poor and vulnerable families (approximately 50 crore beneficiaries) covered across the country.
- Priority to girl child, women and senior citizens.
- Free treatment available at all public and empaneled private hospitals in times of need.
- 1,350 medical packages covering surgery, medical and day care treatments, cost of medicines and diagnostics.

- Ensure improved access and affordability, of quality secondary and tertiary care services through a combination of public hospitals and well measured strategic purchasing of services in health care deficit areas, from private care providers, especially the not-for profit providers.
- All pre-existing diseases covered. Hospitals cannot deny treatment.
- Cashless and paperless access to quality health care services.
- Hospitals will not be allowed to charge any additional money from beneficiaries for the treatment.
- Eligible beneficiaries can avail services across India, offering benefit of national portability and can reach out for information, assistance, complaints and grievances to a 24X7 helpline number - 14555
- Help India progressively achieve Universal Health Coverage (UHC) and Sustainable Development Goals (SDG).
- Significantly reduce out of pocket expenditure for hospitalization. Mitigate financial risk arising out of catastrophic health episodes and consequent impoverishment for poor and vulnerable families.
- Acting as a steward, align the growth of private sector with public health goals.
- Strengthen public health care systems through infusion of insurance revenues.
- Enable creation of new health infrastructure in rural, remote and under-served areas.

Rashtriya Swasthya Bima Yojana (RSBY)

- RSBY introduced in 2007, was originally limited to Below Poverty Line (BPL) families but was later extended to building and other construction workers, MGNREGA beneficiaries, street vendors, beedi workers, and domestic workers.
- RSBY provides for 'cash-less', smart card based health insurance cover of `30,000 per annum to each enrolled family, comprising up to five individuals.
- The beneficiary family pays only `30 per annum as registration/renewal fee.
- The scheme covers hospitalisation expenses (Out-patient expenses are not covered), including maternity benefit, and pre-existing diseases.
- A transportation cost of `100 per visit is also paid.
- It provides for private health service providers to be included in the system, if they meet certain standards and agree to provide cash-less treatment
- The shortcomings of RSBY:
 - High transaction costs due to insurance intermediaries, inability to control provider induced demand, and lack of coverage for primary health and out-patient care.
 - The RSBY does not take into account state specific variations in disease profiles and health needs.

Performance of PM-JAY

- **Consolidation of health insurance schemes:** With a significantly larger risk-cover than what was offered as part of the earlier Rashtriya Swasthya Bima Yojana (RSBY), a consolidation at the level of health insurance schemes is already happening across Indian states.
 - Reportedly, using the AB-PMJAY opportunity, Karnataka has merged seven existing health insurance schemes into one, while Kerala has dovetailed three different healthcare schemes.
- **Expanded beneficiary base:** 11 states/UTs have expanded AB-PMJAY or the state variant to the point of universal or almost universal coverage.
- **Strong monitoring:** AB-PMJAY involves a robust information technology infrastructure overseeing transactions and locating suspicious surges across the country.
 - Many hospitals have been blacklisted and the constantly evolving fraud-control system will play a major role in streamlining the scheme as it matures.
 - Fraud was detected at 341 hospitals in 16 Indian states during the first year of the Ayushman Bharat scheme's implementation.

2.4.2. National Medical Commission

Recently, National Medical Commission (NMC) was constituted which replaces Medical Council

of India (MCI). NMC has been setup under National Medical Commission Act (NMC Act), 2019 which repealed the Indian Medical Council Act, 1956. It was recommended by Prof. Ranjit Roy Chaudhury committee (2015).

Student Notes:

Composition: NMC will consist of 25 members, appointed by the central government. A Search Committee will recommend names to the central government for the post of Chairperson, and the part time members.

Members of NMC: Chairperson (must be a medical practitioner), Presidents of the Under-Graduate and Post-Graduate Medical Education Boards, Director General of Health Services, Directorate General of Health Services, Director General, Indian Council of Medical Research, and five members (part-time) to be elected by the registered medical practitioners from amongst themselves from states and union territories for a period of two years.

Functions of NMC include framing policies for regulating medical institutions and medical professionals, assessing the requirements of healthcare related human resources and infrastructure, ensuring compliance by the State Medical Councils of the regulations made under the Act, framing guidelines for determination of fees for up to 50% of the seats in private medical institutions and deemed universities which are regulated under the Act.

It supervises following autonomous boards setup under the Act.

- Under-Graduate Medical Education Board and Post-Graduate Medical Education Board to set standards and regulate medical education at undergraduate level and postgraduate level respectively.
- Medical Assessment and Rating Board for inspections and rating of medical institutions and
- Ethics and Medical Registration Board to regulate and promote professional conduct and medical ethics and also maintain national registers of (a) licensed medical practitioners and (b) Community Health Providers (CHPs).

NMC may grant a limited license to certain mid-level practitioners who may prescribe specified medicines in primary and preventive healthcare

2.4.3. Intensified Mission Indradhanush 2.0

Government launched Intensified Mission Indradhanush 2.0 to ensure reaching the unreached with all available vaccines and accelerate the coverage of children and pregnant women in the identified districts and blocks. It is a successor to the Intensified Mission Indradhanush (IMI).

IMI targets to immunize all children against seven vaccine preventable diseases namely Diphtheria, Pertussis, Tetanus, Childhood Tuberculosis, Polio, Hepatitis B and Measles. In addition to this, vaccines for Japanese Encephalitis, Haemophilus influenza type B, inactivated polio vaccine, Rotavirus vaccine and Measles Rubella vaccine are also being provided in selected states. It would be closely monitored at the district, state and central level at regular intervals. Further, it would be reviewed by the Cabinet Secretary at the National level and will continue to be monitored at the highest level under a special initiative ‘Proactive Governance and Timely Implementation (PRAGATI)’.

2.4.4. National Health Policy 2017

The 2017 policy aims to project an **incremental assurance-based approach** that expounds on the need for a new health policy to account for changing priorities in India’s abysmal healthcare delivery system. This involves building a more ‘robust health care industry’, reducing ‘catastrophic expenditure’ in the form of out-of-pocket healthcare costs and enhancing ‘fiscal capacity’ to meet a widening healthcare financing deficit.

Some of the **specific goals and objectives** as laid out by the policy are:

- Increase Life Expectancy at birth from 67.5 to 70 by 2025.

- Reduce infant mortality rate to 28 by 2019.
- Increase utilization of public health facilities by 50% from current levels by 2025.
- Meet need of family planning above 90% at national and sub national level by 2025.
- Access to safe water and sanitation to all by 2020 (Swachh Bharat Mission).
- Increase health expenditure by Government as a percentage of GDP to 2.5% by 2025.
- Increase State sector health spending to > 8% of their budget by 2020.
- Establish primary and secondary care facility as per norms in high priority districts (population as well as time to reach norms) by 2025.
- Ensure district-level electronic database of information on health system components by 2020.
- Strengthen the health surveillance system and establish registries for diseases of public health importance by 2020.
- Establish federated integrated health information architecture, Health Information Exchanges and National Health Information Network by 2025.

Major Highlights of NHP 2017

- The broad principles of the policy is centered on Professionalism, Integrity and Ethics, Equity, Affordability, Universality, Patient Centered & Quality of Care, Accountability and pluralism.
- Under the organisation of public healthcare delivery, the policy thrust is on comprehensive care, system of referrals for regulating patient flows, diagnostics and emergency services in all public facilities, scaling up urban health, strengthening of infrastructure and manpower in underserved areas, and integrating all national health programmes and making Ayush services an option.
- In order to provide access and financial protection at secondary and tertiary care levels, the policy proposes free drugs, free diagnostics and free emergency care services in all public hospital.
- It envisages comprehensive primary health care delivered through Health and Wellness centres (HWCS). The policy also commits that two-thirds or more of government spending will be targeted at primary care.
- It advocates a positive and proactive engagement with the private sector for critical gap filling towards achieving national goals through strategic purchase of secondary and tertiary care services as a short term measure to supplement.
- It also envisages private sector collaboration for capacity building, skill development programmes, awareness generation, developing sustainable networks for community to strengthen mental health services, and disaster management.
- The policy also advocates financial and non-financial incentives for encouraging the private sector participation.

2.4.5. RMNCH+A Approach

- The RMNCH+A strategy is based on provision of comprehensive care through the five pillars, or thematic areas, of reproductive, maternal, neonatal, child, and adolescent health, and is guided by central tenets of equity, universal care, entitlement, and accountability.
- The “plus” within the strategy focuses on
 - Including adolescence for the first time as a distinct life stage
 - Linking maternal and child health to reproductive health, family planning, adolescent health, HIV, gender, and preconception and prenatal diagnostic techniques;
 - Linking home- and community-based services to facility-based care; and
 - Ensuring linkages, referrals, and counter-referrals between and among health facilities at primary (primary health centre), secondary (community health centre), and tertiary levels (district hospital)

2.4.6. National Health Mission

Student Notes:

After the success of the National Rural health Mission, the National Health Mission (NHM) was announced in 2012 covering all the villages and towns in the country. The National Health mission has two sub-missions:

1. **National Rural Health Mission-** It was first launched in 2005, to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups.
2. **National Urban Health Mission-** It envisages to meet health care needs of the urban population with the focus on urban poor, by making available to them essential primary health care services and reducing their out of pocket expenses for treatment.

The **core principles** of NHM are:

- **Universal Coverage** covering both urban and rural areas and promote universal access to a continuum of cashless, health services from primary to tertiary care.
- **Achieving Quality Standards** which would include the complete range of conditions, covering emergency, RCH, prevention and management of Communicable and Non-Communicable diseases incorporating essential medicines, and Essential and Emergency Surgical Care (EESC).
- The **linkages between different health facilities** so that all health care facilities in a region are organically linked with each other, with medical colleges providing the broad vision, leadership and opportunities for skill up-gradation.
- **Decentralised Planning** by providing considerable flexibility to States and Districts to plan for measures to promote health and address the health problems that they face.

2.5. Way Forward

- Adequate investment of public **financial resources** in health with a view to achieve the target of increasing expenditure on health to 2.5% of GDP by 2025.
- Efficient prioritization of spending with greater emphasis given to **preventive health** rather than curative care. Create an environment, through appropriate policy measures, that encourages healthy choices and behaviours:
 - Make the practice of yoga a regular activity in all schools through certified instructors.
 - Increase taxes on tobacco, alcohol and unhealthy foods such as soda and sugar sweetened beverages.
 - Co-locate AYUSH services in at least 50 per cent of primary health centres, 70 per cent of community health centres and 100 per cent of district hospitals by 2022-23
- Sufficient focus on and convergence with programs addressing the key **social determinants of health** (nutrition, drinking water and sanitation)
 - **Provide greater flexibility to states under the POSHAN Abhiyaan** to adapt programmes for context-specific implementation and Establish an institutional mechanism, outside the government, to conduct independent annual audits of the programme
 - Implement mission mode action in districts with a high burden of malnutrition under POSHAN Abhiyaan
 - **Replace the food-centric approach with more broad-based action** that includes healthcare measures (special care of low birth weight infants and immunization), birth spacing, delaying age of marriage, exclusive breastfeeding for 6 months, and timely and adequate access to complementary food interventions.
 - Consider **mandatory fortification** of staples produced in the organized sector and provide incentives to the industry to do so.
 - Create a **national nutrition surveillance system** to track food quality and consumption patterns and nutritional deficiency profiles for all age groups in different regions.

- **Strengthening primary healthcare in India:**
 - Accelerate the establishment of a network of 150,000 HWCs to ensure sufficient coverage of affordable primary care and lower the burden on secondary and tertiary care.
 - Under Ayushman Bharat, put in place the necessary institutional mechanisms with a focus on health and wellness at the central and state levels for effective, timely and robust system level implementation as well as strong engagement with departments/directorates of health in the states
 - Mobilize Corporate Social Responsibility (CSR) and Non-Resident Indians for funding HWCs.
 - Some HWCs could also be mobile, particularly for better access to remote communities.
 - Create a cadre of primary healthcare practitioners by introducing a three-year competency-based dynamic course for primary, community and family medicine.
- For **Strengthening of health care institutions in the public sector:**
 - Quality certification of public hospitals (up to the level of district hospitals) should be carried out. Public hospitals should be ranked and nudged towards improvement.
 - Existing district hospitals should be strengthened to conform to the Indian Public Health Standards. The “Kayakalp” award should be used as a planning tool for improving water, sanitation and hygiene infrastructure in public health facilities as opposed to only for assessment. The award should also be linked to improvements in health outcomes e.g. reduction in neonatal deaths due to sepsis and tetanus.
 - For enabling communities to avail of facilities at the district-level, up to 20% of district hospitals must be linked with medical colleges during the three-year timeframe. This will help to reduce the load on tertiary care institutions.
 - Nine sanctioned All India Institute of Medical Sciences (AIIMS) should be made fully functional.
 - Co-location of Ayurveda Yoga Unani Siddha Homeopathy (AYUSH) services should be ensured in 50% of Primary Health Centres (PHCs), 60% of Community Health Centres (CHCs) and 100% of district hospitals. Thus far, AYUSH facilities have been co-located¹⁴ in 37% of PHCs, 50% of CHCs and 63% of district hospitals.
- **District Hospital Strengthening:**
 - States must be incentivized to propose general ICUs, and High-dependency units for every 10-lac population (could be considered at 5-lac for hilly and NE region).
 - Faculty from nearby government and credible private medical colleges can be sourced-in to meet the demand of trainers.
 - District hospitals and credible not-for-profit missionary/trust hospitals can be chosen as training sites
- **Partnering with Private Player** as also supported by National Health Policy 2017, the Government must work to create a synergy where
 - Private sector may be strengthened to work for example- urban areas where consumers have purchasing power and tertiary health care
 - The government can focus on rural areas, small cities and basic healthcare services where private business is not profitable.
 - Further, the government can purchase healthcare services from private service providers to make them affordable to all citizens via mechanism like health insurance etc.
- **Addressing Human Resource Problem**
 - There is an urgent need for a dedicated Public Health Cadre with support team comprising epidemiologists, entomologists, public health nurses, inspectors and male Multi-Purpose workers.
 - There is a critical **need to fill vacancies** against sanctioned posts

- Flexible norms for **remuneration of specialists** should be utilized by states with specialist shortages.
- **Performance appraisal mechanisms** should be objectively linked to job-specific indicators and the appraisal process should be linked with contract renewal and the award of performance-based incentives
- One of the steps that should be taken is the **formulation of a model policy on human resources for health by the Centre** followed by issuance of guidelines to states
- Put in place an updated curriculum for medical and allied professions that keeps pace with the changing dynamics of public health, policy and demographics.
- Create conditions to facilitate the import of doctors, especially those of Indian origin, working abroad.
- **Improving Governance** for **efficient management** of publicly provided health care
 - One of the key problems of the Indian healthcare system is its poor management, administration and the entire governance structure.
 - The new governance structure needs to balance responsibility, accountability and flexibility.
- **Fully functional Health Information System (HIS)** which should include: universal registration of births, deaths and cause of death. Maternal and infant death reviews, nutritional surveillance among women & children, out-patient and in-patient information through Electronic Medical Records (EMR) to reduce response time in emergencies & help in hospital administration, data on human resources within the public & private health system, financial management in the public health system, a national repository of teaching modules, Tele-medicine and consultation support to doctors at primary and secondary facilities from tertiary centres, nationwide registry of clinical establishments, blood banks, drug testing laboratories etc. should also be included.
- Lastly, public and preventive health interventions being a **pure public good**, public health will **inevitably be under-provided in any market mechanism**. It is therefore **imperative** that the government as part of its stewardship role accords **top priority to setting up a strong public health system**.

2.6. Miscellaneous Issues

2.6.1. Mental Health

WHO defines mental health as a state of mental well-being in which people cope well with the many stresses of life, can realize their own potential, can function productively and fruitfully, and are able to contribute to their communities.

Status of Mental Health issues in India

- **Large number of cases:** In 2017, there were 197·3 million people with mental disorders in India, comprising 14·3% of the total population of the country. (One among every seven people in India had a mental disorder, ranging from mild to severe.)
- **Contribution to total disease burden:** Mental disorders contributed 4·7% of the total disability adjusted life years (DALYs) in India in 2017, compared with 2·5% in 1990.
- **Leading cause of Years Lived with Disability (YLD):** Mental disorders were the leading cause of YLDs in India, contributing 14·5% of the total YLDs in 2017.
- **Distribution across states:** Mental disorders that manifest predominantly during adulthood was generally higher in the more developed southern states than in the less developed northern states. Mental disorders with onset predominantly in childhood and adolescence was generally higher in the northern states than in southern states. Prevalence of depressive disorders was highest in Tamil Nadu followed by Andhra Pradesh, Telangana and Kerala.
- **Gender related disorders:** The contribution of depressive disorders and eating disorders to the total DALYs was substantially higher in females than in males. Whereas the contribution

of autism spectrum disorders and Attention Deficit/Hyperactivity Disorder (ADHD) was significantly higher in males than in females.

- **Age related disorders:** Among the mental disorders that manifest predominantly during adulthood, the highest disease burden in India was caused by depressive and anxiety disorders, followed by schizophrenia and bipolar disorder. Among the mental disorders that have their onset predominantly during childhood and adolescence, the highest disease burden was caused by Idiopathic Developmental Intellectual disability (IDID), followed by conduct disorder and autism spectrum disorders.

Analysis of the causes

- **Modernisation and urbanisation:** The higher prevalence of depressive and anxiety disorders in southern states could be related to the higher levels of modernisation and urbanisation in these states among other factors.
 - There is also a positive relationship between depressive disorders and suicide death rates at the state level, with suicide death rates also being higher in the southern states than in the northern ones.
- **Gender discrimination:** The observed higher prevalence of depressive and anxiety disorders in females could be related to gender discrimination, violence, sexual abuse, antenatal and postnatal stress, and adverse socio-cultural norms.
- **Influence of media:** A significantly higher prevalence of eating disorders in females apart from genetic and biological factors is also probably linked with sociocultural factors, social media, and peer pressure to diet.
- **Genetic and hormonal factors** could be the reasons for higher prevalence of Autism spectrum disorders and ADHD in males.
- **Old age issues:** The high prevalence of depressive disorders in older adults could be due to various factors, including chronic illness, social isolation and inadequate social support, and elder abuse.

What needs to be done to tackle mental health issues effectively?

- Integrated approach to detect, treat, and manage patient needs related to mental and physical health is urgently needed in India because people with mental disorders die prematurely and have excess disability.
- Strengthening the role of communities and families in addressing mental health by reducing stigma and discrimination, raising awareness, and promoting inclusion.
- Building resilience amongst adolescents and young children: through School-based mental health programmes.
- Scaling up Digitally-mediated therapy and telepsychiatry to provide mental health services in remote and inaccessible areas. For eg- NIMHANS runs a successful telepsychiatry intervention in Karnataka.
- Community-based interventions: such as Atmiyata's community-based volunteers in Maharashtra and Gujarat, SCARF's mental health mobile vans in Tamil Nadu, and VISHRAM in Vidarbha, that used community health workers for the first line of treatment
- Promotion of physical activity, Yoga and mindfulness techniques to supplement mental health.

2.6.2. Right to Health

Making Right to Health a Fundamental Right would make denial of health "justiciable"—which basically means that one can sue the state if one is sick and unable to access healthcare. The idea of making health a fundamental right is an old, comfortable, feel-good debate.

Arguments in Favour of Making Health a Fundamental Right

Student Notes:

- The right to health is a natural corollary of the right to life and, therefore, denying someone healthcare is like denying a living human being the right to live out her natural life span.
- As the legal guardian responsible for the safety and security of all its citizens, it is the state's duty to protect its citizens from mortality and morbidity caused by disease and illness as well.
- Making health a fundamental right would thus give citizens the power to hold the state accountable for fulfilling its responsibility toward them.
- Contrary to arguments that an individual is responsible for health, It is not only the individual who is responsible for her health but also the circumstances in which she lives and works, and these are often not under her control. For example- polluted cities like Delhi.
- Cost of treatment deters many citizens to seek timely healthcare and cause many people to become more impoverished due to high costs thus denying them the required healthcare services.

Arguments Against Making Health a Fundamental Right

- While health, in certain preventative aspects, may require a degree of engagement from the state, in a world cleansed, for the most part, of epidemics and the most dangerous communicable diseases, it is the individual who is responsible for her health.
- State lacks the capacity to deliver on such a promise—where is the money going to come from, where are the hospitals, where are the trained health workers, etc.
- Similar to the case with 'Right to Education', when the state acquires enough capacity, then 'Right to Health' can be made a Fundamental Right.
- Otherwise, it will only become a symbolism and lead to legal disputes thus diverting the focus from actual delivery of services.

Way Forward

- India being a welfare state has the responsibility of providing healthcare to all its citizens.
- Universal Healthcare Coverage is one of the stated goals of the government as reiterated in National Health Policy, 2017 and even WHO calls for an insurance-centric (pooling together of funds via compulsory prepayment) universal healthcare programme.
- Strengthening of public healthcare system in tandem with facilitating private healthcare providers by creating an enabling environment should be followed.
- Strategic purchasing of healthcare from private service providers and healthcare insurance schemes like Ayushman Bharat-National Health Protection Mission must be implemented efficiently to effectively make available Right to Health to all its citizens.
- In other words, it really doesn't matter whether or not India makes health a fundamental right—that is not the real debate. Rather, the Focus should be making available affordable healthcare services to all citizens rather than enacting legislations to make 'Right to Health' a Fundamental Right.

2.6.3. Hidden Hunger

Hidden hunger is also known as micronutrient deficiency. It is a form of under nutrition that occurs when intake or absorption of Vitamins, Proteins and Mineral is too low to sustain good health and development in children & normal physical and mental functions in adults.

Challenges in Reducing Hidden Hunger

- There are huge gaps in implementation of the programmes like ICDS, PDS, and Food Security, e.g., there is a massive shortage of paediatric iron syrups for children in most states which need to be corrected.

- Universal maternity entitlements have been promised under NFSA, but its implementation has several gaps.
- There are already institutional supports present in the form of Sarv Siksha Abhiyan, Midday Meal Scheme, National Rural health mission to tackle hidden hunger, we need to strengthen them.
- Weekly Iron Folic acids supplementation to reduce anemia among girls is a good step to tackle hidden hunger.
- Also, in order to combat widespread deficiencies in iron, India is promoting iron rich crops such as pearl millet, which is high in vitamin B, calcium, iron, potassium, magnesium and zinc.
- Innovative agricultural processes like fortification and biofortification aiming at improving the specific micronutrient deficiencies of a target population should be promoted.

Food fortification and Bio-fortification

- Food fortification or enrichment is the process of adding micronutrients (essential trace elements and vitamins) to food.
- Addition of micronutrients to staples and condiments can prevent large-scale deficiency diseases.
- Biofortification is the idea of breeding crops to increase their nutritional value. This can be done either through conventional selective breeding, or through genetic engineering.
- Biofortification differs from ordinary fortification as it focuses on making plant foods more nutritious as the plants are growing, rather than having nutrients added to the foods when they are being processed.

2.6.4. AYUSH

AYUSH is the non-allopathic medical systems in India comprising of Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homoeopathy.

Benefits of AYUSH system are:

- It addresses gaps in health services.
- It provides low cost services in far-flung areas.
- Problem of tobacco and drug abuse can be tackled by AYUSH especially through Yoga.
- Useful in lifestyle diseases like diabetes and hypertension.
- Large part of the population prefers AYUSH as it is perceived to have lower side effects, costs and considerations of it being more natural.

Challenges in the present system are:

- Quality standards of Medicines – Scientific validation of AYUSH has not progressed in spite of dedicated expenditure in past.
- Lack of human resources – Practitioners are moving away from traditional system for better opportunities
- The existing infrastructure remains under-utilized.

Some Steps Taken to Boost AYUSH

- A separate Ministry of Ayush has been created.
- Incentives to the AYUSH industry under Central Sector Scheme for International Cooperation
 - To get market authorization/registration for their product(s) at regulatory bodies of different countries such as USFDA/EMEA/UK-MHR etc. to enhance their exports
 - For participation in international exhibitions, trade fairs, road shows etc. to create awareness about the efficacy of their products.
- The Government is encouraging certification of AYUSH products under

- Voluntary Quality Certification of Pharmaceutical Products
- Quality Certifications Scheme implemented by the Quality Council of India (QCI)
- **All India Institute of Ayurveda** has been conceived as an apex Institute which aims at bringing a synergy between Traditional Wisdom of Ayurveda and Modern tools and technology.

Suggestions to completely utilize the benefits of AYUSH system are:

- **Research and Development**-More research is required to validate AYUSH therapies and Cross-disciplinary research with other disciplines will ensure best health practices.
- **Regulatory framework-**
 - All Government health care facilities should offer suitable AYUSH services as per laid down standards.
 - Mandated representation of AYUSH experts at all levels for regulatory framework is important.
- Community-based AYUSH interventions for **preventive and promotive healthcare** are required.
- **Human resources development**
 - Cross-disciplinary learning between modern and AYUSH systems at the post-graduate level.
 - Modification in syllabi at the undergraduate level should be worked by a team of experts from the different Professional Councils.
 - Collaboration between AYUSH teaching colleges and with medical colleges for mutual learning should be encouraged.

3. Human Resources

3.1. Introduction

“Nation-building is about creating human capital.”

Human resource development plays an important role in the economic development of any country. In fact **effective use of physical capital** itself is dependent upon human resource. This is due to the reason that if there is underinvestment in human resource the rate at which additional physical capital can be productively utilized will be limited since technical, professional and administrative people are required to make effective use of material resource.

While India is expected to become the second largest economy by 2050, it will also boast of the world's largest working-age population which is expected to touch 962 million by 2030. Furthermore, India will be the world's youngest country by 2020 with an average age of 29 years. This “demographic dividend” comes at a time when the rest of the world is ageing where, by 2020, the average age in the United States of America (USA) is expected to be 40 years, for Europe 46 years and for Japan 47 years. Thus, India will not only have a young workforce to fulfil its domestic needs, it also has the opportunity to become the global hub for skilled workforce.

This window of opportunity is also a **challenge**. India would be able to reap the benefits of this “demographic dividend” only if she prepares her human resource else this can turn into a “demographic disaster”. The youth of India need education and skills to be able to fulfil their promise and the current systems are ill-equipped to deliver these on a large scale. The essence of Human Resource Development is education, which plays a significant and remedial role in balancing the socio-economic fabric of the Country. Since citizens of India are its most valuable resource, our billion-strong nation needs the nurture and care in the form of basic education and skills to achieve a better quality of life.

In India, about **12 million people enter the labour market every year**. Providing gainful employment to such huge workforce is important for reaping demographic dividend, maintain social harmony and political stability.

Two ministries – Ministry of Human Resource Development and Ministry of Skill Development and Entrepreneurship- have **specific objectives of human resource development**.

The **Ministry of Skill Development and Entrepreneurship** is responsible for co-ordination of all skill development efforts across the country, removal of disconnect between demand and supply of skilled manpower, building the vocational and technical training framework, skill upgradation, building of new skills, and innovative thinking not only for existing jobs but also jobs that are to be created.

The Ministry aims to Skill on a large Scale with Speed and high Standards in order to achieve its vision of a 'Skilled India'.

It is aided in these initiatives by its functional arms – **National Skill Development Agency (NSDA)**, **National Skill Development Corporation (NSDC)**, **National Skill Development Fund (NSDF)** and **33 Sector Skill Councils (SSCs)** as well as 187 training partners registered with NSDC.

Why India needs Skill Development?

- The **skilled workforce** is crucial for the success of recently launched missions - Make in India, Digital India, and Smart Cities.
- **Demographic Dividend:** The 'demographic window' is only a span of few decades. The skilled youth is required to save demographic dividend from becoming demographic disaster.
- **Sectoral mobilization:** Less number of people will be required to work in farming as productivity improves. This would result in sectoral mobilization of workforce from agriculture to secondary and tertiary activities.
- **Skill Capital of World:** To convert this vision into reality, India needs to create a skilled and productive workforce matching international standards of quality and productivity through integration of skills and training along with education. The National Skill Development Policy estimates that only 5.4 per cent of the workforce in India has undergone formal skill training as compared to 68 per cent in the UK, 75 per cent in Germany and 96 per cent in South Korea
- **Better Employment:** Skills are needed to those currently in colleges for them to be better employed. The India Skill Report 2018 states that only 47 per cent of those coming out of higher educational institutions are employable.
- **Younger Population:** With most of the major economies of world having sizeable ageing population, India has huge opportunity of serving the booming market.

Why India lacks skilled workforce? – Challenges and Issues

- The **focus** in India has always been on education but unfortunately not on overall skill development.
- **Sheer magnitude** of the people who needs to be skilled. The study by national Skill Development Council (NSDC) indicates that a net requirement of about 12 crore skilled manpower would be required in 24 key sectors by 2022.
- The **diverse nature of skill sets** required varies across the geography of country depending on industrial demand in cluster which further makes need to have location specific strategies for skilling
- The **target demography** for the skilling initiative is also diverse with people from various education backgrounds who aspire to be skilled
- **Perception** about vocational skilling vis-à-vis higher education needs to be changed

Student Notes:

- **Social Acceptability:** Vocational courses and skill development courses are looked down upon and such students do not have acceptability in the society as compared to other courses
- **Pending Labour reforms:** The multiplicity and complexity of labour laws is an inhibiting factor. The employers generally prefer automation and contract labour over permanent to save themselves from labour laws. This growing practice impedes skill development in India.
- **Rapidly changing technology:** In the era of rapidly changing technology, it is difficult to estimate the quantity and areas in which skilled workforce is required. It also raises requirement of higher order skill sets
- **The vocational courses are terminal in nature –** there is lack of vertical mobility from certificate to diploma to degree courses in vocational education. As a result parents who feel that their child has an inherent skill do not influence him/her to take up a vocational career.
- **Lack of infrastructure and poor quality of courses:** The infrastructure in most skill training centres is of poor quality and not upgraded. Hence the gap between what the industry desires and the machinery being used for training is wide.
- **Poor quality of trainers:** The trainers who impart the skill training are not up-to-date with the skills required by the industry and hence the outcome of training is not as per desired quality. As such, students who complete these courses also do not find ready employment in the Industry.
- **Lack of Initiatives from industry:** The industry especially the small and medium enterprises do not emphasize on vocational certification or formal training as this sometimes increases the cost of manpower. At times, it is observed that SMEs prefer to hire an untrained or semi-trained worker at a cheaper pay-out than a formally trained or skilled worker.
- **Lack of standardization:** Several ministries offer skill courses increasing the confusion amongst students also resulting in lack of standardization. Furthermore, there is no single comprehensive model addressing all the concerns of this sector
- **Gender disparities:** The skill programmes are biased towards trades which are more favourable to men reinforcing the exclusion of girls. There is challenge of providing facilities like female teachers, hostels and transport along with introducing flexible courses in terms of time for their better participation.
- **Recognition of Prior Learning:** Although the workers like Diamond cutters in Pune may have requisite skills passed on from generations, but in absence of any certificate they are not able to take decent job or start a venture.

3.2. Rights Based Approach to Development

The idea of rights based approach (RBA) to development uses human rights as framework to guide development agendas. “A rights-based approach is founded on the conviction that each and every human being, by **virtue of being human**, is a **holder of rights**. A right entails an **obligation on the part of the government** to respect, protect and fulfil it. The legal and normative character of rights and the associated governmental obligations are based on international human rights treaties and other standards, as well as national constitutional human rights provisions. Thus a RBA involves **not charity or simple economic development**, but a process of

Amartya Sen's Capability Approach

- The capability approach is a theoretical framework that entails two core normative claims:
- First, the claim that the **freedom** to achieve well-being is of primary moral importance, and
- Second, that freedom to achieve well-being is to be understood in terms of people's **capabilities**, that is, their real **opportunities** to do and be what they have reason to value.
- A person's capability to live a good life is defined in terms of the set of valuable ‘beings and doings’ like being in good health or having loving relationships with others to which they have real access.

There can be seen a shift in Government's approach towards development. Instead of relying only on increase in general affluence to enhance the living standards of citizens, the approach is to consider the acquisition of minimum levels of education, health, employment and nutrition as **basic entitlements**, and recognize the key role of the state in providing them to every needy citizen in the country. In essence, the shift is towards universalization and entitlements. Following are some examples of providing entitlements through rights based approach-

- Right of Children to Free and Compulsory Education Act, 2009
- National Rural Employment Guarantee Act, 2005
- Right to Information, 2005
- Mid-day Meal Scheme

'Development' which is rights-based would be having the following features:

- Express linkage to 'rights'
- Accountability
- Empowerment
- Participation, and
- Non-discrimination and attention to vulnerable groups

3.3. Mechanisms for Human Resource Development

3.3.1. National Skill Development Mission

- The National Skill Development Mission has been developed to **create convergence** across sectors and States in terms of skill training activities.
- Further, it would not only **consolidate** and **coordinate** skilling efforts, but also **expedite decision making** across sectors to achieve skilling at scale with speed and standards.
- Key **institutional mechanisms** for achieving the objectives of the Mission have been divided into three tiers, which will consist of a Governing Council for policy guidance at apex level, a Steering Committee and a Mission Directorate (along with an Executive Committee) as the executive arm of the Mission.
- Mission Directorate will be supported by three other institutions: **National Skill Development Agency (NSDA)**, **National Skill Development Corporation (NSDC)**, and **DIRECTORATE GENERAL OF TRAINING (DGT)** – all of which will have horizontal linkages with Mission Directorate to facilitate smooth functioning of the national institutional mechanism.
- **Seven sub-missions** have been proposed initially to act as building blocks for achieving overall objectives of the Mission. **They are:** (i) Institutional Training, (ii) Infrastructure, (iii) Convergence, (iv) Trainers, (v) Overseas Employment, (vi) Sustainable Livelihoods, (vii) Leveraging Public Infrastructure.

3.3.2. National Skill Development Agency (NSDA)

The National Skill Development Agency (NSDA), an autonomous body, (registered as a Society under the Society's Registration Act 1860) was created with the mandate to co-ordinate and harmonise the skill development activities in the country, is part of the Ministry of Skill Development & Entrepreneurship (MSDE).

Activities undertaken by the NSDA

Besides anchoring and implementation, the National Skills Qualifications Framework (NSQF), some of the other actions taken by the NSDA are as under:

- Rationalization of the Skill Development Schemes of the Government of India

- Creation of an integrated Labour Market Information System
- Engagement with States to plan out their skill development action plan, help them develop their skill development policies, and set up suitable administrative mechanisms.
- Skills Innovation Initiative

Student Notes:

3.3.3. National Skill Development Corporation (NSDC)

- It is a not-for-profit company set up by the Ministry of Finance, under Section 25 of the Companies Act and works under the Ministry of Skill development and Entrepreneurship.
- It has an equity base of Rs.10 crores, of which the Government of India holds 49%, while the private sector has the balance 51%.
- NSDC is a Public Private Partnership Company with the primary mandate of **catalyzing the skills landscape** in India. It creates vocational training institutions, fund patents and enable support for skill development.
- NSDC is a unique model created with a well thought through underlying philosophy based on the following pillars:
 - **Create:** Proactively catalyse creation of large, quality vocational training institutions.
 - **Fund:** Reduce risk by providing patient capital. Including grants and equity.
 - **Enable:** the creation and sustainability of support systems required for skill development. This includes the Industry led Sector Skill Councils.

3.3.4. National Skills Qualifications Framework (NSQF)

- It is a framework to organize qualifications according to a series of levels of knowledge, skills and aptitude.
- It aims to obtain uniformity in the outcomes associated with different qualifications across institutions.
- NSQF is operationalised by National Skill Development Agency.
- It will also facilitate Recognition of Prior Learning (RPL) that is largely lacking in the present education and training scenario.

3.3.5. National Skill Development Fund

- It was set up in 2009 by the Government of India for raising funds both from Government and non-Government sectors for skill development in the country.
- A public Trust set up by the Government of India is the custodian of the Fund. Fund is operated and managed by a Board of Trustees. The secretary of the Ministry of Skill is the Chairperson of this Trust.

3.3.6. Sector Skill Councils

- Sector Skill Councils (SSCs) are industry led and industry governed bodies which have been mandated to ensure that skill development efforts being made by all the stake holders are in accordance with the actual needs of the industry.
- They develop National Occupational Standards/Competency Standards and Qualification Packs.
- They have two basic objectives – providing skills and employment.
- National Skill Development Corporation (NSDC) has approved formation of various SSCs in different Sectors

3.3.7. Sharda Prasad Committee

Sharada Prasad Committee was constituted to review, rationalize and optimize the functioning of Sector Skill Councils (SSCs)

To ensure convergence and optimal functioning of SSCs as per the National Policy for Skill Development and Entrepreneurship 2015, it was decided to constitute a Committee in 2016 to review the functioning of the SSCs and provide a roadmap for their harmonious skilling ecosystem.

Recommendations

- The committee says that SSCs are a ‘hotbed of crony capitalism’ that has tried to ‘extract maximum benefit from public funds.’ For Eg. A board member of a SSC also being a promoter of it.
- It has therefore recommended the Centre to
 - **Scrap all existing skill councils**, many of which have overlapping roles
 - Introduce an **oversight mechanism on the NSDC**, preferably from the RBI, as it is registered as a non-banking finance company.
- Merge plumbing and construction, handloom and handicraft, telecom and IT & ITeS, automotive and logistics, health care and beauty and wellness sector, and many more SSCs.
- The committee pointed out that there was poor governance in NSDC because it is **100% government-funded but accountable to a board that consists of a majority of private sector industry associations**.
- It recommends that Government should review the NSDC’s role and functioning comprehensively with reference to its Memorandum of Association.
- The committee has noted that SSC were kept away from Parliamentary oversight, CAG audit, RBI supervision.
- Committee also highlighted the **lacunae in the governance of the National Skill Development Fund (NSDF)**.

For further recommendations see *image*.

3.3.8. Pradhan Mantri Kaushal Vikas Yojana

- Launched in 2016, Pradhan Mantri Kaushal Vikas Yojana (PMKVY) is the flagship scheme of the Ministry of Skill Development & Entrepreneurship (MSDE).
- The objective of this scheme is to enable youth of the country to take industryrelevant skill training that will help them in securing better jobs.
- Individuals with prior learning experience or skills will also be assessed and certified under Recognition of Prior Learning (RPL)
- **PMKVY** was launched on 15 July, 2015 to provide training and skilling to 24 lakh youths.
- The scheme was reviewed and **PMKVY 2.0** was launched in October 2016. It aims to spend Rs 12,000 crore on skill training 10 million youth between 2016 and 2020.

Changes from PMKVY to PMKVY 2.0

- Placement tracking has been made mandatory.
- Setting up Model Skill Centres called Pradhan Mantri Kaushal Kendras (PMKKs), in districts.
- Focus has been shifted to getting greater participation of states, bringing district collectors into the picture to ensure delivery at the district level
- District-level data-crunching exercise to know the specific demand-supply conditions for each district
- Involvement of industry especially the MSME sector under cluster-based model such as training candidates in a group in a specific region.

Being Job-ready

The proposal

- A National Vocational Education & Training system
- More synergy between skill development, HRD ministries
- HRD to conduct vocational training at 10+2 level
- Either of the ministries may set up skills institute
- Training to be aligned to international standards

How it will help

- Student may get to opt for vocational studies in higher secondary
- Option to go beyond humanities, science and commerce



Key Components of the Scheme

Student Notes:

- **Short Term Training** to candidates of Indian nationality who are either school/college dropouts or unemployed.
- **Recognition of Prior Learning** for Individuals with prior learning experience or skills
- The **Special Projects** component of PMKVY envisages the creation of a platform that will facilitate trainings in special areas that require some deviation from the terms and conditions of Short Term Training under PMKVY for any stakeholder.
- To conduct **Kaushal and Rozgar Melas** every six months with press/media coverage; they are also required to participate actively in National Career Service Melas and on-ground activities.
- **Placement Guidelines:** PMKVY envisages to link the aptitude, aspiration, and knowledge of the skilled workforce it creates with employment opportunities and demands in the market. Every effort thereby needs to be made by the PMKVY TCs to provide placement opportunities to candidates, trained and certified under the Scheme. TPs shall also provide support to entrepreneurship development.

Implementation of PMKVY

- The scheme would be implemented through NSDC training partners. Currently NSDC has 187 training partners that have over 2300 centres.
- In addition, Central / State Government affiliated training providers would also be used for training under the scheme.
- Focus under the PMKVY would be on improved curricula, better pedagogy and better trained instructors.
- Training would include soft skills, personal grooming, behavioural change for cleanliness, good work ethics.
- Skill Development Management System (SDMS) would be put in place to verify and record details of all training centres a certain quality of training locations and courses.
- Biometric system and video recording of the training process would be put in place where feasible.
- A robust grievance redressal system would be put in place to address grievances relating to implementation of the scheme.
- Mobilization would be done through skill Melas organized at the local level with participation of the state governments, municipal bodies, Pachayati Raj institutions and community based organizations.

3.3.9. India Skill Development Service

Ministry of Skill Development and Entrepreneurship (MSDE) has issued a notification to set up Indian Skill Development Services (ISDS).

Need of the Service

- Skill India Mission has the aim to raise a 500 million skilled workforce by 2022. A unit of skilled administrators under ISDS would promote this goal.
- ISDS will **ensure more government control** in a sector that was largely private-led till 2014.
- India has the largest youth population and one of the lowest skill proficiency. This move will tackle both – **tapping our demographic dividend and improving skills in the workforce**.

Significance

- It is an attempt to **attract young and talented administrators** for Skill Development.
- It will give **new impetus to the skill development ecosystem** of government like Skill India.
- It will help in **efficient and effective implementation of the schemes**.

- It will create a **dedicated workforce of trained skill administrators** to promote the goal of increasing skilled youths.
- It will promote better competitiveness of the Indian manpower as compared to other countries.
- A dedicated cadre of skilled administrators will help specialize the generalist bureaucracy in the MSDE. This will promote better planning, better implementation and better targeting of the future schemes.

Student Notes:

3.3.10. National Skill Development and Entrepreneurship Policy, 2015

- It is India's *first integrated* national policy for skill development and entrepreneurship which seeks to improve employability of workers and boost job creation.
- The policy aims to align supply with demand, bridging existing skill gaps, promoting industry engagement, operationalise a quality assurance framework, leveraging technology and promoting apprenticeship to tackle the identified issues.
- The policy would have **four thrust areas**. It addresses key obstacles to skilling, including low aspirational value, lack of integration with formal education, lack of focus on outcomes, low quality of training infrastructure and trainers.
- It also seeks to **connect entrepreneurs to mentors, incubators and credit markets; foster innovation and entrepreneurial culture; improve ease of doing business; and focus on social entrepreneurship.**
- **Equity** is also a focus of the Policy, which targets skilling opportunities for socially/geographically marginalised and disadvantaged groups. Skill development and entrepreneurship programmes for women are a specific focus of the Policy.

3.3.11. Deen Dayal Upadhyaya – Grameen Kaushal Yojana

The Ministry of Rural Development implements DDU-GKY to drive the national agenda for inclusive growth, by developing skills and productive capacity of the rural youth from poor families.

Features of Deen Dayal Upadhyaya Grameen Kaushalya Yojana:

- **Enable Poor and Marginalized to Access Benefits:** Demand-led skill training at no cost to the rural poor
- **Mandatory coverage of socially disadvantaged groups** (SC/ST 50%; Minority 15%; Women 33%)
- **Shifting Emphasis from Training to Career Progression:** Providing incentives for job retention, career progression and placements
- **Post-placement support**, migration support and alumni network
- **Regional Focus:** Greater emphasis on projects for poor rural youth in Jammu and Kashmir (HIMAYAT), the North-East region and 27 Left-Wing Extremist (LWE) districts (ROSHINI)
- **Standards-led Delivery:** All program activities are subject to Standard Operating Procedures that are not open to interpretation by local inspectors. All inspections are supported by geo-tagged, time stamped videos/photographs

Recognition of Prior Learning of Construction Workers

It is a national Scheme launched by the Ministry of Labour & Employment which includes:

- Providing National Council of Vocational Training(NCVT) Certificate
- Construction sites to be designated as Testing Centres
- Providing skill gap training of about 15 days
- Wage compensation for attending training classes and assessment

3.3.12. Apprenticeship Protsahan Yojana

Student Notes:

It is a major initiative to revamp the Apprenticeship Scheme in India. The major components of this initiative are:

- Amendment to the Apprentices Act, 1961 to making the legal framework friendly to both, industry and youth
- Enhancing the rate of stipend and indexing it to minimum wages of semi-skilled workers
- Government of India shares fifty percent of stipend for the first two years of training engaged by eligible establishments particularly in manufacturing
- Basic training curricula being restructured on scientific principles to make it more effective
- The Apprentice Protsahan Yojana will support one lakh apprentices during the period up to March 2017.

3.3.13. Garib Nawaz Skill Development Center

- Garib Nawaz Skill Development Centres under the Ministry Minority Affairs will be established in 100 districts of the country.
- These centres will effectively ensure employment oriented skill development of youth belonging to Minority communities.
- The courses will be short term(2 to 6 months) in fields such as mobile and laptop repairing, security guard training, house keeping training, etc

Other Skill Development schemes for Minorities:

- Seekho aur Kamao
- USTTAD (Upgrading the Skills and Training in Traditional Arts/ Crafts for Development)
- Nai Manzil
- Maulana Azad National Academy for Skills (MANAS)

3.3.14. Sustainable Action for Transforming Human Capital (SATH)

NITI Aayog launched SATH, a program providing '**Sustainable Action for Transforming Human capital**' with the State Governments.

About the programme

- The vision of the program is to initiate **transformation in the education and health sectors**.
- The program addresses the need expressed by many states for **technical support from NITI Aayog**.
- SATH aims to identify and build three future '**role model**' states for health systems.
- NITI Aayog will work in close collaboration with their state machinery to design a robust roadmap of intervention, develop a program governance structure, set up monitoring and tracking mechanisms, hand hold state institutions through the execution stage and provide support on a range of institutional measures to achieve the end objectives.
- The program will be implemented by NITI along with McKinsey & Company and IPE Global consortium, who were selected through a competitive bidding process.

3.3.15. Scheme for Higher Education Youth in Apprenticeship and Skills (SHREYAS)

The Ministry of Human Resources Development has launched the Scheme for Higher Education Youth in Apprenticeship and Skills (SHREYAS) for providing industry apprenticeship opportunities to the general graduates exiting in April 2019 through the National Apprenticeship Promotional Scheme (NAPS).

SHREYAS is a programme basket comprising the initiatives of three Central Ministries, namely the Ministry of Human Resource Development, Ministry of Skill Development &

Entrepreneurship and the Ministry of Labour & Employment viz the National Apprenticeship Promotion Scheme (NAPS), the National Career Service (NCS) and introduction of BA/BSc/BCom (Professional) courses in the higher educational institutions.

Student Notes:

It is conceived for students in degree courses, primarily non-technical, with a view to introduce employable skills into their learning, promote apprenticeship as integral to education and also amalgamate employment facilitating efforts of the Government into the education system so that clear pathways towards employment opportunities are available to students during and after their graduation.

Objectives of SHREYAS:

1. To improve employability of students by introducing employment relevance into the learning process of the higher education system.
2. To forge a close functional link between education and industry/service sectors on a sustainable basis.
3. To provide skills which are in demand, to the students in a dynamic manner.
4. To establish an 'earn while you learn' system into higher education.
5. To help business/industry in securing good quality manpower.
6. To link student community with employment facilitating efforts of the Government.

3.4. Specific Interventions Needed For Human Resource in Some Sectors

3.4.1. Creative and Cultural Sectors

- Building a skilled labour force in this sector would contribute to job creation, protect cultural practices and heritage, and create livelihood for artisans with traditional skills.
- Skill development in the cultural sector should be promoted by setting up a dedicated SSC for the same.
- This SSC would include skill development in Archaeology, Archival Studies, Conservation, Museology and performing arts, among other fields.
- Skill development programmes should also be developed with a view to make associated skills commercially viable.
- Traditional knowledge systems should also be strengthened by developing curricula for creative industries at tertiary institutions and certification programs.
- In addition to providing skills through the Handicrafts and Carpet Sector Skills Council, selected youth with background in handicraft and weaving should be given government support to further develop their skills in eminent institutions like the National Institute of Design or the National Institute of Fashion Technology.
- This would give these young artists the requisite skills to fuse traditional handicraft practices with contemporary design sensibilities.

3.4.2. Gems and Jewellery Sector

There is a need to increase **investment in skills training for the sector**. In order to ensure high productivity in the sector, we must ensure that there are adequate skills training facilities for workers in the sector. Currently, the raw materials and machinery costs for the sector are very high. Thus, establishing a training institute comes at a high cost.

- **Co-finance training centres**- The NSDC should partner with larger firms in the industry to co-finance the setting up of these training institutes and develop a demand-driven curriculum.
- **Establish a trainer course in the sector**- Existing training centres face a shortage of quality trainers. The NSDC should set up a course for the training of trainers in the sector.
- **Facilitate exchanges with industry experts and associations in other top exporters** as this will allow exposure to leading global practices and technologies.

- Increasingly adopt Recognition of Prior Learning (RPL) within the sector which will help provide artisans with suitable opportunities.

Student Notes:

3.4.3. Tourism

Tourism in the country has the potential to emerge as a key economic driver. It is estimated that tourism can generate employment next only to the Construction Sector. The PM's National Skill Development Council has articulated a vision that tourism Sector will have five million skilled persons by the year 2022.

The Ministry of Tourism formulated **six-pronged approach** to meet the problem of trained manpower gap. The **approach comprised of following:**

- Opening new Institutes of Hotel Management (IHM) and Food Craft Institutes (FCI);
- Strengthening and upgrading the infrastructure of the existing Central IHMs;
- Broad-basing of hospitality education / training;
- Short duration skill development training programmes under Hunar Se Rozgar; and
- Skill testing and certification of the existing service providers.

Scheme of Capacity Building for Service Providers: Implementation

- **Hunar Se Rozgar:** The Programme was launched in August, 2009 for creation of employable skills. The Programme offers short (6 to 8 weeks) quality training courses covering Food & Beverage Service, Food Production, Bakery and Housekeeping.
- **Certified Hospitality Trainers Programme:** This Programme was started as a measure to meet the shortage of teachers specific to hospitality education.
- **Earn While You Learn Programme:** Under this Programme of the Ministry, the Indian Institute of Tourism and Travel Management conducts training programmes for college-going students for a period of 21 days. The basic purpose of the trainings is to sensitize youths to tourism in the country and also give skills to handle tourism related functions.
- **Training of Taxi/Auto Rickshaw Drivers:** These trainings are conducted by the Haryana Institute of Public Administration (HIPA), Governments of UP and MP presently. Each training course runs over four days and aims at not only improving the drivers and others in their manners and attitude but to also give them skills in communication, first aids and yoga.

Recommendations

- Setting up of a dedicated teachers' training institutes
- Designating some IHMs as teachers' training institutes
- Setting up of Training Institutes in Rural Areas

3.4.4. Leather Industry

- Under Indian Leather Development Programme, **primary skill development** training has been imparted through the Footwear Design and Development Institute (FDDI).
- **Training** for various job roles in leather and footwear industry under National Skill Certification policy and Monetary Reward Scheme of the National Skill Development Corporation and Pradhan Mantri Kaushal Vikas Yojna (PMKVY).

3.5. Way Forward

- **Mapping skill requirements for a demand driven skill development ecosystem:** Skill development plans and strategies should be developed by geography and sector by mapping the availability of infrastructure and on the basis of assessing skill requirements both at the national and state levels. Talukas/districts should be required to provide the information required for such mapping.

- **Industry stakeholders must be incentivized to provide data on their skill requirements** on an ongoing basis, which could be used as input for the skill requirement assessment made at different levels.
- **Regular labour market studies** should be conducted and published by the MSDE in collaboration with the SSCs. These studies should capture changes in industry requirements to assess the skill sets required and introduce changes in training curricula.
- **Create vocational training innovation centres** for systematic research and conducting longitudinal studies on improving vocational education.
- **Improving training delivery and quality**
 - Capacities of teacher training institutes need to be upgraded
 - A single regulatory body with branches in all states should be set up to lay down minimum standards for all players in the skilling system like training providers, assessors, etc., and to issue NSQF aligned certificates.
 - To address the requirement of skilled workers in the unorganized sector, scaling up RPL is required under the PMKVY, using bridge training, apprenticeship, dual training, workbased learning and advanced courses.
- **Apprenticeship programmes:** Active advocacy is needed to create awareness about recent amendments in the Apprenticeship Act, 1961, and about the National Apprenticeship Promotion Scheme (NAPS) among different stakeholders.
 - The claim process for reimbursement, through which companies get appropriate refund for funds spent on stipends under the NAPS, needs to be streamlined.
 - Facilitate the integration of the micro, small & medium enterprises (MSME) sector into the apprenticeship system by linking it to MUDRA scheme.
- **Skilling:** Mainstreaming skill development with education through a system for academic equivalence to ITI's qualifications. This would provide ITI candidates option to attain academic qualification as well.
 - An Overseas Employment Promotion Agency should be set up at the national level under the Ministry of External Affairs. Apart from working with the MSDE to train and certify Indian workers keen on overseas employment, in line with international standards, it could also support pre-departure orientation training (PDOT), including language and soft skills training modules.
 - Publicize role models/micro entrepreneurs who have benefitted from vocational training courses.
 - **Rural India:** Given that in India around 69 percent of population reside in rural setting, there is need to skill them in agriculture and related activities with appropriate linkages with product, finance and labour market. This would facilitate increase in women participation and restrict distress migration from rural to urban areas.
 - **Online learning** system could be utilised to impart skill/craft along with using fixed infrastructure. An open platform for e-content on skill development should be created where content can be crowd source.
 - **Skills on Wheel** type initiatives could be used to address infrastructure and transport constraints. There are shining examples of Skill Trucks operated in Brazil that take skills training to the rural, remote parts of the country
 - **Establishing Skill Development University** to offer specialized degree programs which will provide advance skills.
- **Funding:** Alternative financial sources such as Corporate Social Responsibility (CSR) funds, Compensatory Afforestation Fund Management and Planning Authority (CAMPA) funds, Building & Construction Workers' Cess, Members of Parliament Local Area Development (MPLAD) Fund, Mahatama Gandhi National Rural Employment Guarantee Act (MGNREGA), etc., should be tapped to expand the skill programme and contribute to national skill development fund.

- **Vocational education in secondary schools:** This will help children get acquainted with formal vocational courses and apprenticeship training. Provisions for credit transfers into higher education could also be considered. Participation by private schools should be incentivized with lower interest rates on loans to expand training facilities. Moreover to enhance focus on vocational education:
 - Industry should emphasize on **formal vocational training and certification** at the time of hiring and for career advancement
 - Creating **standard curricula and assessment** across various agencies offering vocational courses.
 - Formal **training programs for vocational faculty and trainers** so that they understand this pedagogy.
- **Monitoring and evaluation:** Since skilling is dynamic, it is necessary to monitor programmes regularly. Hence, it is necessary to develop state level indicators, such as placement rates, which help monitoring whether demand requirements are being addressed, and the impact of various government schemes.
- **Targeted intervention in Difficult Areas:** The targeted interventions such as UDAAN, HIMAYAT etc. need to be scaled up which would improve the outreach and access in LWE affected areas, hilly terrain and terrorist affected areas.

4. Previous Years UPSC Mains Questions

1. Appropriate local community-level healthcare intervention is a prerequisite to achieve 'Health for All' in India. Explain.
2. *How far do you agree with the view that the focus on lack of availability of food as the main cause of hunger takes the attention away from ineffective human development policies in India? (15)*
3. 'To ensure effective implementation of policies addressing water, sanitation and hygiene needs, the identification of beneficiary segments is to be synchronized with the anticipated outcomes'. Examine the statement in the context of the WASH scheme.
4. Examine the main provisions of the National Child Policy and throw light on the status of its implementation.
5. "Demographic Dividend in India will remain only theoretical unless our manpower becomes more educated, aware, skilled and creative." What measures have been taken by the government to enhance the capacity of our population to be more productive and employable?
6. Professor Amartya Sen has advocated important reforms in the realms of primary education and primary health care. What are your suggestions to improve their status and performance?
7. The quality of higher education in India requires major improvements to make it internationally competitive. Do you think that the entry of foreign educational institutions would help improve the quality of higher and technical education in the country? Discuss.
8. Public health system has limitations in providing universal health coverage. Do you think that the private sector could help in bridging the gap? What other viable alternatives would you suggest?
9. An athlete participates in Olympics for personal triumph and nation's glory; victors are showered with cash incentives by various agencies, on their return. Discuss the merit of state sponsored talent hunt and its cultivation as against the rationale of a reward mechanism as encouragement.
10. Should the premier institutes like IITs/IIMs be allowed to retain premier status, allowed more academic independence in designing courses and also decide mode/criteria of selection of students. Discuss in light of the growing challenges.

11. The concept of Mid Day Meal (MDM) scheme is almost a century old in India with early beginnings in Madras Presidency in pre-independent India. The scheme has again been given impetus in most states in the last two decades. Critically examine its twin objectives, latest mandates and success.
12. Identify the Millennium Development Goals (MDG5) that are related to health. Discuss the success of the actions taken by the Government for achieving the same.

Student Notes:

5. Previous Years Vision IAS GS MAINS Test Series Questions

1. *While discussing the challenges faced in using digital content, explain why the National Digital Library (NDL) is being seen as a platform that can bring a fundamental shift in the paradigm of education and research. Also, highlight the challenges that need to be addressed to make NDL self-sustainable.*

Approach:

- In introduction provide a brief background of digital library initiatives of past and analyse the challenges in use of digital content.
- Then explain how NDL will bring in a paradigm shift in field of education and research.
- Finally bring out the challenges that need to be addressed to make NDL self-sustainable.

Answer:

In India, digital library initiatives have been sponsored by several Ministries, especially, MHRD, under its National Mission on Education through ICT. In spite of several such initiatives in the country, most of the challenges faced by students, teachers and general users in using digital contents remain unaddressed to a large extent. For example,

- Users still have to visit individual websites to access e-resources, need to learn retrieval/ search techniques separately
- Lack of vernacular access and limited content.
- There is hardly any integration of learner-learner, teacher-teacher, and teacher-learner interaction.
- Apart from these some more challenges like host securities, compliance with child online protection, accessibility to all etc. remain.

In this background MHRD initiated the National Digital Library to address the above issues and bridge the gaps that exist in the wide range from literacy to advance knowledge discovery and development of knowledge. NDL is envisaged as tool that will bring paradigm shift in education and research in following ways.

- It will open several opportunities for new-age techniques in learning, solve many of the long standing bottlenecks in education and research, facilitate crowd-sourcing in education.
- It will help people to learn and prepare from best practices from all over the world and adopt them.
- It will help students to prepare for entrance and competitive examinations.
- It will help researchers to perform inter-linked exploration from multiple sources and carry out new analytics..
- It will collate e-resources for students by sourcing from multiple entities.
- It will provide support for immersive e-learning environments at multiple layers spanning across all academic levels, all disciplines and all languages and will support interfaces in vernacular and for the differently-abled users. -

There are few challenges that need to be addressed in due course to make NDL self-sustainable. For example,

- effective crowd-sourcing mechanism for contents,
- National Licensing,
- Clean Copyrights Policies,
- Creation of High Value Proposition,
- Self-supporting Revenue Model
- Inculcation of Open Culture at large.

The philosophy of NDL is inclusiveness and openness and by tackling these challenges the objectives of it can be harnessed.

Student Notes:

2. *The focus of higher education in India has been on a select few Central or autonomous institutions where as the ones in states remain neglected. Commenting on the statement, highlight the significance of Rashtriya Uchchatar Shiksha Abhiyan (RUSA) in this context.*

Approach:

- In introduction provide factual information with respect to higher education in India.
- Through data and examples show how the focus has been more on premier central institutes and State level institutions have been ignored.
- Mention the significance of RUSA in this regard and its performance.

Answer:

India has over 800 universities with over 40,000 colleges affiliated to them. About 94% of students of higher education study in 369 State universities; however, the major focus of Central government has been on premier institutes and central universities which is evident from the following:

- Despite a nine-fold increase in budget on higher education since the 11th plan, not much improvement has been seen in the institutions at the State Level.
- Most of the funds are directed towards starting more IITs, IIMs and Central universities.
- About 150 Centrally-funded institutions where less than 6% of students study get most of the funds.
- As higher education is low priority area for State governments, their investment in the sector has been decreasing.
- UGC system of direct releases to State institutions which bypasses State governments also leads to their alienation.
- New schemes like RISE/HEFA also focus on central institutions.

To address these concerns RUSA was launched by MHRD. The scheme is largely based on the conditional release of funds channelized through state governments and linked to reforms in key areas of governance, learning-teaching outcomes, inclusiveness and infrastructure support.

Significance of RUSA lies in:

- As funding is conditional to performance monitoring and evaluation system like geo-tagging, public financial management system, a fund tracker and reform tracker system and regular video conferences have proven to be effective.
- To improve learning-teaching outcomes, there is an effort towards:
 - improving pedagogy by capacity-building of faculty,

- selecting teachers in a transparent manner,
- adopting accreditation as a mandatory quality-assurance framework,
- implementing a semester system
- A performance review by IIT Bombay in 2017 revealed that after introduction of RUSA, GER, faculty vacancies and teacher student ratio have significantly improved.
- There has been an improvement in the number of institutions accredited and their scores.

However, it has been observed that:

- At many places adequate staff and other facilities were not provided in advance for smooth implementation of RUSA.
- Semester system has reduced teaching days. It has increased workload and declaration of results have been delayed.

RUSA is playing a prominent role in making higher education at State level more adaptive, transparent and reform oriented. Regular monitoring, additional funding and support to the states would go a long way in the optimal success of the initiative

3. *There is both spatial and economic inequality with regards to access to healthcare services in India. Elaborate. How does the New Health Policy attempts to address these issues?*

Approach:

- Highlight the problems faced in the healthcare sector in India with focus on spatial and economic inequality in particular.
- Elaborate with adequate data and examples spatial and economic inequality, with regard to access to healthcare services in India
- Mention the provisions of the New Health Policy and state how it addresses the issues. In order to be within the word limit, ensure that only the most relevant provisions are mentioned.

Answer:

India as a matter of domestic policy as well as commitment to Sustainable Development Goal (SDG Goal 3) seeks to ensure health care.

However, a case of **inverse care law** i.e. availability of good medical or social care tends to vary inversely with the need of the population served, is visible in spatial and economic inequalities in access to healthcare in India:

- **Wide disparity in healthcare facilities between developed and backward areas, and across states.,**
 - Case in point is the disparity in healthcare facilities between Kerala and UP. Population per government hospital bed in Kerala stands at 1300 where as in Bihar it is around 28000.
- **Mismatch in demand and supply:** According to KPMG, India meets the global average in number of physicians,
 - However, 74 per cent of its doctors cater to a third of the population
 - The country is 81 per cent short of specialists at rural community health centres (CHCs).
- **Disparity in Health outcomes exists economic as well as spatially:**
 - The Infant Mortality Rate in the poorest 20% of the population is 2.5 times higher than that in the richest 20% of the population.

- Regional disparities in Maternal Mortality Rate (MMR). Assam, UP, Rajasthan, Odisha, MP and Bihar lag behind the national average.
- **Lower public spending in health sector and increasing reliance on private sector:**
 - As per Economic Survey, 2016-17, India spends just 1.4% of GDP on healthcare as compared to global average of 5.99%.
- Approximately 60% of inpatient and 70% of outpatient treatments are provided by private sector. This increases financial burden on low-income and middle-income groups, as fees charged by private sector is unregulated. **Low insurance penetration:** According to National Health Profile 2015, less than one-fifth of India's population is covered under health insurance. This increases out-of-pocket health expenditure, which at 60% of total health expenditure, is one of the highest in the world.
- **Inequities in utilisation of preventive services,** Data from the successive National Family Health Surveys clearly highlight the caste differentials in relation to health status e.g. low levels of contraceptive use among the Scheduled Castes and the Scheduled Tribes compared to forward castes.

The New National Health policy, 2017 aims at achieving universal health coverage and delivering quality health care services to all at affordable cost to address healthcare disparities and lacunae. Its provisions include the following:

- It proposes raising public health expenditure to **2.5%** of the GDP in a time bound manner.
- It looks at problems and solutions holistically with **private sector as strategic partners** and seeks to promote quality of care
- Focus on **emerging diseases** and invest in **preventive and promotive healthcare**.
- It aims at application of **Make in India** for drugs and devices, which will lower costs.
- It provides for **strategic purchase** of secondary and tertiary care services as a short term measure to supplement and fill gaps in health care deficit areas.
- In order to provide access and financial protection at secondary and tertiary care levels, the policy proposes **free drugs, free diagnostics and free emergency care** services in all public hospitals.
- It seeks to strengthen the **health surveillance system** and establish **registries for diseases** of public health importance by 2020.
- It supports voluntary service in rural and under-served areas.

As the policy document itself observes, a policy is only as good as its implementation. The National Health Policy envisages that an **implementation framework** be put in place to deliver on these policy commitments. Such an implementation framework would provide a roadmap with clear deliverables and milestones to achieve the goals of the policy.

4. While the Right to Education is based on the idea that every child should have an equal right to quality education, it has been facing challenges on various fronts. Comment. Can privatising education provide a solution to the problems being faced?

Approach:

- The introduction shall talk about the Right to Education Act. Stress on quality of education, lack of infrastructure etc.
- In the body one has to examine the topic in detail and establish the key facts with the help of studies or reports. The importance of these issues in the relevant context will follow. With these facts give a fair, rational judgement on the statement.

- In the last part, give pros and cons of privatising education. Take examples of other countries to support your conclusion.

Student Notes:

Answer:

- The Right to Free and Compulsory Education Act, 2009 provides a legal framework for Article 21A of the constitution. There are significant challenges that hinder its progress.
 - There is a lack of clarity about implementation of no detention and continuous and comprehensive evaluation at the elementary school stage at the lower levels. There is also a view that it discourages learning. The Subramanian Committee is in favour of altering this.
 - The training of teachers remains inadequate, who implement the mandate of RTE without understanding its objectives properly.
 - The pupil teacher ratio mandated under RTE is 30:1, but the real numbers are much higher.
 - The minimum infrastructure requirements under RTE norms have not been met.
 - The act does not prescribe a method for the selection of 25% poor children for admission in the unaided private schools.
- The case for privatisation:
 - The supply of public education has not been commensurate with the growth in demand due to lack of funds and lacunae in policy.
 - Greater competition will improve the quality.
 - Increase in the number and geographical spread will improve access.
 - The cost of running private schools will be less because of market determined salaries.
- Privatisation can be deemed to be unjustified in light of the following views:
 - There are problems of access and quality in private education.
 - There is insufficient evidence to support that children in private schools outperform those in public schools in India.
 - Students in private schools are less likely to belong to low caste groups.
 - There is no evidence to support that the cost of running private schools is much lower..
 - The low-cost private schools often run in grossly inadequate infrastructure.
- The government should fix the public school system, which caters to 70% of Indian students, by improving the monitoring of teachers and teaching standards, and by regulating the financial management of the state school system. Private schools can help provide education, but they will find it difficult to provide universal access.

5. According to a recent WHO report, India sees the largest number of suicides globally. In this context, enumerate the objectives and approach of India's new National Mental Health Policy. Also, explain what is Mental Health Action Plan 365.

Approach:

- Give a brief background of suicide rates in India.
- Bring out the need to devise a National Mental Health Policy and enumerate its objectives.
- Explain Mental Health Action Plan 365.

According to a recent WHO report, 258,075 people committed suicide in India in 2012. Out of this, 99,977 were women and 158,098 were men. Youngsters in the 15-29 years age group accounted for the highest rate of suicide.

Suicide has a strong back-up in mental illness. It is outcome of extreme depression and helplessness characterized by faulty thought process and self-blaming and aided by factors like poverty, debt trap, chronic disease, physical disability, personal loss like loss of a loved one, failure in important life events etc. In India, around 20% of the population suffers from some form of mental illness during their lifespan thus increasing susceptibility to suicides.

Earlier laws governing the mentally ill, the Indian Lunatic Asylum Act, 1858, and Indian Lunacy Act, 1912, ignored the human rights aspect and were concerned only with custodial issues. Also, suicide was treated as a crime.

In light of these shortcomings, government decriminalized suicide and proposed a comprehensive Mental Health Policy to extend Mental Health beyond post hoc institutional care.

It aims to provide for:

- Universal access to mental health care.
- Increase access to and utilization of comprehensive mental health services (including prevention services).
- Increase access to mental health care especially to vulnerable groups including homeless persons, persons in remote areas, educationally, socially and deprived sections.
- Reduce prevalence and impact of risk factors associated with mental health problems.
- Reduce risk and incidence of suicide and attempted suicide.
- Ensure respect for rights and protection from harms of persons with mental health problems.
- To reduce stigma associated with the mental health problems.
- To enhance availability and equitable distribution of skilled human resources for mental health

The Policy is backed up by the "Mental Health Action Plan 365." It clearly spells out the specific roles to be played by the Central government, the state governments, local bodies and civil society.

Presently the richer section of society has access to mental healthcare in India. The Policy will have a pro-poor orientation with the aim to provide universal access to mental health care by enhancing understanding of mental health, strengthening leadership in the mental health sector at all levels and human resource development.

6. The four main priorities for education policy have been Access, Equity, Quality and Governance. New education policies should continue to prioritise these four areas, however, there must be greater emphasis on improving learning outcomes at all levels. Discuss.

Approach:

- Introduction – present scenario of education system.
- Talk about access, equity, quality and governance at primary, secondary and tertiary levels.

- Take help of ASER or any other report to show that learning outcomes are poor.
- Link above mentioned priorities and learning outcomes.
- Provide suggestions to improve the learning outcomes of students

Student Notes:

Answer:

Poor quality of education resulting in weak learning outcomes at each stage of education is the central challenge facing the Indian education. Many surveys have shown that after RTE, there have been higher levels of enrolment at all a level of education and a massive increase in physical infrastructure but the value added by formal education is still weak. Improving learning outcomes is crucial for inclusive growth and a major focus of educational policies should be on it.

India has achieved almost universal primary education in terms of access and equity. Secondary and tertiary education is devoid of it. Main focus need to be on increasing attendance, reducing dropouts and increasing enrolments at the secondary and higher levels. Still there are enrolment gaps between different communities. Policy need to remove this barrier.

Quality and governance are issues at all levels. Quality education is linked to the quality of physical space, textual materials, classroom processes, and academic support to the teachers, assessment procedures and community involvement. Absence of teachers in schools, delayed fund flows to schools and administrative capabilities are the main challenges of education governance.

An assessment of the learning outcomes has found that there is hardly any improvement in reading and mathematical ability among students. This requires a holistic policy focus where learning goals should be formulated. Measures should include meeting pupil to teacher ratio, focus on the teachers' training and their accountability through better governance system.

Better learning outcomes ensure higher enrolment at upper levels. Focus should be on provision for child-friendly schools and systems in teaching and learning processes as well as in improved water, Sanitation and hygiene. There should be adoption of pedagogic processes, classroom assessment frameworks and school leadership and management development. Research should be promoted to innovate new techniques to enhance learning outcomes.

Overall, focus on learning outcome should be the unifying theme of education policies. Access, equity, quality and governance and other aspects collectively ensure better learning outcomes. The approach of the policy should be to define and measure outcomes, and allocate resources in ways that maximise progress towards achieving these outcomes.

7. *Hitherto, healthcare policy in India has turned a blind eye towards neo-natal. In light of the above statement, examine the constraints faced and the steps taken to tackle the problem of neo-natal mortality in India.*

Approach:

The above statement suggests, though India is devising new policies and programmes as a response to many unfavourable health outcomes, there is a blind spot for new born health that is posing as a bigger health challenge here, than to any other country.

In this background, give an introduction about the present status and steps already taken as a part of health care policies related to new born; further give an analysis of the NMR (Neo-natal Mortality Rate) status in the country and the various factors responsible for the burden of neonatal mortality followed by solutions and suggestions.

- The dismal condition of new born care in India can be stated from the fact that out of the 2.8 million newborns who die at birth worldwide, India contributes 700,000, amounting to nearly 25% of the deaths. These are preventable deaths and the government has only recently launched the India New born Action Plan, which shows a policy lacunae and fragmented approach towards tackling health issues. Further, a slow decline of NMR is a major hurdle to reach the MDG-4 and is reflected in a high and stagnant pre-natal mortality rate, because new-borns has been always missed out inspite of considerable progress in the Reproductive health care in India.

The factors responsible for the high Neo natal Mortality Rate in India are

- The major causes of neonatal health, survival and death are
 - Preterm birth complications accentuated by a dismal condition of health facilities for Institutional care
 - Infections born out of lack of nutrition and sanitation (cases of Anaemia),
 - Labor and delivery related complications which includes lack of Professional staff and inadequate infrastructure availability at health care centres
 - Young maternal age at child birth which brings forward the lack of initiatives on IEC (Information, Education and Communication) front

Short birth interval

- It is further compounded by socio-cultural and economic factors which includes rural-urban, poor-rich, and gender differentials, bringing forward the need of a holistic policy to tackle the above problem.
- Demographic, educational, socio economic, biological and care seeking are other factors that are responsible for the neonatal mortality in India.

Solution to overcome the issue and way forward

The policy commitment to child health should begin by endorsing the national consensus on accelerated achievement of single digit neonatal mortality and stillbirth rates through a careful synergy of community based intervention centred around the ASHA and anganwadi worker and improved home based and facility based management of sick newborns.

The latter has its own HR and skill requirements as well as increased access to technologies. Developing such high quality facility based care for the sick newborn and child will strengthen and be strengthened by better primary and secondary care facility development.

- Community based interventions:- Community based interventions strategies must go beyond immunization to include ready availability and access to ORS and Zinc for diarrhea and appropriate antibiotics for pneumonia, better identification and management of anaemia, and screening for developmental defects.
- The government's policy should aim of reducing the newborn (birth to 28 days) mortality rate to single digit long before the 2030 target date. The present death rate is 29 per 1,000 live births. For this are required simple, cost-effective interventions before and immediately after delivery.
Government Policy To address the above complications the government inaugurated the Indian Newborn Action Plan (INAP).
 - Its vision include of a world in which there are no preventable deaths of newborns or still births, where every pregnancy is wanted, every birth is celebrated and every woman, baby and child thrive to reach to reach their full potential.

- The INAP will be implemented under the existing Reproductive, Maternal, Child Health and Adolescents Plus (RMNCHA+) framework.
- Six evidence-based, effective strategies impacting still births and newborn health will be used.
- These include preconception and antenatal care, care during labour and child birth, immediate newborn care, care of healthy newborns, care of small and sick newborns and care beyond newborn survival.

Student Notes:

Further, the **Tamil Nadu model**, which has well equipped public health centres manned by doctors and well-trained staff could be imitated in other states, which will help India to beat down the under-five mortality rate. It should be further complemented by efforts including **awareness generation, social mobilization, promoting JSSK**, and special incentives to improve neo-natal care. **The Every Newborn Action Plan (ENAP)** endorsed by the World Health Assembly calls for an NMR of less than 10 per 1000 live births by 2035 in all countries.

8. *The dream of making India a global manufacturing hub in a highly competitive world economy cannot be realized in the absence of a sustainable skill pool. Examine the structural and functional constraints w.r.t. skill development programme in India.*

Approach:

- Significance of skill development must be emphasized first of all.
- Mention the limitations of current approach towards skill development.
- Suggest measures in brief, including those which have already been taken recently, e.g. Skills ministry, revision in national skill development policy etc.

Answer:

Globally, manufacturing is increasingly growing and becoming technology oriented, highlighting the need for large pool of skilled labor in order to compete in world economy. This understanding is reflecting in the current government's economic vision as envisaged in recent 'make in India' program which sees manufacturing sector as cornerstone of economy. However, realizing the demographic dividend by addressing the growing skills deficit of India's youthful population poses a major policy challenge in form of structural and functional constraint:

Structural constraints

- Underdeveloped manufacturing sector in India have failed to provide impetus for skill development in India. Firms too have no incentive to improve their performance.
- Indian Economy is overwhelmingly dominated by the informal sector where majority of labour works in low skilled jobs.
- Widespread prevalence of poverty discourages pursuit of education for large section of population.
- The existing institutional structure consists of a plethora of agencies with overlapping and conflicting priorities. Skill development efforts are spread across approximately 20 separate ministries, and state governments and union territories. National Skill Development Agency was created to consolidate efforts in this sphere. But it mainly has a coordination role, lacks any effective power and remains significantly under-resourced.

Functional constraints

Student Notes:

- India currently has an annual training capacity of 4.3 million, which is less than 20% of the industry requirement of 22 million skilled workers a year. This is breathtakingly paltry in the context of the central government's target of creating a skilled workforce of 500 million by 2022.
- In addition, the infrastructure in the skill development sector today is largely government-owned while private sector investment hasn't been incentivized, e.g. under South Korea's job skill development programme employers received a rebate for training existing employees.
- Skill mismatch with the needs of the industry.
- Casual workers (who constitute 90% of the labour force), such as construction workers, often comprise workers from rural areas with little or no education and need support and training. Construction sector is likely to create over six times more jobs than the information technology and related services sectors by 2022. Yet the policy focus has generally prioritized information technology. Chinese government has launched specific initiatives at the local government-level to train unskilled and uneducated migrant labour for sectors like construction.
- The rural development ministry had been running skill development courses for a decade (national rural livelihood mission), which were mainly aimed at wage employment, with no quality assurance, no question of career progression or retention.

Indian government is soon going to revise its national skill development policy of 2009 which will be overseen through the newly formed skills ministry. The institutional structure needs simplification with greater investment in training infrastructure and an emphasis on supporting a casual labour force. That needs to be accompanied with incentives for private sector participation too. We will need a lot of such initiatives and reforms to realize a vision as ambitious as 'Make in India'.

- 9. *The Government recently approved the National AYUSH Mission. What are the key benefits that India can derive from it? Discuss along with challenges that are anticipated in its implementation.***

Approach:

- Firstly, clearly spell the aims and benefits of National AYUSH Mission (NAM) followed by challenges pertaining to its implementation.
- Benefits and challenges have to be discussed through multiple perspectives of accessibility, affordability, awareness and quality etc.

Answer:

Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) incorporate traditional and alternative systems of medicine with benefits in preventive and promotive healthcare. Government recently approved National AYUSH Mission (NAM) which aims at:

- Addressing gaps in health services by supporting AYUSH care and education.
- Supporting the efforts of state governments.

Following are the potential benefits of NAM:

- Extension and strengthening of low cost services in vulnerable and far-flung areas through allocation of dedicated resources.
- Better access to AYUSH services through increase in number of hospitals and dispensaries.

- Enhanced availability of drugs and manpower.
- Augmentation of the Primary Health Care centres and Community Service centres.
- Improvement of AYUSH education through increase in upgraded educational institutions.
- Sustained availability of quality raw material for AYUSH systems of medicine.

Health care in general faces a major challenges in India with issues of accessibility, awareness, affordability, quality and equity being prime concerns. In this context for effective implementation NAM also has to negotiate certain general and specific challenges which can be summarized as following:

- Though considerable progress has been made in documenting identity and quality standards of herbal medicines, scientific validation of AYUSH principles, remedies and therapies has been lagging.
- Only 20 out of 178 major medicinal plant species traded as raw drugs are sourced from cultivation. Rest naturally found plants are depleting.
- Lack of trained manpower is also a major challenge. Practitioners are moving away from these traditional systems for better opportunities and thus traditional knowledge is getting lost.
- The adequate utilisation of infrastructure and reach would be a major hurdle in making the AYUSH care accessible through NAM.
- Competition from popular and entrenched system of medicines such as Allopathy would have to be factored in for the effective implementation of NAM.
- Lack of awareness regarding the AYUSH is another key challenge to be overcome by NAM for effective implementation.
- Ensuring affordability is another concern that NAM has to address to ensure benefits of AYUSH are distributed equitably.

In this context synergistic linkage with Traditional Knowledge Digital libraries (TKDL) or National Medicinal Plants Board would aid the effective implementation of NAM which can ensure much needed quality and timely healthcare in India through AYUSH.

- 10. *Increasingly, health systems in many developing countries, including India, are simultaneously confronting "Dual Burden of Malnutrition". In this context, suggest the strategies needed to address this challenge to public health.***

Approach:

- Dual Burden of Malnutrition implies both underweight and overweight forms of malnutrition. Answer should suggest measures to fight both forms of malnutrition.

Answer:

- Underweight and overweight are both forms of malnutrition, a term that encompasses either a lack of or excess in energy and/or nutrients. The Dual burden of Malnutrition presents a unique challenge for public health. Programmes should promote nutritious foods and a healthy lifestyle to address both types of malnutrition at the same time.
- The Health system should be responsible for screening persons for over-nutrition, while ICDS and health programmes should be responsible for screening for under-nutrition.
- The ICDS requires strengthening and restructuring, with special focus on pregnant and lactating mothers and children under three years. The ICDS also needs to forge strong institutional convergence with the National Rural Health Mission and the Total Sanitation Campaign particularly at the district and village levels.

- As mandated by the PM's National Council on India's Nutrition Challenges, a Multi-sectoral Nutrition Programme should be implemented. The Multi-sectoral Nutrition Programme is designed to (i) focus action on the critical age groups to prevent and reduce under-nutrition as early as possible, across the life cycle (pregnancy, lactation, infancy and early childhood, adolescence); (ii) address key inter related determinants of malnutrition together by facilitating convergence; (iii) provide local flexibility, support pilots and innovative panchayat led models of convergent action and (iv) to focus on districts with the highest burden of malnutrition, so that reduction in maternal and child under-nutrition is accelerated.
- Despite breastfeeding having numerous recognised advantages, and several initiatives to promote breastfeeding, early and exclusive breastfeeding rates in most states of India are low. There is a need to promote optimal infant and young child feeding (IYCF) practices.
- There is need to have strategies to combat micro- nutrient deficiencies (Iron, Vitamin A and Iodine) in children, women and adolescent girls. A comprehensive approach should be adopted which includes complementary strategies to address micro-nutrient malnutrition including: (i) Infant and Young Child Feeding Practices; (ii) Dietary Diversification; (iii) Horticultural interventions; (iv) Nutrient Supplementation; (v) Food fortification; and (vi) Public Health Measures.
- Nutrition and health education through all available modes of communication should emphasize the need for: (i) eating balanced diets; and (ii) adopting healthy lifestyles with adequate physical activity.
- Health interventions should be carried out by the health system including, (i) screening persons for over-nutrition whenever they access health care; (ii) using of BMI for adults and BMI-for-age in children and adolescents for early detection of over-nutrition; (iii) identification of over-nourished persons and personalised advice regarding modification of dietary intake and life style; and (iv) monitoring the improvement and providing focused care to those who are facing problems in modifying their lifestyles.
- Effective monitoring of national nutrition programmes requires both monitoring and assessment of processes and outcomes. A responsive and dynamic Nutrition Surveillance System (NSS) should be put in place in order to capture nutrition related information. It would help assess the current situation, analyse the causes/reasons of the problem and based on the analysis and available resources, suggest solutions to improve the situation.
- A nation-wide information, education and communication campaign should be launched against malnutrition.

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ISSUES RELATING TO POVERTY AND HUNGER

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1. Poverty

1.1. What is Poverty?

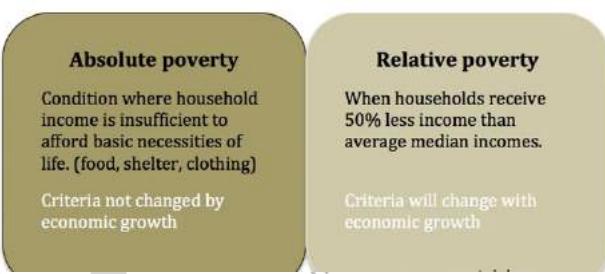
- According to **United Nations (UN)**, Poverty entails more than the lack of income and productive resources to ensure sustainable livelihoods. Its manifestations include hunger and malnutrition, limited access to education and other basic services, social discrimination and exclusion, as well as the lack of participation in decision-making.
- In 2015, around **10 per cent** of the world population were living in extreme poverty (World Bank defines “extreme poverty” as living on \$1.25 or less a day) and struggling to fulfil the most basic needs like health, education, and access to water and sanitation.
- However, the global **extreme poverty rate fell to 9.2 percent in 2017**, from 10.1 percent in 2015. That is equivalent to 689 million people living on less than \$1.90 a day.
- Though **global extreme poverty is expected to rise in 2020 for the first time** in over 20 years as the disruption of the **COVID-19** pandemic compounds the forces of conflict and climate change, which were already slowing poverty reduction progress.

The World Bank define poverty as

“Poverty is pronounced deprivation in well-being, and comprises many dimensions. It includes low incomes and the inability to acquire the basic goods and services necessary for survival with dignity.”

1.2. Classification of Poverty

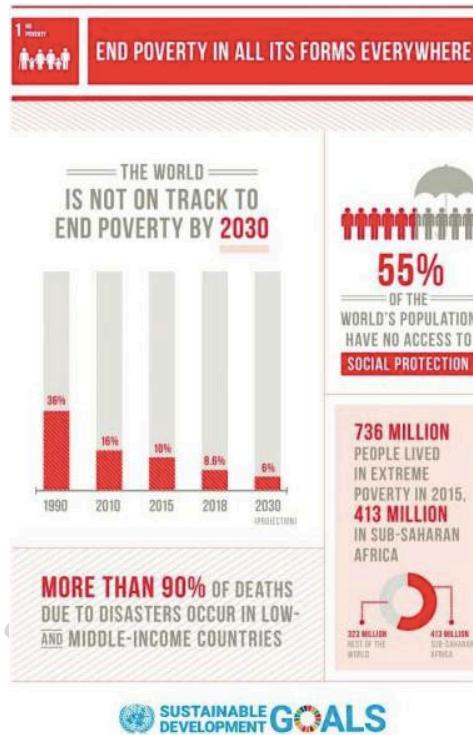
- Absolute poverty** - is a condition where household income is below a necessary level to maintain basic living standards (food, shelter, housing). This condition makes it possible to compare between different countries and also over time.
- Relative poverty** – is a condition where household income is a certain percentage below median incomes. For example, the threshold for relative poverty could be set at 50% of median incomes (or 60%).
- Primary Poverty** - is defined as a situation where income is insufficient to meet basic needs – even if every penny is spent wisely.
- Secondary Poverty** - is defined as a situation where money is misspent on luxuries – leaving insufficient disposable income to buy necessities.
- Persistent Poverty** - is defined as a situation where households find income is less than 60% of median incomes for 2 out of 3 years. This is important as long-term poverty has greater consequences than short-term.
- Multidimensional Poverty** - measures poverty as an acute deprivation of essential aspects of life. It measures three key targets – living standards, education and healthcare. The Global Multidimensional Poverty Index (MPI) was developed in 2010 by the Oxford Poverty & Human Development Initiative (OPHI) and the United Nations Development Programme. It has since been used to measure acute poverty across over 100 developing countries. It replaced the Human Poverty Index.



1.3. Statistics related to poverty

- As of 2015, an estimated 736 million people lived extreme poverty. Of the total, roughly half lived in just five countries: **India**, Nigeria, Democratic Republic of Congo, Ethiopia and Bangladesh.

- In 2018, almost **8 per cent** of the world's workers and their families lived on less than US\$1.90 per person per day. Also **55 per cent** of the world's population have no access to at least one social protection cash benefit.
- According to the World Bank, in 2018, **eighty percent** of the worldwide poor lived in rural areas, 64 percent worked in agriculture, 44 percent were 14 years old or younger and 39 percent had no formal education at all.
- Women represent a majority of the poor in most regions and among some age groups. About 70 percent of the global poor aged 15 and over have no schooling or only some basic education.
- More than **40 percent** of the global poor live in economies affected by fragility, conflict and violence, and that number is expected to rise to 67 percent in the next decade. Those economies have just 10 percent of the world's population.
- About **132 million** of the global poor live in areas with high flood risk.



1.4. Poverty and Sustainable Development Goals (SDGs)

- Ending poverty in all its forms is the **first of the 17 Sustainable Development Goals (SDGs)** of the 2030 Agenda for Sustainable Development.
- The SDGs' main reference to combatting poverty is made in target 1.A:

"Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions."

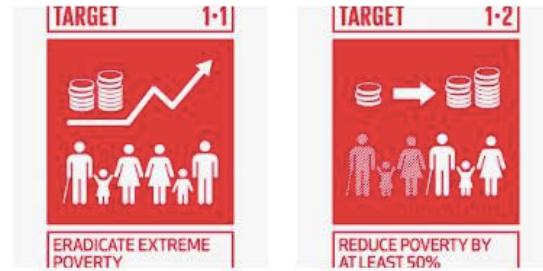


- The SDGs also aim to create sound policy frameworks at national and regional levels, based on pro-poor and gender-sensitive development strategies to ensure that by 2030 all men and women have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance.

Targets under SDG 1

1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day

1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions



1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.

1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance

1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters

1.A Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions

1.B Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions

1.5. Global efforts to tackle poverty

- The **2030 Agenda for Sustainable Development** promises to leave no one behind and to reach those furthest behind first. Meeting this ambitious development agenda requires visionary policies for sustainable, inclusive, sustained and equitable economic growth, supported by full employment and decent work for all, social integration, declining inequality, rising productivity and a favorable environment.
- In the 2030 Agenda, Goal 1 recognizes that ending poverty in all its forms everywhere is the greatest global challenge facing the world today and an indispensable requirement for sustainable development.
- While progress in eradicating extreme poverty has been incremental and widespread, the persistence of poverty, including extreme poverty remains a major concern in Africa, the least developed countries, small island developing States, in some middle-income countries, and countries in situations of conflict and post-conflict countries.
- In light of these concerns, the General Assembly, at its seventy-second session, decided to proclaim the "**Third United Nations Decade for the Eradication of Poverty (2018–2027)**." The objective of the Third Decade is to maintain the momentum generated by the implementation of the Second United Nations Decade for the Eradication of Poverty (2008-2017) towards poverty eradication.
- Further, the 3rd Decade is also expected to support, in an efficient and coordinated manner, the internationally agreed development goals related to poverty eradication, including the **Sustainable Development Goals**.
- Through a resolution adopted on 22 December 1992, the UN General Assembly declared **17 October** as the International Day for the Eradication of Poverty.



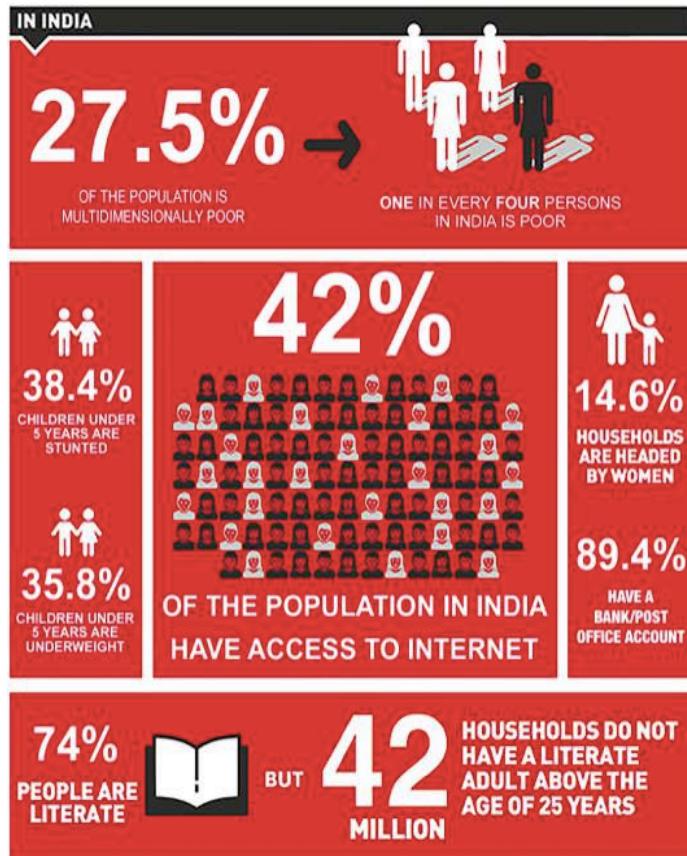
* Please note that topics like – **Poverty and its causes & types, measuring poverty in India, multidimensional poverty, policies and programs to alleviate poverty and their critical assessment – are covered in the document titled 'Poverty and Inequality'.**

2. Poverty and India

- The world attained the first Millennium Development Goal target—to cut the 1990 poverty rate in half by 2015—five years ahead of schedule, in 2010.

Student Notes:

- Global reduction in extreme poverty was driven mainly by Asia – notably China and India. Between 2005-06 and 2015-16, the incidence of multidimensional poverty in India was almost halved, climbing down to 27.5 percent from 54.7 percent as per the 2018 global Multidimensional Poverty Index report.
- Within ten years, the number of poor people in India fell by more than 271 million (from 635 million to 364 million). Traditionally disadvantaged subgroups such as rural dwellers, scheduled castes and tribes, Muslims, and young children are still the poorest in 2015-16.
- However, the biggest reductions in multidimensional poverty has been witnessed among the poorest and traditionally disadvantaged groups – across states, castes, religions and age-groups.
- Multidimensional poverty among children under 10 has fallen the fastest. In 2005-06 there were 292 million poor children in India, so the latest figures represent a 47 percent decrease or a 136 million fewer children growing up in multidimensional poverty.
- The Government of India has many progressive schemes, including the world's largest employment guarantee scheme, the Mahatma Gandhi National Rural Employment Guarantee Scheme, and the National Social Assistance Programme.



Student Notes:

2.1. Impact of Covid-19 on poverty

- According to the World Bank, many people who had barely escaped extreme poverty could be forced back into it by the convergence of COVID-19, conflict, and climate change.
- It is estimated that 88 million to 115 million people will be pushed into extreme poverty, bringing the total to between 703 and 729 million.
- There will be emergence of 'New poor' who will:
 - Be more urban than the chronic poor.
 - Be more engaged in informal services and manufacturing and less in agriculture.
 - Live in congested urban settings and work in the sectors most affected by lockdowns and mobility restrictions.
- The Middle-income countries such as India and Nigeria will be significantly affected and these middle-income countries may become home to 82% of the new poor.
- The current crisis will almost certainly be felt in most countries through 2030. Under these conditions, the goal of bringing the global absolute poverty rate to less than 3 percent by 2030, which was already at risk before the crisis, is now beyond reach without swift, significant, and substantial policy action.

2.2. Impact of Climate Change on poverty

- The World Bank in a report titled '*South Asia's Hotspots: The Impact of Temperature and Precipitation Changes on Living Standards*' concludes that climate change could accentuate poverty and inequality in India.
- According to the report, rising temperatures and changing monsoon rainfall patterns from climate change could cost India **2.8 per cent of GDP** and **depress the living standards of nearly half** the country's population by 2050.
- This decline in living standard can be attributed to can be attributed to a fall in agricultural yield and the health impact effected by such a change.
- According to the report, **central, northern and north-western India** are most vulnerable to change in climate adding that the states of Madhya Pradesh and Chhattisgarh could see a decline in living standards of up to 9 per cent.
- According to another study by **Centre for Economics, Environment and Society**, Climate Change will not only increase the population living under poverty but also **aggravate the conditions** of those living in poverty.
- Climate change, through **rising temperatures** and **increasing precipitation**, affects agricultural productivity and food prices. Thus, it will drag the rural incomes back to below the poverty line and erode the gains made by India in rural poverty reduction since the reforms in 1991.
- Climate Change will also worsen India's performance **on social indices and hinder the achievement** of the sustainable development goals.

2.3. Poverty and women in India

- The burden of poverty weighs down heavier on girls and women in India than it does on the opposite sex. According to an Oxfam report, in the workplace, women still receive 34% less wages than their male counterparts for the same work.
- In India, girls belonging to families in the top 20% get nine years of education on average, while girls from families in the bottom 20% get none at all. Even those who make it to school are often pulled out due to financial reasons.
- In addition, more than 23 million girls drop out of school annually because of a lack of toilets in school and proper menstrual hygiene management facilities.
- Women in India spend around five hours a day on unpaid care work while men devote a mere half an hour on average. This disproportionate burden of unpaid care work by women means they lose out on opportunities to participate in paid labour or are forced to undertake paid labour leading to their time poverty and loss in well-being.
- This imbalanced system leaves women vulnerable. A survey of 1,000 households across the central-Indian states of **Bihar, Jharkhand, Chhattisgarh, and Uttar Pradesh** in 2018 revealed that people thought it was acceptable to criticise and beat women if they slipped up while carrying out unpaid care work. In turn, violence continuously sets women back economically, creating a vicious cycle.

2.4. Strategies to alleviate poverty in India : An Appraisal

Niti Aayog in its document titled 'India VNR 2020' makes an analysis of India's efforts and initiative to alleviate poverty:

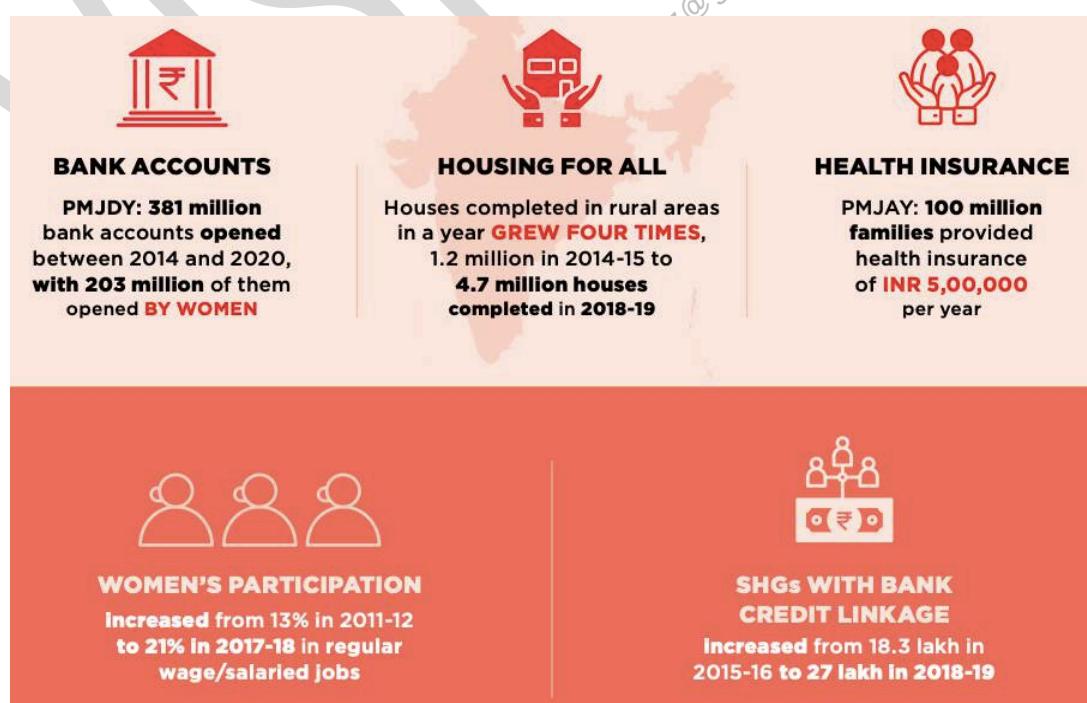
- High Economic Growth:** The rapid growth of the economy has contributed to 25.5 per cent growth in per capita income which grew from USD 1,610 in 2015 to USD 2,020 in 2018. The incidence of multidimensional poverty



reduced by half to 27.5 per cent between 2005-06 and 2015-16, implying that over 271 million people escaped poverty.

Student Notes:

- **Social Protection:** 136 million job cards have been issued so far under the MGNREGA Scheme alone. It had generated 2.64 billion person days of employment in FY 19-20. More women (54 per cent) have taken advantage of this employment scheme.
- **Access to basic facilities:**
 - **Financial services:** Financial inclusion of the hitherto unbanked sections of the population has been achieved by ensuring access to a range of financial services including banking, credit, insurance and pension under the **Pradhan Mantri Jan-Dhan Yojana (PMJDY)**. As of 1st April 2020, 381 million accounts were opened under PMJDY, of which **203 million were by women**. It has enabled direct benefit transfer of over INR 11 trillion) to the accounts of beneficiaries, which improved the effectiveness of social security provisions.
 - **Health Services:** Ayushman Bharat covers 500 million beneficiaries from over 100 million poor and vulnerable families with health insurance coverage up to INR 500,000 per family per year for secondary and tertiary institutional care. By May 2020, more than 10 million hospital treatments worth nearly INR 134 billion (USD 1.8 billion) have been provided under the scheme. Over 21,000 public and private hospitals have been empanelled across the country to provide inpatient services to the beneficiaries.
 - **Housing facilities:** The number of houses completed in a year under the rural component of the ‘Housing for All’ programme has increased by about four times from 1.2 million in 2014-15 to 4.7 million in 2018-19. Under the urban component, against the assessed demand of 11.2 million, 10.3 million houses were sanctioned, 6.1 million grounded for construction and 3.2 million delivered as on 1st January, 2020. National Sample Survey summarizes that 96 per cent of India's urban population and 76.7 per cent of rural live in permanent houses in 2018.
- **Livelihood opportunities and Skill development:** The range of interventions to ramp up the skilling and livelihood ecosystem include Stand Up India, Skill India, National Apprenticeship Programme, and National Rural and Urban Livelihood Mission. As a result, the share of regular wage/salaried employees increased from 18 per cent in 2011-12 to 23 per cent in 2017-18, with a growth of around 26.2 million new jobs. Proportion of women workers in regular wage/salaried jobs also saw an increase from 13 per cent in 2011-12 to 21 per cent in 2017-18.



2.5. Challenges

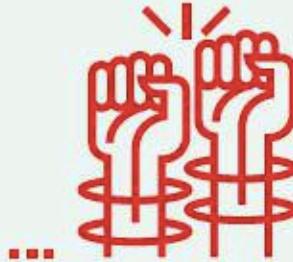
- **Regional variance:** Much of India's poverty is concentrated in rural areas and in low-income States. The difference among the States in terms of the proportion of people living below the poverty line is stark: Chhattisgarh has 39.9 per cent of people living below poverty while the corresponding figure for Andaman & Nicobar Islands is 1 per cent. Between 2004-05 and 2011-12, the percentage of people below poverty line has decreased significantly from 13.8 per cent to 5 per cent in Goa. However, Chhattisgarh has seen only marginal reduction, from 40.9 per cent to 39.93 per cent.
- **Feminization of Poverty:** Feminization of poverty, especially rural poverty, is another challenge. Poverty affects women more than men as women have limited access to resources, be it food and nutritional security, or health care and public services, apart from the skewed ownership of assets.
- **Rapid Urbanization:** While bringing a range of economic benefits, rapid urbanisation has brought with it enormous challenges, most noticeably in the form of demand-supply gaps in housing, infrastructure, employment, and other economic opportunities and services.
- **Human Resources Development:** New knowledge and technologies are transforming the conventional structures of skills, work and employment. There is a need to refashion education and skill development so that the existing, emerging and future labour force has the capability and requisite opportunities to engage in appropriately gainful employment. This would also require benefiting labor reforms. There is also a need to invest in and enhance quality and accessibility of health care, especially for the economically weaker sections and people in vulnerable situations.

2.6. Way Forward

- India's underlying development strategy remains focused on reducing poverty, raising incomes, improving living standards and enhancing the ease of living of all.
- The increase in public expenditure (by 1.5 percentage points from 6.2 to 7.7 per cent of GDP during 2014-20) in social sectors including health and education affirms the commitment of the Government towards maximising social well-being. The improvement in India's position in the Human Development Index (HDI) by six places between 2014 and 2019, is a sign of progress in the right direction.
- To deal with the COVID-19 crisis, India launched the Pradhan Mantri Garib Kalyan Yojana (Prime Minister's Welfare Scheme for the poor) package of INR 1.7 trillion, targeting the poor and migrant population, which offers insurance cover of INR 5 million (USD 66.7 thousand) per health worker, free food for 800 million people, social security net of INR 6,000 (USD 80) each for 200 million women, immediate ex-gratia of INR 1,000 (USD 13) to 30 million elderly, widows and persons with disabilities, farmers and construction workers.
- While the State is the dominant actor in driving this agenda, the efforts are substantially complemented by the private sector and the civil society to accelerate the achievement of the targets under SDG Goal 1.

good practices

KUDUMBASHREE, meaning 'prosperity of the family' in Malayalam, is the **poverty eradication and women empowerment programme** implemented by the State Poverty Eradication Mission of the State of Kerala jointly with the National Bank for Agriculture and Rural Development. **The Mission consists of a three-tier structure with Neighbourhood Groups (NHGs)** as primary level units, Area Development Societies (ADS) at the ward level and Community Development Societies (CDS) at the local government level. In 2011, Government of India recognised Kudumbashree as the State Rural Livelihoods Mission under the National Rural Livelihoods Mission.



The Mission has over the last two decades drastically transformed the lives of women through grassroots level initiatives that have empowered them economically and socially by generating sustainable livelihood opportunities.

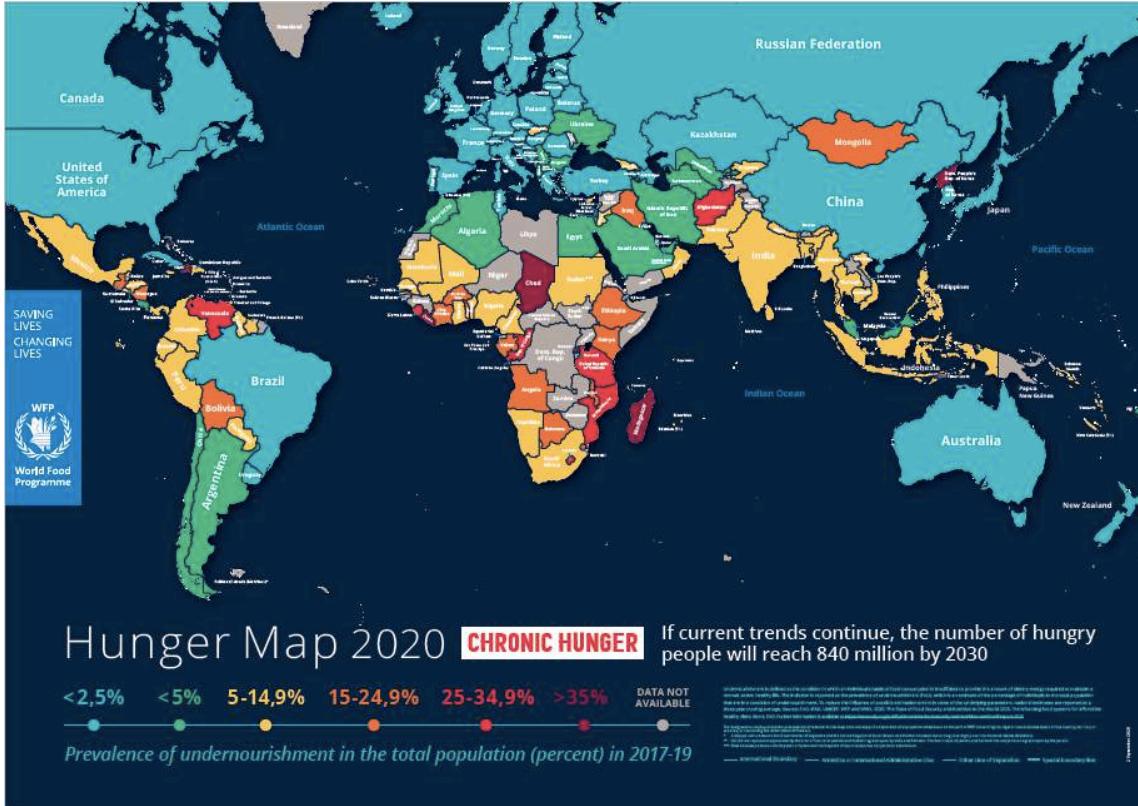


EMPLOYMENT GENERATION through MGNREGA in the Aspirational District of Garhwa in Jharkhand: Garhwa, a district in the State of Jharkhand, has undertaken extensive development of farm ponds, wells and installation of micro irrigation sprinklers with the help of non-conventional sources of energy through employment generation under the MGNREGA social security scheme.

3. Hunger

3.1. What is Hunger?

- Hunger is a condition in which a person cannot eat sufficient food to meet basic nutritional needs for a sustained period. Hunger can manifest itself in different ways – **undernourishment, malnutrition** and **wasting**.
 - **Undernourishment**, according to the World Food Programme (WFP), occurs when people do not take in enough calories to meet minimum physiological needs.
 - **Malnutrition** is when people have an inadequate intake of protein, energy and micronutrients. Starved of the right nutrition, they can die from common infections such as measles or diarrhoea.
 - **Wasting**, usually the result of starvation or disease, is an indicator of acute malnutrition with substantial weight loss.
- One in nine people around the world don't have enough to eat, and the numbers are rising. According to the UN estimates, more 800 million people go Hungry each year. After falling steadily between 2005 and 2014, the number of undernourished people increased in 2015, rising for a third consecutive year in 2017. The numbers are going to increase further in 2020 due to crisis caused by Covid -19. If current trends continue, the number of hungry people will reach **840 million by 2030**.



3.2. Hunger and Sustainable Development Goals

- Goal 2 of the 2030 Sustainable Development agenda seeks to end hunger and all forms of malnutrition, and double agricultural productivity between 2015-2020.

Targets under SDG 2

- Target 2.1: Universal access to safe and nutritious food
- Target 2.2 : End All Forms of Malnutrition
- Target 2.3 : Double the productivity and incomes of small-scale food producers
- Target 2.4: Sustainable food production and resilient agricultural practices
- Target 2.5: Maintain the genetic diversity in food production

3.3. Causes

- Poverty** is one of the main causes of hunger. A person without economic resources can't afford nutritious food. This makes it difficult to work or earn a living and often means that people remain in a poverty trap.
- Conflicts** disrupt farming and food production. Millions of people are often forced to flee their homes, and then they find themselves deprived of access to sufficient food. The vast majority of hungry people in the world live in countries affected by conflicts. Wars or uprisings can also be a direct consequence of hunger - it's natural to explode with anger when access to food becomes impossible.
- Extreme weather conditions** such as floods, tropical storms and long periods of drought have aggravated the food insecurity around the world. farmers, fishermen, pastoralists and forest dwellers suffer most during and after a natural disaster – they don't have enough to eat and they are often forced to leave their homes. Rising temperatures as a result of **climate change** also affect the environment dramatically and can turn healthy soil dry and infertile.
- Over Consumption** is another major reason. Even in industrialised countries there are large groups of people living in poverty, unable to feed themselves properly. Overeating and

- irresponsible consumption of unhealthy junk food are a big part of the hunger problem causing an increased number of deaths every year. **1.9 billion people** are overweight.
- **Uneven Economic growth** is a significant contributor to poverty and hunger. Economic growth is often the key to help countries out of hunger. Sadly though, when not controlled and fair, it can widen the gap between rich and poor, generating further hunger, conflict and tension.

3.4. Hunger in India

- The Global Hunger Index 2020 ranks India 94 among 107 countries in the world. It is in the ‘serious’ hunger category with a score of 27.2. India’s rank was 102 out of 117 countries last year.
- According to the Global Hunger Index Report 2020, 14 per cent of India’s population is undernourished. It also says that the country recorded a child stunting rate of 37.4 per cent. Stunted children are those who have a “low height for their age, reflecting chronic undernutrition.
- In the index, India features behind Nepal (73), Pakistan (88), Bangladesh (75), Indonesia (70) among others. Out of the total 107 countries, only 13 countries fare worse than India including countries like Rwanda (97), Nigeria (98), Afghanistan (99), Liberia (102), Mozambique (103), Chad (107) among others.

3.5. Causes of Hunger in India

- **Poverty:** It is estimated 23.6% of Indian population (about 276 million people) live below \$1.25 per day on purchasing power parity. Poverty alone does not lead to malnutrition, but it seriously affects the availability of adequate amounts of nutritious food for the most vulnerable populations.
- **Lack of access to food:** Most major food and nutrition crises do not occur because of a lack of food, but rather because people are too poor to obtain enough food. Non-availability of food in markets, difficult access to markets due to lack of transportation, and insufficient financial resources are all factors contributing to the food insecurity of the most vulnerable populations in India.
- **Lack of Safe Drinking Water:** Lack of potable water, poor sanitation, and dangerous hygiene practices increase vulnerability to infectious and water-borne diseases, which are direct causes of acute malnutrition.
- **Diseases:** Certain illnesses and infections, such as tuberculosis, measles, and diarrhoea are directly linked to acute malnutrition. A combination of disease and malnutrition weakens the metabolism creating a vicious cycle of infection and undernourishment, leading to vulnerability to illness.
- **Seasonal Migration:** Seasonal migrations have long been a livelihood strategy for the poorest households in India, as a mean to access food and money through casual labour. Children and women are the most affected. They live in challenging conditions with unsafe drinking water, no health care services and in make-shift tents. They carry their children to work where they are also exposed to unhygienic conditions leading to various health problems, including poor nutrition.



3.6. Strategies to tackle hunger in India

Student Notes:

- **Food Security**

- India's food security programme is the largest of its kind in the world. The implementation of the revamped **Public Distribution System under the National Food Security Act (NFSA), 2013**, which moved from welfare to a rights-based approach, with a coverage of around 813 million people, is a paradigm shift in the approach towards the issue of food security at the household level, for almost two-thirds of India's population.
- Under the **Antyodaya Anna Yojana (AY)**, 25 million families from economically weaker sections are entitled to 35 kg of food grains per household per month while the remaining 'priority category' households get 5 kg of food grains per person per month. The food grains are distributed through a network of over **5,40,000 Fair Price Shops** all over the country and at highly subsidised prices.
- India has launched the '**One Nation One Card**' scheme in 2020 which enables beneficiaries to get access to subsidised grains from anywhere in the country. This ration card portability will provide a major boost to the food security system and benefit over **130 million migrant population**.

- **Nutritional Security:**

- Several schemes such as Anganwadi Services, **Pradhan Mantri Matru Vandana Yojana (PMMVY)** and the **Scheme for Adolescent Girls (SAG)** under the umbrella **Integrated Child Development Services Scheme (ICDS)** are initiated to address the problem of malnutrition among women and children in the age group of 0-6 years.



- The Anganwadi Services scheme provides a package of **six services** including supplementary nutrition, pre-school non-formal education, nutrition and health education, immunization, health and referral services. These services operate through **1.38 million Anganwadi Centres**, benefitting 79.6 million people of which 64 million are children under six years of age and 15.6 million are pregnant women and lactating mothers.
- The Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition programme (RMNCAH+N) under National Health Mission (NHM) is also implemented to reduce malnutrition across the life cycle.
- The **Poshan Abhiyan (National Nutrition Mission)** was launched in 2017 with a renewed focus on synergised efforts to battle stunting, wasting, anaemia and malnutrition among children. The mission aims to mount a concerted attack on stunting, under-nutrition, anaemia and low birth weight by 2, 2, 3 and 2 per cent per annum, respectively, over a three-year timeframe.
- The Mid Day Meal (MDM) Programme in the public sector schooling system is also one of the world's largest programmes of supplementary school nutrition which ensures access to nutritious cooked meals to 116 million children at primary and upper primary level.

- **Agricultural productivity:**

- The National Mission on Sustainable Agriculture (NMSA) strive to mitigate the effects of climate change by building climate resilient agricultural practices. Under NMSA, **224 million soil health cards** have been distributed to farmers for crop-wise nutrient management recommendations for enhancing soil fertility.
- Improved water efficiency with the motto of 'Har Khet Ko Paani' and 'Per drop more crop' is being driven under **Pradhan Mantri Krishi Sinchayee Yojana (PMKSY)**, which provides end-to-end solutions in the irrigation supply chain, viz. water sources, distribution network and farm-level applications.
- Focusing on the agro-value-chain, the **Pradhan Mantri Kisan Sampada Yojana**, finances the establishment of mega food parks, agro-processing clusters, integrated cold chain and other value addition infrastructure.
- India's agricultural productivity has been on the rise: to 2659 kg/ha for rice and 3507 kg/ha for wheat in 2018-19, from 2391 kg/ha for rice and 2750 kg/ha for wheat, respectively, in 2014-15. This marks an increase of **11 per cent and 28 per cent** respectively, for rice and wheat.



Student Notes:

3.7. Challenges and Way Forward

- While almost 11.4 million hectares have been brought under micro-irrigation in 2019, and average productivity of fruits and vegetables has increased by about 11 per cent between 2013-14 and 2017-18, **food wastage remains a challenge**, at harvest, post-harvest, distribution and storage stages. Such food could be salvaged by withdrawing it in time from the distribution network, aggregating it and then redirecting it to the people in need. **Social structures** also determine food availability, especially for women, whose nutritional requirements are often overlooked.
- India continues to combat high levels of malnutrition, stunting and anaemia. NFHS-4 (2015-16) points out that almost **half of the pregnant women** aged between 15 and 49 years are anaemic and more than one-third of women have a low Body Mass Index.
- Among children younger than five years of age, prevalence of detrimental under-nourishment conditions like stunting and wasting remains a challenge. Food security and nutrition related challenges in India are modulated by a number of factors such as access to nutritious food, water and sanitation, **micronutrient deficiencies** and **inadequate awareness**.
- With climate change looming large on the horizon, a fundamental measure to sustain food security is **climate-smart agriculture**. Challenges remain for wider adoption of climate-adaptive sustainable agriculture practices, new technology and development plans involving large swathes of land cultivated by small and marginal farmers, who constitute about 85 per cent of all farmers, but often lack necessary assets and resources.
- In addition to sensitisation and capacity development, their access to technology, financial inputs and services like insurance, advanced weather-forecasting systems and appropriate agricultural extension support will be essential.

good practices



85.5%
ACCESS TO
BREAST MILK

BREAST MILK BANK was established in the Aspirational District of Ramanathapuram, Tamil Nadu to provide **access to breast milk for low birth weight, pre-term and orphan babies.**

The initiative helped **Improve rates of breastfeeding within the first hour** from 42.9 per cent in 2015-16 to 85.5 per cent in the district.



CENTRALISED KITCHENS FOR BETTER NUTRITION:

In the Aspirational District of Nandurbar, Maharashtra, central kitchen has been set up by the Tribal Development Department of the State Government to provide hot and nutritious meals to children in residential schools, known as *Ashram Shalas*. This central kitchen caters to 28 ashram schools with a capacity up to 10,000 students.

4. UPSC Mains Previous Years Questions

- There is a growing divergence in the relationship between poverty and hunger in India. The shrinking of social expenditure by the government is forcing the poor to spend more on Non-Food essential items squeezing their food – budget. - Elucidate. (2019)
- ‘Despite implementation of various programmes for eradication of poverty by the government in India, poverty is still existing.’ Explain by giving reasons. (2018)
- Hunger and Poverty are the biggest challenges for good governance in India still today. Evaluate how far successive governments have progressed in dealing with these humongous problems. Suggest measures for improvement. (2017)
- ‘Poverty Alleviation Programmes in India remain mere show pieces until and unless they are backed by political will’. Discuss with reference to the performance of the major poverty alleviation programmes in India. (2017)
- “An essential condition to eradicate poverty is to liberate the poor from deprivation.” Substantiate this statement with suitable examples. (2016)
Critically examine whether growing population is the cause of poverty OR poverty is the main cause of population increase in India. (2015)

5. Vision IAS Previous Years Mains Questions

Student Notes:

1. ***One in every three malnourished children in the world lives in India. Bring out the causes and consequences of Child Malnutrition in India and also suggest a strategy to tackle the same.***

Approach:

The question demands an adequate response to the problem of malnutrition in India, by way of bringing out the causes as well as consequences of child malnutrition. Further we also have to provide a strategy to tackle the problem.

Answer:

Malnutrition is the condition resulting from insufficient, excessive or imbalanced consumption of nutrients or some specific deficiency. It has been found to be particularly rampant among the children of our country. Rates of malnutrition among India's children are almost five times more than in China and twice those in Sub-Saharan Africa. It has been estimated that one in every three malnourished children in the world lives in India.

A number of factors are responsible for malnutrition. Some causes specific to malnutrition in Indian children are:

- Insufficient health services and unhealthy environment.
- Eating habits of India and unawareness about nutritional values of food products
- **Poverty and illiteracy:** It is also a major impediment to afford the nutritious food products
- **Low birth weights:** Full-term low birth weight Indian infants have a lower growth trajectory
- **Feeding Practices:** Breast feeding is nearly universal in India, but late introduction, inadequate quantity and low calorie density of semisolid food is responsible for increase in underweight and stunting rates between 6-11 months.
- **Infections:** Under-nutrition could be both the cause (increased susceptibility to infections) and effect (increased nutrient requirement and greater nutrient loss) of infection.
- **Dietary Intake of Children:** Malnutrition in children is mainly due to imbalance between energy intake and expenditure. There have been major changes in lifestyles and physical activity patterns in the last decade.

Malnutrition, especially among children, is an obstacle that prevents individuals and even societies from developing their full potential. Other consequences can be categorized into two types, viz. direct and indirect.

- **Direct:** the occurrence of sub clinical nutrition deficiency diseases such as
 - Kwashiorkor
 - Marasmus
 - Vitamin and Mineral deficiency diseases etc.
- **Indirect:**
 - High morbidity and mortality among young children
 - Retarded physical and mental growth and development
 - Lowered vitality of people leading to lowered productivity and reduced life expectancy
 - Stillbirth and slow birth
 - Given its impact on health, education and economic productivity, persistent malnutrition is a major obstacle to human development, impacting India's much awaited demographic dividend and the country's prospects for future economic growth

Building on the premise that lack of access to food is the primary cause of malnutrition, in young children, India's efforts in the past have primarily been on distributing supplementary foods under ICDS. However, ICDS has largely been able to target children between 3-6 years, by which time malnutrition has already set in. GOI has restructured the ICDS program with the aim of moving towards a more balanced multi-sectoral program to tackle the challenge. The revised program will now focus on providing supplementary foods to pregnant women, nursing mothers and children under three years of age. It will also work to improve mothers' feeding and caring practices as well as promote the immunization and growth monitoring of children. In addition, it will seek to provide pre-school education to children, thus encompassing the troika of food, health and child care which are the cornerstones for improving nutritional outcomes. Now, other programs like PDS, Mid-Day Meals etc. also need to be strengthened.

The strategy for tackling child malnutrition can be summarized as:

- **Short-Term Strategy:**
 - Nutrition and health programs and policies
 - Effectively addressing the main nutrition problem
 - Combined efforts with action
 - Strong monitoring and evaluation
 - Research to identify gaps
- **Long-Term Strategy:**
 - Policymakers should work on economic growth and poverty reduction policy
 - Strong partnership between national agencies

2. What are the propositions in the National Food Security Act, 2013 regarding reforms in the Targeted Public Distribution System?

Approach:

- Answer should focus on TPDS and clearly list out the provisions for the same in the Act.

Answer:

National Food Security Act urges the Central and State Governments to progressively undertake necessary reforms in the Targeted Public Distribution System. The reforms as proposed by the act include:

- doorstep delivery of food grains to the Targeted Public Distribution System outlets;
- application of information and communication technology tools including end-to-end computerisation in order to ensure transparent recording of transactions at all levels, and to prevent diversion;
- leveraging "Aadhar" for proper targeting of benefits under this Act;
- full transparency of records;
- preference to public institutions or public bodies such as Panchayats, self-help groups, co-operatives, in licensing of fair price shops and management of fair price shops by women or their collectives;
- diversification of commodities distributed under the Public Distribution System over a period of time;
- support to local public distribution models and grains banks;
- introducing schemes such as cash transfer, food coupons, or other schemes to the targeted beneficiaries in order to ensure their food grain entitlements.

- 3. *Elimination of poverty is not merely a question of economic upliftment but is also related to socio-political awareness of people. Comment.***

Student Notes:

Approach:

- Students should try and explain how poverty is rooted in socio political factors as much as in other factors. Giving possible ways to bring about social political awareness for economic upliftment would add weight to the answer.

Answer:

Poverty can be defined as – the amount of money required by a person to subsist and at the same time as the life below a defined ‘living standard’ prevalent at a given time in a given place, or to say the comparative well-being of a few and the deprivation and destitution of the majority in the society.

Whereas the former definition refers to the economic concept of absolute poverty, the latter views it as a social concept, that is, in terms of the share of the total national income received by those at the bottom. This explains poverty in terms of relativity and social inequality; with respect to the impact which inequality of income has on the life situation and life chances of the poor. **Absolute poverty can be reduced/eliminated by putting money into the hands of the poor but relative poverty cannot be tackled till there exists the phenomena of social stratification.**

Poverty is often viewed in the light of the ideology of individualism (that the success and failure of an individual are his personal matters) and the culture of poverty (it suggests that despite economic changes, the poor have remained so because of their culture/subculture). This conservative concept often shared by politicians and public has given our society a reason for doing little or nothing about the poor and poverty as a social problem. Thus, there is lack of the much needed social awareness and political will.

The economic inefficiency caused due to inadequate development, inflationary pressures, lack of capital, lack of skill in workers and unemployment, is in-fact rooted in discrimination, prejudices, casteism, communalism and parochialism. The causes stem from overpopulation, poor health, illiteracy, lack of committed and honest administrators and politicians, outmoded social system with lack of social and economic mobility, exploitative land system.

In-fact the economic programme of structural reforms of 1991 has failed to reduce poverty as desired, instead the inequality amongst the rich and poor has widened significantly.

To align the economic upliftment for poverty elimination, it is necessary to bring awareness and take action at the socio-political level. It involves discouraging criminalization of politics, weeding out corruption, black money generation, encouraging community participation as voluntary agencies and emphasis at local and regional participation and decentralized planning. Through these actions the social attitude can be effected and reformed to eliminate poverty.

- 4. *Increasingly, health systems in many developing countries, including India, are simultaneously confronting “Dual Burden of Malnutrition”. In this context, suggest the strategies needed to address this challenge to public health.***

Approach:

- Dual Burden of Malnutrition implies both underweight and overweight forms of malnutrition. Answer should suggest measures to fight both forms of malnutrition.

- Underweight and overweight are both forms of malnutrition, a term that encompasses either a lack of or excess in energy and/or nutrients. The Dual burden of Malnutrition presents a unique challenge for public health. Programmes should promote nutritious foods and a healthy lifestyle to address both types of malnutrition at the same time.
- The Health system should be responsible for screening persons for over-nutrition, while ICDS and health programmes should be responsible for screening for under-nutrition.
- The ICDS requires strengthening and restructuring, with special focus on pregnant and lactating mothers and children under three years. The ICDS also needs to forge strong institutional convergence with the National Rural Health Mission and the Total Sanitation Campaign particularly at the district and village levels.
- As mandated by the PM's National Council on India's Nutrition Challenges, a Multi-sectoral Nutrition Programme should be implemented. The Multi-sectoral Nutrition Programme is designed to (i) focus action on the critical age groups to prevent and reduce under-nutrition as early as possible, across the life cycle (pregnancy, lactation, infancy and early childhood, adolescence); (ii) address key inter related determinants of malnutrition together by facilitating convergence; (iii) provide local flexibility, support pilots and innovative panchayat led models of convergent action and (iv) to focus on districts with the highest burden of malnutrition, so that reduction in maternal and child under-nutrition is accelerated.
- Despite breastfeeding having numerous recognised advantages, and several initiatives to promote breastfeeding, early and exclusive breastfeeding rates in most states of India are low. There is a need to promote optimal infant and young child feeding (IYCF) practices.
- There is need to have strategies to combat micro- nutrient deficiencies (Iron, Vitamin A and Iodine) in children, women and adolescent girls. A comprehensive approach should be adopted which includes complementary strategies to address micro-nutrient malnutrition including: (i) Infant and Young Child Feeding Practices; (ii) Dietary Diversification; (iii) Horticultural interventions; (iv) Nutrient Supplementation; (v) Food fortification; and (vi) Public Health Measures.
- Nutrition and health education through all available modes of communication should emphasize the need for: (i) eating balanced diets; and (ii) adopting healthy lifestyles with adequate physical activity.
- Health interventions should be carried out by the health system including, (i) screening persons for over-nutrition whenever they access health care; (ii) using of BMI for adults and BMI-for-age in children and adolescents for early detection of over-nutrition; (iii) identification of over-nourished persons and personalised advice regarding modification of dietary intake and life style; and (iv) monitoring the improvement and providing focused care to those who are facing problems in modifying their lifestyles.
- Effective monitoring of national nutrition programmes requires both monitoring and assessment of processes and outcomes. A responsive and dynamic Nutrition Surveillance System (NSS) should be put in place in order to capture nutrition related information. It would help assess the current situation, analyse the causes/reasons of the problem and based on the analysis and available resources, suggest solutions to improve the situation.
- A nation-wide information, education and communication campaign should be launched against malnutrition.

5. Policies should work not only towards reducing the number of people below the poverty line but also ensuring that people do not suffer from multiple deprivations. Critically examine the above statement in the light of methodology adopted to measure poverty in independent India.

Student Notes:

Approach:

- Introduce by accepting that Poverty is multidimensional – Rangarajan report, Multi-poverty Index (MPI) etc.
- Talk about various methods given by different people – Alagh, Tendulkar and Rangarajan. Make a case that uni-dimensional approach is not fruitful to calculate poverty line.
- Now come to the statement part. Policies such as food security, pension schemes, awas yojas etc were based on poverty line determined by the government in the past. But with time policies were delinked from the poverty line and target is at individual deprivation. For instance, food security promises to cover 67% of the population while poverty line is at 22% (2011-12 figures).

Answer:

Poverty is often defined by per capita income. But no one indicator alone can capture the multiple aspects that constitute poverty. If one is deprived of a house then another is deprived of access to food. Both shall be considered poor under government's policies. Government has adopted different methods to measure poverty such as:

- In 1962, a working Group of planning commission took only into account the minimum consumption expenditure based on a balanced diet. This kept the poverty line extremely low. Subsequently, Alagh committee recommended different calorie requirements for rural and urban areas.
- Expert group based on Lakdawala committee recommendations, 1993 also did not bring any substantial changes in terms of calculating the poverty line. Till this period the definition of poverty remained limited to those people who could not fulfill their minimum calorie requirements.
- In 2005, Tendulkar committee recommended multiple deprivation based poverty line by suggesting poverty line basket that includes health and education also.
- Latest report by Rangarajan committee came with an alternative by including fat, protein in calories and different consumption baskets for rural and urban areas.

Policies such as food security, pension schemes, awas yojas etc were based on poverty line determined by the government in the past. But with time policies have been delinked from the poverty line, and poverty ratio and target is at each deprivation form. For instance, food security promises to cover 67% of the population while poverty line is at 22% (2011-12 figures). Focus is shifting on measuring relative poverty in India.

However, the post-independence measurement of poverty was limited to calculating the basic consumption expenditure based on calorie intakes, yet in the context of a socialist state which took care of more or less most of the other requirements like healthcare and education it cannot be called as completely flawed.

Overall, the current policy of government is to delink poverty ratio and poverty line from policies/schemes. The measurement of poverty is important in finding out how far the economy has been successful in meeting the minimum requirements of the population.

6. Nutrition status is linked to non-nutrition factors. In light of this statement, examine why despite a fast growing economy and the largest anti-malnutrition programme, India has the world's worst level of child malnutrition. What steps has the Government taken to tackle the malnutrition problem in India?

Student Notes:

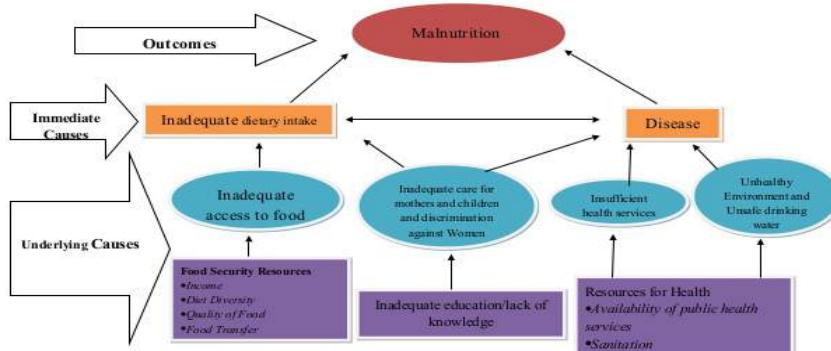
Approach:

- Define malnutrition and talk about the status of child malnutrition in India in brief.
- Then explain the link between nutrition and non nutritional factors.
- Further, bring out the shortcomings in government approach and discuss the steps taken by government to tackle malnutrition.

Answer:

Malnutrition is a condition when the body's nutritional status is sub-optimal. Both overnutrition (obesity) and undernutrition are states of malnutrition. However, since the majority of people in India still suffer from under nutrition, malnutrition in Indian context refers to undernutrition. The "HUNGaMA" report and the activities of the Citizen's Alliance Against Malnutrition have brought renewed attention to this issue. The report tells us that 42 per cent of children are underweight and 58 per cent are stunted by the age of 24 months.

Determinants of Malnutrition



Source: from UNICEF 1990; Jonsson 1993; Smith, Haddad 2000 and Mehrotra 2003

Under nutrition is the outcome of many factors majority of them being non-nutritional in nature. They include:

- Insufficient dietary intake and absorption
- Inadequate prevention and management of disease/infections linked to the lack of access to health and child care services

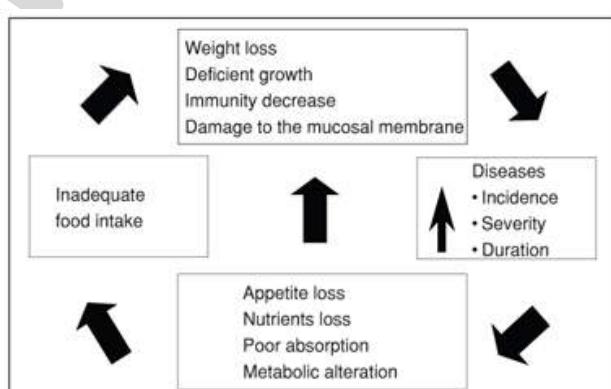


Figure 1 – Inadequate food intake/diseases increase vicious cycle.

- Lack of access to safe drinking water, sanitation and hygiene
- Lack of access to household food security and livelihoods
- Inadequate caring and feeding practices for children and women are key determinants.
- Illiteracy specially in women
- Early marriages of girls and teenage pregnancies resulting in low birth weight of the newborns
- Poor breastfeeding practices
- Ignorance about nutritional needs of infants and young children and repeated infections further aggravate the situation.

Student Notes:

Number of other factors such as environmental, geographical, agricultural, and cultural have exacerbated the problem of malnutrition in India. Therefore it is widely recognized that a multi sectoral approach is necessary to tackle the problem of malnutrition.

The Government has accorded high priority to the issue of malnutrition in the country and is implementing several schemes/programmes under different Ministries/ Departments through State Governments/UT Administrations, the details being as follows:

- Under multi-sectoral approach for accelerated action on the determinants of malnutrition in targeting nutrition in schemes/programmes of all the sectors. The schemes/programmes include the Integrated Child Development Services (ICDS), National Health Mission (NHM), Mid-Day Meal Scheme, Rajiv Gandhi Schemes for Empowerment of Adolescent Girls (RGSEAG) namely SABLA, Indira Gandhi Matritva Sahyog Yojna (IGMSY) as direct targeted interventions.
- Besides, indirect Multi-sectoral interventions include Targeted Public Distribution System (TPDS), National Horticulture Mission, National Food Security Mission, Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), Swachh Bharat Abhiyan, National Rural Drinking Water Programme etc. All these schemes address one or other aspect of nutrition.
- The specific interventions targeted towards the vulnerable groups include children below 6 years. The Integrated Child Development Services (ICDS) Scheme provides a package of six services namely supplementary nutrition, pre-school non-formal education, nutrition & health education, immunization, health check-up and referral services.
- Under National Health Mission of Ministry of Health & Family Welfare, the remedial steps taken are as follows:
 - Promotion of appropriate infant and young child feeding practices that include early initiation of breastfeeding, exclusive breastfeeding till 6 months of age and appropriate complementary feeding after 6 months of age.
 - Treatment of children with severe acute malnutrition at special units called the Nutrition Rehabilitation Centres (NRCs), set up at public health facilities.
 - Specific program to prevent and combat micronutrient deficiencies of Vitamin A and Iron & Folic Acid (IFA) in under-five children, children of 5 to 10 years of age, and adolescents.
 - Village Health and Nutrition Days and Mother and Child Protection Card are the joint initiative of the Ministries of Health & Family welfare and the Ministry of Woman and Child for addressing the nutrition concerns in children, pregnant women and lactating mothers.

Further these efforts are being complemented by using e-services like Mother and Child Tracking System and empowering the ASHA workers and ANM to act as agents of change.

7. *Self-employment of the poor has been an important objective of the anti-poverty programmes and SHGs have played a significant role in this. Elucidate with examples. Also discuss the problems which plague the model of SHG micro-finance in India.*

Student Notes:

Approach:

- Briefly introduce the concept of self-employment as a tool for anti-poverty programmes.
- Next, bring out the role of SHGs in providing self-employment and in-turn removing poverty. Provide few key examples in this context.
- Delineate and discuss the problems which have plagued the model of SHG micro-finance in India.

Answer:

The poverty alleviation programmes in India can be broadly classified into self-employment programmes, wage employment programmes, food safety programme and social security programmes. Some of the examples of self-employment programmes can be enumerated as Start-up India, USTAAD, Skill India mission, MUDRA Yojana etc.

In pursuance of self-employment to the poor, the role of Self Help Groups (SHGs) has been significant. SHGs have become a method of organizing poor and the marginalized to come together to solve their individual problems. Some of the way in which SHGs have played significant role in self-employment of poor can be enumerated as:

- SHG is a holistic programme of micro-enterprises covering all aspects of self-employment, organization of the rural poor into self help groups and their capacity building, planning of activity clusters, infrastructure build up, technology, credit and marketing
- SHGs encourage habit of saving among women and facilitate the accumulation of their own capital resource base.
- Savings of the group members have been converted into common fund called as Group Corpus. These funds help members to establish some micro units of self-employments
- The best example of role of SHG in poverty elimination can be witnessed in launch of program of Swarnajayanti Gram Swarojgar Yojna (SGSY).
- Kudumbashree project of Kerala is a successful female oriented, community based poverty reduction program. Similar successful SHG are PRADAN, SEWA etc.

Some of the problems associated with the model of SHG micro-finance in India.

- Apathy of rural banks to provide fund to SHGs, keeping in view their failures to return bank loan in time.
- Lack of regular supervision and monitoring.
- Incidences of misappropriation of funds by SHG-members very often reported which maligns the spirit and ideology of SHG formation.
- Lack of awareness among SHG-members regarding their own community resources, often leaves them with limited options for income-generating activities which only produce marginal profits.

Thus, there is growing need to organize suitable capacity building or orientation programs for the SHG members who have been provided loan so that they can go for a cost-benefit analysis before making financial investment.

8. *Explain the significance of the recently launched National Nutritional Strategy in the light of sliding ranking of India along the Global Hunger Index. Also, discuss with examples, the role that local self-governments can play in promoting, monitoring and sustaining nutrition initiatives.*

Student Notes:

Approach:

- Give a brief account of India's sliding ranking on Global Hunger Index and therefore the significance of National Nutritional Strategy.
- Highlight the significance of local government in improving nutrition.
- Conclude appropriately.

Answer:

India's ranking in Global Hunger Index 2017 has slipped 100 among 119 countries from 97th rank. Moreover, with more than 30 percent of India's children as malnourished and India being among the countries having highest malnutrition, National Nutrition Strategy (NNS), envisaging 'Kuposhan Mukt Bharat' is a welcome move.

Significance of the NNS

- **A holistic approach:** The strategy seeks to enable integration of nutrition-related interventions cutting across sectors like women and child development, health, food and public distribution, sanitation, drinking water, and rural development.
- **Special focus on maternal care and nutrition** thereby reducing maternal mortality by 1/5th through directed nutritional program.
- It seeks to reduce malnutrition through its **focus on the monitorable targets**.
- It adopts **Life Cycle Approach** so that intergenerational cycle of malnutrition is controlled.
- It focuses on preventive action by linking it with sanitation and timely intervention.

Role of local self government

Subjects allocated in the 73rd and 74th Amendments include those addressing the immediate and underlying determinants of undernutrition such as Health and Sanitation, Drinking Water among others. Therefore it is essential that local self governments own, promote, monitor and sustain nutrition initiatives - effecting convergence of action at the grass roots. This is even more relevant in light of the implementation of the Fourteenth Finance Commission recommendations, with greater devolution of resources to States and also to PRIs and ULBs.

Through a decentralized approach, the local self governments (LSGs) would be in better position to devise program according to the local needs. For example, if there is no deficiency of iron in a region and if the uniform approach of providing iron supplement is implemented then it would cause more harm than good. Therefore, it is for the respective LSG of the region to figure out the actual deficiency.

Similarly, the LSGs keep the program under direct monitoring, thus helping to find out the shortcomings at implementation stage. For example, the concept of social audit in MGNREGA improves the accountability mechanisms of the program. NNS should be implemented on the similar lines.

The Nutrition Strategy framework envisages a Kuposhan Mukt Bharat linked to Swachh Bharat and Swasth Bharat. The aim is to ensure States to create customised State and District Action Plans addressing local needs and challenges. This is especially relevant in view of enhanced resources available with states to prioritise focused interventions with a greater role for panchayats and urban local bodies.

9. *India produces enough food for its people, but not all people get enough food to eat. Discussing this paradox, highlight some of the major interventions taken in the past few years in this regard.*

Student Notes:

Approach:

- Briefly describe the given statement with facts and figures.
- Enumerate the steps taken by India to overcome hunger.
- Give an appropriate conclusion.

Answer:

India's food-grain output in 2016-2017 was a record **273.3 million tonnes**, and as per **World Economic Forum**, India needs approximately **230 million tonnes** of food per year to feed its population. India is also one of the largest producers of vegetables and fruits in the world. This shows that India has surplus amount of food. However, according to the FAO's 'The State of Food Security and Nutrition in the World (2017)' report, India has the **highest number (one quarter) of undernourished/hungry people** (190.7 million or 14.5% of its population) in the world.

India ranks **100th among 119 countries in GHI** and faces a 'serious' hunger problem. 38% Indian children, under five years of age, are stunted, and 51.4% of Indian women in reproductive age suffer from anemia. In addition, vitamin and mineral deficiencies, often called "hidden hunger" leads to undernourishment.

The paradox does not end here. Ironically, **Right to Food** is a legal right in India and still people are dying of hunger and malnutrition. Reasons for such a scenario include:

- Absence of storage infrastructure: This results in loss of food due to rotting. For example, 61,824 tonnes of foodgrains were damaged in the FCI godowns between 2011-12 and 2016-17.
- Corruption and leakages in government schemes like PDS.
- Low level of awareness about balanced diet, health and hygiene as well as about accessing entitlements and rights under the government's schemes/resources and services.
- Absence of real-time data and reliable information to track progress of various interventions.
- Poverty, social and gender injustice and inequalities.
- Lack of funds and political will to correct the scenario.

However, various interventions to fight hunger and starvation have been taken recently. These include:

- National Food Security Act, 2013 provides legal entitlement to 2/3rd Indian population through Public Distribution System.
- Integrated Child Development Services (ICDS) to cover all vulnerable groups (children of 0-6 years age, out of school adolescent girls, mothers, expectant women).
- Mid-Day Meal scheme (MDM) to feed 6-14 years old children.
- National Nutrition Mission (POSHAN Abhiyan)
- National Iron+ Initiative, 2013 to address the deficiency of iron.
- Establishment of Nutritional Rehabilitation Centres; Village Health Sanitation & Nutrition Committee.
- Fortification standards for five staples (rice, wheat flour, oil, milk, and salt) by Food Safety and Standards Authority of India (FSSAI).

Despite such a large number of initiatives, India shares platform with Sub-Saharan Africa in Global Hunger Index (GHI). As per the UN Committee on Economic, Social and Cultural Rights, "Fundamentally, the roots of the problem of hunger and malnutrition are not lack of food but lack of access to available food. "

Hence, achieving food sufficiency is not enough and it is time that access to nutritious food is ensured to all for a sustainable future.

Student Notes:



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WELFARE SCHEMES FOR VULNERABLE SECTIONS OF THE POPULATION BY THE CENTRE AND STATES AND THE PERFORMANCE OF THESE SCHEMES; MECHANISMS, LAWS, INSTITUTIONS AND BODIES CONSTITUTED FOR THE PROTECTION AND BETTERMENT OF THESE VULNERABLE SECTIONS

Student Notes:

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1. Vulnerable Sections

The term **vulnerability** is defined as “proneness to harm or damage originating from external forces”. Similarly, vulnerable groups are those groups that experience a higher risk of poverty and social exclusion than the general population. For instance, ethnic minorities, migrants, disabled people, the homeless, those struggling with substance abuse, isolated elderly people and children all often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.

To put simply, **vulnerable sections** are those sections of population who are at higher risk of suffering due to imperfect or unjust system - social, political, cultural, economic, physical, family structure, environmental or any other factor that has a bearing on these groups.

Some common characteristics of vulnerability faced by these vulnerable sections are as follows:

- They, as a **group**, are vulnerable
- This vulnerability is due to **many factors** - socio-cultural, economic
- This vulnerability is **systematic and structured**

Various groups in India can be **included under vulnerable** sections viz.- children, women, scheduled castes, scheduled tribes, other backward classes, minorities, senior citizens, disabled persons, LGBT communities, poor persons etc.

2. Rationale of Welfare Schemes for Vulnerable Sections

In India, members of a certain gender, caste, class, and ethnic identity experience structural discrimination in varied forms. This structural discrimination directly impedes equal access to economic opportunities and access to basic amenities of life. According to India Exclusion Report, most of the disadvantaged groups in India i.e. women, Dalits, tribals, Muslims, informal sector workers, the poor, the elderly and the disabled etc continue to be excluded from access to four key public goods — pensions, digital access, land, labour & resources and legal justice.

For instance, the scavenger community among the Dalits is vulnerable to stress and diseases with reduced access to healthcare. Similarly, tribal people face marginalization based on ethnicity and are mainly landless with little control over resources such as land, forest and water. They constitute a large proportion of agricultural labourers, casual labourers, plantation labourers, industrial labourers etc. This has resulted in poverty among them, low levels of education, poor health and reduced access to healthcare services. Women often face double discrimination being members of specific caste, class or ethnic group apart from experiencing gendered vulnerabilities. The performance of all these vulnerable sections across Human Development indicators continues to be dismal.

Hence, there is a need for the Government to emancipate the weaker Sections, from the cobwebs of oppression, marginalization and backwardness. The rationale for government support is grounded in various bases:

Constitutional and Philosophical Basis

- **Preamble** to the Constitution of India seeks to ensure “**Justice**, social, economic and political” and “**Equality** of status and of opportunity”.
- **Fundamental Rights** in various articles provide for various rights such as – Right to Equality, Right to Live with Dignity, Right to Education, Right against Untouchability, Right against Exploitation etc.
- **Directive Principles of State Policy** also enjoins upon the state the primary responsibility of welfare of all its citizens, in effect, making it a **Welfare State**.
- **Various Conventions under United Nations** also provides for state support to vulnerable sections, like - United Nations Convention on the Rights of the Child.

Humanitarian Grounds

- These vulnerable sections **need special assistance and care** from the state for their well-being.
- Without state help, they will have to **face many disadvantages** and will **not** be able to **avail fair and equal life choices** as those enjoyed by other citizens.

Student Notes:

Economic Imperative

- **Inclusive Growth** - Inclusive growth is necessary for high economic growth and they in fact hold a symbiotic relationship with each other.
- The **objective** of inclusive growth will **remain unfulfilled** if these sections are not provided help.
- Welfare schemes **protect the poor and disadvantaged and equip the labour force** in the lower rungs of the skill/economic welfare thus enabling them to better participate in the process of **accelerating economic growth**.

Nation Building

- Vulnerable sections will always be at a disadvantage which will lead to lower quality of life and choices enjoyed by them, which will lead to **resentment and friction in the society**.
- These sections will see the socio-cultural and political system as unjust and it will **hinder the work of nation building** and instilling a feeling of oneness in all citizens.

3. Vulnerable Sections of Society

3.1. Children

All children due to their age are considered to be at risk for exploitation, abuse, violence and neglect. However, children in especially difficult circumstances including orphans and street children, refugee or displaced children, child workers, children trapped in prostitution or sexual abuse, disabled children and delinquent children are particularly vulnerable.

But vulnerability cannot be defined simply by age. While the term vulnerable children refer to an age group that is considered at risk, but vulnerability of children is further compounded by the following factors:

- Physical disabilities
- Mental disabilities
- Provocative behaviours: due to ignorance or misunderstanding of children's mental health or behavioural problems, some people can become irritated or frustrated and hence lash out against children or neglect them completely.
- Powerlessness: comes of the situations and people that surround the children. If a child is given the power by the state, family or community to participate and fulfil their own rights and responsibilities they are less vulnerable.
- Defencelessness: comes from the lack of protection provided by the state or parents or community. If there is no child abuse law than how is a child suppose to defend himself/herself against abuse.
- Passivity: due to situation or treatment of the child. For example, a child who is enslaved or oppressed does not have the ability to seek help or protection.
- Illness
- Invisible: Children who the system doesn't even recognise are highly vulnerable.
- Younger children, especially those below the age of six, are much more dependent on the protection system.

Vulnerable children in India face further problems, such as the following:

- Some of them are exploited as **child labourers**

- Children facing poverty and discrimination are more vulnerable to **malnutrition, bad health, poor educational facilities, poor resources, thus restricting their freedoms and opportunities**
- Girl babies are at an even greater disadvantage due to prevailing **social norms** that tend to value males much more than females, which leads to son ‘preference’
- A girl child faces different forms of violence like infanticide, neglect of nutrition needs, lack of education and healthcare facilities etc.

Student Notes:

Facts about Children

- 1 in 4 children of school-going age is out of school in our country (Census 2011)
- There are 33 million child labourers between the ages of 5-18 years in India and 10.13 million between the ages of 5-14 years. (Census 2011)
- Every day, around 150 children go missing in India – kidnapping and abduction is the largest crime against children in our country (National Crime Record Bureau 2016)
- 19.8 million children below age 6 in India are undernourished (ICDS 2015)
- 38% (1 in 3) of children between 0-5 years are stunted in the country (NFHS 4, 2015-16)
- 42% of married women in India were married as children (District Information System for Education (DISE) 3)

3.1.1. Schemes Related to Children

Umbrella Integrated Child Development Services (ICDS) Scheme

This centrally sponsored scheme was launched on October 2, 1975 for **early childhood care** by providing for supplementary nutrition, immunization and pre-school education to the children. These services are delivered via Anganwadi Centers (AWCs) (An Anganwadi center provides basic health care in Indian villages. Although this scheme brings about convergence across different ministries, it is anchored by Ministry of Women and Child Development (MoWCD), Government of India (GoI).

Objectives

- To improve the nutritional and health status of children in the age-group 0-6 years;
- To lay the foundation for proper psychological, physical and social development of the child;
- To reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

Beneficiaries

- Children in the age group of 0-6 years
- Pregnant women and Lactating mothers

Components of the Scheme

1. Early Childhood Care Education & Development (ECCE)
2. Care & Nutrition Counselling
3. Health Services
4. Community Mobilisation Awareness, Advocacy & Information, Education and Communication

The ICDS Scheme offers a package of six services, viz. supplementary nutrition; pre-school non-formal education; nutrition & health education; immunization; health check-up; and referral services.

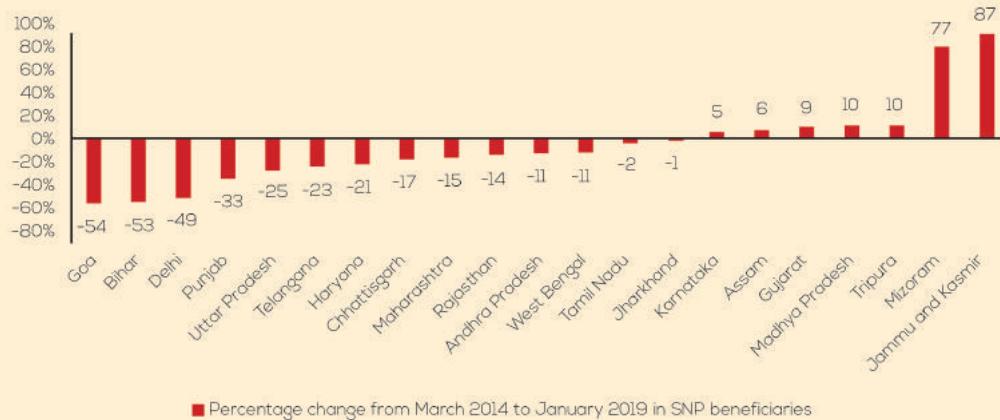
Coverage:

As per a report by Programme Evaluation Organization(PEO) of NITI Aayog submitted in June 2015, ICDS covers 8.4 crore children of age below 6 years in the country and 1.91 crore pregnant and lactating mothers through 7,076 projects and 14 lakh AWCs.

Issues:

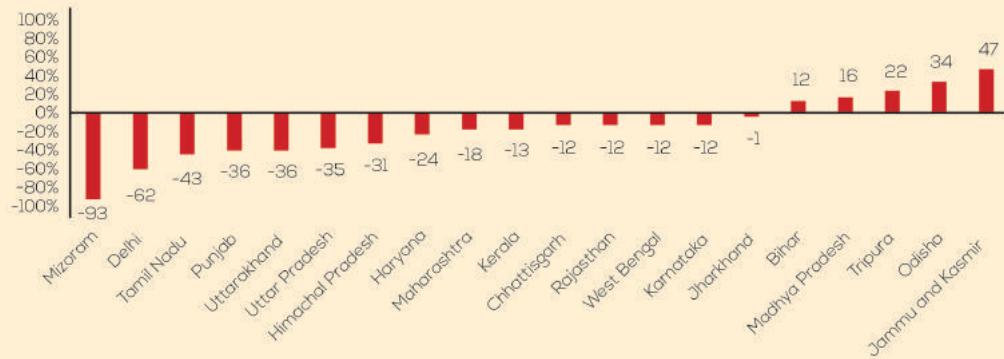
- **Limited Coverage:** According to NFHS-4, only 54 per cent of children under 6 received any service from the AWC. The numbers for pregnant women and lactating mothers were similar – 46 per cent pregnant women and 51 per cent lactating mothers did not receive any service from an AWC.
- **Number of beneficiaries across services declining:** Another worrying feature has been that the number of children receiving Supplementary Nutrition Programs and Primary School Education has been falling over the years. Between March 2014 and January 2019, the number of children (6 months – 6 years) receiving SNP fell by 17 per cent from 849 lakh to 705 lakh. The number of pregnant women and lactating mothers receiving SNP also fell by 13 per cent from 195 lakh to 169 lakh. Similarly, there was a decline of 14 per cent in the number of children availing PSE between March 2014 and January 2019.
- **Poor Maintenance of Records:** Only 75.7% of AWCs are maintaining records properly. Several problems have been noticed in records maintained by the remaining 24.3% of AWCs.
- **Limited outreach for Malnutrition Services:** It was noticed that 99% of AWCs are providing mothers counselling on the child healthcare but only 68.6% of AWCs are intervening on children's malnutrition.
- **Lack of Facilities:** AWC's suffer from a lack of infrastructural issues. Physical verification of the infrastructure and supports provided to AWCs revealed that 59% of them have adequate space, and thus the remaining 41% have either shortage of space or unsuitable accommodation. As on 31 March 2018, 12% of AWCs operate out of kutcha buildings. It was also found that 40% of AWCs have their own accommodation and the remaining 60% are located in rented accommodations. Additionally, about 22.5% of AWCs do not have the required medicines for the children.
- **Poor attention to Sanitary conditions at AWC's:** Studies have found that 86.3% of AWCs have drinking water facilities and the remaining 13.7% do not have safe drinking water facilities. Further, the hygiene conditions at AWCs require improvement as only 48.2% of them are maintaining good hygiene condition.
- **Large number of vacancies:** There are a large number of vacancies in posts for Child Development Project Officers and Supervisors. As on June 2018, 25 per cent of sanctioned positions for CDPOs were vacant across the country. Although vacancies for Lady supervisors have improved over the years, 32 per cent of sanctioned positions for Lady Supervisors remained vacant as on June 2018. Vacancy rates for Supervisors, however, remain high. Similarly, the percentage of vacancies of AWWs and AWHs has also remained the same.

Between March 2014 and March 2018, The Percentage of Beneficiaries Receiving Supplementary Nutrition Fell By 16%



Source: (1) Number of beneficiaries in March 2014 from Lok Sabha Unstarred Question No. 4556 answered on 12.08.2016. Available online at: <http://164100.47.190/loksabhaquestions/annex/9/AU4556.pdf>. Last accessed on 12 January 2019. (2) Number of beneficiaries in January 2019 from RTI response by MWCD dated 24 January 2019.

Between March 2014 and January 2019, The Percentage of Beneficiaries Receiving PSE Fell by 14% in India



Source: (1) Number of beneficiaries in March 2014 from Lok Sabha Unstarred Question No. 4556 answered on 12.08.2016. Available online at: <http://164100.47.190/loksabhaquestions/annex/9/AU4556.pdf>. Last accessed on 12 January 2019. (2) Number of beneficiaries in January 2019 from RTI response by MWCD dated 24 January 2019.

Suggestions

- Adequate space should be provided to accommodate the enrolled children and the Centers should be located at a convenient and hygiene friendly area of the locality.
- AWC accommodation should be equipped with proper facilities viz. sanitation facilities, safe drinking water, toilets, sufficient medicines, electricity/power supply, playing instruments/toys, etc. The centers should be protected with boundary walls or barbed wires.
- Adequate number of workers should be engaged in each AWC. The monthly honorarium fixed for AWC workers/helpers seems to need enhancement. Further, the AWC workers should not be deployed for other works.
- Regular training should be provided to AWC workers and their supervisors. Further they should get refresher training to handle registers and other records independently.

- Doctors should visit AWCs regularly.
- AWCs should keep complete health records of all the children enrolled with them. At present, AWCs are required to maintain around 30 registers which appears to be too many. Review should be carried out to reduce/minimize their number.
- The mothers of the malnourished children should be provided regular counselling.
- On the spot monitoring and supervision of centers should be done by the Block and District level Officers regularly.
- Food provided at AWCs should be of good qualities and nutrition. Enhancement of financial norms may increase the quality of AWC food. Provision of LPG gas for cooking purpose may also be supplied to every AWC.

Student Notes:

Integrated Child Protection Scheme

Integrated Child Protection Scheme is being implemented by Union Ministry of Women and Child Development as a Centrally Sponsored Scheme from 2009-10. It is based on the cardinal principles of "protection of child rights" and the "best interest of the child". Its objective is of creating a safe and secure environment for children in conflict with law as well as children in need of care and protection. It is a comprehensive scheme to bring several existing child protection programmes under one umbrella, with improved norms.

Objectives

- To institutionalize essential services and strengthen structures for emergency outreach, institutional care, family and community based care, counselling and support services at the national, regional, state and district levels;
- To enhance capacities at all levels, of all functionaries including, administrators and service providers, members of allied systems including, local bodies, police, judiciary and other concerned departments of State Governments to undertake responsibilities under the ICPS;
- To create database and knowledge base for child protection services, including MIS and child tracking system in the country for effective implementation and monitoring of child protection services;
- Undertake research and documentation;
- To strengthen child protection at family and community level, create and promote preventive measures to protect children from situations of vulnerability, risk and abuse;
- To ensure appropriate inter-sectoral response at all levels, coordinate and network with all allied systems;
- To raise public awareness, educate public on child rights and protection on situation and vulnerabilities of children and families, on available child protection services, schemes and structures at all levels.

Components of the ICPS

- Emergency outreach services through the Childline 1098 helpline
- Open shelters for children in urban and semi-urban areas
- Family based non institutional care through sponsorship, foster-care, adoption and after-care,
- Institutional care through children's homes, shelter homes, observation homes, special homes and specialised homes for children with special needs, and
- Grant-in-aid for specific need-based or innovative projects.

Performance Evaluation of ICPS

A report published by "Save The Children" has highlighted following points about the implementation of ICPS:

Benefits

- The implementation of the ICPS has resulted in creditable improvement in the funding and monitoring of childcare institutions (CCIs), as well as in the functioning of statutory bodies like CWCs and JJBs.
- As a programme, the ICPS has aided in the improvement of the existing infrastructure for child protection. Yet, the scheme is still very much in a scale up mode.

Student Notes:

Challenges

- The Scheme has been marred by limited capacity and poor fund utilization.
- Survey for vulnerability mapping is a key mandate for the District Child Protection Units. However, budget for the same under ICPS is a constraint.
- Presently, crucial aspects of the scheme of high relevance for street children, such as foster care, sponsorship programmes and after care for older children remain highly underdeveloped.
- Emergency outreach services through the Childline 1098 helpline are also facing issues of inaccessibility, especially after the advent of mobiles and vanishing of PCOs. Access to these numbers has become difficult for street children and the homeless.
- There has also been little focus on the training and sensitisation of functionaries and awareness generation activities.

As a result, despite its commendable aims, the ICPS lacks a structured mechanism to reach out to children in need of care and protection through proactive and sustained efforts for their identification, rescue and rehabilitation.

SAMAGRA SHIKSHA ABHIYAN

Samagra Shiksha Abhiyan is an overarching programme for the school education sector extending from pre-school to class 12. It has been prepared with the broader goal of improving school effectiveness measured in terms of equal opportunities for schooling and equitable learning outcomes. It subsumes the three erstwhile Schemes of **Sarva Shiksha Abhiyan (SSA)**, **Rashtriya Madhyamik Shiksha Abhiyan (RMSA)** and **Teacher Education (TE)**.

It is a sector-wide development scheme that is aimed at harmonising the implementation mechanisms and transaction costs at all levels, particularly in using state, district and sub-district level systems and resources. It envisages one comprehensive strategic plan for development of school education at the district level. The focus of the scheme has shifted from project objectives to improving systems level performance and schooling outcomes along-with incentivizing States towards improving quality of education.

Vision

The vision of the Scheme is to ensure inclusive and equitable quality education from Pre nursery (Pre-school) to Senior Secondary Stage by 2030 in accordance with sustainable Development Goals for Education.

Aim

The Aim of the scheme is to universalize quality School Education. It also aims to support States in universalizing access to School Education from classes Pre nursery (Pre-school) to class XII.

Objectives

1. Provision of quality education and enhancing learning outcomes of students;
2. Bridging Social and Gender Gaps in School Education;
3. Ensuring equity and inclusion at all levels of school education;
4. Ensuring minimum standards in schooling provisions;
5. Promoting vocationalization of education

6. Support States in implementation of Right of Children to Free and Compulsory Education (RTE) Act, 2009;
7. Strengthening and up-gradation of State Councils for Educational Research and Training (SCERTs)/State Institutes of Education and District Institutes for Education and Training (DIET)s as a nodal agency for teacher training

Student Notes:

Output-Outcome Framework of the Scheme

Indicators	Elementary		
	2015-16 (Baseline data)	2018-19	2019-20
Net Enrolment Ratio (NER)	89.0%	93.0%	96.0%
Gender Parity Index (GPI)	0.94	0.96	0.97
Annual Drop-out Rate	4.1%	3.6%	3.5%
Transition Rate from primary to upper primary level	90.14%	93.0%	95.0%
Retention Rate at elementary level	70.70%	75.0%	80%
Number of Out of School children	60 lakh	45 lakh	35 lakh
Increase in the % of children who achieve subject-wise grade- wise Learning Outcomes.	To be set after analysis of the baseline NAS conduct. in November, 2017		
Secondary			
Indicators	Output/Deliverables		
	2015-16 (Baseline data)	2018-19	2019-20
Gross Enrollment Ratio (GER)	80.01%	83.30%	84.98%
(GER) Gross Access Ratio (GAR)	86.48%	89.92%	91.13%
Annual Average Dropout Rate	17.06	14.06	13.06
Transition Rate (Class VIII to LX)	90.62%	94.50%	95.00%
Retention Rate at secondary level	57.4%	60.0%	62.00%
Gender Gap in enrolment	5	4	4
Increase in the % of children who achieve the desired achievement levels.	To be set after analysis of the baseline NAS conducted in February, 2018		
Senior Secondary			
Indicators	Output/Deliverables		
	2015-16 (Baseline data)	2018-19	2019-20
Gross Enrollment Ratio (GER)	56.16%	62%	64%
Transition Rate (Class X to XI)	69.4%	74%	76%
Gender Gap in enrolment	5%	4%	4%

The main outcomes of the Scheme are envisaged as Universal Access, Equity and Quality, promoting Vocationalisation of Education and strengthening of Teacher Education Institutions (TEIs). The Scheme will help to improve the Transition rates across the various levels of school Education and aid in promoting universal access to Children to complete School Education. It would also enable in reaping the benefits of Technology and widening the access to good quality education across all States and UTs and across all sections of the society.

Mid-Day Meal (MDM) Scheme

The National Programme of Mid-Day Meals (MDM) in School scheme is Government of India's flagship school-based feeding programme aimed at improving the nutritional status of students and promoting the universalisation of elementary education. This scheme aims to:

- avoid classroom hunger
- increase school enrolment
- increase school attendance
- improve socialisation among castes

- address malnutrition
- empower women through employment

Student Notes:

Performance Evaluation of MDM

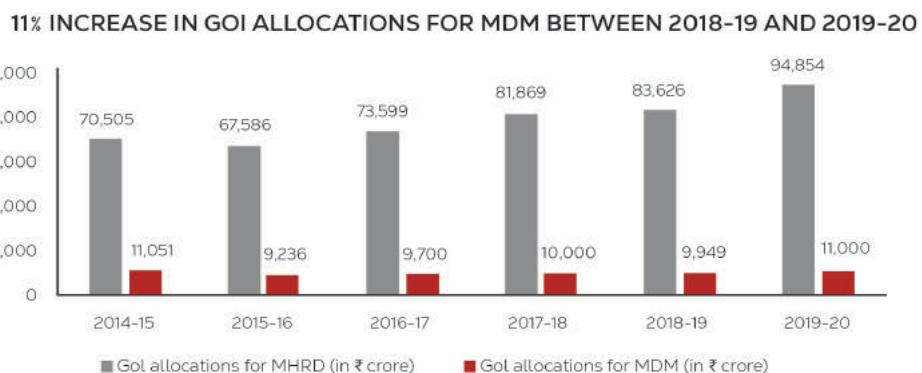
Coverage

As per the provisions of National Food Security Act, 2013, children studying in classes 1 to 8 or within the age group of 6-14 years are entitled to one mid-day meal free of charge, every day except on school holidays, in all schools run by local bodies, government and government aided schools so as to meet nutritional standards specified in the Act. Some states and Union Territories provide additional items such as milk, egg and fruits to students from their own resources

As of 2019-20, according to HRD ministry, around 11.59 crore elementary school students are beneficiaries under the mid-day meal scheme, while nearly 26 lakh cook-cum helpers are employed for the same.

Trends in GoI allocations, releases and expenditures

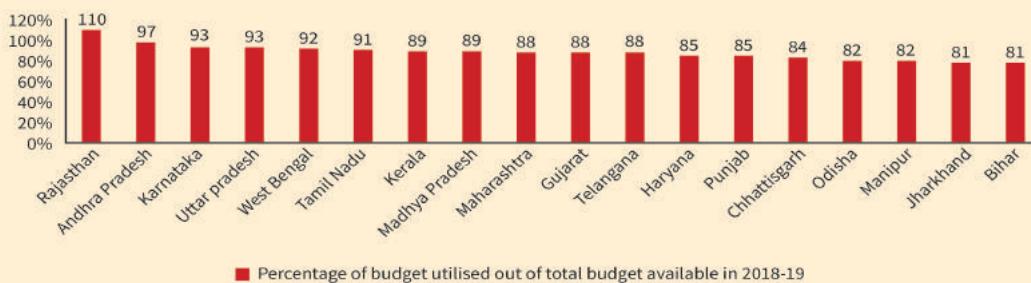
In FY 2019-20, GoI allocations increased by 5% to Rs. 11,000 crore from the previous year's BE and an 11 per cent increase from the Revised Estimates.



Utilisation of Funds available for MDM scheme by states

In FY 2018-19, on an average, 90 per cent of funds available for recurring costs were spent by all states. Utilisation was amongst the highest in Rajasthan where more funds were utilised than available. In contrast, it was lowest in Jharkhand (81 per cent) and Bihar (81 per cent).

On Average 90% of Funds Available for MDM Were Spent in 2018-19



Source: Funds Available and Utilisation from AWP&Bs of PAB meetings, FY 2019-20. Available online at: https://mdm.nic.in/mdm_website/
Last accessed on 21 January 2020.

Note: Only recurring costs have been considered.

Positive results of MDM have been following:

Student Notes:

- The MDM scheme is working well with some schools even using donations to supplement this effort and serve better food.
- While some schools had good storage facilities like tin boxes, some schools used gunny bags and did not have proper doors for the store rooms.
- However, greater involvement of teaching staff for this activity was at the cost of their primary activity of teaching. So teaching staff should be involved only in the supervision of serving of meals to students.
- Delivery of foodgrains to the schools should be the responsibility of the PDS dealers under the supervision of panchayats to ensure good quality and adequate quantity.
- The midday meal scheme has succeeded in improving nutritional status of school going children and enhanced school attendance enrolment and retention especially for girls and children of disadvantaged groups (SCs and STs) .

Challenges of MDM

- Unhygienically cooked and under-nutritious foods are major issues affecting the scheme. The cooks in government schools do not wear caps or gloves, and are not checked for disease. This could lead to food poisoning.
- Some schools do not have adequate infrastructure and have no running water.
- The scheme suffers from structural problems, the biggest being the lack of a proper monitoring mechanism and lack of proper accountability.
- There is no clear defined structure, and every state runs its functions according to its wish. Besides the huge corruption at all levels is destroying the scheme.
- Most of the states, it was observed, did not follow the guidelines of Government of India to deliver foodgrains at the school point by PDS dealer, thereby resulting in the leakage of foodgrains.

National Child Labour Project (NCLP)

National Child Labour Project Scheme (NCLPS) was started in 1988 by the Ministry of Labour to rehabilitate child labour. The scheme focuses on suitably rehabilitating the children withdrawn from employment thereby reducing the incidence of child labour in areas of known concentration of child labour.

Objectives of the Scheme

- To eliminate **all forms of child labour through**
 - identification and withdrawal of all children in the Project Area from child labour,
 - preparing children withdrawn from work for mainstream education along with vocational training,
 - ensuring convergence of services provided by different government departments/agencies for the benefit of child and their family
- To contribute to the **withdrawal of all adolescent workers** from Hazardous Occupations and their **Skilling and integration** in appropriate occupations through
 - Identification and withdrawal of all adolescent workers from hazardous occupations / processes,
 - facilitating vocational training opportunities through existing scheme of skill developments
- **Raising awareness** amongst stakeholders and target communities, and orientation of NCLP and other functionaries on the issues of 'Child Labour' and 'employment of adolescent workers in hazardous occupations/processes'
- Creation of a **Child Labour Monitoring, Tracking and Reporting System**

Target Group

- All child workers below the age of 14 years in the identified target area.
- Adolescent workers below the age of 18 years in the target area engaged in hazardous occupations.
- Families of Child workers in the identified target area.

Student Notes:

Strategy

- To create an enabling environment in the target area, where children are motivated and empowered through various measures to enroll in schools and refrain from working
- Households will be provided with alternatives to improve their income levels.

Status of Child Labour in India

India has ratified the United Nations Convention on the Rights of the Children. Besides, India's Child Labour Amendment (Prohibition and Regulation) Act, 2016, bars any child under 14 years of age to be employed in any form of work. Adolescents from 14-18 years of age are also not permitted to work in hazardous jobs. The Act also defines 63 jobs as hazardous for children including working in mines, handloom industry, soap manufacturing among others. However, despite these legislations and protection mechanisms:

- Census 2011 shows that India still has 10.1 million children engaged in child labour.
- Uttar Pradesh, Bihar, Rajasthan, Maharashtra, and Madhya Pradesh are the states that engage in maximum child labour.
- The Census 2011 data for children in labour, states that 6.5 million children in India in the age group of 5 to 14 years work in agriculture and household industries. This accounts for a staggering 64.1% of child labourers from this age group.
- There are 22.87 million working children in India between 15-18 years.
- As per 2011 Census, 1 in 11 children are working in India (5-18 years)
- 80% of the child labour in India is concentrated in rural areas
- ILO 2016 data indicates that there are 152 million working children in the world between 5-17 years, of which 23.8 million children are in India. So 16% of the working children (or every 6th working child) in this age group is in India
- According to an analysis of Census data by CRY- Child Rights and You, about 1.4 million child labourers in India in the age group of 7-14 years can't write their names.
- While 45% of child labourers in Bihar are illiterate, in Rajasthan and Jharkhand the figure stands at 40%. Madhya Pradesh and Andhra Pradesh also have about 38% child labourers as illiterate.

Platform for Effective Enforcement for No Child Labour

PENCIL is an electronic platform that aims at involving Centre, State, District, Governments, civil society and the general public in achieving the target of child labour free society.

Components

- Child Tracking System
- Complaint Corner
- State Government
- National Child Labour Project and
- Convergence

SCHEME FOR ADOLESCENT GIRLS (SAG)

Empowerment of adolescent girls has multiple dimensions, and requires a multi-sectoral response. SAG (earlier named SABLA) is a comprehensively conceived scheme which involves inputs from key sectors of health, education and employment, each of which addresses needs fundamental to the holistic growth of an adolescent girl. Its intended beneficiaries are adolescent girls of 11–14 years old across over 508 districts within the country.

Objectives

- Enable the adolescent girls for self-development and empowerment
- Improve their nutrition and health status.
- Promote awareness about health, hygiene, nutrition, adolescent reproductive and sexual health (ARSH) and family and child care.
- To educate, skill and make them ready for life's challenges.

Student Notes:

Salient Features

- Nutrition provision
- Iron and folic acid (IFA) supplementation
- Health check-up and referral services
- Nutrition & health education (NHE)
- Counselling/guidance on family welfare, ARSH, child care practices and home management.
- Upgrade home-based skills, life skills and integrate with the national skill development program (NSDP) for vocational skills.
- Mainstream out of school adolescent girls into formal/non formal education.
- Provide information/guidance about existing public services such as PHC, CHC, post office, bank, police station, etc.

Performance Evaluation of SAG

Performance of SAG scheme can be gauged from following findings in a report submitted to Women and Child Development Ministry in 2013

- It has strengthened the recognition of adolescent girls as a group with distinct needs. The scheme's design and delivery has endeavored to address their health, social, economic, and psychological needs in a comprehensive manner.
- The utilization of funds and delivery of the ration to beneficiaries is occurring on a regular basis. The various activities under the Non- Nutrition component have been implemented with varying extent of success and ease across States. Health Check-ups, delivery of IFA tablets, nutrition and health counselling and ARSH counselling, life-skills education including exposure visits have been taking place more smoothly than activities like school mainstreaming and vocational training
- Convergence with the Department of Health has been well implemented and coordination needs to be improved with Education, Youth Affairs, and Labour and Employment sectors.
- Not all states have effectively involved NGOs; where they have, such as in Odisha, Karnataka, Rajasthan, the scheme components are working well.
- The study found that 100% of the beneficiaries in sample were aware of the 'nutrition', 'counselling', 'health check-ups' and 'life- skills' components of the scheme. Among non-beneficiaries interviewed, the level of awareness was high at about 69%. Other stakeholders like Panchayat members, parents, and representatives of community organisations were also aware of the scheme.
- Most of the respondents (75%) consume their IFA tablets at home, while only 24.5% consumed them at the AWC.
- The study reveals that at least 48% (1612) out-of-school-girls (OOSGs) reported being counselled on joining school.
- Around half (44.1%) of the eligible girls in the age-group 15-18 years had received any information about vocational training

Positive Findings of the Report

- **Positive Perceptions Regarding SAG** among Government officials, beneficiaries, non-beneficiaries, parents, community members, civil society organisations and other stakeholders

- **High Awareness** among beneficiaries and AWWs, stakeholders, and government officials
- **Nutrition Component:** The nutrition component has been implemented effectively due to the streamlining of its delivery on pre-existing mechanism of ICDS.
- **Good Design:** Key stakeholders at multiple levels have agreed and underscored that the Scheme is comprehensively designed and covers the physical, nutritional, health, psychological and social dimensions of adolescent development
- **Good Convergence:** Convergence in the current scenario has worked well with the Health Department and components of the scheme such as health Check-ups, nutrition and health education (NHE) and distribution of IFA tablets have been streamlined.

Student Notes:

Negative Findings of the Report

- **Non-Nutrition Component:** The implementation and service delivery of the non-nutrition component needs to be further improved.
- **Limited capacity of Anganwadi Workers:** AWWs have received only limited sustained training and support across the states, due to which they have limited capacity.
- **Limitations of Aganwadi Centers** also acts as limitations of this scheme.
- **Fund Adequacy:** For non-nutrition components, the budgetary provisions have been studied to be insufficient.

Other Schemes Related to Girl Child

- **The Beti Bachao, Beti Padhao (BBBP) Scheme** has been introduced in October, 2014 with the following objectives:
 - Prevent gender biased sex selective elimination
 - Ensure survival & protection of the girl child
 - Ensure education and participation of the girl child.
 It is a Pan India Scheme, with 100% assistance from Central Government. Monitoring of the BBBP Scheme would be at following levels at National level, State level, District level, Block Level, and Gram Panchayat/Ward Level.
- '**Sukanya Samridhi Yojna**' is a small deposit scheme for girl child, launched as a part of the 'Beti Bachao Beti Padhao' campaign. This scheme is implemented by the Ministry of Women & Child Development and the Ministry of Finance. It seeks to achieve the following objectives:
 - To motivate parents to open an account in the name of a girl child and for her welfare to deposit maximum of their savings upto the prescribed limits.
 - To meet the requirement of higher education expense for girls.
 - It would prevent early marriages of girl and ensure equitable share to a girl child in resources and savings of a family in which she is generally discriminated as against a male child.
- **National Scheme of Incentives to Girls for Secondary Education:** It was launched in May 2008 with the aim to promote enrolment of girl child in the age group of 14-18 at secondary stage, especially those who passed Class VIII. The scheme is now boarded on National Scholarship Portal (NSP). The objective of the scheme is to establish an enabling environment to promote enrolment and reduce drop out of girls belonging to SC/ST communities in secondary schools and ensure their retention up to the 18 years of age. The scheme covers
 - all girls belonging to SC/ST communities who pass class VIII and
 - all girls who pass class VIII examination from Kasturba Gandhi Balika Vidyalayas (irrespective of whether they belong to SC/ ST), and enroll in class IX in State/ UT Government, Government-aided and Local Body schools.
 A sum of Rs.3000/- is deposited in the name of eligible unmarried girls as fixed deposit on enrolment in class IX, who are entitled to withdraw it along with interest thereon upon

reaching 18 years of age and passing Class X examination. However, the NSIGSE Scheme is being re-designed to implement it in a more effective way.

- **Udaan** is an initiative of the Central Board of Secondary Education (CBSE) to enable girl students to soar to higher education from schools, and to eventually take various leadership roles in future. This scheme has the following objectives

- To address the challenge of low enrolment of girls in technical education institutes.
- To minimize the gap between school education & engineering entrance examination.
- To enrich and enhance teaching and learning of Science and Mathematics at senior secondary level by addressing the three dimensions of education curriculum design, transaction and assessments.

Its beneficiaries include Girls studying in classes XI only from KVs/ NVs/ Government Schools of any recognised Board/CBSE affiliated private schools in India. The program is open to Indian citizens residing in India only. The annual family income should be less than 6 lakh/annum.

3.2. Women

India has traditionally been a patriarchal society and therefore women, irrespective of their class, caste or religion, they have always suffered from social handicaps and disabilities. It thus became necessary to take certain ameliorative steps in order to improve the condition of women in the traditionally male dominated society.

- Women face different forms of violence like infanticide, neglect of nutrition needs, education and healthcare.
- They have little or no property in their name and with little or poor formal education, they become dependent on their male counterpart.
- They have little control over the resources and important decisions related to their lives.
- Early marriage and childbearing affects the health of the women adversely. Maternal mortality rate is still very high.
- Adult women face violence due to unwanted pregnancies, domestic violence, sexual abuse at the workplace and sexual violence including marital rape and honor killings.
- Even working women are expected to do household work (double burden).
- Women, in general, are given low status as compared to men in the Indian society.

3.2.1. Schemes

PRADHAN MANTRI MATRU VANDANA YOJANA

This scheme is implemented by the Ministry of Women & Child Development with the following objectives:

- Providing partial compensation for the wage loss in terms of cash incentives so that the woman can take adequate rest before and after delivery of the first living child.
- The cash incentive provided would lead to improved health seeking behaviour amongst the Pregnant Women and Lactating Mothers (PW& LM).

The intended beneficiaries of this scheme are all pregnant women and Lactating Mothers (PW&LM), excluding PW&LM who are in regular employment with the Central Government or the State Governments or PSUs or those who are in receipt of similar benefits under any law for the time being in force AND the first child in family.

A cash incentive of Rs 5000 is given in three instalments i.e. 1st instalment of Rs 1000/- on early registration of pregnancy, 2nd instalment of Rs 2000/- after six months of pregnancy and 3rd instalment of Rs 2000/- after child birth is registered and the child has received the first cycle of BCG, OPV, DPT and Hepatitis - B, or its equivalent/ substitute.

The eligible beneficiaries receive the incentive given under the Janani Suraksha Yojana (JSY) for Institutional delivery and the incentive received under JSY is accounted towards maternity benefits so that on an average a woman gets Rs 6000.

Student Notes:

Furthermore there are provisions for universal screening of pregnant women for Anaemia and Iron and Folic Acid (IFA) supplementation, Calcium supplementation in pregnancy, Deworming in pregnancy.

Support to Training and Employment Programme for Women (STEP)

STEP is being administered by Central Government since 1986-87 as a 'Central Sector Scheme'. It aims to provide skills that give employability to women and to provide competencies and skill that enable women to become self-employed/entrepreneurs. The Scheme is intended to benefit women who are in the age group of 16 years and above across the country. The grant under the Scheme is given to an institution/organisation including NGOs directly and not the States/UTs. The assistance under STEP Scheme will be available in any sector for imparting skills related to employability and entrepreneurship, including but not limited to the Agriculture, Horticulture, Food Processing, Handlooms, Tailoring, Stitching, Embroidery, Zari etc., Handicrafts, Computer & IT enable services along with soft skills and skills for the work place such as spoken English, Gems & Jewellery, Travel & Tourism, Hospitality.

Swadhar Greh - A Scheme for Women in Difficult Circumstances

Swadhar Greh Scheme targets the women victims of difficult circumstances. Under the Scheme, Swadhar Greh will be set up in every district with capacity to house 30 women. The Scheme through the provisions of shelter, food, clothing, counselling, training, clinical and legal aid aims to rehabilitate women in difficult circumstance i.e. women rendered homeless due to family discord, crime, violence, mental stress, social ostracism or are being forced into prostitution and are in moral danger.

The Scheme has following objectives:

- To cater to the primary need of shelter, food, clothing, medical treatment and care of the women in distress and who are without any social and economic support.
- To enable them to regain their emotional strength that gets hampered due to their encounter with unfortunate circumstances.
- To provide them with legal aid and guidance to enable them to take steps for their readjustment in family/society.
- To rehabilitate them economically and emotionally.
- To act as a support system that understands and meets various requirements of women in distress
- To enable them to start their life afresh with dignity and conviction.

Working Women's Hostel

The Government of India launched the working women's hostel scheme in 1972-73 in order to promote greater mobility of women in the employment market. The objective of the Scheme is to promote availability of safe and conveniently located accommodation for working women, with day care facility for their children, wherever possible, in urban, semi urban, or even rural areas where employment opportunity for women exist.

Performance Evaluation of Working Women's Hostel

SWOT analysis of Working Women's Hostel scheme by a study instituted by Ministry of Women and Child Development in 2017 has been presented below-

Suggestions to further strengthen the Scheme

Student Notes:

- Provisioning of **more hostels** due to surge in population of working women migrating to cities
- To create provision for a **revolving fund and/or grants for maintenance** in the scheme to ensure regular maintenance and upkeep of hostel buildings and equipment.
- **Eligibility rules should be changed** to increase salary limit to Rs. 75,000/- from current 50,000/- in metropolitan cities and increasing duration of maximum stay to 5 years from current 3 years.
- Stringent **monitoring** by the hostel management committee to ensure **provision of reservation and facilities for the differently abled women** is adhered to.
- Upgradation of **security facilities**:
 - Provision of CCTV'S in all hostels
 - Ensure Footage is regularly checked
 - Provide In and Out Register at every entrance which should be checked
 - Ensure street lighting in areas outside hostels
 - Institute a 24x7 emergency service through helpline or any other mediums
- Provision of **new facilities**
 - Hostels must ensure laundry facility
 - Hostels must ensure Internet connectivity, Wi-Fi and computer room with printing and scanning facilities.
 - Hostels may include facilities such as libraries, common room, recreation room, gym to provide additional facilities

There is an urgent need to have a **feedback mechanism through complaints box and so on** for the inmates to give their feedback on facilities.

STRENGTHS

1. Affordability
2. Security
3. Implementing agencies operate hostel on not-for profit basis
4. Central location and accessibility through public transport
5. Quality facilities
6. Accountability
7. Diversity due to people from diverse backgrounds and states
8. Discipline
9. Caters to women from disadvantaged and rural backgrounds

WEAKNESSES

1. Lack of maintenance
2. Lack of stringent monitoring
3. Inflexible timings
4. Lack of upgraded facilities
 - Internet connectivity
 - AC rooms
 - Adjoined bathrooms
 - Power back up
 - Visitors rooms
5. Poor quality of services such as
 - Medical facilities
 - Laundry facilities
 - Mess facilities
6. Overcrowding due to occupants beyond sanctioned limit
7. Insufficient capacity leads to long waiting lists
8. Lack of specialized facilities for differently abled

OPPORTUNITIES

1. Increase in women migrants seeking employment leading to growing demand for women's hostels
2. Lack of safety for women in cities leads to preference for government funded institutionalized hostels

THREATS

1. Insufficient number of hostels and capacity within hostels to absorb growing accommodation
2. Lack of Monitoring to ensure mandated scheme provisions are complied.
3. Lack of grievance redressal mechanism
4. Lack of flexibility
5. Lack of maintenance

Ujjawala Scheme

It is a comprehensive scheme for Prevention of Trafficking and Rescue, Rehabilitation, Re-integration and Repatriation of Victims of Trafficking for Commercial Sexual Exploitation which is being implemented by the Ministry of Women and Child Development. Under this scheme, Protective and Rehabilitative Homes are given financial support for providing shelter and basic amenities such as food, clothing, medical care, legal aid; education in the case the victims are children, as well as for undertaking vocational training and income generation activities to provide the victims with alternate livelihood option.

Udyam Sakhi Portal for Women Entrepreneur

The Udyam Sakhi helps Indian women to start, build and grow businesses. It recognises that women entrepreneur in the industry is critical to economic recovery and strength, in building nation's future, and to helping India compete in today's global marketplace. In 2018, the Ministry of Micro, Small & Medium Enterprises launched Udyam Sakhi Portal for women entrepreneurs.

One Stop Centre Scheme

It is a centrally sponsored scheme formulated by the Ministry of Women and Child Development (MWCD) under the Umbrella Scheme for National Mission for Empowerment of women. These Centres will be established across the country to provide integrated support and assistance under one roof to women affected by violence, both in private and public spaces in phased manner.

3.3. Scheduled Castes, Scheduled Tribes and Other Backward Classes

The Government classifies some of its citizens based on their social and economic condition as Scheduled Caste (SC), Scheduled Tribe (ST), and Other Backward Class (OBC). These citizens are recognised as deserving of special treatment because of the traditional discrimination practiced against them.

3.3.1. Scheduled Castes

Scheduled castes are those castes which are notified as Scheduled Castes as per provisions contained in Article 341 of the Constitution.

- They suffer from extreme social, educational and economic backwardness arising out of age-old practice of untouchability.
- They also suffer because of traditional lack of infrastructure facilities and geographical isolation.

3.3.2. Scheduled Tribes

Like the Scheduled Castes, the Scheduled Tribes are social groups recognised by the Indian Constitution as specially marked by poverty, powerlessness and social stigma. Article 366 (25) of the Constitution of India defines Scheduled Tribes as "such tribes or tribal communities or parts of or groups within such tribes or tribal communities as are deemed under Article 342 to be Scheduled Tribes for the purposes of this constitution". The **characteristics** of these communities are:

- Primitive Traits
- Geographical isolation
- Distinct culture
- Shy of contact with community at large
- Economically backward

Issues related with them:

- They are considered to be socially and economically disadvantaged.
- They constitute a large proportion of agricultural labourers, casual labourers, plantation labourers, industrial labourers.
- They belong to the poorest strata of the society and have low levels of education, poor health and reduced access to healthcare services.
- Loss of forests, alienation of land and repeated displacement have further made their position vulnerable.

3.3.3. Other Backward Classes (OBCs)

Backward Classes means such backward classes of citizens other than the Scheduled Castes and Scheduled Tribes as may be specified by the Central Government from time to time for purposes of making provision for the reservation of appointments or posts in favour of backward classes of citizens which, in the opinion of that Government, are not adequately represented in the services under the Government of India and any local or other authority within the territory of India or under the control of the Government of India.

3.3.4. Schemes for Scheduled Castes/Scheduled Tribes/ Other Backward Classes

As these sections **often face similar kind of disadvantages**, the Government has launched various schemes which have similar objectives but are run separately for each of these sections. Few of such schemes are given below:

Centrally Sponsored Scheme for implementation of the Protection of Civil Rights Act, 1955 (PCR) and the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act, 1989 (PoA)

As the PCR and PoA Acts are implemented by the respective State Governments and Union Territory Administrations, with a view to ensure its effective implementation, Central assistance is provided to them under the Centrally Sponsored Scheme for implementation of the PCR and PoA Acts, mainly for following purposes:-

- Functioning and strengthening of the Scheduled Castes and Scheduled Tribes Protection Cell and Special Police Stations.
- Setting up and functioning of exclusive Special Courts.
- Relief and Rehabilitation of atrocity victims.
- Incentive for Inter-Caste Marriages.
- Awareness generation.

Stand-Up India Scheme

It aims at promoting entrepreneurship among women and scheduled castes and tribes. Stand-Up India Scheme facilitates bank loans between Rs 10 lakh and Rs 1 Crore to at least one

Scheduled Caste (SC) or Scheduled Tribe (ST) borrower and at least one woman borrower per bank branch for setting up a greenfield enterprise. This enterprise may be in manufacturing, services or the trading sector. In case of non-individual enterprises at least 51% of the shareholding and controlling stake should be held by either an SC/ST or woman entrepreneur.

Other Schemes/Benefits with Similar Objectives but Run Separately for SCs, STs and OBCs

3.3.5. Specific Schemes for Scheduled Castes

Scheduled Caste Sub-Plan (SCSP)

SCSP is an umbrella strategy to ensure flow of targeted financial and physical benefits from all the general sectors of development for the benefit of Scheduled Castes. Under the strategy, States/UTs are required to formulate and implement Special Component Plan (SCP) for Scheduled Castes as part of their Annual Plans by earmarking resources.

Pradhan Mantri Adarsh Gram Yojana

This Centrally Sponsored Scheme is being implemented for integrated development of Scheduled Castes (SC) majority villages having SC Population concentration more than 50%:

- Primarily through convergent implementation of the relevant Central and State Schemes
- By providing these villages Central Assistance in form of gap-filling funds to the extent of Rs.21 lakh per village
- By providing gap-filling component to take up activities which do not get covered under the existing Central and State Government Schemes

Babu Jagjivan Ram Chhatrawas Yojana

This Scheme is operational since 3rd Five Year Plan. The primary objective of the revised scheme is to attract implementing agencies for undertaking construction of hostels, especially for SC girls, towards the broader vision of containment and reduction of their dropout rate. The other objectives are: having a girls hostel with a capacity of 100 seats, in every block headquarters of low literacy districts not having one as of now, by way of priority; repairing and proper maintenance of hostels; and having an effective mechanism for monitoring, review, etc.

Dr. Ambedkar scheme for Social integration through Inter Caste Marriages

Under the scheme, 500 couples can apply annually. Each couple gets Rs 2.5 lakh, of which Rs 1.5 lakh is paid upfront. The balance amount is kept as a fixed deposit and released to the couple after three years. Among the beneficiary couple, one of the spouses should belong to Scheduled Caste and the other to a Non-Scheduled Caste. The number of couples who can avail the scheme in a state depends on its Scheduled Caste population as per the 2011 census. It shall be the discretion of the Minister of Social Justice & Empowerment & Chairman of Dr. Ambedkar Foundation to sanction the incentive to the Couple.

Venture Capital Fund for Scheduled Castes

Venture Capital Fund is a Social Sector Initiative launched by the Government of India with initial capital of Rs. 200 crore in order to promote entrepreneurship among the Scheduled Castes population in India. Under the scheme, financial assistance upto of Rs.15.00 Crore for a period upto 6 years would be provided to the SC entrepreneurs.

Performance Evaluation of Venture Capital Fund for Scheduled Castes

A Parliamentary Standing Committee in 2018 noted that not a single penny was spent in 2017-18 from this Fund. The committee noted, "Venture Capital Fund for Scheduled Castes Entrepreneurs is the only scheme to promote entrepreneurship amongst the SCs, and to increase financial inclusion for SC entrepreneurs so as to motivate them for further growth in the society. Since introduction of the scheme in 2014-15, the allocation for this scheme is on

wane. Since then very less amount has been allocated under this scheme ever year and there is "nil" utilisation in 2017-18."

Student Notes:

Ambedkar Social Innovation and Incubation Mission (ASIIM)

With a view to promoting innovation and enterprise in SC students studying in higher educational institutions, Government of India launched the Ambedkar Social Innovation and Incubation Mission (ASIIM) on 30th September 2020. Under ASIIM initiative, 1,000 SC youth would be identified in 4 years with start-up ideas through the Technology Business Incubators (TBIs) in various higher educational institutions. They will be funded @ Rs. 30 lakhs in 3 years as equity funding so that they can translate their start-up ideas into commercial ventures. Successful ventures would further qualify for venture funding of up to Rs.15 Cr from the Venture Capital Fund for Scheduled Castes.

3.3.6. Specific Schemes for Scheduled Tribes

Pradhan Mantri Van Dhan Yojana

To provide skill upgradation and capacity building training and setting up of primary processing and value addition facility. It is a Market Linked Tribal Entrepreneurship Development Program for forming clusters of tribal SHGs and strengthening them into Tribal Producer Companies. TRIFED will facilitate establishment of Minor Forest Produce (MFP)-led multi-purpose Van Dhan Vikas Kendras, a cluster of 10 SHGs comprising of 30 tribal MFP gatherers each, in the tribal areas. About 3000 such Van Dhan Kendras are proposed to be set up in two years in the forested Tribal Districts of the country. Recently, first model Van Dhan Vikas Kendra was set up in Bijapur District of Chattisgarh.

Van Bandhu Kalyan Yojana

The Government of India, Ministry of Tribal Affairs has launched Vanbandhu Kalyan Yojana (VKY) for welfare of Tribals. VKY aims at creating enabling environment for need based and outcome oriented holistic development of the tribal people. This process envisages to ensure that all the intended benefits of goods and services under various programmes/schemes of Central as well as State Governments actually reach the target groups by convergence of resources through appropriate institutional mechanism.

Special Central Assistance to Tribal Sub Plan (SCA to TSP)

The Special Central Assistance (SCA) is provided by the Ministry of tribal Affairs to the State Government as an additive to the State TSP. SCA is Primarily meant for family-oriented income-generation schemes in sectors of agriculture, horticulture sericulture and animal husbandry cooperation. A part of SCA (not more than 30%) is also permitted to be used for development of infrastructure incidental to such income generating schemes.

Top Class Education for ST Students

This is a Central Sector Scholarship Scheme for ST students introduced from the academic year 2007-08 with the objective of encouraging meritorious ST students for pursing studies at Degree and Post Graduate level in any of the Institutes identified by the Ministry of Tribal Affairs for the purpose.

Vocational Training Centres in Tribal Areas

The main aim of this scheme is to upgrade the skills of the tribal youth in various traditional/modern vocations depending upon their educational qualification, present economic trends and the market potential, which would enable them to gain suitable employment or enable them to become self-employed.

Centrally Sponsored Scheme of Hostels for ST boys and ST Girls

Student Notes:

The primary objective of the modification is to attract the implementing agencies for undertaking hostel construction programme for ST Girls studying in middle schools, higher secondary schools, colleges and universities towards the broader vision of containment and reduction of their dropout rate.

Establishment of Ashram Schools in Tribal Sub-Plan Areas

The objective of the scheme is to provide residential schools for Scheduled Tribes including PTGs in an environment conducive to learning to increase the literacy rate among the tribal students and to bring them at par with other population of the country.

Eklavya Model Residential School

In the context of the trend of establishing quality residential schools for the promotion of education in all areas and habitations in the country, the Eklavya Model Residential Schools (EMRS) for ST students take their place among the Jawahar Navodaya Vidyalayas, the Kasturba Gandhi Balika Vidyalayas and the Kendriya Vidyalayas.

3.3.7. Specific Schemes for Other Backward Classes

New Swarnima Special Scheme for Women

Under the scheme women are given loan to make their financial condition strong by finding some source of employment in the form of any small scale business. The objective of this scheme is to inculcate the spirit of self-dependence among the eligible Women of Backward Classes living below double the poverty line. The salient features of the "New Swarnima" are:

- Maximum Loan limit is Rs. 1,00,000/- per beneficiary and interest will be charged @ 5% p.a.
- The beneficiary woman is not required to invest any amount of her own on the projects.

Centrally Sponsored Scheme of Construction of Hostel for OBC Boys and Girls

The Scheme aims at providing hostel facilities to students belonging to socially and educationally backward classes, especially from rural areas, to enable them to pursue secondary and higher education.

Saksham

This is a special scheme under Term Loan for young professionals belonging to Backward Classes of the target group. Maximum loan limit is Rs. 10 Lakh per beneficiary. The loan upto Rs. 5 Lakh bears interest @ 6% p.a. and loan above Rs. 5 Lakh to Rs. 10 Lakh bears interest @ 8% p.a.

Shilp Sampada

The objective of this scheme is to upgrade the technical and entrepreneurial skill of Backward Classes by way of providing training and financial assistance under Term Loan for self-employment in traditional crafts etc. The artisans and handicraft persons of Backward Classes living below double the poverty line can obtain loan upto Rs. 10 Lakh under this scheme. Loans upto Rs. 5 Lakh bears interest @ 6% p.a. and above Rs. 5 Lakh to Rs. 10 Lakh bears interest @ 8% p.a.

3.4. Senior Citizens/Aged

A "senior citizen" means any person being a citizen of India, who has attained the age of sixty years or above. The vulnerability among the elderly is due to an increased incidence of illness and disability, economic dependency upon their spouses, children and other younger family members.

Senior Citizens in Numbers

According to Census 2011 there are nearly 104 million elderly persons (aged 60 years or above) in India; 53 million females and 51 million males. A report released by the United Nations Population Fund and HelpAge India suggests that the number of elderly persons is expected to grow to 173 million by 2026.

The **common forms of abuse** of elderly persons are:

- **Physical abuse:** Hitting, pushing, kicking
- **Inappropriate use of drugs or restraints:** over- and under-medication and withholding medication from patients
- **Psychological or emotional abuse:** Insults, threats, humiliation, confinement, isolation and depriving them of dignity (for instance, by leaving them in soiled clothes)
- **Financial abuse :** Misusing or stealing a person's money or assets
- **Neglect or abandonment:** Not providing food, housing, or medical care
- **Sexual abuse:** Sexual contact without consent

Student Notes:

3.4.1. Schemes

Pradhan Mantri Vaya Vandana Yojana

Government has launched the 'Pradhan Mantri Vaya Vandana Yojana (PMVYY)' to **provide social security** during old age and to protect elderly persons aged 60 and above against a future fall in their interest income due to uncertain market conditions. The scheme enables old age income security for senior citizens through provision of assured pension/return linked to the subscription amount based on government guarantee to Life Insurance Corporation of India (LIC). Till March 2018, there are total 2.23 lakh beneficiaries (senior citizens) under PMVYY 2018. The previous **Varishtha Pension Bima Yojana 2014** scheme has total 3.11 lakh beneficiaries.

Rashtriya Vayoshri Yojana

It is a Central Sector Scheme for providing Physical Aids and Assisted-living Devices for Senior citizens belonging to BPL category. The expenditure for implementation of the scheme will be met from the "**Senior Citizens' Welfare Fund**". The Scheme will be implemented through the sole implementing agency - Artificial Limbs Manufacturing Corporation (ALIMCO), a PSU under the Ministry of Social Justice and Empowerment. Under the Scheme, the **following Aids and Assisted-Living Devices** will be **provided** to eligible elderly beneficiary senior citizens, depending upon their physical impairment.

- Walking sticks
- Elbow crutches
- Walkers / Crutches
- Tripods / Quadpods
- Hearing Aids
- Wheelchair
- Artificial Dentures
- Spectacles

Integrated Programme for Older Persons

The main objective of the Scheme is to **improve the quality of life** of the Older Persons **by providing basic amenities** like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing through providing support for capacity building of Government/Non-Governmental Organizations/ Panchayati Raj Institutions/local bodies and the Community at large.

Indira Gandhi National Old Age Pension Scheme (IGNOAPS)

This is non-contributory pension scheme launched by the Central government to provide pensions to persons who are 60 years or above and belong to below poverty line (BPL) category. The central contribution of pension under the Indira Gandhi National Old Age Pension Scheme (IGNOAPS) is Rs. 200/- per month per beneficiary up to 79 years and Rs.500/- per month per beneficiary from 80 year onwards and the State Governments may contribute over and above to this amount.

Vayoshreshtha Sammans - A Scheme of National Award for Senior Citizens.

Student Notes:

Scheme of National Award for Senior Citizens (Vayoshreshtha Sammans) was launched in 2005 and is dedicated to senior citizens. The Scheme is funded by the Central government. This scheme is applicable for eminent senior citizens and institutes involved in rendering distinguished services for the cause of elderly persons. Institutes and senior citizens can avail this scheme by contacting Ministry of Social Justice and Empowerment.

Varishtha Pension Bima Yojana

The objective of this scheme is to provide social security during old age and protect elderly persons aged 60 years and above against a future fall in their interest income due to uncertain market conditions. It is implemented through Life Insurance Corporation of India, it provides an assured pension based on a guaranteed rate of return of 8% per annum for ten years, with an option to opt for pension on a monthly / quarterly / half yearly and annual basis.

3.5. Disabled Persons

UN Declaration on the Rights of Disabled Persons (1975): "Any person unable to ensure by himself or herself, wholly or partly the necessities of a normal individual and or social life as a result of a deficiency either congenital or not in his/her physical or mental abilities" could be described as disabled.

While there has been tremendous progress in the area of disability rights, people with disabilities still face a number of **barriers put in place by society**, not by their "disability". Disabled people are more likely to live in poverty, more likely to be unemployed, more likely to face discrimination in the workplace. These **barriers are social, not personal**, and cannot be "overcome" through sheer force of will.

Persons with disabilities face several forms of discrimination, such as:

- They have reduced access to education, employment and other socio-economic opportunities.
- They are faced with stigma and discrimination from the society where they live.
- They may find it hard to socialize with members of the society which can lead to depression as well as self-pity.
- Disabled people are often considered weak, worthless and in some cases subhuman by their societies.

Facts about Disabled Persons

- As per census 2011 (2016 updated), in India, the percentage of disabled population is about 2.21 per cent.
- About one-third of the disabled population have disability since their birth.
- Mental illness is considered as a prominent form of disability.
- Five out of ten leading causes of disability and premature death worldwide are due to psychiatric conditions.

3.5.1. Schemes

Accessible India Campaign (Sugamya Bharat Abhiyan)

The Ministry of Social Justice & Empowerment has conceptualised the "Accessible India Campaign (Sugamya Bharat Abhiyan)" as a nation-wide flagship campaign for **achieving universal accessibility** that will enable persons with disabilities to gain access for equal opportunity and live independently and participate fully in

United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)

It puts an obligation on all the signatory governments to take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas.

all aspects of life in an inclusive society. The campaign targets at enhancing the accessibility of built environment, transport system and Information & communication eco-system.

Student Notes:

Components of Accessible India Campaign:

- Built Environment Accessibility
- Transportation System Accessibility
- Information and Communication Eco-System Accessibility

Sugamya Pustakalaya

“Sugamaya Pustakalaya” is an **online platform** that makes accessible content available to print-disabled people. The library houses publications across diverse subjects and languages and multiple accessible formats. It has been created by Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment in collaboration with member organizations of Daisy Forum of India and powered by TCS Access. Books are available in Accessible formats for people with visual impairment and other print disabilities. Over 2 lakhs books in diverse languages. Integrating libraries across India and the Globe, including the largest international library, ‘Bookshare’.

Deendayal Disabled Rehabilitation Scheme

This is revised scheme which was earlier titled- "Scheme to Promote Voluntary Action for Persons with Disabilities". The objectives of the scheme are:

- To create an enabling environment to ensure equal opportunities, equity, social justice and empowerment of persons with disabilities.
- To encourage voluntary action for ensuring effective implementation of the People with Disabilities (Equal Opportunities and Protection of Rights) Act of 2016.

Approach and Strategy

The approach of this Scheme is to provide financial assistance to voluntary organizations to make available the whole range of services necessary for rehabilitation of persons with disabilities including early intervention, development of daily living skills, education, skill-development oriented towards employability, training and awareness generation. With a view to inclusion of persons with disabilities in the mainstream of society and actualizing their potential, the thrust would be on education and training programmes. In order to achieve the objectives of the scheme **the key strategies** will be as follows:

- To enhance educational opportunities at all levels and in all forms and enlarge the scope of vocational and professional opportunities, income generation and gainful occupations.
- To support all such measures as may be necessary for promoting formal as well as nonformal employment and placement opportunities.
- To implement outreach and comprehensive Community Based Rehabilitation programmes in urban and rural environments.
- To support manpower development activities to train required personnel at different levels for all programmes/ projects/activities for persons with disabilities.
- To support the development, publication and dissemination of information, documentation and training materials.

National Awards for Empowerment of Persons with Disabilities

In order to recognise dedicated efforts of persons and institutions involved in the process of empowerment of disabled and encourage others to strive to achieve excellence in this field, the National Awards for Empowerment of Persons with Disabilities are being awarded every year.

The main objective of the Assistance to Disabled persons for purchasing/fitting of aids/appliances (ADIP) scheme is to assist the needy disabled persons in procuring durable, sophisticated and scientifically manufactured, modern, standard aids and appliances that can promote their physical, social and psychological rehabilitation, by reducing the effects of disabilities and enhance their economic potential. The aids and appliances supplied under the Scheme shall conform to BIS specifications to the extent possible. The scheme is implemented through implementing agencies such as the NGOs, National Institutes under this Ministry and ALIMCO (a PSU).

Indira Gandhi National Disability Pension Scheme (IGNDPS)

It is a part of the National Social Assistance Programme. The eligible age for the pensioner is 18 years and above and the disability level has to be 80%. The amount is Rs.300 per month and after attaining the age of 80 years, the beneficiary will get Rs 500/- per month. Dwarfs will also be an eligible category for this pension.

Inclusive India Initiative

The objective of this initiative is to include persons with intellectual and developmental disabilities in the mainstream and in all important aspects of social life, namely education, employment and community. National Trust will be the nodal agency for the initiative. The three core focus areas of Inclusive India Initiative are

1. Inclusive Education,
2. Inclusive Employment
3. Inclusive Community Life

Unique Disability Identification (UDID) Project

It aims at building a holistic end-to-end integrated system for Issuance of Universal ID & Disability Certificates for Person with Disabilities with their identification and disability details. The Objective of this project is to enable the PwDs to avail schemes and benefits provided by the Government through its various Ministries and their Departments. This card will be valid pan-India.

3.6. Minorities

The Constitution of India does not define the term “minorities” anywhere but only mentions it in some Articles 29 to 30 and 350A to 350B. Article 29 referring to minorities speaks of “any section of citizens having a distinct language, script and culture”. Article 30 speaks about two categories of minorities – religious and linguistic – while Article 350 relates to linguistic minorities.

3.6.1. Schemes for Welfare of Minorities**Infrastructure Development Schemes****Pradhan Mantri Jan Vikas Karyakaram**

Pradhan Mantri Jan Vikas Karyakram (PMJVK) seeks to provide better socio-economic infrastructure facilities to the minority communities particularly in the field of education, health & skill development which would further lead to lessening of the gap between the national average and the minority communities with regard to backwardness parameters. PMJVK is restructured and renamed version of the erstwhile Multi-sectoral Development Programme (MsDP).

Nai Roshni

The scheme is envisaged to reach out to women through nongovernmental organizations who will be provided with financial support for conducting leadership development trainings so that women are empowered and emboldened to move out of the confines of home and community and assume leadership roles and assert their rights collectively or individually.

Jiyo Parsi

Jiyo Parsi, the Central Sector Scheme was launched by the Ministry of Minority Affairs in 2013. The main objective of the Jiyo parsı scheme is to reverse the declining trend of Parsi population by adopting scientific protocol and structured interventions, stabilize the Parsi population and increase the population of Parsis in India.

Hamari Dharohar

Ministry of Minority Affairs launched the scheme "Hamari Dharohar" to preserve rich culture and heritage of minority communities of India. Its objectives include curating rich heritage of minorities under overall concept of Indian Culture; Curating exhibitions; Preservation of literature/ documents etc.; support and promotion of calligraphy etc.; research and Development.

Schemes for Educational Empowerment**Scholarship Schemes**

Students belonging to notified minority communities viz. Muslim / Christian / Sikh / Buddhist / Jain / Parsi (Zoroastrian) can avail following scholarships based on their eligibility-

- Pre-matric Scholarship Scheme for Minorities (for Class I to X)
- Post-matric Scholarship Scheme for Minorities (for Class XI to Ph.D.)
- Merit-cum-Means Scholarship Scheme (For Professional and Technical courses)
- Begam Hazrat Mahal National Scholarship for Meritorious Girls belonging to Minorities- Implemented by Maulana Azad Education Foundation (MAEF) (for minority girls studying in Class XIth and XIIth Standard).

Maulana Azad National Fellowship

The objective of the Maulana Azad Fellowship Scheme (MANF) is to provide five year fellowships in the form of financial assistance to students from six notified minority communities viz. Buddhist, Christian, Jain, Muslim, Parsi and Sikh, notified by the Central Government, to pursue M. Phil and Ph.D.

The scheme covers all Universities/Institutions recognized by the University Grants Commission (UGC)

Naya Savera

The scheme aims to empower the students belonging to minority communities and prepare them for competitive examinations, so that their participation in government and private jobs improves. The scheme provides financial support for free coaching to notified minority students in selected coaching institutions.

Padho Pardesh (for overseas studies at Masters, M.Phil. and Ph.D. Level)

Ministry of Minority Affairs, Government of India has introduced a scheme for providing 'interest subsidy' for minority students for overseas studies. This scheme came into force from 2013-14. The annual income of the parents should be less than 6 lakhs.

Schemes for Skill Development

Student Notes:

Seekho aur Kamao (Learn & Earn)

Union Ministry of Minority Affairs, Government of India on 23 September 2013 launched a central sector scheme for Skill Development of Minorities. Main Objectives of scheme are:

- To bring down unemployment rate of minorities during 12th Plan period (2012-17).
- To conserve and update traditional skills of minorities and establish their linkages with the market.
- To improve employability of existing workers, school dropouts etc and ensure their placement.
- To generate means of better livelihood for marginalised minorities and bring them in the mainstream.
- To enable minorities to avail opportunities in the growing market.
- To develop potential human resource for the country.

USTTAD

The Scheme aims at upgrading Skills and Training in preservation of traditional Ancestral Arts/Crafts of minorities.

Nai Manzil

A bridge course to bridge the academic and skill development gaps of the deeni Madrasa passouts with their mainstream counterparts.

3.7. LGBT Community

Lesbian, gay, bisexual and transgender (LGBT) persons have historically faced and continue to face discrimination and violence around the world. According to 2011 census, almost six lakh transgender people live in India. Section 377 of Indian Penal Code criminalizes homosexual activities which further make them vulnerable. In a landmark Judgment on Right to Privacy, the Supreme Court said the rights of LGBT population are "real rights founded on sound constitutional doctrine". However, they continue to face various issues like-

- Social discrimination, deprivation of liberty, lack of employment and educational opportunities, limited access to health care etc.
- Forced or bonded labour, denial of use of a public place, denial of residence in household, village
- Physical, sexual, verbal, emotional and economic abuse
- Threats, blackmails and even violence in the name of section 377 with no help or remedy
- They live under constant fear and psychological stress
- While prosecution under Section 377 has been rare, the law is used to harass members of the LGBT community.

3.7.1. Schemes

SWEEKRUTI

"SWEEKRUTI" is an umbrella scheme launched by Odisha Government which is to be operated in a mission mode with manifold objectives. To ensure equitable justice for transgender persons the Sweekruti scheme focuses on the following broad objectives:

- To create an enabling environment to ensure equal opportunities, equity, social justice & empowerment of transgender persons of the state.
- To encourage voluntary action and participation of all stake holders for ensuring effective social integration of transgender persons.
- To expand outreach activities for protection of rights and entitlements of transgender persons in the state.

- To promote individual and group endeavours by transgender persons for employment, self-employment and other socio-educational services.
- To strengthen the existing implementation machinery and create facilities for coverage of all transgender persons of the state.

Student Notes:

The **approach** of this scheme is to make available the whole range of services necessary for rehabilitation of transgender persons. With a view to include transgender persons in the mainstream of society and actualizing their potential, the thrust would be on the following key **strategies**:

- Survey & Identification of all Transgender persons in the state and issue of certificates, multipurpose smart cards,etc.
- Assistance to parents of transgender children and provision of pre and post- matric scholarship for all transgender children pursuing education.
- Skill upgradation and entrepreneurship development training, supply of Self Employment Kit and strengthening Self Help Groups.
- Support for Critical Health Care & group insurance support for transgender persons.
- Provision for Legal Aid and advice, counseling and guidance services for transgender persons in distress.
- Organization of Community Awareness, sensitization and campaign on rights of transgender persons and training of staff and volunteers.

3.7.2. Initiatives by Government/Judiciary to Promote Interests of LGBT Community in India

- The Supreme Court in NALSA case recognised transgender as a legal **third gender** and called on the government to **ensure their equal treatment**.
- It also provided for **avenues of reservation within the OBC quota** to this 'marginalised' section
- Odisha became the first state to **give transgender people social welfare benefits** - such as a pension, housing and food grains - usually allocated for only the most impoverished.
- The **Transgender Persons (Protection of Rights) Bill, 2016** has been introduced in the Parliament to protect the rights of LGBT communities.
- **Saathiya** scheme launched by Government addresses same-sex attraction with gentleness and wisdom and states that it is alright to feel attracted to someone of the same sex as yours.

3.8. Poor Persons

Poor persons face a number of problems due to their incapacity to afford resources be it – healthcare, education, entertainment, better quality of life or anything else. This causes them to live in a vicious cycle of poverty where due to less money at their disposal they are not able to get better education which leads to them lending into low wages jobs or being unemployed which in turn perpetuates their poverty and they are not able to get out of poverty trap.

3.8.1. Schemes for Poor Persons

MGNREGA

Mahatma Gandhi NREGA is the flagship employment generation programme of the Government. It has been instrumental in creating employment opportunities and placing additional income in the hands of the poor and the disadvantaged sections of society who volunteer to do unskilled work with an entitlement of 100 days of wage employment to each registered rural household every financial year.

Intended Beneficiary

- Rural population

- Unskilled manual labourers
- Seasonal unemployed

Student Notes:

Salient Features

- A statutory minimum wage is set which is paid to labourers.
- Strong social safety net for the vulnerable groups
- Sustainable development of an agricultural economy employment on works that address drought, deforestation and soil erosion, water and soil conservation, afforestation and land development works
- A 60:40 wage and material ratio has to be maintained. No contractors and machinery is allowed
- The central government bears the 100 percent wage cost of unskilled manual labour and 75 percent of the material cost including the wages of skilled and semi-skilled workers.
- At least one-third beneficiaries shall be women.
- Social audit has to be done by the gram sabha.

Performance Evaluation of MGNREGA

Research studies on MGNREGA have pointed out many positive effects of the scheme. These are as follows:

- MGNREGA has helped in following:
 - Increasing the bargaining power of the wage seekers
 - Improving the economic outcomes especially in watershed activities
 - Reducing the distress rural-urban migration
 - Increasing significantly the monthly per capita consumption expenditure of the rural households
- It is succeeding as a self-targeting programme with high participation from marginalized groups including the SCs and STs.
- In the case of both SCs and STs, the participation rate exceeded their share in total population.
- It has reduced the traditional gender wage discrimination, particularly, in the public works and has had a positive impact on the socio-economic status of women.
- MGNREGA with its inter-sectoral approach opens an opportunity for convergence with different programmes optimizing public investment.
- MGNREGA has had a more direct and positive impact on reducing distress migration as compared to migration taken-up for economic growth and other reasons.
- It is also important as a supplementary source of income and is being used by rural households for starting their own ventures.

Some weaknesses found in implementation of MGNREGA in Different places-

- Though the MGNREGA Act is Panchayat centric and demand based, on the ground, there is lack of principal role in planning by the Gram Sabha/Gram Panchayat.
- At all the sample sites, the role of the Gram Sabha in planning was more of a formal nature and the programme is being implemented in a supply driven mode and there is lack of panchayat driven selection of work.
- Under MGNREGA, the need for community projects is becoming less important as probably such works have already been completed or on the brink of saturation or due to lack of common interest in these areas and instead individual activities in farms are preferred.
- In some places for individual activities under MGNREGA, the difference of market and MGNREGA wages are paid by beneficiaries.
- In some places only females are interested in MGNREGA works as market wages for males are much higher resulting in only small works being undertaken instead of big projects.

- There are also cases of procedures being not fully followed, lack of proper planning and some ill-conceived projects.
- There were also many instances of single beneficiaries and Gram Panchayats starting activities only to use the MGNREGA funds.
- Seasonal aspect in provision of employment was also ignored and there were also delays in wage payment up to two months in some districts.

Student Notes:

While generally MGNREGA has been able to serve its purpose, better management and further modifications are needed to make the programme more fruitful and even development oriented. In some places there is also scope to use this programme for development of tourism as other community related farm activities have been completed by now. This could help in having many beneficiaries and even nation building instead of single or few beneficiaries.

Deendayal Antyodaya Yojana- National Rural Livelihoods Mission (DAY-NRLM)

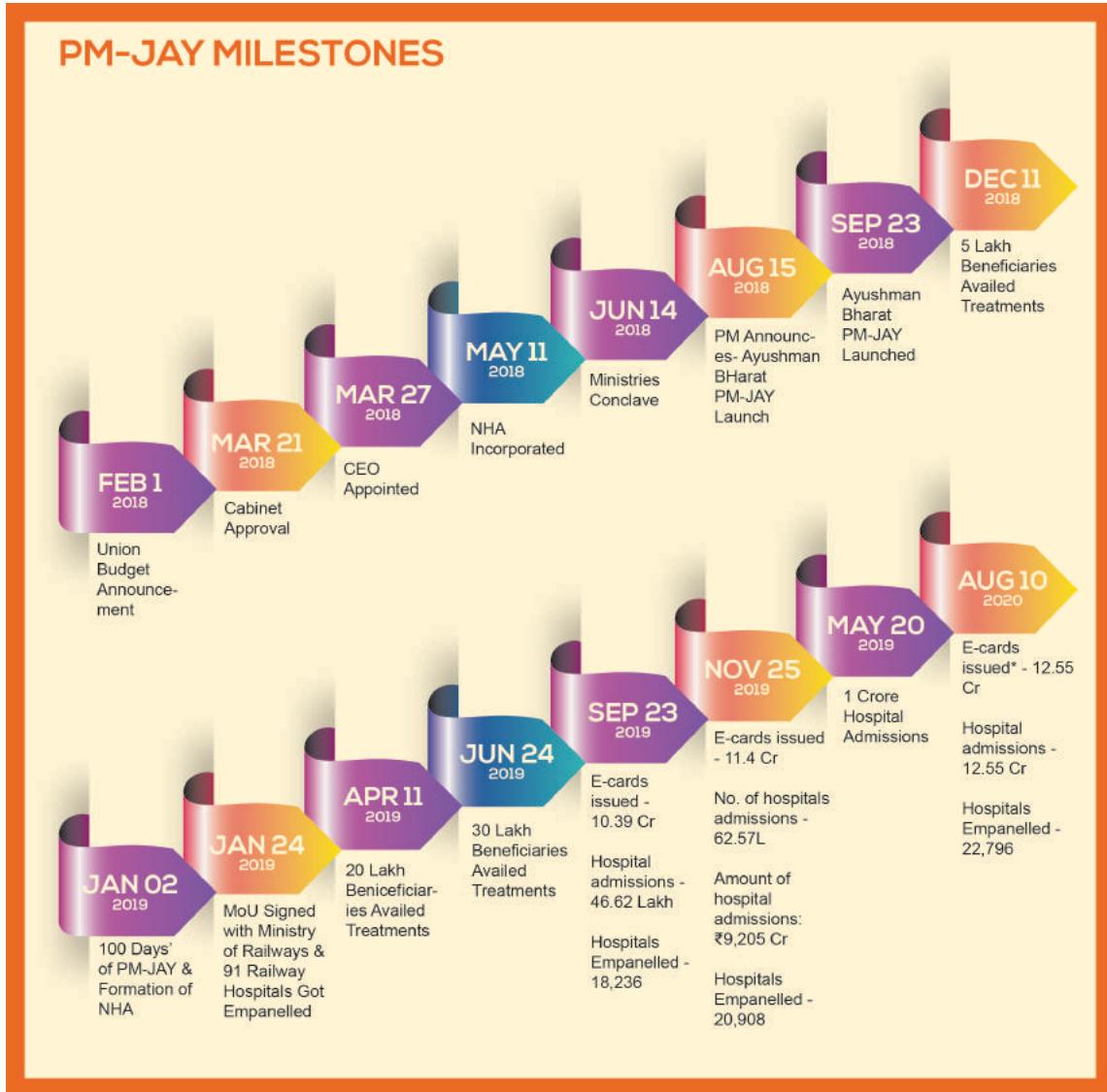
The National Rural Livelihoods Mission (NRLM) was launched by the Ministry of Rural Development (MoRD), Government of India in June 2011. In November 2015, the program was renamed Deendayal Antyodaya Yojana (DAY-NRLM). The scheme aims to reduce rural poverty by enabling poor households to access gainful self-employment and skilled wage employment opportunities; to mobilize 10-12 crore rural households into self-help groups in a time bound manner by 2024-25; and to bring about a sustainable improvement in the livelihoods of the poor through building strong community institutions.

Salient Features

- **Universal Social Mobilisation** - At least one woman member from each identified rural poor household, is to be brought under the Self Help Group (SHG) network in a time bound manner. Special emphasis is particularly on vulnerable communities.
- **Participatory Identification of Poor (PIP)** - NRLM Target Households (NTH) are identified through the Participatory Identification of Poor (PIP) instead of the BPL. The PIP is a community-driven process where the CBOs themselves identify the poor in the village using participatory tools. The list of poor identified by the CBO is vetted by the Gram Sabha.
- It provides **Revolving Fund (RF) and Community Investment Fund (CIF)** as resources in perpetuity to the institutions of the poor, to strengthen their institutional and financial management capacity and build their track record to attract mainstream bank finance.
- **Financial Inclusion** - it promotes financial literacy among the poor and provides catalytic capital to the SHGs and their federations
- **Livelihood** - NRLM focuses on stabilizing and promoting existing livelihood portfolio of the poor in farm and non-farm sectors; building skills for the job market outside; and nurturing self-employed and entrepreneurs (for micro-enterprises).

Pradhan Mantri Jan Arogya Yojana (PM-JAY)

- Pradhan Mantri Jan Arogya Yojna or PM-JAY was launched in 2018. Ayushman Bharat PM-JAY is the largest health assurance scheme in the world which aims at providing a health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 10.74 crores poor and vulnerable families (approximately 50 crore beneficiaries) that form the bottom 40% of the Indian population.
- The households included are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively. PM-JAY was earlier known as the National Health Protection Scheme (NHPS) before being rechristened. It subsumed the then existing Rashtriya Swasthya Bima Yojana (RSBY) which had been launched in 2008. The coverage mentioned under PM-JAY, therefore, also includes families that were covered in RSBY but are not present in the SECC 2011 database. PM-JAY is fully funded by the Government and cost of implementation is shared between the Central and State Governments.



3.9. Pradhan Mantri Ujjwala Yojana (PMUY)

Under the PM Ujjwala Yojana, the government aims to provide LPG connections to below poverty line (BPL) households in the country to replace unclean cooking fuels used in rural India with the clean and more efficient LPG (Liquefied Petroleum Gas).

Though target for issuance of LPG connections was largely achieved as Oil Marketing Companies had issued 7.19 crore connections till 31 March 2019 which was approximately 90 per cent of the target of 8 crore connections to be issued under the scheme till March 2020.

3.10. Recent Initiatives for Improving Monitoring of Various Schemes

- There has been a shift to a sector-wide approach as opposed to creating schemes in silos, uniting similar schemes and a greater role for states in implementation which has enhanced the efficacy of schemes.
- Bottlenecks in delivery have also been addressed with the increased use of technology in monitoring (Garv and Swacchh Bharat dashboards), fixing accountability (PRAGATI) and broadening public interaction (MyGoV).
- Proactive communication, including the prime minister's involvement through social media and his radio programme, has increased awareness about and participation in many welfare schemes.

3.11. Way Forward

Student Notes:

The core administrative and governance inefficiencies in social protection programs should be addressed to improve the impact of economic growth on social and welfare indicators. This can be achieved without large enhancement of social welfare budgets and also lead to improved efficiency.

4. Mechanisms, laws, institutions and Bodies constituted for the protection and betterment of these vulnerable sections

4.1. Mechanisms Existing in India for Vulnerable Sections

5.1. Mechanisms Existing in India for Vulnerable Sections

Various mechanisms to ensure social justice to vulnerable section are following-

- ▶ Various Schemes launched by government and their implementing agencies
- ▶ Various laws passed by legislative bodies
- ▶ Various Policies brought by the Government
- ▶ Various Bodies established for the welfare of these groups
- ▶ Judiciary to seek enforcement of rights of these groups and to seek justice against crime

4.2. Laws Pertaining to Betterment of Vulnerable Sections

5.2 Laws Pertaining to Betterment of Vulnerable Sections

5.2.1 Children

Constitutional Provisions

- Article 15(3): State can make special provisions for betterment of children.
- Article 21 A: State to provide free and compulsory education of all children in the age group of six to fourteen years
- Article 23: Right to being protected from being trafficked and forced into bonded labour
- Article 24: Prohibition of employment of children below the age of 14 years of age in factories
- Article 45: The state to provide early childhood care and education for all children until they complete the age of six years

Legislations Related to Children

- **Child Labour (Prohibition & Regulation) Act, 1986** It has following twin objectives-
 - It intends to prohibit the engagement of children in certain employments
 - To regulate the conditions of work of children in certain other employments where children are allowed to work.
- The Pre-conception & Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (**PCPNDT Act, 1994**)
 - It was enacted for prohibition of sex selection before or after conception and for prevention of misuse of pre-conception and pre-natal diagnostic techniques for sex determination.
- **Juvenile Justice (Care and Protection of Children) Act, 2015-** It provides for strengthened provisions for both children in need of care and protection and children in conflict with law. Some of the key provisions include:
 - change in nomenclature from 'juvenile' to 'child' or 'child in conflict with law'
 - inclusion of several new definitions such as orphaned, abandoned and surrendered children and petty, serious and heinous offences committed by children;
 - clarity in powers, function and responsibilities of Juvenile Justice Board (JJB) and Child Welfare Committee (CWC);
 - clear timelines for inquiry by Juvenile Justice Board (JJB);
 - special provisions for heinous offences committed by children above the age of sixteen year;
 - separate new chapter on Adoption to streamline adoption of orphan, abandoned and surrendered children;
 - Inclusion of new offences committed against children; and mandatory registration of Child Care Institutions.

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5.2.2. Women

Constitutional Provisions

- Article 15(3): State can make special provisions for women
- Article 23: Right to being protected from being trafficked and forced into bonded labour
- Article 39 (a): State to ensure that, men and women equally, have the right to an adequate means to livelihood
- Article 39 (d): State to ensure equal pay to women for equal work
- Article 42: Provision for just and humane conditions of work and maternity relief.
- Article 243 D: Provides for reservation of seats in Panchayats at all levels to women.

Legislations Related to Women

- The Maternity Benefit (Amendment) Act, 2017 - Provides for paid maternity leaves of 26 months
- The Dowry Prohibition Act, 1961— To end dowry by providing penal provisions.
- Immoral Traffic (Prevention) Act 1986 – Penal provisions for trafficking of women
- Indecent Representation of Women (Prohibition) Act 1986 – To protect dignity of women
- Commission of Sati (prevention) Act 1987 – Abolished Sati system
- National Commission of Women Act 1990 – Establishes National Commission of Women
- Protection of Women from Domestic Violence Act, 2005 – To protect women from domestic violence
- The Sexual Harassment of Women at Workplace Act, 2013 – It addresses workplace sexual harassment.

Other Instruments

- UN Convention on Elimination of All Forms of Discrimination against Women

5.2.3. Scheduled Castes, Scheduled Tribes and Other Backward Classes

Constitutional Provisions

- Article 15(4): State can make special provisions for SCs/STs
- Article 16(4): State can make provision for reservation of appointments/posts for SC/STs
- Article 17: Abolishes Untouchability and its practice in any form
- Article 46: Promotion of educational and economic interests of SCs, STs and the weaker sections
- Article 243 D: Reservation of seats in Panchayats for SC/ST candidates
- Article 275: Special grant in aids to states for tribal welfare.
- Article 335: Relaxation in qualifying marks for admission in educational institutes or promotions
- Article 330 and Article 332 of the Constitution respectively provide for reservation of seats in favour of the Scheduled Castes and the Scheduled Tribes in the House of the People and in the legislative assemblies of the states.

Legislations Related to SCs, STs and OBCs

- The Protection of Civil Rights Act, 1955 – It provides for penal provisions for untouchability.
- SC/ST (Prevention of Atrocities) Act – It is aimed at atrocities against the members of the SCs and STs
- The Bonded Labour System (Abolition) Act, 1976 – Outlaws bonded labour
- The Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989- (Dealt Above)
- Forest Rights Act 2006- recognizes the rights to hold and live in the forest land
- The Provisions of the Panchayats (Extension to the scheduled Areas) Act, 1996 -- It is an Act to provide for the extension of the provisions of Part IX of the Constitution relating to the Panchayats to the Scheduled Areas.

5.2.4. Senior Citizens/ Aged

Constitutional Provisions

- Item No. 9 of the State List and Item No. 20, 23 and 24 of the Concurrent List relates to social security and social insurance, old age pension and economic and social planning.
- Article 41: The State to protect the rights of old age persons particularly social security.

Legislation Related to Aged/Senior Citizens

- Maintenance and Welfare Of Parents and Senior Citizens Act, 2007
 - Obligation of children to maintain his/her parents so that such parent may lead a normal life
 - Obligation of any person or relative to maintain senior citizen provided that person/relative is in possession of property of such senior citizen or will inherit his/her property

Other Instruments

- National Policy on Senior Citizens 2011

It focuses on implementation of existing policies which include:

- Awareness generation for the Maintenance of Parents and Senior Citizens Act, 2007
- Setting up a helpline for senior citizens
- Establishing a National Commission for Senior Citizens, and
- Establishing a National Trust for the Aged.

5.2.5. Disabled Persons

Constitutional Provisions

- The Preamble, Article 14, Article 21 and DPSP provide right to equality, justice and dignity of all individuals leading to an inclusive development which also includes the Disabled Persons.

Legislations Enacted for Disabled Persons

● The Indian Lunacy Act 1912

● The Lepers Act, 1899

● Rights of Persons with Disabilities Act 2016

● National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act 1999

● Rehabilitation Council of India Act 1992

● The Mental Healthcare Act 2017

Other Instruments

- United Nations Convention on Rights of Persons with Disabilities and its Optional Protocol

5.2.6. Minorities

Constitutional Provisions

Preamble: Justice – social, economic, political to all its citizens

Articles 14,15 and 16 :
Guarantee right to equality and prohibits discrimination

Article 25-28 : Right to Freedom of Religion

Article 29: Right to preserve language script and culture and that they will not be denied admission to an educational institutions based on their race, language, religion or caste

Article 30: The right to establish and administer educational institutions and prohibition on any discrimination in matters of granting aids to such institutions by the State

Laws Related to Minorities

Different Personal Laws govern marriage, divorce and succession rights of persons belonging to different faiths, such as – Indian Christian Marriage Act, 1872; Parsi Marriage and Divorce Act 1936

National Commission for Minority Educational Institutions Act, 2004 -- This act allows direct affiliation of minority educational institutes to central universities. This act was enacted in order to provide quality education in minority institutes.

5.2.7. Transgenders

Laws Related to Transgenders

The Transgender Persons (Protection of Rights) Act, 2019

THE TRANSGENDER PERSONS (PROTECTION OF RIGHTS) ACT, 2019

The Transgender Persons (Protection of Rights) Act, 2019 is an act of the Parliament of India enacted with the main purpose of safeguarding the rights of transgender people, their welfare, and other matters related to them. This Act was introduced in the Lok Sabha on 19 July 2019. It contains the following important provisions:

- **Definition of a transgender person:** The Act defines a transgender person as one whose gender does not match the gender assigned at birth. It includes trans-men and trans-women (whether or not such person has undergone sex reassignment surgery or hormone therapy or laser therapy or such other therapy), persons with intersex variations, gender-queers, and persons with socio-cultural identities, such as kinnar and hijra.
- **Right to Choose:** A person would have the right to choose to be identified as a man, woman or transgender, irrespective of sex reassignment surgery and hormonal therapy. It also requires transgender persons to go through a district magistrate and district screening committee to get certified as a trans-person.
- **Prohibition against discrimination:** It prohibits discrimination against a transgender person in areas such as education, employment, and healthcare.
 - No government or private entity can discriminate against a transgender person in employment matters, including recruitment, and promotion. Every establishment is required to designate a person to be a complaint officer to deal with complaints in relation to the Act.
- **Right of residence:** Every transgender person shall have a right to reside and be included in his household. If the immediate family is unable to care for the transgender person, the person may be placed in a rehabilitation centre, on the orders of a competent court.
- **Welfare Measures:** The Act states that the relevant government will take measures to ensure their rescue and rehabilitation, vocational training and self-employment, create schemes that are transgender sensitive, and promote their participation in cultural activities.
- **Healthcare:** The Government shall take the following measures in relation to the transgender persons, namely:
 - a separate HIV surveillance Centres;
 - to provide for medical care facility including sex reassignment surgery and hormonal therapy; pre and post sex reassignment surgery and hormonal therapy counselling;
 - to facilitate access to the transgender persons in the hospitals and other healthcare institutions and centres;
 - provide comprehensive medical insurance schemes for transgendered persons.
- The Act also has provisions for penalty and punishment which vary between six months and two years in cases of offences and sexual harassment against transgender persons. The offences include:
 - forced or bonded labour (excluding compulsory government service for public purposes),

- denial of use of public places,
- removal from household, and village,
- physical, sexual, verbal, emotional or economic abuse.
- **National Council for Transgenders(NCT):** It directs Central government to constitute a NCT headed by the Union Minister of Social Justice and Empowerment.
 - The Council will advise the central government as well as monitor the impact of policies, legislation and projects with respect to transgender persons. It will also redress the grievances of transgender persons.
- A contentious provision that criminalised begging by transgender people has been removed from the Act. The provision was part of the Bill when it was introduced by the

Student Notes:

4.3. Institutions and Bodies for the betterment of these vulnerable sections

4.3.1. The Ministry of Social Justice and Empowerment

The Ministry of Social Justice and Empowerment, as the name suggests, is to ensure equitable treatment to such sections of society which has suffered social inequalities, exploitation, discrimination and injustice.

4.3.2. Children

National Commission for Protection of Child Rights (NCPCR)

It is a statutory body created under Commissions for Protection of Child Rights (CPCR) Act, 2005 to exercise and performs the powers and functions assigned to it under CPCR Act, 2005. Its mission is to ensure that all laws, policies, programmes and administrative mechanisms are in consonance with the child rights perspective as enshrined in the Constitution of India as well as in, the United Nation Convention on the Rights of the Child, which India ratified in 1992.

It has various functions under **following laws and rules-**

- Commissions for Protection of Child Rights(CPCR) Act, 2005,
- The Right of Children to Free and Compulsory Education(RTE) Act, 2009
- The Protection of Children from Sexual Offences(POCSO) Act
 - The Commission website ncpcr.gov.in also has an **e-Box** to report cases of sexual violence where a user has to simply push a button named **POSCO e-Box**.

The **functions and powers** of the National Commission are following:

- Examine and review the legal safeguards provided by or under any law for the protection of child rights and recommend measures for their effective implementation
- Inquire into violation of child rights and recommend initiation of proceedings in such cases
- Spread awareness about child rights among various sections of society
- Undertake and promote research in the field of child rights
- Inspect institutions meant for juvenile/children
- Inquire into complaints of deprivation and violation of child rights, non-implementation of laws and non-compliance policy decisions, guidelines or instructions
- Undertake other necessary functions for the promotion of child rights.
- The Commission has the power of a civil court and all criminal cases brought to the same has to be forwarded to a concerned Magistrate who has jurisdiction to try the same.

POCSO e-Box for children

Protection of Children from Sexual Offences (POCSO) e-Box is an online complaint box for reporting child sexual abuse. It is an **NCPCR initiative** to help children report such crimes directly to the Commission.

National Institute of Public Cooperation and Child Development (NIPCCD)

Student Notes:

NIPCCD is a premier organisation devoted to promotion of voluntary action research, training and documentation in the overall domain of women and child development. Established in New Delhi in the year 1966 under Societies Registration Act of 1860, it functions under the aegis of the Ministry of Women and Child Development. The Institute functions as an apex institution for training functionaries of the Integrated Child Development Services (ICDS) programme.

Central Adoption Resource Authority

Central Adoption Resource Authority (CARA) is a statutory body of Ministry of Women & Child Development, Government of India. It functions as the **nodal body for adoption** of Indian children and is mandated to monitor and regulate in-country and inter-country adoptions. CARA primarily deals with adoption of orphan, abandoned and surrendered children through its associated adoption agencies. It also **issues Adoption Guidelines** laying down procedures and processes to be followed by different stakeholders of the adoption programme.

Food and Nutrition Board

The Food and Nutrition Board (FNB) is a technical support wing under Child Development Bureau of the Ministry. FNB is responsible for the policy issues related to nutrition. It provides inputs for nutrition education and awareness through a wide range of nutrition education and extension services as well as training programmes.

Child Welfare Committees

Child Welfare Committees (CWCs) have been designated by Juvenile Justice Act, 2015 as the final district-level authorities for the care, protection, treatment, development and rehabilitation of Children in Need of Care and Protection (CNCP). CWCs thus have the sole authority to deal with matters concerning CNCP and are bestowed with the powers of a first class judicial magistrate.

Child Care Institution

A child care institution as defined under the Juvenile Justice Act, 2015, means Children Home, Open Shelter, Observation Home, Special Home, Place of Safety, Specialised Adoption Agency and a Fit Facility recognized under the Act for providing care and protection to children, who are in need of such services. Children in conflict with law are provided residential care and protection in Observation Homes, Special Homes and Places of Safety.

CHILDLINE

CHILDLINE is India's first 24-hour, free, emergency phone service for children in need of aid and assistance based on 1098 Tele Helpline Model. It is a platform bringing together the Union Ministry for Women & Child Development, working in Partnership with State Governments, NGOs, International Organizations, the Corporate Sector, Concerned Individuals and Children.

4.3.3. Women

National Commission for Women

The National Commission for Women was set up in January 1992 under the National Commission for Women Act, 1990 to:

- Review the Constitutional and Legal safeguards for women;
- Recommend remedial legislative measures;
- Facilitate redressal of grievances and
- Advise the Government on all policy matters affecting women.

Various **functions** of the commission are following:

Student Notes:

- Look into complaints and take **suo moto notice of matters** relating to:
 - Deprivation of women's rights;
 - Non-implementation of laws enacted to provide protection to women and also to achieve the objective of equality and development
 - Non-compliance of policy decisions, guidelines or instructions aimed at mitigating hardships and ensuring welfare and providing relief to women
- Undertake **promotional and educational research** so as to suggest ways of ensuring due representation of women in all spheres and identify factors responsible for impeding their advancement
- **Participate and advice on the planning process** of socio-economic development of women;
- **Inspect or cause to inspect a jail**, remand home or other place of custody where women are kept as prisoners or otherwise and take up with the concerned authorities for **remedial action**
- **Fund litigation** involving issues affecting a large body of women
- **Make periodical reports** to the Government on any matter pertaining to women

The Commission shall **have all the powers of a civil court** which includes:

- Summoning and enforcing the attendance of any person from any part of India and examining him on oath
- Requiring the discovery and production of any document
- Receiving evidence on affidavits
- Requisitioning any public record or copy thereof from any court or office
- Issuing commissions for the examination of witnesses and documents

The Commission has taken up **various initiatives** such as-

- It took up the issue of child marriage, sponsored legal awareness programmes, Parivarik Mahila Lok Adalats and reviewed laws such as Dowry Prohibition Act, 1961, PNDT Act 1994, Indian Penal Code 1860 and the National Commission for Women Act, 1990 to make them more stringent and effective.
- It organized workshops/consultations, constituted expert committees on economic empowerment of women, conducted workshops/seminars for gender awareness and took up publicity campaign against female foeticide, violence against women etc. in order to generate awareness in the society against these social evils.

Rashtriya Mahila Kosh (RMK)

RMK, established in 1993, is a national level organization under the aegis of the Ministry of Women and Child Development, for socio-economic empowerment of women. RMK extends micro-credit to the women in the informal sector through a client friendly, without collateral and in a hassle-free manner for income generation activities. It acts as a facilitating agency wherein RMK provides loans to NGO-MFIs termed as Intermediary Organizations (IMO) which then lend to Self Help Groups (SHGs) of women. RMK has taken a number of promotional measures to popularize the concept of micro financing, enterprise development, thrift and credit, formation and strengthening of Women-SHGs through intermediary organizations.

Central Social Welfare Board

CSWB has initiated several programmes for the welfare and development of women and children, especially in rural areas. The important programmes that are currently being implemented include Condensed Courses of Education for women and girls, Awareness Generation programmes, Creche Scheme, Family Counselling Centres and Short Stay Homes. These schemes are implemented through Voluntary Organizations in collaboration with State Social Welfare Boards.

The Ministry has approved the Scheme for Universalisation of Women Helpline on 19th February, 2015. The Scheme is being implemented from 1st April, 2015. The Women Helpline (WHL) will provide 24 hour emergency response to all women affected by violence both in public and private sphere.

4.3.4. SCs/STs/OBCs

National Commission for SCs

The Constitution under Article 338 has provided for appointment of a special officer to ensure that the safeguards are properly implemented and to investigate all matters relating to the safeguards provided for Scheduled Castes & Scheduled Tribes and report to the President about the working of these safeguards. In pursuance of this provision a Special Officer known as the Commissioner for Scheduled Castes & Scheduled Tribes was appointed for the first time on 18th November, 1950.

The Commission under **Article 338** of Indian Constitution has the **following duties and functions**:

- To investigate and monitor all matters relating to the safeguards provided for the Scheduled Castes under the Constitution or under any other law for the time being in force or under any order of the Government and to evaluate the working of such safeguards;
- To inquire into specific complaints with respect to the deprivation of rights and safeguards of the Scheduled Castes;

National SC Finance and Development Corporation (NSFDC)

NSFDC is Central Public Sector Enterprise incorporated as a 'not for profit' company. It is under Ministry of Social Justice & Empowerment, Government of India for financing, facilitating and mobilizing funds for the economic empowerment of persons belonging to the Scheduled Castes families living below Double the Poverty Line. NSFDC finances income generation schemes for the target group through the State Channelising Agencies (SCAs).

NSFDC Operations:

- Financing income generating schemes for the SCs through the State Channelizing Agencies (SCAs) and other recognized institutions nominated by the respective State /UT Governments.
- Providing Micro-Credit Finance to the target group through the SCAs.
- Providing Educational Loan to the eligible scheduled caste students for pursuing full-time professional/technical educational courses in India or abroad.
- Providing grants for skill development programmes through the SCAs.
- Providing advisory services to target group and SCAs.
- Upgrading the skill levels of the SCAs.

National Safai Karamcharis Finance Development Corporation (NSKFDC)

- NSKFDC is a "not for profit" company set up by the Ministry of Social Justice & Empowerment.
- It functions as an Apex institution for channelising the funds to Safai Karamcharis/ Scavengers and their dependents through the State Channelising Agencies.
- Apart from operating various loan and non-loan based schemes for the upliftment of the target group, NSKFDC is playing a vital role in elimination of manual scavenging - the worst surviving symbol of untouchability.
- It has been designated as the Nodal Agency for implementation of the Central Sector Self Employment Scheme for Rehabilitation of Manual Scavengers (SRMS) under the aegis of the Ministry of Social Justice & Empowerment.

The National Commission for Scheduled Tribes (NCST) was established by amending Article 338 and inserting a new Article 338A in the Constitution through the Constitution (89th Amendment) Act, 2003. By this amendment, the erstwhile National Commission for Scheduled Castes and Scheduled Tribes was replaced by two separate Commissions namely- (i) the National Commission for Scheduled Castes (NCSC), and (ii) the National Commission for Scheduled Tribes (NCST).

Functions of the Commission

- To investigate & Monitor matters relating to Safeguards provided for STs.
- To inquire into specific complaints relating to Rights & Safeguards of STs
- To participate and Advise in the Planning Process relating to Socio-economic development of STs, and to Evaluate the progress of their development under the Union and any State
- To submit report to the President annually and at such other times as the Commission may deem fit, upon/ working of Safeguards, Measures required for effective implementation of Programmers/ Schemes relating to Welfare and Socio-economic development of STs
- The Commission would also discharge the following other functions in relation to the protection, welfare and development & advancement of the Scheduled Tribes, namely:-
 - Measures that need to be taken over conferring ownership rights in respect of minor forest produce to the Scheduled Tribes living in forest areas.
 - Measures to be taken to safeguard rights to the Tribal Communities over mineral resources, water resources etc. as per law.
 - Measures to be taken for the development of tribals and to work for move viable livelihood strategies.
 - Measures to be taken to improve the efficacy of relief and rehabilitation measures for tribal groups displaced by development projects.
 - Measures to be taken to prevent alienation of tribal people from land and to effectively rehabilitate such people in whose case alienation has already taken place.
 - Measures to be taken to elicit maximum cooperation and involvement of Tribal Communities for protecting forests and undertaking social afforestation.
 - Measures to be taken to ensure full implementation of the Provisions of Panchayats (Extension to the Scheduled Areas) Act, 1996
 - Measures to be taken to reduce and ultimately eliminate the practice of shifting cultivation by Tribals that lead to their continuous disempowerment and degradation of land and the environment

Powers of the Commission

For Investigation and Inquiry, the Commission has powers of a civil court having authority to:

- Summon and enforce attendance of any person and examine on oath
- Discovery & production of any documents
- Receive evidence on affidavits
- Requisition any public record or copy thereof from any court or office
- Issue Commissions for examination of witnesses and documents
- Any matter which President, by rule, may determine.

National Commission for Backward Classes

- The Supreme Court of India in Indira Sawhney Judgment, 1992 directed the government to constitute a permanent body in the nature of a Commission or Tribunal for entertaining, examining and recommending upon requests for inclusion and complaints of over-inclusion and under-inclusion in the list of OBCs.

- Pursuant to the direction of the Supreme Court, the Government of India enacted the National Commission for Backward Classes Act, 1993 for setting up a Commission at National Level viz. "National Commission for Backward Classes" as a permanent body.
- **Power of NCSC to examine matters:** Currently, under the Constitution the NCSC has the power to look into complaints and welfare measures with regard to SCs, **backward classes** and Anglo-Indians.
- The Government has brought a **Constitutional Amendment Bill** to provide for constitution of a **Commission under Article 338B for socially and educationally backward classes**.
- This will rename the NCBC as **National Commission for Socially and Educationally Backward Classes** and will give it constitutional status. It will **hear the grievances of socially and educationally backward classes**, a function which has been discharged so far by the National Commission for Scheduled Castes under the article 338
- The Bill has recognised the developmental needs in addition to reservations.
- **Definition of socially and educationally backward classes:** Insertion of Clause (26C) under Article 366 to define "socially and educationally backward classes" as such backward classes deemed so under Article 342A.

National Backward Classes Finance and Development Corporation (NBCFDC)

NBCFDC is a "not for profit" company under the aegis of Ministry of Social Justice and Empowerment. Its objective is to promote economic and developmental activities for the benefit of Backward Classes and to assist the poorer section of these classes in skill development and self-employment ventures. NBCFDC provides financial assistance through State Channelising Agencies (SCAs). The Corporation can assist a wide range of income generating activities in skill development and self-employment ventures under following broad sectors:

- Agriculture and Allied Activities
- Small Business
- Artisan and Traditional Occupation
- Technical and Professional Trades/Courses
- Transport and Service Sector etc.

4.3.5. Minorities

National Commission for Minorities

Established by the National Commission for Minorities Act, 1992 to protect minority rights in the country, the commission consists of one chairperson and six members representing the six minor communities – Muslims, Sikhs, Buddhists, Christians, Parsis and Jains.

The Commission performs various functions including evaluating the development of minority communities under Union and States, ensuring the safeguard of minority rights as per the Constitutional laws and other legislations, conducting studies and researches on the matters related to minorities and suggesting measures to Government on these aspects.

The commission also acts as grievance redressal forum for persons belonging to minority communities. This Commission functions as a civil court in the matters concerning summoning of witnesses, discovery and production of documents; it receives evidence of affidavits, requisitions public records and copies, issues commission for examination of witnesses and documents, and any other prescribed matter in manner same as the civil courts.

Commissioner for Linguistic Minorities

The Commissioner for Linguistic Minorities was set up in 1957 to comply with Article 350B of the Constitution. It takes up grievances of linguistic minorities and submits annual reports to the government.

National Commission for Minority Educational Institutions

Student Notes:

- The National Commission for Minority Educational Institutions was set up in 2004.
- It can look into any complaints relating to violation and deprivation of rights of minorities to establish and administer educational institutions of their choice.
- This Commission is a quasi-judicial body and has been endowed with the powers of a Civil Court.
- It is to be headed by a Chairman who has been a Judge of the High Court and three members are to be nominated by Central Government.
- The Commission has 3 roles namely adjudicatory function, advisory function and recommendatory powers.
- So far as affiliation of a minority educational institution to a university is concerned, the decision of the Commission would be final.

Central Waqf Council

A Wakf is a permanent dedication of movable or immovable properties for purposes recognised by the Muslim Law as religious, pious or charitable. Apart from these religious aspects, the Wakfs are also instruments of social and economic upliftment.

Administration of Central Legislation for Wakfs is the responsibility of the Ministry of Social Justice and Empowerment. For the purpose of advising it on matters relating to working of the Wakf Boards and the proper administration of Wakfs in the country, the Central Waqf Council was established as a statutory body. The Council implements schemes for development of urban Wakf properties and educational programmes schemes.

4.3.6. Disabled Persons

Department of Empowerment of Persons with Disabilities (Divyangjan)

In order to give focused attention to Policy issues and meaningful thrust to the activities aimed at welfare and empowerment of the Persons with Disabilities, a separate Department of Disability Affairs was carved out of the Ministry of Social Justice and Empowerment. The Department was renamed as Department of Empowerment of Persons with Disabilities (Divyangjan). The Department acts as a Nodal Agency for matters pertaining to disability and Persons with Disabilities.

The Department has the vision to build an inclusive society in which equal opportunities are provided for the growth and development of Persons with Disabilities so that they can lead productive, safe and dignified lives.

The Department deals with the following Legislations governing different aspects of disability and welfare & empowerment of the Persons with Disabilities:

- The Rehabilitation Council of India Act, 1992,
- The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995; and
- The National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act , 1999

Disha

The Disha scheme aims at setting up Disha Centres for early intervention for Person with Disability (PwD) in 0-10 years of age covered under the National Trust Act, through therapies, trainings and providing support to family members.

National Handicapped Finance and Development Corporation (NHFDC)

The NHFDC has been set up as a “not for profit” company by the Ministry of Social Justice & Empowerment. It is wholly owned by Government of India and has an authorised share capital

of Rs. 400 crores. It functions as an Apex institution for channelising the funds to persons with disabilities through the State Channelising Agencies (SCAs) nominated by the State Government(s).

Student Notes:

Schemes of NHFDC

- Micro Financing Scheme
- Schemes for Parent's Association of mentally retarded persons
- Scheme of Financing NGOs Working in the Area of Disabilities
- Scheme for Vocational Education and Training for PwDs
- Scheme for Providing Handholding Support to Differently abled Entrepreneurs Through 'Vishesh Udyami Mitras'
- Scheme for Providing handholding support to Differently abled for availing skill training/skill upgradation through 'Vishesh Prashikshan Mitras'
- Scheme of Financing Assistive Devices to Enhance the Employability or Increased Opportunity of Self Employment of Differently abled Persons
- Scholarship Scheme (Trust Fund and National Fund)

Rehabilitation Council of India

The Rehabilitation Council of India is a statutory body set up under the Rehabilitation Council of India Act, 1992. The Council is responsible for regulating the training policies and programmes for various categories of professionals in the area of rehabilitation and special education. Its functions include: (i) standardization and regulation of training courses at different levels in all the training institutions throughout the country, (ii) recognition of institutions/ universities running training courses in the area of rehabilitation of the disabled within and outside the country on a reciprocal basis, (iii) promotion of research in rehabilitation and special education, (iv) maintenance of a Central Rehabilitation Register for professionals possessing the recognized qualifications in the area of rehabilitation and (v) encouragement of Continuing Rehabilitation Education programmes in collaboration with organisations working in the area of disability.

Office of the Chief Commissioner for Persons with Disabilities

The Office of the Chief Commissioner for Persons with Disabilities was set up under Section 57 (1) of the erstwhile Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995 and continues to function under Section 74 of the Right of Persons with Disabilities Act, 2016. The Chief Commissioner is mandated to coordinate the work of the State Commissioners for Persons with Disabilities, monitor utilization of funds disbursed by the Central Government and take steps to safeguard the rights and facilities made available to the persons with disabilities.

The Chief Commissioners may also, on his own motion, or on the application of any aggrieved persons or otherwise looks into complaints relating to deprivation of rights of persons with disabilities or non-implementation of rules, bye-laws, regulations, executive orders, guidelines, or instructions etc. made or issued for the welfare and protection of rights of persons with disabilities and take up the matter with the concerned authorities. The Chief Commissioner for Persons with Disabilities has been assigned certain powers of a Civil Court for effective discharge of the functions.

The National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities

The National Trust is a statutory body of the Ministry of Social Justice and Empowerment, Government of India, set up under the "National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities" Act (Act 44 of 1999).

The objectives of the National Trust in particular are :-

Student Notes:

- to enable and empower persons with disability to live as independently and as fully as possible within and as close to their community as possible;
- to facilitate the realisation of equal opportunities, protection of rights and full participation of persons with disability;
- to extend support to its registered organisations to provide need based services; and
- to evolve procedures for appointments of guardians and trustees for persons with disabilities.

4.3.7. Senior Citizens

National Council for Senior Citizens

A National Council for Senior Citizens, headed by the Minister for Social Justice and Empowerment has been constituted by the Ministry. The mandate of the National Council of Senior Citizens is to advise the Central and State Governments on the entire gamut of issues related to the welfare of senior citizens and enhancement of their quality of life, with special reference to the following:

- Policies, programmes and legislative measures
- Promotion of physical and financial security, health and independent and productive living
- Awareness generation and community mobilization.

Senior Citizen Welfare Fund

- Senior Citizen Welfare Fund has been established by the Government to promote financial security of senior citizens, old age pension, healthcare, health insurance and welfare of elderly widows.
- The Fund will also fund schemes related to old-age homes, day care of senior citizens and research activities related with ageing.
- This Fund will utilise unclaimed money, estimated to be in excess of Rs 9,000 crore, lying in PPF, employees provident fund and various small savings schemes.

5. Previous Year UPSC Questions

1. Performance of welfare schemes that are implemented for vulnerable sections is not so effective due to absence of their awareness and active involvement at all stages of policy process. – Discuss. (2019)
2. Is the National Commission for Women able to strategize and tackle the problems that women face at both public and private spheres? Give reasons in support of your answer. (2017)
3. Does the Rights of Persons with Disabilities Act, 2016 ensure effective mechanism for empowerment and inclusion of the intended beneficiaries in the society? Discuss. (2017)
4. Examine the main provisions of the National Child Policy and throw light on the status of its implementation. (2016)
5. Do government's schemes for up-lifting vulnerable and backward communities by protecting required social resources for them, lead to their exclusion in establishing businesses in urban economics? (2014)
6. Electronic cash transfer system for the welfare schemes is an ambitious project to minimize corruption, eliminate wastage and facilitate reforms. Comment. (2013)
7. The Central Government frequently complains on the poor performance of the State Governments in eradicating suffering of the vulnerable sections of the society. Restructuring of Centrally sponsored schemes across the sectors for ameliorating the cause of vulnerable sections of population aims at providing flexibility to the States in better implementation. Critically evaluate. (2013)

8. The concept of Mid Day Meal (MDM) scheme is almost a century old in India with early beginnings in Madras Presidency in pre-independent India. The scheme has again been given impetus in most states in the last two decades. Critically examine its twin objectives, latest mandates and success: (2013)

Student Notes:

6. Previous Years Vision IAS GS Mains Test Series Questions

1. *The Rights of the Persons with Disabilities Bill, 2014 fails to adopt United Nation Convention on the Rights of Persons with Disability (UNCRPD) in its true spirit. Examine. Also, highlight the recent suggestions made by the Standing Committee on Social Justice and Empowerment in this regard.*

Approach:

- Briefly explain UNCRPD and obligations it puts on member nation.
- Examine the bill and bring out its deviations from UNCRPD.
- Give the suggestions of the Standing Committee.

Answer:

The **Convention on the Rights of Persons with Disabilities** is an international human rights treaty of the United Nations intended to protect the rights and dignity of persons with disabilities. In 2007, India became a signatory to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Since UNCRPD requires signatory states to make appropriate changes in law and policy to give effect to rights of disabled persons, India has formulated Rights of Persons with Disabilities Bill, 2014. The Bill replaces the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.

Examination of the Bill:

Some of the most crucial provisions of the UNCRPD which were celebrated in the disability movement are either diluted or outright ignored.

- The adoption of the social model of definition of disability in Article 1 of UNCRPD has been diluted. By removing the reference to barriers; the focus is on the impairment of the person, which goes entirely against the purport of the UNCRPD. Also, it has restricted the provision of benefits and reservations in employment, education and other rights only to persons with 40% of certain ‘benchmark disabilities’.
- The right to participation in political and public life under Article 29 is also not recognized. The right of persons with disabilities to vote by secret ballot in elections and public referendums without intimidation is not recognized by the Bill, and neither is the right to stand for elections, to effectively hold office and perform all public functions at all levels of government, facilitating the use of assistive and new technologies where appropriate.
- There are other significant deviations, few of them are: the concept of reasonable accommodation under Article 2, the right to full legal capacity under Article 12, the right to independent living under Article 19, the right to inclusive education under Article 24 ,the right to accessibility under Article 9, respect for home and the family under Article 23, have all been either diluted or outright ignored by this Bill.

Suggestions of the committee:

- It is of the view that using the words “Persons with Disabilities” in the title of the Bill not only sound disparaging but also belittle the enormous talent, capacity and

- ability these persons possess to take up any challenge and compete with other normal human beings.
- It has recommended words, sign language and video and visual displays may also be included in the definition of communication.
 - It has urged the Ministry to include a sub-section on the Rights of Women and children with disabilities which would help the women and children get rights of equality and empowerment.
 - It was of the view that the present Bill does not prohibit discrimination on the ground of disability completely and also does not explicitly recognize the right of equality and nondiscrimination.
 - It has suggested the language of the Bill should be gender neutral and transgender should also be brought under the ambit of the Bill.

The suggestions for the Rights of Persons with Disabilities Bill, 2014 clearly show that intention of the Bill and the Committee is to make India a nation that is more supportive and able to meet the rights and demands of the persons with various disabilities.

2. *The recent amendments to Child Labour Act seek to strike a balance between the need for education of a child and the reality of the socio-economic conditions. Critically evaluate.*

Approach:

- Mention briefly the new amendments to the Act.
- Bring out the positive aspect the amendments seek to provide for child.
- Write about ways in which the provision might get misused.

Answer:

The Child Labor (Prohibition and Regulation) Act, 1986, which regulates the employment of children, has proved to be weak and ineffective in curbing child labour. Further, it is also in contradiction with Article 21-A of the Constitution and the Right of Children to Free and Compulsory Education Act, 2009 that makes schooling compulsory for all in the age group of six to 14 years.

To address these concerns, the government proposed amendments in the act which bans employment of children less than 14 years in all kinds of commercial enterprises.

The move will align the law with the Right to Education Act which makes it obligatory for the state to ensure free and compulsory education to children from 6-14. This will provide an impetus to the ongoing efforts to provide education for the children.

However, under the proposed amendment, the children can be employed in non-hazardous family enterprises, TV serials, films, advertisements and sporting activities (except circus). In this context, the amendments consider that in a large number of families, children help their parents in their occupations like agriculture, artisanship, etc. and while helping the parents, children also learn the basics of occupations.

Thus, the proposed amendment seeks to strike a balance between the need for education for a child and the reality of the socio-economic conditions.

On the other hand, the new provision has potential to misuse and violate children rights of education. The definition of family enterprises can include matchbox making, carpet weaving and gem polishing industries where child labour is in high demand. Under the garb of family enterprises, children can be made to work in brick kilns, slaughterhouses, carpet, zari and bidi units, mica or diamond cutting, handling e-waste, scavenging or as domestic help.

Further, the new norms can also be used to deny education to the girl child who will be stuck with household work which, beyond no doubt, will defeat the purpose of the new amendments.

Student Notes:

Therefore, the government must primarily address these concerns by involving all the stakeholders. So that it serves the larger goal of creating educated, skilled youth and deter exploitation of children as labor.

3. ***The problem of 'missing women' has been described as a silent emergency in India. In light of this statement, discuss the problem of falling child sex ratio in India. Examine the role that schemes such as 'Beti Bachao Beti Padhao' can play in empowering the girl child in this regard.***

Approach:

- Explain what is meant by 'missing women' in brief. Then discuss the problem of declining child sex ratio, and how it is the root of the aforementioned problem.
- Highlight the objectives of Beti Bachao, and examine its utility in improving child sex ratio.
- Finally, give some suggestions to bring a structural change in the mindset of the people.

Answer:

"Missing women" refers to the suspiciously low ratio of women to men in the population. Demographers attribute improvements in the overall sex ratio in India to rising female life expectancy. But the scenario for our future is grim because declining child sex-ratio (CSR) indicates that girls are increasingly being aborted, killed or otherwise dying.

As families get smaller, the pressure for one of the family's two children to be a boy escalates. This stems from socio-economic factors such as ubiquitous dowry demands, myriad beliefs that only a son can perform the last rites or that lineage and inheritance runs through male line, sons look after parents in old age, etc.

India's CSR, currently at 918, is the worst among BRICS nations. Economically more affluent states seem to be at a worse position with respect to CSR. It can be attributed to easy accessibility to sonography centers for sex determination.

Also, scarcity of women would only deepen their subjugation, such as through increased pressure to marry, higher risk of gender-based violence, and development of trafficking networks.

In this context, effective implementation of Beti Bachao Beti Padhao programme has the potential to make girls safer inside the womb and better off outside it. Its objectives include prevention of gender-based sex selective elimination, and ensuring her survival, education and participation.

The program is targeted to improve CSR through mass communication campaign and multi-sectoral interventions for girl child's holistic empowerment. NGOs will supplement the efforts of state governments to ensure safe birth, survival, protection and empowerment of the girl child.

The program also deals with post-birth situations, i.e. discrimination in terms of education, health, nutrition, safety, rights etc. It proposes to start a special small savings scheme for the education of the girl child and budget has been allocated to ensure the safety of women in urban areas.

However, there is a need to connect with the communities first, right from the gram panchayat level to ensure gender equality. Laws such as Pre Natal diagnostic Techniques Act already exist but their implementation needs to be strengthened.

Empowering the girl child holistically is the bedrock of Beti Bachao, and it will not only arrest the declining Child Sex ratio, but significantly improve it.

4. *What are Particularly Vulnerable Tribal Groups (PVTGs)? How are they different from de-notified tribes? Critically analyze the initiatives taken by the government to address the problems faced by them.*

Approach:

- Clearly define the PVTGs to address the first part of the question, ideally provide a few examples.
- Demarcate the difference between the PVTGS and de-notified tribes for answering the second part.
- Critical analysis of the government initiatives entails identifying the initiatives and finding some lacunae.
- As conclusion provide a way ahead.

Answer:

In 2006 the government proposed to rename the Primitive Tribal Groups (PTGs) as Particularly Vulnerable Tribal Groups (PVTGs). In 1960-61 the Dhebar Commission mentioned the sub-category Tribal groups as Primitive Tribal Groups who are characterised by:

- i. Pre-agricultural technology
- ii. Stagnant and declining population
- iii. Extremely low literacy
- iv. Subsistence level of economy

Tribal groups that satisfied any one of the criterion were considered as PTGs and later PVTGs. Vulnerability of the PVTGs can be primarily attributed to loss of their traditional livelihood, habitats and customary resource rights.

At present there are 75 tribal groups identified and categorized as PVTGS, located in the States/UT of AP, Bihar, Jharkhand, Gujarat, Karnataka, Kerala, MP, Chhattisgarh, Maharashtra, Manipur, Odisha, Rajasthan, TN, Tripura, UP, Uttarakhand, West-Bengal and Andaman & Nicobar Islands. Birjia, Greater Andamanese, Onge and Jarawas etc. are some of the examples of PVTGS with population less than 1000.

Denotified tribes were, during the British era, notified as criminal tribes under the Criminal Tribes Act. The notification was repealed in 1952, ever since they are termed as Denotified tribes. These groups are officially marked as the “Denotified, Nomadic and Semi-Nomadic Tribes” (DNTs). Even after independence members of these communities were stigmatised due to the application Habitual Offenders Acts. The criminal label closed the doors to regular employment, and DNT communities remained socially and economically far behind most other Indian communities. Balkrishna Renke Commission was constituted in 2008 to look in to the issues related to these communities.

Thus it can be observed that PTVGS are different from DNTS as:

- Unlike the PTVGS, DNTs are not simply a subcategory of Scheduled Tribes, some are also listed as “Scheduled Castes.” While others are listed in the, “Other Backward Classes” or OBCs. Some are outside the ambit of these classifications as well.

- The DNTs are largely landless, nomadic people— although today some are settled.
- DNTs were subject to special persecution under both British Colonial rule and afterwards due to specific legal provisions.

Student Notes:

Government Schemes:

- “Development of Particularly Vulnerable Tribal Groups (PVTGs), it has been modified in 2015. Under the Scheme, priority is accorded for their protection and improvement in terms of the social indicators like livelihood, health, nutrition and education, so as to decrease their vulnerability.
- The National Commission for Denotified, Nomadic and Semi-Nomadic Tribes (NCDNT) was appointed in 2006.
- For certain groups of DNTs who are not covered under the lists of SC/ST & OBCs and for them the Government has launched two schemes in 2015:
 - (i) Dr. Ambedkar Centrally Sponsored Scheme of Pre-Matric and Post-Matric Scholarship Scheme for Denotified, Nomadic and Semi-Nomadic Tribes (DNTs) and
 - (ii) Nanaji Deshmukh Centrally Sponsored Scheme of Construction of Hostels for Denotified, Nomadic and Semi-Nomadic Tribes.

Despite various schemes over the years the PVTGs and DNTs have remained largely outside the ambit of development process. On the indicators such as health and education these groups remain at the bottom. The need is continuous assessment and monitoring of the schemes for the PVTGs. In the case of DNTs the need is to repeal discriminatory legislation, give effective rehabilitation and provide separate categorization within India's affirmative action system of reservations.

5. ***The Forest Rights Act 2006 tries to undo the historic injustice done to the forest dweller and tribals. Inspite of its well intended goals the act has failed to achieve the desired success. Critically analyse.***

Approach:

- Briefly introduce discussing the need of FRA.
- Discuss the provisions of the Forest Rights Act and how it tries to undo the historic injustice.
- Enumerate the challenges like unhindered absolute rights over minor forest produce; restrictions like transit permit etc. due to which the implementation of the Act has been hindered.

Answer:

The genesis of Forest Rights Act (FRA) lies in the historical deprivation of rights of tribal and other forest dependent communities in India. It started with the colonial rule in the 19th century. This policy of reserving forests and restricting people's rights continued even after independence.

The Forest Rights Act seeks to recognize and vest the Forest Rights and Rights for occupation of forest land on forest dwelling Scheduled Tribes and other traditional forest dwellers who have been residing in such forests for generations but whose rights could not be recorded.

It goes beyond the “recognition’ of Forest Rights and empowers the forest rights holders, Gram Sabhas and local level institutions with the right to protect, regenerate, conserve and manage any community forest resource.

Rights Available Under the Act:

Student Notes:

- Right to hold and live in the forest land under the individual or common occupation for habitation or for self-cultivation for livelihood by a member or members of a forest dwelling Scheduled Tribe or other traditional forest dwellers.
- Community rights such as nistar, including those used in erstwhile Princely States, Zamindari or such intermediary regimes.
- Right of ownership, access to collect, use and dispose of minor forest produce which has been traditionally collected within or outside village boundaries.
- Rights of settlements and conversion of all forest villages, old habitation, unsurveyed villages and other villages in forest, whether recorded, notified or not into revenue villages.
- Right of access to biodiversity and community right to intellectual property and traditional knowledge related to biodiversity and cultural diversity.

Even though till February 2016, out of 44.15 lakh claims that have been filed, 17.20 lakh titles have been distributed over 89.90 lakh acres of forest land, the full implementation of FRA have been fraught with challenges--many of them genuine and others a consequence of bureaucratic and political inertia, incompetence and malice. The following depicts to its limited success:

- **Limited recognition of community rights:** This is sometimes attributed to a lack of evidence on the ground for the stated joint ownership. (Though there are solutions like physical land surveys and mobile apps that offer a solution)
- **Poor utilization of forest resources:** In absence of infrastructure such as roads and markets tribals continue to struggle to make good use of the forest even in developed states like Kerala.
- **Non-recognition of un-hindered absolute rights over the minor forest produce (MFP):** this is done by imposing several restrictions like transit permit for transportation of MFPs, levy of fees, charges, royalties on sale of MFPs, exclusion of certain types of MFPs in contravention of the definition of MFP given in the Act, continuance of monopoly of the State Agency in the trade of MFP, especially in the case of high value MFP, such as, tendupatta etc.
- **Lack of demographic details of tribal population:** dwelling in the reserved and protected forests in different States and Union Territories; it is compounded by stark mismatches between state and central data.
- States in the **North-East** being cold to the FRA as local communities there already enjoy far more powers than what the FRA confers.
- Misinterpretation of FRA by forest bureaucracy as an **instrument to regularize encroachment.** This is seen in its emphasis on recognising individual claims while ignoring collective claims.

There is a clear need to strengthen the nodal tribal departments, provide clear instructions to the State and district administrations, and encourage civil society actors for a robust implementation of FRA. Without a strong political will, this historical transformation is unlikely to take place.

6. What are the major welfare schemes for elderly in India? Do you think the benefits of such schemes are reaching a wide section of the target segment? Give reasons.

Approach:

- In the introduction, briefly demonstrate the significance of geriatric care in India.
- List some of the core policies and programmes aimed at elderly population.

- Assess the implementation of these welfare schemes and highlight the lacunae and major reasons behind the same.
- Conclude by briefly suggesting the way forward.

Student Notes:

Answer:

The number of elderly in India was 103.8 million in 2011 and is projected to be 173.2 million in 2026. The Government of India has demonstrated its commitment to ensure a secure, dignified and productive life for the elderly through various measures:

- National Policy on Older Persons
- Integrated Programme for Older Persons (IPOP)
- Indira Gandhi National Old Age Pension Scheme
- Indira Gandhi National Widow Pension Scheme
- Annapurna scheme
- National Programme for Health Care of Elderly (NPHCE)
- Maintenance and Welfare of Parents and Senior Citizens Act, 2007

Recent initiatives include Pradhan Mantri Suraksha Bima Yojana, Atal Pension Yojana, Varishtha Pension Bima Yojana 2017, Senior Citizens Welfare Fund. Other important measures include Scheme of National Award for Senior Citizens (Vayoshreshtha Samman), Insurance schemes for senior citizens, tax incentives for senior citizens, reservation of seats and concessions in road, rail and air transport, recognition of International day for older persons etc.

Assessment of the implementation welfare schemes

While the central schemes for the elderly are ambitious, the reach of these schemes remains limited. It can majorly be attributed to:

- **Low level of awareness and utilization about these schemes**
 - According to a UNFPA survey, about 70% are aware of the national old age pension scheme and the widow pension schemes and only about 18% are accessing old-age pensions.
 - The use of Annapurna scheme, to provide food security to senior citizens, is also low.
 - Low utilization is observed in the case of railway concessions and seat reservations for elderly in buses.
- **Inadequacy of Returns:** Schemes are often criticized for providing only minimal social security coverage.
- **Gender differentials:** Women face greater vulnerabilities and isolation in old age, however, government schemes often ignore this factor.
- **Lack of competent human resources:** There is a need of more than 10 million caregivers to address the needs of elderly population and a massive training programme to create competent human resource.

It is hence essential to have an easy and transparent disbursement system in place which can be facilitated through technological solutions like JAM trinity. Panchayati Raj Institutions (PRIs) and civil society need to play an active role in creating awareness and expanding coverage of the ongoing schemes. All stakeholders, Central and State government, statutory bodies, leading academic and research institutions, social activists and donors must work in tandem to translate schemes into purposeful action.

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