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## **UPSC Mains GS-2**

# **SOCIAL JUSTICE**



**FOR UPSC CIVIL SERVICES EXAMINATION**

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**Abhijeet Yadav and Adv. Shashank Ratnool**  
**( AIR 653 & AIR 688 )**

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**SOCIAL JUSTICE**

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**SOCIAL JUSTICE****Syllabus**

- Government Policies and Interventions for Development in various sectors and Issues arising out of their Design and Implementation.
- Development processes and the development industry : the role of NGOs, SHGs, various groups and associations, donors, charities, institutional and other stakeholders.
- 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.
- Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.
- Issues relating to poverty and hunger.

**Previous Years Questions**

2024

1. Poverty and malnutrition create a vicious cycle, adversely affecting human capital formation. What steps can be taken to break the cycle?
2. In a crucial domain like the public healthcare system the Indian State should play a vital role to contain the adverse impact of marketisation of the system. Suggest some measures through which the State can enhance the reach of public healthcare at the grassroots level.

2023

1. The crucial aspect of development process has been the inadequate attention paid to Human Resource Development in India. Suggest measures that can address this inadequacy.

2. Discuss the contribution of civil society groups for women's effective and meaningful participation and representation in state legislatures in India.
3. "Development and welfare schemes for the vulnerable, by its nature, are discriminatory in approach." Do you agree? Give reasons for your answer.
4. Skill development programmes have succeeded in increasing human resources supply to various sectors. In the context of the statement analyse the linkages between education, skill and employment.

2022

1. The Gati-Shakti Yojana needs meticulous coordination between the government and the private sector to achieve the goal of connectivity. Discuss.
2. The Rights of Persons with Disabilities Act, 2016 remains only a legal document without intense sensitisation of government functionaries and citizens regarding disability. Comment.
3. Reforming the government delivery system through the Direct Benefit Transfer Scheme is a progressive step, but it has its limitations too. Comment.
4. Besides the welfare schemes, India needs deft management of inflation and unemployment to serve the poor and the underprivileged sections of society. Discuss.
5. Do you agree with the view that increasing dependence on donor agencies for development reduces the importance of community participation in the development process? Justify your answer.
6. The Right of Children to Free and Compulsory Education Act, 2009 remains inadequate in promoting an incentive-based system for children's education without generating awareness about the importance of schooling. Analyse

2021

1. Discuss the desirability of greater representation to women in the higher judiciary to ensure diversity, equity and inclusiveness.
2. Can the vicious cycle of gender inequality, poverty and malnutrition to be broken through microfinancing of women SHGs? Explain with examples.
3. "Though women in post-Independent India have excelled in various fields, the social attitude towards women and the feminist movement has been patriarchal." Apart from women education and women empowerment schemes, what interventions can help change this milieu?

2020

1. In order to enhance the prospects of social development, sound and adequate health care policies are needed particularly in the fields of geriatric and maternal health care. Discuss.
2. “Micro-Finance as an anti-poverty vaccine is aimed at asset creation and income security of the rural poor in India”. Evaluate the role of Self-Help Groups in achieving the twin objectives along with empowering women in rural India.
3. National Education Policy 2020 is in conformity with the Sustainable Development Goal-4 (2030). It intends to restructure and reorient the education system in India. Critically examine the statement.

2019

1. Despite Consistent experience of high growth, India still goes with the lowest indicators of human development. Examine the issues that make balanced and inclusive development elusive.
2. 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.

2018

1. Appropriate local community level healthcare intervention is a prerequisite to achieve ‘Health for All’ in India. Explain.
2. Multiplicity of various commissions for the vulnerable sections of the society leads to problems of overlapping jurisdiction and duplication of functions. Is it better to merge all commissions into an umbrella Human Rights Commission? Argue your case.
3. The Citizen’s Charter is an ideal instrument of organisational transparency and accountability, but it has its own limitations. Identify the limitations and suggest measures for greater effectiveness of the Citizen’s Charters.

2017

1. How do pressure groups influence the Indian political process? Do you agree with this view that informal pressure groups have emerged as more powerful than formal pressure groups in recent years? (150 words)
2. ‘The emergence of Self Help Groups(SHGs) in contemporary times points to the slow but steady withdrawal of the state from developmental activities’. Examine the role of the SHGs in developmental activities and the measures taken by the Government of India to promote the SHGs. (250 words)

3. Initially Civil Services in India were designed to achieve the goals of neutrality and effectiveness, which seems to be lacking in the present context. Do you agree with the view that drastic reforms are required in Civil Services. Comment (250 words)

2016

1. 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?
2. In the integrity index of Transparency International, India stands very low. Discuss briefly the legal, political, social and cultural factors that have caused the decline of public morality in India.
3. "Traditional bureaucratic structure and culture have hampered the process of socio-economic development in India." Comment.
4. "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?

2015

1. How can the role of NGOs be strengthened in India for development works relating to protection of the environment? Discuss throwing light on the major constraints.
2. 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.
3. 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?
4. Though there have been several different estimates of poverty in India, all indicate reduction in poverty levels over time. Do you agree? Critically examine with reference to urban and rural poverty indicators.

2014

1. The penetration of Self Help Groups (SHGs) in rural areas in promoting participation in development programmes is facing socio-cultural hurdles. Examine.
2. 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.

3. 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.

2013

1. Pressure group politics is sometimes seen as the informal face of politics. With regards to the above, assess the structure and functioning of pressure groups in India.
2. The legitimacy and accountability of Self Help Groups (SHGs) and their patrons, the micro-finance outfits, need systematic assessment and scrutiny for the sustained success of the concept. Discuss.
3. The basis of providing urban amenities in rural areas (PURA) is rooted in establishing connectivity. Comment.
4. Identify the Millennium Development Goals (MDGs) that are related to health. Discuss the success of the actions taken by the Government for achieving the same.
5. Though Citizen's charters have been formulated by many public service delivery organizations, there is no corresponding improvement in the level of citizens' satisfaction and quality of services being provided. Analyse.

RELEVANCE : MAINS : ESSAY + GS IV

Essay

There can be no social justice without economic prosperity but economic prosperity without social justice is meaningless.(2020)

GS IV : Theory

“Education is not an injunction, it is an effective and pervasive tool for all round development of an individual and social transformation”. Examine the New Education Policy, 2020 (NEP, 2020) in light of the above statement. (2020)

GS IV : Case Studies

Funds allocated for housing scheme for weaker sections of the society-> re-appropriated to a development project.(2020)

RELEVANCE : MAINS : OPTIONAL PAPER

Sociology Paper II

“Instead of promoting equality in society, the present system of education itself has contributed to increased socio-economic disparities.” Comment. (2022)

Anthropology Paper II

Discuss the objectives of Integrated Tribal Development Projects (ITDPs). How far have these objectives been achieved ? (2022)

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# Government Policies and Interventions for Development in various sectors and Issues arising out of their Design and Implementation.

*Introduction – Public Policy (What ?, Organizations involved, Issues).*

*Govt. policies and interventions : Sectors ?*

*Issues in Design and Implementation.*

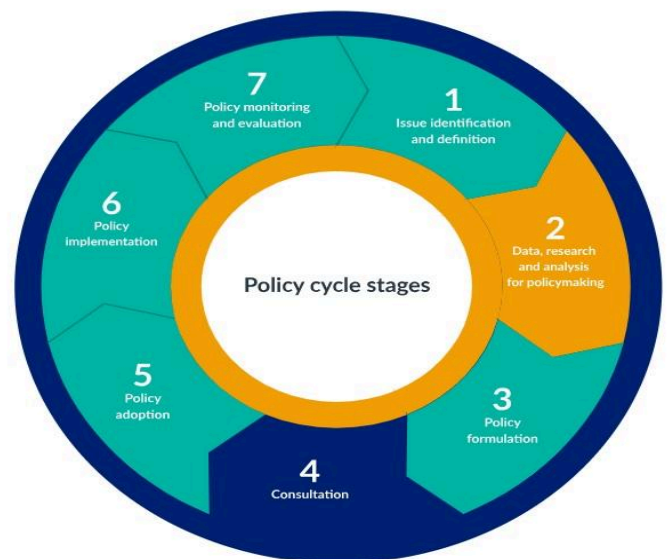
## Introduction

### What is Public policy ?

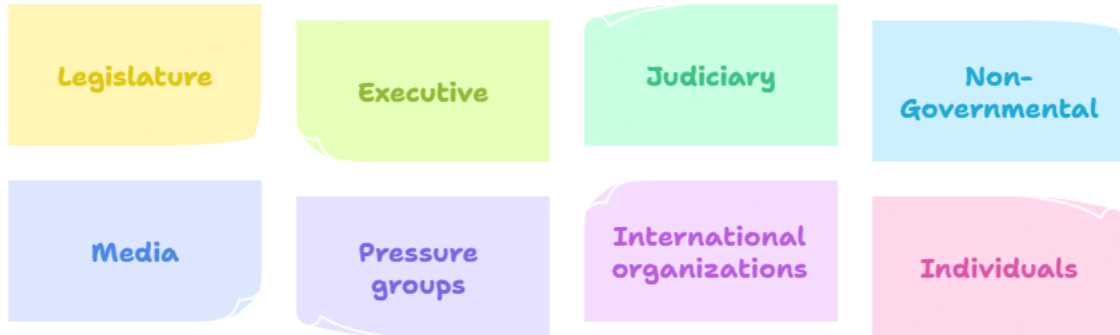
According to Thomas Dye, Public policy is whatever governments choose to do or not to do.

It covers major activities which are in line with the broader development policy of the Country : Socio-economic development, equality, liberty, self reliance etc.

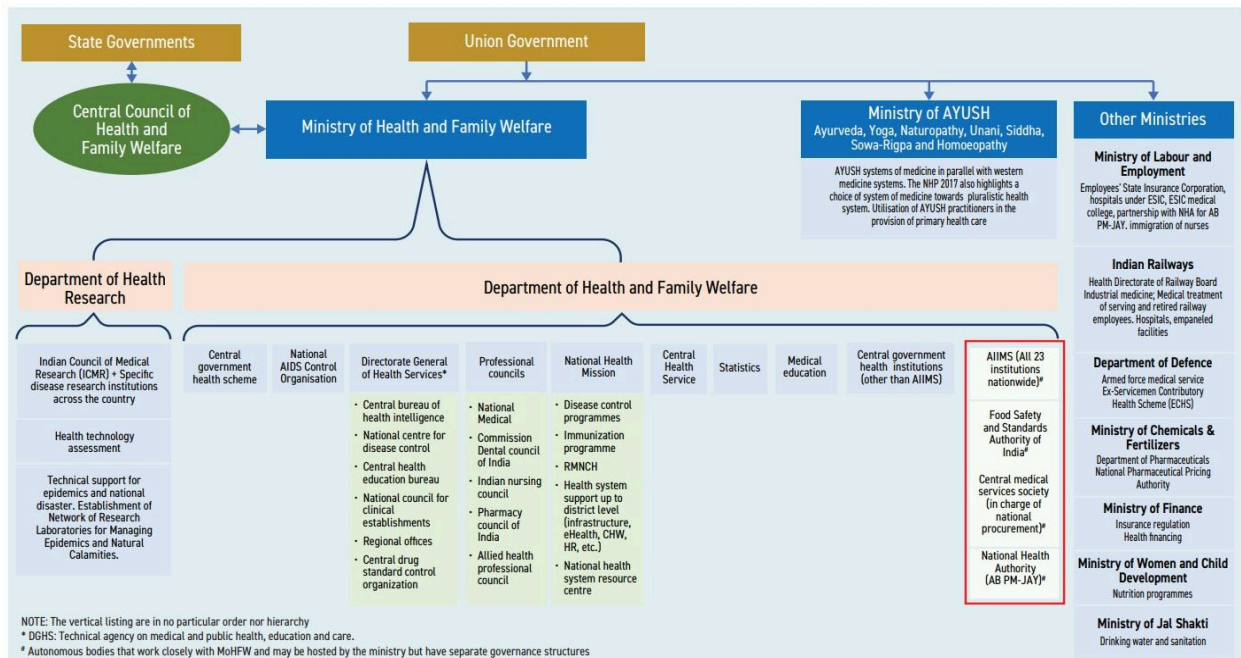
- Narrow: covering specific activity. E.g. Prevention of child marriage.
- Broad: E.g. Women empowerment.

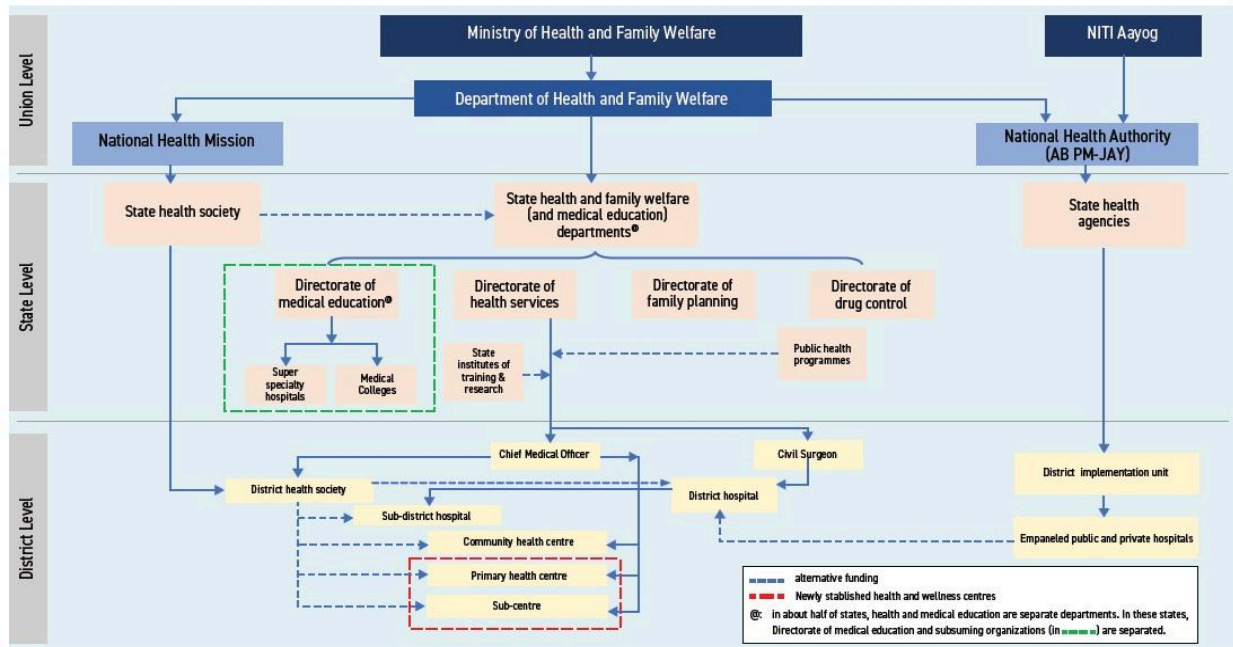


## Public policy entities



## Government policies and interventions : Sectors : Health





Pic credit : Health Systems in Transition 2022 , Asia Pacific Observatory on Health System and Policies

## Programmes / Schemes / Policies / Initiatives

### Phase I (1946–1982)

- **1946:** Bhore Committee: Outlined commitment to the health system at all levels, focusing on the development of a primary care health architecture in India.
- **1951–1980:** Five-year plans for national economic development were designed, executed, and monitored by the Central Government. During this period, five-year plans were executed (1951–1956; 1956–1961; 1961–1966; plan holidays (1966–1969); 1969–1974 and 1974–1978 and rolling plans (1978–1980). A large share of funds for the health sector from the Central to state governments was transferred through this route.
- **1951–1955:** Community Development Programme: Multipurpose programme mainly covering health and sanitation, while emphasizing other determinants; focus on vertically driven programmes on diseases such as malaria, smallpox and other infectious diseases.

- **1956–1962:** Health Survey and Planning Committee (Mudaliar Committee, 1962): PHCs to be created to cater to populations of 40,000 people. They should provide preventive, promotive and curative services besides improving the quality of care.
- **1967:** Jungalwalla Committee: Integration of services, organization and personnel from the highest to the lowest level of health services.
- **1973:** Kartar Singh Committee: PHCs for every 50,000 persons, with 16 sub centres under one PHC, serving a population of 3000–5000 (at the time PHCs were serving populations of 80,000–150,000).
- **1975:** Shrivastava Committee: Creation of paraprofessional and semi professional health workers, along with referral services.
- **1977:** Rural Health Scheme: Training of community health workers, multipurpose workers and community health volunteers.
- **1978:** Alma-Ata Declaration and Health for all to be achieved by the year 2000.

## Phase II (1983–2001)

- **1980–2002:** Continuation of five-year plans during this period involving the sixth to ninth plans (1980–1985, 1985–1990, 1992–1997, 1997–2002).
- **1983:** First NHP in 1983, shift of focus from development of health systems and infrastructure for primary health care and ensuring health equity to vertical interventions.
- **1991–2004:** Health sector reforms: Macroeconomic stabilization and structural adjustment policies – fiscal consolidation entailed sharp and significant reduction in government spending on health; curative care to be largely left to private sector delivery while preventive care delivery to be prioritized by the government.

The period underlined the impact of economic reforms that culminated in the contraction in public sector capacity as recruitments of the health workforce stopped/slowed, while private sector capacity grew. New private medical colleges were established. Selective primary health care became de rigueur.

- **2000:** National Population Policy 2000: Development of one-stop integrated and coordinated service delivery at the village level for basic reproductive and child health services; address unmet need for contraception; bring total fertility rate to replacement level by 2010.



### Phase III (2002–2020)

- **2002–2017:** Continuation of five-year plans involving the period tenth–twelfth plan (2002–2017) and end of five-year plans.
- **2002:** Second NHP in 2002: Accelerate access to decentralized public health system by establishing new infrastructure in deficient areas and upgrading existing institutions; facilitating enhanced contribution of private sector delivery mechanism for those who can pay for services.
- **2005:** Transition from process to product patent system.
  - The National Commission on Macroeconomics and Health report outlined major bold reforms.
  - Launch of **NRHM** (National Rural Health Mission). Key approaches:
    - (i) Community involvement and bottom-up planning
    - (ii) Flexible financing
    - (iii) Introduction of community volunteers, ASHAs
    - (iv) Health system strengthening with focus on safe deliveries
    - (v) Human resource management to generate more health workforce
- **2007:** Introduction of State-sponsored insurance schemes:
  - Yeshasvini, Karnataka (2003)
  - Rajiv Aarogyasri, Andhra Pradesh (2007)
  - RSBY (2008)
  - Other states implemented their own schemes.
- **2010:** Enactment of **Clinical Establishments and Regulation Act**, 2010 and Rules in 2012.
- **2011:** High-Level Expert Group for **Universal Health Coverage (UHC)** for India.

A framework for UHC in India developed and inputs for the Twelfth Five-Year Plan (2012–2017) provided.
- **2013, 2015:** Drug Price Control Orders in 2013 and 2015.
- **2017:** **NHP 2017** (National Health Policy)
- **2018:** **Ayushman Bharat** initiated with focus on:
  - Creating health and wellness centres at the primary level

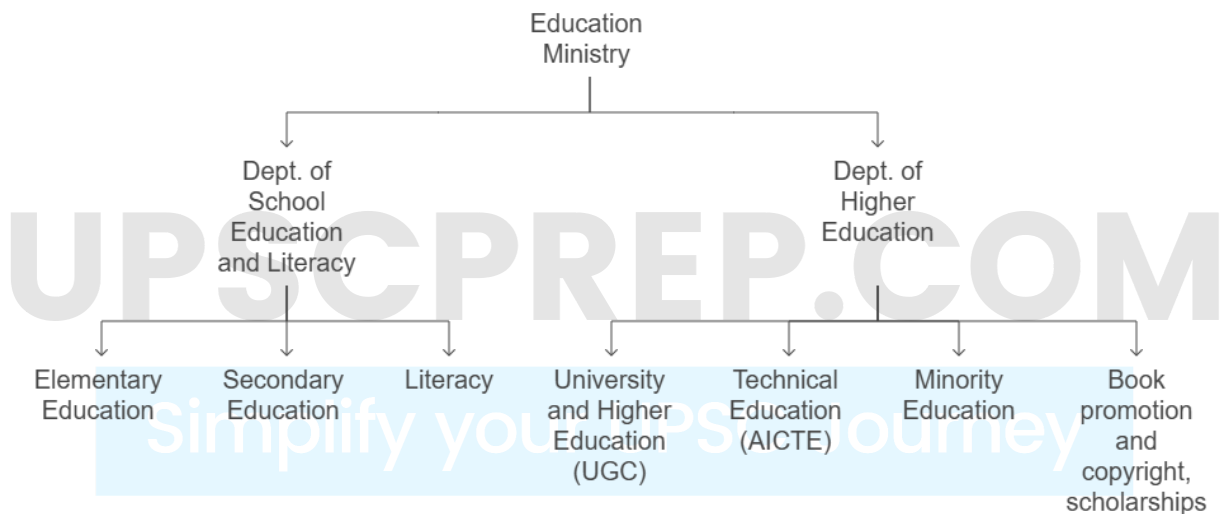
- Expansion of government-funded health insurance scheme into **PM-JAY** (Pradhan Mantri Jan Arogya Yojana)
- **2020:** Establishment of **National Medical Commission (NMC)** in 2020.

## Issues in design and implementation

- Allocation of resources :
  - Public spending is much less compared to developed countries. Priorities : Private vs Public, Rural vs Urban, Centre vs States.
- Infrastructure :
  - Hospital beds per lakh population, Insufficient supply of medicines, Poor infrastructure in rural areas.
  - Access and Equity:
    - There is no Universal Health Coverage and penetration of Insurance is low.
- Human Resources:
  - Deficiency in doctors, nurses, paramedics, trained technicians.
- Out of pocket expenditure:
  - High. Any emergency in lower middle class or poor family can pull down the members of BPL.
- Quality of care:
  - Safety of patients compromised. Medical negligence.
- Monitoring and Data:
  - Lack of credible and effective data through feedback loop which could act as input for further policies.
- Coordination:
  - Health being a state subject, Coordination among Centre, States and Local bodies is difficult.
- Preventive care:
  - Policies are currently more focused on curative care.

## Government policies and interventions : Sectors : Education

### Structure of Education Ministry



Made with Napkin

## Vocational Education and Skill Development: Bridging Gaps for Social Justice

Vocational education and skill development play a crucial role in promoting social justice by empowering individuals from diverse backgrounds with practical skills and employment opportunities. In India, this sector is primarily overseen by the Ministry of Labour and Employment, in collaboration with the National Skill Development Corporation (NSDC).

Key agencies and initiatives include:

- Directorate General of Employment and Training (DGET):

This body is responsible for formulating policies, setting standards, and implementing vocational training programs nationwide. It ensures that training is aligned with the needs of the job market.

- National Council for Vocational Training (NCVT):

The NCVT is the apex body that sets the curriculum, conducts examinations, and awards certifications for vocational training programs.

- Government

Industrial Training

Institutes (ITIs):

These institutes provide technical

training in various trades, offering

affordable and accessible education to youth, especially those from marginalized communities.

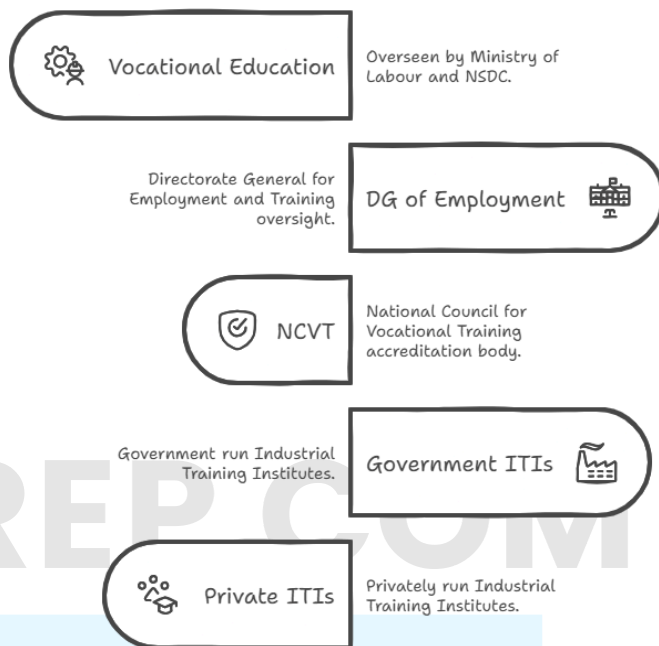
- Private Industrial Training Institutes (ITIs):

Alongside government ITIs, private institutions also contribute to skill development, expanding the reach and variety of vocational courses available.

- National Skill Development Corporation (NSDC):

The NSDC works as a public-private partnership to promote skill development by funding and supporting skill training initiatives. It collaborates with industry partners to ensure that training programs are relevant and lead to gainful employment.

## Vocational Education Structure



## Programmes / Schemes / Policies / Initiatives - Education

- Elementary Education
  - Sarva Shiksha Abhiyan
  - Mid Day Meal
  - Mahila Samakhya
  - Strengthening for providing quality Education in Madrassas (SPQEM)
- Secondary Education
  - Rashtriya Madhyamik Shiksha Abhiyan
  - Girls Hostel Scheme
  - National Scheme of Incentives to Girls for Secondary Education
  - Inclusive Education for Disabled at Secondary Stage
  - Scheme of Vocational Education
  - National Merit-cum-Means Scholarship Scheme
  - Scheme for construction and running of Girls' Hostel for students of secondary and higher secondary schools
  - Scholarship schemes for Minority students
  - National Scholarships
- Higher Education- University and Higher Education
  - Rashtriya Uchchatar Shiksha Abhiyan (RUSA)
  - National Initiative for Design Innovation
  - National Research Professorship (NRP)
  - Establishment of New Central Universities
  - Indira Gandhi National Tribal University
  - Establishment of 14 World Class Central Universities
  - Setting up of 374 Degree Colleges in Educationally Backward Districts
  - Scheme for incentivising state governments for expansion of higher education institutions

- Central Sector Interest Subsidy Scheme, 2009 on Model Education Loan Scheme of IBA
- Construction of girls hostels
- Supporting uncovered state universities and colleges
- Additional assistance to about 160 already covered universities and about 5500 colleges
- Strengthening science based higher education and research in universities
- Inter universities research institute for policy and evaluation
- Schemes Implemented through Autonomous Organisations
- Technical Education
  - Sub-Mission on Polytechnics under the Coordinated Action for Skill Development
  - Scheme of Apprenticeship Training
  - Support For Distance Education & Web Based Learning (NPTEL)
  - Indian National Digital Library in Engineering, Science & Technology (INDEST-AICTE) Consortium
  - National Programme of Earthquake Engineering Education (NPEEE)
  - Technology Development Mission
  - Direct Admission of Students Abroad
  - Setting up new IIIT's
  - Scheme for Upgrading existing Polytechnics to Integrate the Physically
  - Disabled in the mainstream of Technical and Vocational Education

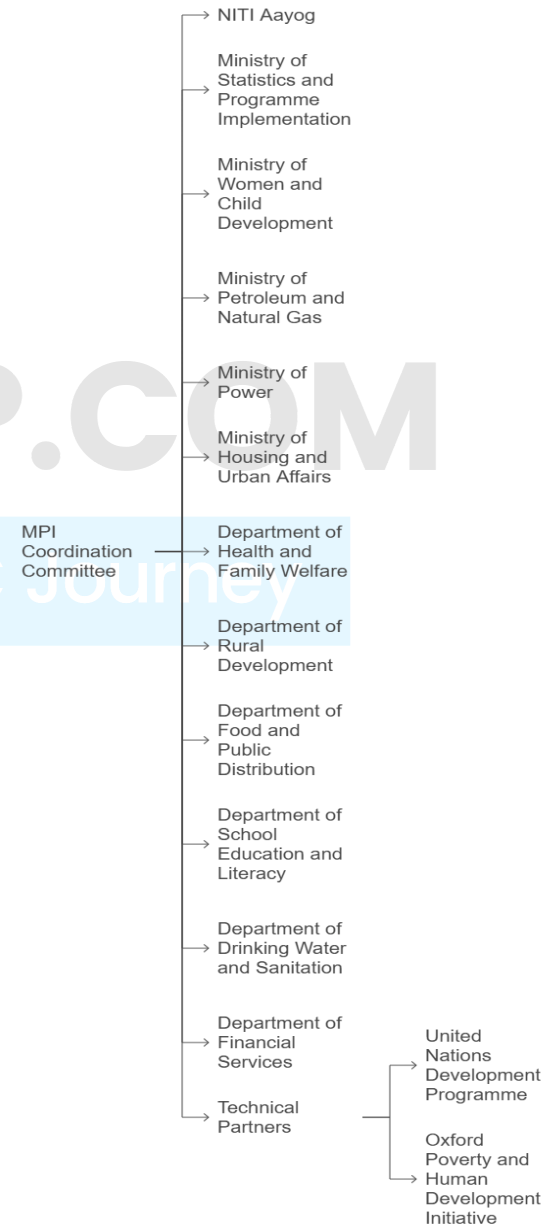
## Issue in Design and Implementation

- Allocation of resources :
  - Public spending is much less compared to developed countries. Priorities : Private vs Public, Rural vs Urban, Centre vs States.
- Quality :
  - Rote learning, Assessment methods, outdated curriculum.
- Teachers training and shortage:



- Poor teacher-pupil ratio especially in rural areas.
- Equity in access :
  - Despite RTE enrollment of girl children in rural areas, marginalized is poorer.
- Technology adoption :
  - Especially post Covid-19. Hybrid model.
  - Dropouts of girls in rural schools leading to child labour and child marriage.
- Language Policy :
  - Contentious issue considering the diverse language landscape.
- Vocational and Skill Education :
  - Priority of academic knowledge over vocational skills.

**MPI Coordination Committee Structure**



## Government policies and interventions : Sectors : Poverty

Poverty eradication needs a multi-stakeholder approach, coordination among multiple ministries, NGOs, and international agencies.

### Programmes / Schemes / Policies / Initiatives

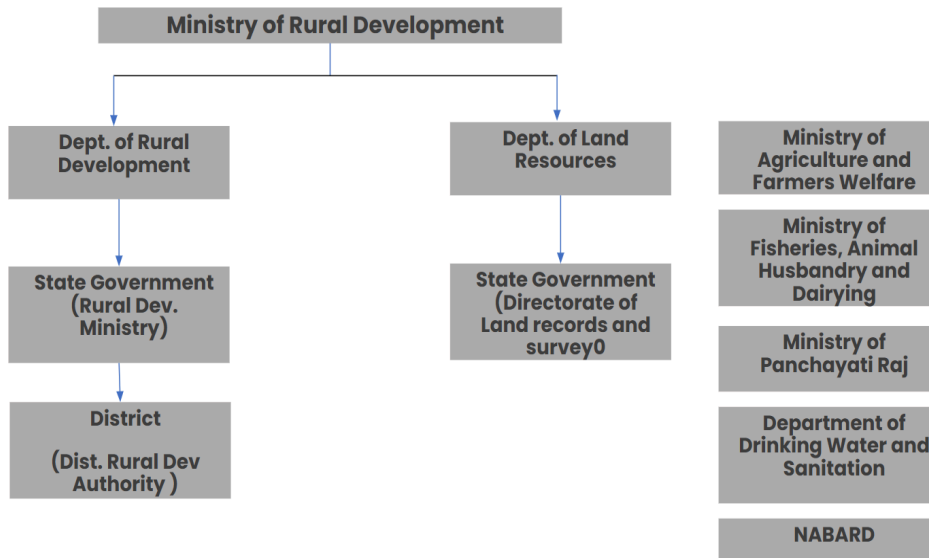
- Integrated Rural Development Programme
- Jawahar Rozgar Yojana
- Jawahar Gram Samridhi Yojana
- Food for Work Programme
- Employment Assurance Scheme
- PMAY (Gramin)

- Sampoorna Grameen Rozgar Yojana
- National Social Assistance Programme
- Rural Employment Generation Programme (REGP)
- PM Rozgar Yojana
- Swarna Jayanti Shahri Rozgar Yojana
- Swarnajayanti Gram Swarozgar Yojana
- MGNREGA

## Issues in design and implementation

- Identification of poor :
  - Debate over methodology and criteria (inclusion/exclusion) for identifying BPL households.
- Coordination :
  - Several agencies across different ministries / departments, non governmental agencies.
- Resource constraints :
  - Priority among Health, Education, Poverty alleviation, Agri-subsidy etc.
- Delivery :
  - Corruption, leakages, inefficiency and delays.
- Inequality :
- Ineffective monitoring and evaluation:

## Government policies and interventions : Sectors : Rural Development



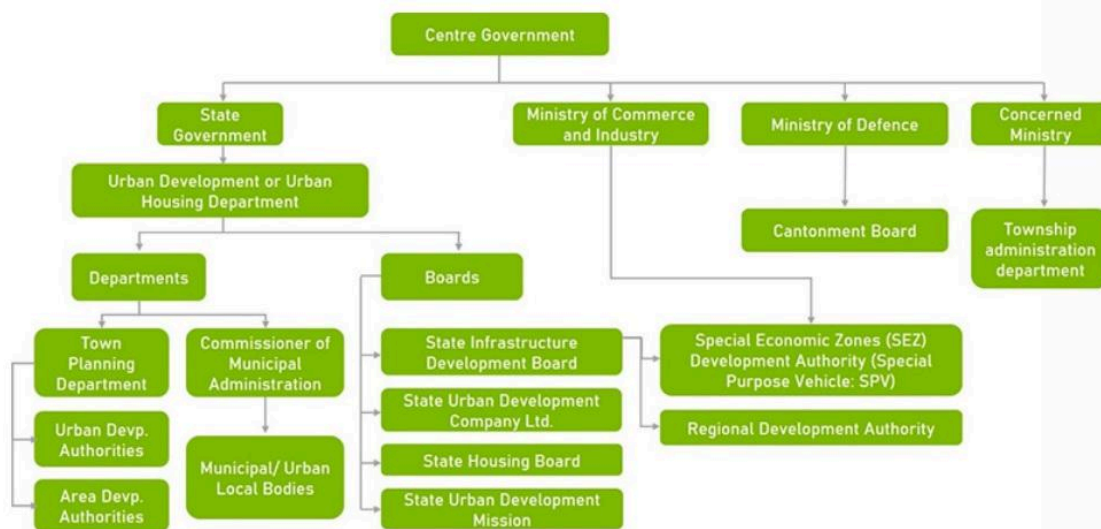
## Programmes / Schemes / Policies / Initiatives

- Mahatma Gandhi National Rural Employment Guarantee Act
- Deendayal Antyodaya Yojana – National Rural Livelihoods Mission
- Deendayal Upadhyaya Grameen Kaushal Yojana
- PM Awaas Yojana – Gramin
- PM Gram Sadak Yojana
- National Social Assistance Programme
- Digital India Land Records Modernization Programme
- Watershed Development component of PM Krishi Sinchayee Yojana
- Jal Jeevan Mission
- SBM (Grameen)
- Shyama Prasad Mukherji Rurban Mission
- Rashtriya Gram Swaraj Abhiyan
- Saansad Adarsh Gram Yojana

## Issues in design and implementation

- Geographical diversity
  - Different areas have different needs. So one size fits all policy would not work
- Agriculture related issues
  - Lack of access to technology, dependence on monsoons, soil degradation etc.
- Infrastructure bottlenecks
  - Lack of proper roads, electricity, sanitation etc.
- Social inequalities
  - Caste and gender disparities translated to access to benefits of development schemes.
- Illiteracy and low skills
  - Limited access to vocational training and skill development programs
- Corruption
  - Improper record keeping and social audit at the last mile. So the leakages are more and go undetected
- People participation
  - Lack of involvement in planning and implementation of programmes

## Government policies and interventions : Sectors : Urban Development



### Programmes / Schemes / Policies / Initiatives

- Atal Mission for Rejuvenation and Urban Transformation
- PM Awaas Yojana – Urban
- Deendayal Antyodaya Yojana – National Urban Livelihood Mission
- SBM (Urban)
- Smart Cities Mission
- Heritage City Development and Augmentation Yojana

### Issues in design and implementation

- Population growth and density
  - Unsustained growth, poor living conditions
- Financial crunch
  - Most local bodies are starved of funds due to improper devolution.
- Socio-economic inequality

- Dominance of private players in education and health, making access for the poor difficult.
- Land and property rights
  - Conflicts and litigation.
- Housing crisis and slums
  - Overcrowding , Huge demand – supply gap
- Environmental concerns
  - Pollution, lack of green spaces, encroachment of water bodies.

## Government policies and interventions : Sectors : Women & Child Development

### Introduction

### Development ?

- A quantitative and qualitative change in human capital, infrastructure, environment, health, safety, social inclusion, education etc.
- According to Amartya Sen,
  - Development should be viewed not in terms of economic measures (e.g. GDP growth, average annual income) but in terms of the real 'freedoms' that people can enjoy such as economic facilities and social opportunities.
  - Human freedom is both the primary end objective and the principle means of development.
  - Economic measures are merely the means to this end.



## Government Levels



### Ministry

National level ministry for women.



### State Govt.

State government directorate for women.



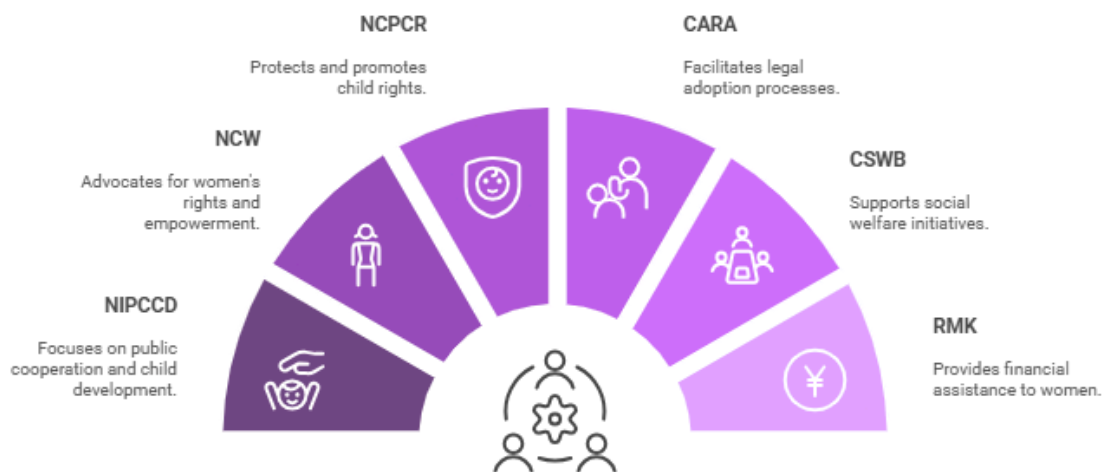
### District

District office for women and children.

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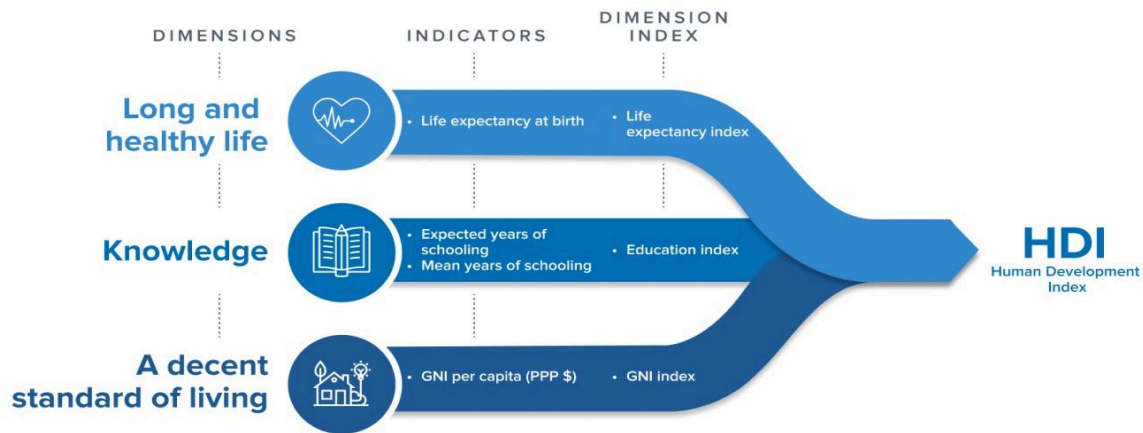
## Autonomous Organizations



Made with Napkin

A widely accepted measure is Human Development Index (HDI)

### HDI Dimensions and Indicators



### Development Strategies

- Agricultural Transformation
  - Modern agrarian technologies -> Improve agricultural yield -> Excess agricultural labour absorbed by Industry.
- Export Orientation
- Import Substitution
  - Self sufficiency (Make in India).
  - FIIs, FDIs
- Urbanization
- Growth with distribution (Top-down)
- Decentralization (Bottom-up)

## Development Industry : Stakeholders

- Government Agencies
  - Finance Commission
  - NITI Aayog : A Think Tank providing central and state govts. Strategic and technical advice.
- Financial Institutions
  - IDBI, NABARD.
  - Commercial Banks.
  - Co-operative societies.
- International Agencies
  - Multilateral : World Bank, ADB, UNDP, UNICEF, World Food Programme, WHO etc.
  - Bilateral : Japan International Cooperation Agency (JICA), The US Agency for International Development etc.
- Non-Governmental Agencies
  - Industry bodies : FICCI, CII
  - Workers and Farmers organizations.
  - Civil Society : Charitable organizations and Trusts, Registered societies, Micro credit groups, SHGs, Cooperatives etc.

## Non-Governmental / Civil Society Organizations

An NGO is a private organization that pursues activities to relieve suffering, promote the interests of the poor, protect the environment, provide basic social services or undertake community development. (World Bank)

NGOs have following characteristics

- Non profit
- Not funded by govt. and run by a voluntary group of individuals.

- Independent : Typically not affiliated to any political party or religious body.
- Accountable : To donors, beneficiaries and in terms of finances or operations, they are accountable to Govt. through laws such as FCRA.

## Evolution : Pre Independence

- Based on the philosophy of daana and seva, voluntary organizations were involved in education, health, promotion of culture, and calamity relief.
- 19th Century :
  - Friend-in-Need Society (1858), Prarthana Samaj (1864), Satya Shodhak Samaj (1873), Arya Samaj (1875), National Council for Women in India (1875), Indian National Conference (1887).
  - The Societies Registration Act was approved in 1860 to provide legal status to the increasing number of NGOs.
- Christian missionaries involved in poverty eradication, construction of schools, roads, hospitals etc.
- 1905 : Servants of India, a secular NGO.
- Gandhiji emphasized on the need of voluntary action at village council level.

## Evolution : Post Independence

- Followers of Gandhiji, have setup voluntary agencies working on handicrafts, village industries, rural development, education, credit cooperatives etc.
- 1953 : Central Social Welfare Board established -> to promote social welfare activities and encourage participation of people through NGOs.
- 1950s :
  - Decentralized development : National Community Development Programme, National Extension Service.
  - 3 tier Panchayati Raj system.
  - Many agricultural cooperatives and farmers unions were setup.

- A consortium – Association for Voluntary Agencies for Rural Development (AVARD).
- 1960s :
  - Drought relief work in 1965-66, 1966-67 agriculture seasons.
  - Foreign funds began to flow in.
- 1970s :
  - Minimum needs programme focusing on rural poverty, electricity, education, and health etc.
  - People's Action for Development of India -> Foreign trained Indians joined NGOs.
- 6th FYP (1980-85) :
  - Govt. identified areas where NGOs can play a key role.
  - Renewable energy associations at block level
  - Health and nutrition, family welfare, education.
  - Water management and soil conservation.
  - Disaster management, environment protection.
  - Tribal development.
- 7th FYP (1985-90) :
  - Focus on human resource development, rural skills and local knowledge.
- 8th FYP onwards :
  - Rural appraisal and development planning.
  - Planning commission recognized the need for a nationwide network of NGOs.
- National Policy on the Voluntary Sector 2007 : Objectives
  - Creating an enabling environment for Voluntary Organizations (VO) to stimulate effectiveness, protect identity and safeguard autonomy.
  - Enable VOs to mobilize finances (India or abroad), Identify systems to cooperate with the Govt., encourage VOs to adopt transparent and accountable systems of governance and management.

## Types of NGOs

- Developmental NGOs :
  - Grass root level work related to education, health, rural development, etc.
  - E.g. SEWA, Barefoot college (rural women), Baba Amte's Maharogi Sewa Samiti (Leprosy)
- NGOs involved in Research
  - Collaborate with Govt. , Industry and provide in dept analysis.
  - E.g. The Energy and Resources Institute (TERI), Public Health Foundation of India, Centre for Science and Environment.
- NGOs involved in Activism
  - E.g. People's Union of Civil Liberties, Narmada Bachao Andolan.

## Legislation on NGOs

- Registration of NGOs :
  - Per se not required to register, but to get tax benefits, receive funds from Govt. (grant-in-aid schemes), receive foreign contributions, registration is needed.
  - 3 categories : charitable trusts, societies, section 25 companies.
  - Trust of society or company : Subject to Societies Registration Act of 1860 and Income Tax Act of 1961.
  - Trusts are also subject to Public Trust Act 1976, and also governed by the State Office of charity commissioner.
  - Organizations receiving foreign funds must also abide by Foreign Contribution Regulation Act, 1976.
- Tax benefits :
  - Donors can claim tax relief on 50% of donated amount (max 10% income), under Section 80G of IT Act.
  - Other exemptions under Section 35AC and 35 (I to III) for donations to government development agencies.

- FCRA amendments in 2020 :
  - Tighter control and scrutiny, Account should be held in SBI , New Delhi, the utilization of funds should be strictly for the purpose. Recently, the FCRA license for the Centre for Policy Research has been suspended.

## Role of NGOs

- Participation and Organizing
  - Encourage participation of people. Involve the beneficiaries in decision making, implementation, monitoring and evaluation of programmes.
  - Education and awareness. Mobilize people.
- Facilitation
  - Providing supplementary services like building infrastructure, providing credit, supply of seeds, fertilizers and technical know how.
  - Provide vocational training to unskilled and semi-skilled.
  - Rehabilitation of people affected by calamities.
- Research and Data support
  - Providing empirical evidence through quantitative and qualitative surveys.
- Check on Govt. actions
  - Highlight legislative loopholes and ensure amendments or new laws are formulated. E.g. Minimum Wages Act, Abolition of Bonded Labour Act etc.
  - Help in social audit of several schemes.

## Challenges / Limitations of NGOs

- Lack of transparency and Accountability
  - The SCI in 2017, ordered the govt. to audit 30 lakh NGOs that received public funds.
  - IB is of the view that some 'foreign funded' NGOs are serving the interests of western governments. E.g. Koodankulam nuclear power plant agitations.

- It is believed by IB that such NGOs negatively affect the growth.
- Suspicion of money laundering by some NGOs involved in religious activities.
- Lack of funds
  - There is no regular receipt of grants-in aid from the Govt. In many cases there are delays too.
  - Mismanagement and misappropriation of funds.
- Outreach
  - Many NGOs have presence limited to certain states and also lack presence in interior rural or tribal areas.
  - As per Min of Social Justice and Empowerment, a study of NGOs suggest most are headquartered in urban areas.
- Lack of participation of Youth and trained professionals
  - Short supply of enthusiastic young volunteers.
- Lack of coordination and mutual mistrust
  - Coordination among multiple NGOs is a challenge due to overlapping efforts and competition.
  - Hostile attitudes of bureaucrats make the coordination between NGOs and Govts. Difficult.

## Way forward

- Regulatory overhaul
  - A balance must be maintained so as to not constrain the work of NGOs as well to ensure there is no misuse of funds or no vested agenda.
- Awareness
  - NGOs should use the media to effectively advertise their work. This will also help them to recruit young spirited volunteers.
- Increase grassroots/rural presence.
- Use of the latest technology for transparency, monitoring and research activities.
- Govt. should reward the good work of NGOs, which further motivates them.



## SHGs

A Self Help Group (SHG) is a small autonomous, non-political group of people living in the vicinity/Neighborhood and sharing common concerns, who come together voluntarily to work jointly for their personal, social and economic development.

### Objectives

- Provide a cost effective credit delivery system
- Provide a forum for collective learning
- Provide a genuine democratic culture
- Provide opportunities to imbibe norms of behaviour based on mutual respect.
- Provide a firm and stable base for dialogue
- Broaden the pattern of asset provision
- Foster entrepreneurial culture

### Evolution

- 1950s :
  - 1954: Gujarat → Textile Labour Association of Ahmedabad formed a women's wing → trained them in skills viz. sewing, knitting embroidery, stenography.
- 1970s :
  - 1972 → Self Employed Women's Association (SEWA) formed as a trade union under the leadership of Ela Bhatt.
  - Women workers viz. Hawkers, weavers, vendors, cattle rearers, papad makers, cooks, salt workers were organized to increase assets and income, improve nutritional and health standards, increase the leadership and organizational strength, and ensure full employment in future.
- 1980s :
  - Mysore Resettlement and Development Agency (MYRADA) → Karnataka based NGO → promoted small groups and secured credit for gainful employment. A

test project of SHG-Bank Linkage was started in 1989, when NABARD sanctioned 10 Lakh Rs. To MYRADA.

- 1986 → TN Women in Agriculture Programme (TANWA)
- 1989 → TN Women's Development Project
- Due to this foundation, today over 40% of bank-linked SHGs are in 5 southern states of AP, Telangana, TN, Kerala and Karnataka.
- 1990s onwards :
  - 1992 → NABARD launched a full-fledged project involving SHGs, Banks and NGOs.
  - 1995 → RBI streamlined credit delivery process and issued guidelines to commercial banks.
- SHG-Bank Linkage Programme :
  - Started based on the recommendations of SK Kalia Committee.
  - 3 models emerged
  - Model I : SHGs promoted, guided and financed by banks.
  - Model II : SHGs promoted by NGOs/Govt. agencies, financed by banks.
  - Model III : SHGs promoted by NGOs and financed by banks through a financial intermediary.
  - Commercial banks, co-operative banks and regional rural banks have been actively participating in the SBLP.
  - NABARD and Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) study in 2005 → SHG-Bank Linkage programme performance → 40 mill families and 205 mill individuals covered, Cumulative loan of Rs 18,000 cr.

**Kudumbashree :**

Women and community based poverty reduction project, launched by Govt. of Kerala in 1998.

Objectives include : Identification of poor families through risk indices based surveys through active participation of poor, Empower the poor women by organizing them into community based organizations, Develop network of informal banks, Skill development and self-employment, Health and Nutrition, primary education, basic amenities.

## Financial Intermediaries

- **Small Industries Development Bank of India (SIDBI)**
  - Launched the micro finance programme in 1994 on pilot basis using NGO-MFI model of credit delivery.
  - 1999 -> Specialized dept. -> SIDBI Foundation for Micro Credit (SFMC) was set up to create a national network of viable and sustainable MFIs.
  - SFMC is implementing the National Micro Finance Support Programme (NMFSP) to eliminate poverty. This is collaboration with Dept. of International Development, UK and International Fund for Agricultural Development (IFAD), Rome.
- **Rashtriya Mahila Kosh (RMK)**
  - Setup in 1993 as an autonomous body registered under Societies Registration Act, 1860 under Min. of Women and Child Development.
  - Objective : Facilitate credit support to poor women.
  - Max loan : 25,000 Rs. For income generation, 50,000 Rs for construction of a house.
  - Total corpus : Rs. 31 cr.
  - Loans are client friendly, with minimal procedures, quick, flexible repayment schedule and low transaction cost.

## Role and Significance of SHGs

- Gender equity → Leadership and decision making skills of women.
- Dealing with social ills → Dowry, female foeticides, alcoholism etc.
- Employment generation → women micro-enterprises.
- Financing → Healthy linkages with banks and MFIs. Peer pressure ensures loans are repaid timely.
- Promoting entrepreneurship
- Health and Nutrition → reduced child mortality, maternal mortality, and improved overall health.

- Social justice → voice of the poor and marginalized women. Act as a pressure group for proper functioning of Gram panchayats.
- Promote literacy and education indirectly as the work would involve record keeping, accounting etc.

## Limitations of SHGs

- Lack of knowledge, awareness and orientation to take up profitable options. Most are involved in agri-based activities. There is a need to widen the scope.
- Lack of professional training and capacity building, skills such as marketing and advertising.
- Lack of funds through some Rural banks.
- Difficulty in adopting new technologies required for management.
- Lack of connectivity, infrastructure and market access.
- Mismanagement of funds.
- Influence of political parties and caste based associations.
- Social constraints : Women have to shift to their husband's place post marriage.
- Though registration is not required but procedure of graduation has constrained them from participating in govt. related activities and bidding.
- Scalability from small cottage industry to bigger micro-enterprise is an issue due to irregular revenues.

## Govt. Initiatives

- Priority Sector lending : to the list of priority sectors viz. Agriculture, MSMEs, SHGs has been added
- Deendayal Antyodaya Yojana – NRLM : Provides for interest subvention to women SHGs for loans up to Rs. 3 lakhs

- Priyadarshini scheme with NABARD as nodal agency → Empowering women → livelihood creation → through women SHGs
- SHGs are now allowed to run grain banks
- States : Bihar → Jeevika, Maharashtra → Mahila Arthik Vikas Mandal

### Way Forward

- Further simplification of procedure to get access to credit.
- For scalability : Training in management of finances, marketing, accounting and some specific skills. (PMKVY Kaushal Kendras and KVKs can be of help).
- Financial institutions should be trained w.r.t to gender sensitization. Their attitudes towards approving loans to women SHGs need to be changed.
- Insurance coverage to be expanded.

### Other Groups & Associations

### Cooperatives

#### Evolution : Pre - Independence

- 1904 → First Cooperative Credit Societies Act.
- 1912 → Cooperatives Societies Act -> Post of Registrar of cooperative societies created, registration of cooperative societies for audit.
- 1919 → Montagu-Chelmsford reforms -> Cooperatives became a provincial subject.
- 1942 → GOI enacted Multi-Unit Cooperative Societies Act (cover membership across many provinces)

#### Evolution : Post - Independence

- Cooperatives became an integral part of FYPs.

- 1958 → National Development Council (NDC) recommended a national policy on cooperatives.
- 1984 → Multi-State Cooperative Societies Act ( Under entry 44 of the Union List)
- Areas : Production, credit, processing, marketing, distribution, dairy, housing, textiles, handlooms, sugar.
- In Industry, transport and retail also cooperatives are gaining ground.

## Significance : Rural Sector

- Help in social cohesion as cooperatives can involve all sections.
- The govt. grants, subsidies for farmers can be effectively channeled through cooperatives.
- Overall development of the village.
- Regulation of business of moneylenders, restricting rents, rationalizing debts.
- Future potential in cooperative farming.
- Significance : Urban Sector
- Rural models can be extended to urban areas catering to artisans, small industries, urban banking.

## Constitution (97th Amendment) Act, 2011

- Part III → word ‘Cooperative Societies’ added.
- Article 43B of Part IV → state shall endeavour to promote voluntary formation, autonomous functioning, democratic control and professional management of the cooperative societies.
- Part IXB inserted. Features :
  - Right to form cooperatives is a fundamental right.
  - Reservation of 1 seat for SC/ST and 2 seats for women on the board of every cooperative society.
  - Cooperatives could set-up an agency which would oversee elections.

- Tenure of Cooperative Board of Directors, provisions of incorporation, regulation and winding up.
- Fixed term of 5 years from the date of election of the elected members and office bearers.
- Independent professional audit, right to information to the members.
- Empowering state govts. to obtain periodic reports.
- Offences and penalties.
- Multi-State Cooperative Societies (Amendment) Act, 2023:
  - Multi-State Co-operative Election Authority – Regular elections are held. Also, ensure no Related party appointments are made.
  - Amalgamation is allowed and increased penalties for non compliance.

## Reasons of Failure

- Lack of active participation of members in management.
- Credit overdue.
- Over politicization and over dependence on Govt.

## Donors

### Foreign Aid

- Also known as “Overseas Development Assistance”.
- Developed countries commit to the tune of 0.7% for their GDP, to developing and underdeveloped countries.
- India is one of the highest recipients of the aid (2.4 billion \$ in 2021-22).
- Donors include World Bank, Global Fund to fight AIDS, TB and Malaria, ADB, USA, EU, Japan etc.
- India is a donor for other countries. (budget approx. Rs. 5,800 cr. For 2023-24).
- Trends are changing with consistent high economic growth of India, where it is providing aid to others in order to claim its credentials for permanent membership to UNSC, further enhance soft power, strengthen ties with neighbouring countries, for e.g. donation of rice

and diesel to Sri Lanka. (Neighbourhood First Policy) and contain the growing influence of China.

## Societies

An association formed by 7 or more persons with common objectives of promoting literature, fine arts, science etc.

- Registered under Societies registration Act, 1860
- The legal measures include :
  - Power of enquiry and investigation.
  - Cancellation of registration.
  - Appointment of administrator.

## Trusts

A special organization emerging out of a will. The will maker transfers ownership of the property, which has to be used for a specific purpose. If the purpose is to benefit individuals → Private Trust, although if it is meant for community or public at large → Public Trust.



Feature	Trust	Society
Legislation	Indian Trust Act, 1882 or other State trust acts.	Societies Registration Act, 1860
Registration	Easy, less time taking and fewer documents	Cumbersome, time consuming
Minimum No. of Members	2	7
Jurisdiction	All India	Separate registration for All India level
Winding Up	Generally irrevocable	If 3/5th of members desire
Amendments	Easier (supplementary trust deed)	MOU and rules and regulations need to be changed

## Religious Endowments & Waqfs

- Variants of trusts for specific religious purposes.
- No formal registration needed.
- In line with Article 26 -> Freedom to manage religious affairs.
- Unlike the public trusts there is no relationship among Donor → Trustee → Beneficiary.
- Waqf is the endowment of property (movable or immovable) to God, in order to help the needy. The Waqf deed is irrevocable and perpetual.
- Central Waqf Council (advisory role at Centre) → Waqf board at States (Quasi-judicial).

### Proposed Amendments in Waqf Act 1995

What key changes are introduced by the Waqf Amendment (Bill) 2024?

Key Changes

Key Changes	Waqf Act 1995	Waqf Amendment (Bill) 2024
Name Change	The parent Act was named Waqf Act, 1995	The new act will be called Unified Waqf Management, Empowerment, Efficiency and Development Act, 1995
Registration	No provision for mandatory registration	Mandatory registration of Waqf properties with the District Collector's Office for evaluation.
Creation of Waqf	No explicit provision	A person can create a Waqf only if they are the lawful owner and competent to transfer or dedicate the property.
Recognition of Government properties as Waqf	No explicit provision	Government properties identified as Waqf before or after the act's commencement will not be considered Waqf properties.
Dispute Resolution in case of Govt. land	Waqf Tribunal	District Collector decides if a property is Waqf or government land; their decision is final and reported to the state.
Oral Recognition of Waqf	Oral recognition was admissible for consideration of a property as Waqf	Removes oral recognition; properties without a valid waqfnama are suspect/disputed and remain inactive until Collector's decision.
Waqf by use	Provided for Waqf by use (property could be deemed Waqf through use)	Omits "Waqf by use"; property is suspect in absence of a valid waqfnama.
Appeal Mechanism	Waqf Tribunal's decision was final	Disputes with Waqf board decisions can be appealed to high courts.
Audit of Waqfs	No provision for auditing	Central government can order audits by CAG-appointed auditors or designated officers.
Composition of Waqf Boards	No women and no non-Muslim members allowed	Provides for non-Muslim CEO and at least two non-Muslim members on state Waqf Boards.

## Vulnerable Sections

### Empowerment of OBCs

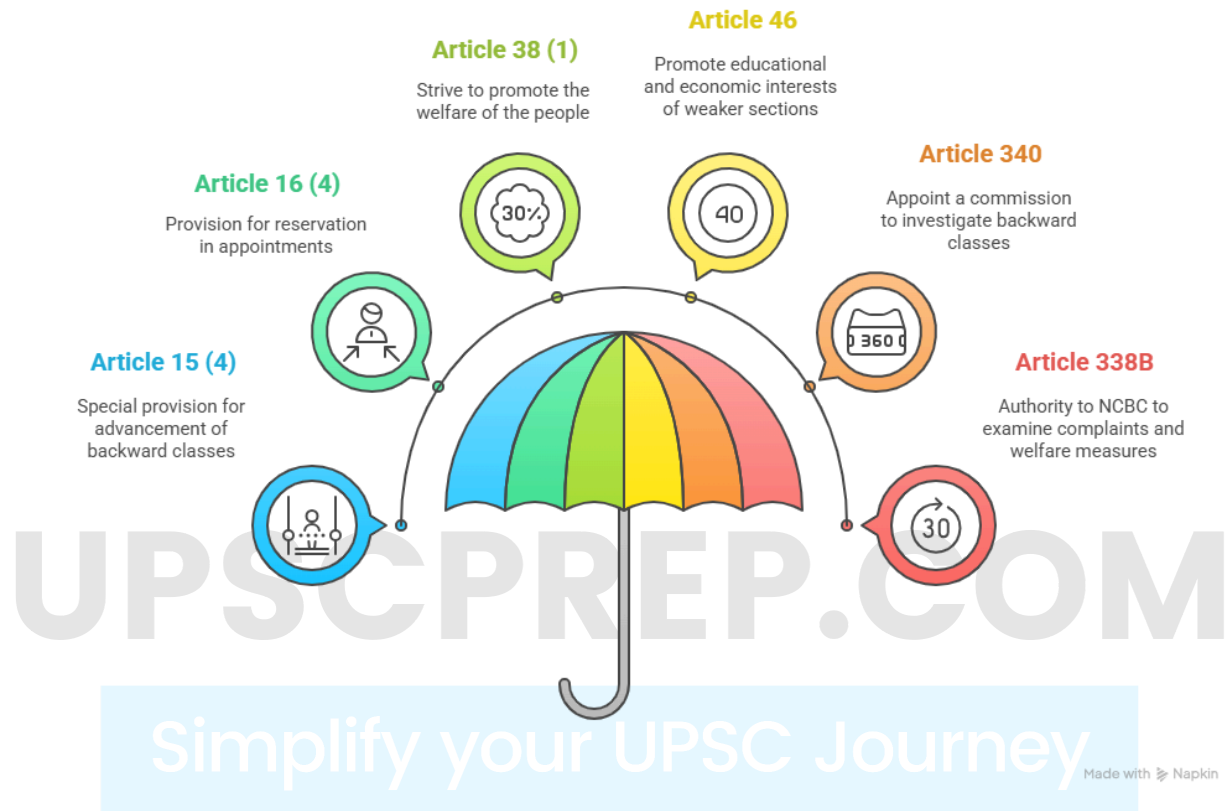
#### Other Backward Classes

- Collective term for those castes listed in 1993 report of Mandal Commission and castes listed by State governments.
- As per Mandal Commission : 52% population , But many estimates suggest at least 40%.
- Commission for sub categorization of OBCs headed by Js. G. Rohini, submitted report to the Hon'ble President in 2023 -> considers reducing the sub categories from 3000 to 1600. Also look into horizontal reservation of 10% for women within this.
- Commissions initial observations based on the data of central govt. jobs and admissions to IITs and IIMs.
  - 97% of jobs and admissions allotted to 25% of sub castes.
  - 37% of the OBC sub castes have zero representation in govt. jobs and educational institutions.

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## Constitutional safeguards

### Constitutional Provisions for Social Justice



## Judgements

- Indra Sawney Judgement -> Creamy Layer should be excluded. Cap on total reservation set to 50%
- Pichhra Varg Kalyan Mahasabha Haryana vs. State of Haryana 2021 -> Economic criterion cannot be the sole basis for creamy layer.

## Legal / Statutory safeguards, Govt Bodies, Commissions

- National Commission for Backward Classes (NCBC)

- Constitutional status ensures that the OBC panel have more robust grievance redressal mechanism.(govt. and private sector employees).
- Powers of civil court and rights and powers on par with NCSC and NCST.
- Chairperson : Acting or retired Judge of Supreme Court, Members : Social scientist, 2 eminent members.
- Functions include : Consider inclusion and exclusion for the list of communities notified as BC, investigate and monitor safeguards, Advisor for socio-economic development, present annual report to the President.
- Kaka Kalelkar Commission
  - Submitted report in 1955, listing 2,399 backward castes with 837 of them being 'most backward'. Recommendations were not implemented.
- Mandal Commission 1979
  - Proposed 27% reservation for OBCs considering the population share.
- National BC Finance and Development Corporation (NBCFDC)
  - Provide term loans, micro credit for employment generation and skill upgradation activities.

## Way forward

- Recommendations of NITI Aayog
  - Prioritization of government funds for construction of hostels facilities for boys and girls.
  - Residential schools in districts with large share of OBC population.
  - Revise free coaching scheme.
  - Increase the no. of awards under the National Fellowship for OBCs.
  - Institutional mechanism to promote artisans belonging to OBCs.
  - Financial assistance to trained / educated youth for self employment.
- Recommendations of Js. Rohini commission on sub categorization at national level should be seriously considered. Some states like Karnataka, AP , TN , Jharkhand , Bihar have already implemented it.

# Empowerment of Youth

## Challenges

- Supply demand gap in jobs. (45% of graduates are not employable).
- Disguised unemployment in Agriculture.
- Low labour force participation of women.
- Depression and anxiety due to increased competition and materialism.
- Alienation from family and society.
- Over exposure to social media -> comparison -> inferiority complex.
- Vulnerability of youth as target for recruitment into terrorism, naxalism, other anti-social, illegal organizations.
- Covid 19 has further affected mental well being.
- Adolescent girls -> higher risk of child marriage and human trafficking.
- Drug/substance abuse.
  - NCRB → 9000 deaths by suicide in 2020.
  - Use of substances like cocaine, ecstasy, morphine, whitener solutions etc.
  - Reasons : curiosity, entertainment, peer pressure, escape reality, increase performance, social media, access to inappropriate content online, supply from golden crescent and golden triangle.

## Programmes / Policies / Schemes / Initiatives

- **National Youth Policy (Draft 2021)**



- **Nehru Yuva Kendra Sangathan**
  - Autonomous organization of the Dept. of Youth Affairs and Sports.
  - Provide rural youth, avenues for nation building, personality development and skill development.
- **Skill Upgradation Training Programme**
  - Vocational training.
- **National Service Scheme**
  - A voluntary association of young people in colleges, universities and at +2 level working for a campus-community linkage.
  - Developing students' personality through community service.
- **Mahatma Gandhi Yuva Swachhta Abhiyan and Shramdaan**
  - Cleanliness drive and water conservation.
- **Promotion of culture, folk art and Yuva Kriti.**
  - Rural youth can showcase their talent and culture.
- **Tribal Yuva Exchange Programme**
  - Sensitize the tribal youth to rich cultural heritage.
  - Expose them to developmental activities and technological advancements.
  - Develop emotional linkage with people of different parts of India.

- Skill development and career counselling.
- Youth from LWE affected areas are selected and made to tour across India to nationalize their mind.
- **Start-up India & Stand-up India**
  - Entrepreneurship and creation of jobs for youth.
  - MUDRA Bank – a new institution for development and refinancing activities relating to micro units with a refinance fund of 200 bill Rs.
  - Deendayal Upadhyay Swaniyojan Yojana -> Rural India's version of Start-Up India.
- **PM KVV**
  - Skill development courses with assurance of job placements.
  - Recognized prior learning.
- **PM Mudra Yojana**
  - Under Micro Units Development and Refinance Agency Bank.
  - Provide funding to the non-corporate small business sectors and create more jobs.
- **Rashtriya Madhyamik Siksha Abhiyan**
  - Secondary education to growing vulnerable children.
- **New Integrated Action Plan**
  - Bring Adivasis in LWE areas to mainstream.
  - Education and skill development.
- **UDAAN**
  - Min of Home Affairs and NSDC initiative in J&K.
  - Provide corporate exposure to youth.
- **Prayas**
  - Support for children preparing for competitive exams.
- **Sadbhavna**
  - Army runs programmes for youth in J&K.
  - Army Goodwill schools.
  - National Integration tour, vocational training centers and women empowerment centers.
- **Himayat**



- Min of RD, under Deen Dayal Upadhyay Grameen KVV, trains over 1 lakh youth in J&K.
- **Drug de-addiction and Rehabilitation**
  - Govt → NDPS Act, National Inst. Social Defence (NISD), National Action Plan for Drug Demand Reduction (NAPDDR), Rehabilitation for Whole Person Recovery (WPR), National Centre for Drug Abuse Prevention (NCDAP) for training, research and documentation.
  - Civil Society → NGOs and faith based institutions, increasing awareness, counselling, some NGOs designated as Regional Resource and Training Centers (RRTC)
  - Family → Open communication between parents and children.

## Way Forward : NYP 2014

### 1. Create a productive workforce that can make a sustainable contribution to India's economic development

Priority:

- Education
- Employment and Skill Development
- Entrepreneurship

Future Imperatives:

- Education
  - Build system capacity and quality
  - Promote skill development and lifelong learning
- Employment and Skill Development
  - Targeted youth outreach and awareness
  - Build linkages across systems and stakeholders
  - Define role of government vis-à-vis other stakeholders
- Entrepreneurship
  - Targeted youth outreach programmes
  - Scale-up effective programmes to build capacity

- Create customised programmes for youth entrepreneurs
- Implement widespread monitoring & evaluation systems

## **2. Develop a strong and healthy generation equipped to take on future challenges**

Priority:

- Health and Healthy Lifestyle
- Sports

Future Imperatives:

- Health and Healthy Lifestyle
  - Improve service delivery
  - Awareness about health, nutrition and preventive care
  - Targeted disease control programmes for youth
- Sports
  - Increase access to sports facilities and training
  - Promotion of sports culture among youth
  - Support and development for talented sports persons

## **3. Instil social values and promote community service to build national ownership**

Priority:

- Promotion of Social Values
- Community Engagement

Future Imperatives:

- Promotion of Social Values
  - Formalise values education system
  - Strengthen engagement programmes for youth
  - Support NGOs and for-profit organisations working towards spreading values and harmony
- Community Engagement
  - Leverage existing community development organisations

- Promote social entrepreneurship

#### **4. Facilitate participation and civic engagement at all levels of governance**

Priority:

- Participation in politics and governance
- Youth engagement

Future Imperatives:

- Participation in politics and governance
  - Engage youth outside of the political system
  - Create governance mechanisms that youth can leverage
  - Promote youth engagement in urban governance
- Youth engagement
  - Measure and monitor effectiveness of youth development schemes
  - Create a platform for engagement with youth

#### **5. Support youth at risk and create equitable opportunity for all disadvantaged & marginalised youth**

Priority:

- Inclusion
- Social Justice

Future Imperatives:

- Inclusion
  - Enablement & capability building for disadvantaged youth
  - Ensuring economic opportunities for youth in conflict-affected regions
  - Develop a multi-pronged approach to supporting youth with disability
  - Create awareness and opportunities to prevent youth being put at risk
- Social Justice
  - Leveraging youth to eliminate unjust social practices
  - Strengthen access to justice at all levels

# Health

## Introduction

### Public Health ?

Constitution of India -> State List in Seventh Schedule, Entry 6 → Health is core domain of State. It provides for public health and sanitation, hospitals and dispensaries. Although, the Union govt. provides guiding policies and schemes.

### Status of Health : Data

- Public expenditure → 1.6 % of GDP (2019-20)
- Out of pocket expenditure → 58.7% (2016-17)
- Insurance coverage → 14% in rural , 19% in urban
- 0-5 yrs. Immunization completion rate → 60%
- 2.1 million living with HIV
- Annual deaths due to TB → 4.2 lakhs

**Table 1.8 Maternal, child and adolescent health indicators, selected years**

	1990	1993	1995	1999	2000	2005	2010	2013	2015	2018	2019–2020
Adolescent fertility rate (births per 1000 women aged 15–19 years) <sup>1</sup>	98.8	90.6	83.7	70.2	66.8	50.8	34.7	25.1	19.1	12.1	–
Neonatal mortality rate (per 1000 live births) <sup>1</sup>	57.4	53.8	51.5	46.4	45	38.1	32	28.3	25.9	22.6	–
Infant mortality rate (per 1000 live births) <sup>1</sup>	88.6	82.2	78	69	66.7	55.7	45.1	38.8	34.9	29.7	–
Under-5 mortality rate (per 1000 live births) <sup>1</sup>	126.2	116.1	109.5	95.4	91.8	74.5	58.2	49.1	43.5	36.3	–
Maternal mortality ratio (per 100 000 live births) (modelled) – national not available <sup>2</sup>	556 <sup>3</sup>	NA	NA	NA	370	286	210	175	158	113 (2016–18) SRS <sup>5</sup>	–
% stunting <sup>4</sup>	NA	52 under 4 years of age <sup>4</sup>	NA	46 under 3 years of age <sup>4</sup>	NA	48 under 5 years of age <sup>4</sup>	NA	NA	38.4 under 5 years of age <sup>4</sup>	NA	22.5 under 5 years of age <sup>4</sup>
% underweight <sup>4</sup>	NA	53 under 4 years of age <sup>4</sup>	NA	47 under 3 years of age <sup>4</sup>	NA	43 under 5 years of age <sup>4</sup>	NA	NA	35.8 under 5 years of age <sup>4</sup>	NA	23.7 under 5 years of age <sup>4</sup>

Notes:

\*\* Data from the Registrar General of India, reported in NFHS reports; NFHS estimates of maternal mortality have a higher error since they were estimated using a sample (as noted by NFHS final reports)

Sources:

1: World Development Indicators, Country: India (World Bank, 2021)

2: Global Health Observatory, Country: India, WHO (Global Health Observatory, 2021)

3: Annual Report of the Department of Health and Family Welfare 2017–2018 (MoHFW, 2018)

4: National Family Health Surveys (NFHS 2, NFHS 3, NFHS 4 and NFHS 5), respective years. International Institute for Population Sciences (IIPS, 1998–99, 2005–06, 2015–16, 2019–20).

5: Data for 2018 are from Sample Registration System (ORGI & CCI, 2020)

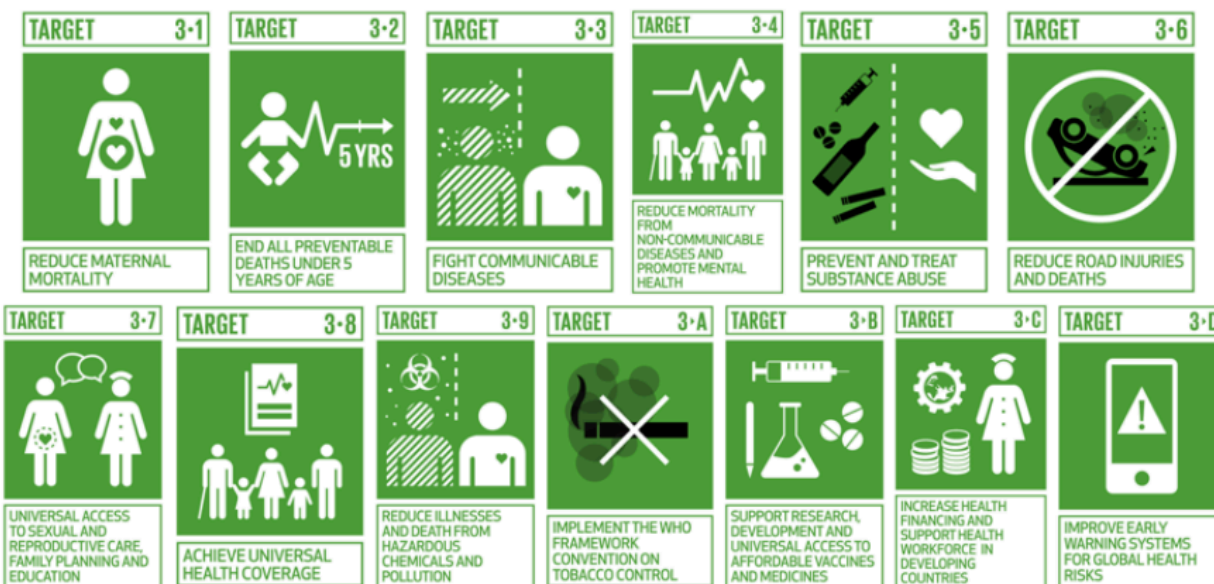
**Table 1.4 Mortality and health indicators, selected years**

	1970	1980	1990	2000	2005	2010	2015	2020
Life expectancy at birth, female (years)	47.10	53.91	58.23	63.33	65.36	67.73	69.84	71.5
Life expectancy at birth, male (years)	48.35	53.76	57.54	61.73	63.69	65.72	67.47	68.37
Life expectancy at birth, total (years)	47.74	53.81	57.87	62.51	64.50	66.69	68.61	69.6 <sup>#</sup>
Mortality rate, adult, female (per 1000 female adults)	371.08	276.88	237.18	193.15	178.00	157.93	141.25	147.1
Mortality rate, adult, male (per 1000 male adults)	370.08	307.96	281.39	250.11	236.37	225.26	214.64	203.6
Mortality rate, infant (per 1000 live births)	142.60	114.50	88.60	66.70	55.70	45.10	34.90	32.00

<sup>#</sup> Data from World Development Indicators (World Bank, 2020)

Source: 1970–2015: Health Nutrition and Population Statistics (World Bank, 2017a); 2020: Population Projections for India and States 2011–2036. Report of the Technical Group on Population Projections (National Commission on Population, 2020).

## SDGs related to Health : SDG 3 “Good Health and Well Being”



## Status of Health: Data: NFHS 5 (2019-21)

Indicators	NFHS-5 (2019-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
<b>Population and Household Profile</b>				
1. Female population age 6 years and above who ever attended school (%)	82.5	66.8	71.8	68.8
2. Population below age 15 years (%)	23.1	28.1	26.5	28.6
3. Sex ratio of the total population (females per 1,000 males)	985	1,037	1,020	991
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	924	931	929	919
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.3	87.5	89.1	79.7
6. Deaths in the last 3 years registered with the civil authority (%)	83.2	65.8	70.8	na
7. Population living in households with electricity (%)	99.1	95.7	96.8	88.0
8. Population living in households with an improved drinking-water source <sup>1</sup> (%)	98.7	94.6	95.9	94.4
9. Population living in households that use an improved sanitation facility <sup>2</sup> (%)	81.5	64.9	70.2	48.5
10. Households using clean fuel for cooking <sup>3</sup> (%)	89.7	43.2	58.6	43.8
11. Households using iodized salt (%)	96.9	93.0	94.3	93.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	38.1	42.4	41.0	28.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	18.1	12.0	13.6	na
<b>Characteristics of Adults (age 15-49 years)</b>				
14. Women who are literate <sup>4</sup> (%)	83.0	65.9	71.5	na
15. Men who are literate <sup>4</sup> (%)	89.6	81.5	84.4	na
16. Women with 10 or more years of schooling (%)	56.3	33.7	41.0	35.7
17. Men with 10 or more years of schooling (%)	62.1	43.7	50.2	47.1
18. Women who have ever used the internet (%)	51.8	24.6	33.3	na
19. Men who have ever used the internet (%)	72.5	48.7	57.1	na
<b>Marriage and Fertility</b>				
20. Women age 20-24 years married before age 18 years (%)	14.7	27.0	23.3	26.8
21. Men age 25-29 years married before age 21 years (%)	11.3	21.1	17.7	20.3
22. Total fertility rate (children per woman)	1.6	2.1	2.0	2.2
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.8	7.9	6.8	7.9
24. Adolescent fertility rate for women age 15-19 years <sup>5</sup>	27	49	43	51
<b>Infant and Child Mortality Rates (per 1,000 live births)</b>				
25. Neonatal mortality rate (NNMR)	18.0	27.5	24.9	29.5
26. Infant mortality rate (IMR)	26.6	38.4	35.2	40.7
27. Under-five mortality rate (U5MR)	31.5	45.7	41.9	49.7
<b>Current Use of Family Planning Methods (currently married women age 15-49 years)</b>				
28. Any method <sup>6</sup> (%)	69.3	65.6	66.7	53.5
29. Any modern method <sup>6</sup> (%)	58.5	55.5	56.5	47.8
30. Female sterilization (%)	36.3	38.7	37.9	36.0
31. Male sterilization (%)	0.2	0.3	0.3	0.3
32. IUD/PPIUD (%)	2.7	1.8	2.1	1.5
33. Pill (%)	4.4	5.4	5.1	4.1
34. Condom (%)	13.6	7.6	9.5	5.6
35. Injectables (%)	0.4	0.6	0.6	0.2
<b>Unmet Need for Family Planning (currently married women age 15-49 years)</b>				
36. Total unmet need <sup>7</sup> (%)	8.4	9.9	9.4	12.9
37. Unmet need for spacing <sup>7</sup> (%)	3.6	4.3	4.0	5.7
<b>Quality of Family Planning Services</b>				
38. Health worker ever talked to female non-users about family planning (%)	23.0	24.3	23.9	17.7
39. Current users ever told about side effects of current method <sup>8</sup> (%)	64.7	61.5	62.4	46.6



Indicators	NFHS-5 (2019-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
<b>Maternal and Child Health</b>				
<b>Maternity Care (for last birth in the 5 years before the survey)</b>				
40. Mothers who had an antenatal check-up in the first trimester (%)	75.5	67.9	70.0	58.6
41. Mothers who had at least 4 antenatal care visits (%)	68.1	54.2	58.1	51.2
42. Mothers whose last birth was protected against neonatal tetanus <sup>9</sup> (%)	92.7	91.7	92.0	89.0
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	54.0	40.2	44.1	30.3
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	34.4	22.7	26.0	14.4
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.9	96.3	95.9	89.3
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.6	75.4	78.0	62.4
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,385	2,770	2,916	3,197
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	3.8	4.3	4.2	2.5
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	85.7	76.5	79.1	na
<b>Delivery Care (for births in the 5 years before the survey)</b>				
50. Institutional births (%)	93.8	86.7	88.6	78.9
51. Institutional births in public facility (%)	52.6	65.3	61.9	52.1
52. Home births that were conducted by skilled health personnel <sup>10</sup> (%)	2.1	3.7	3.2	4.3
53. Births attended by skilled health personnel <sup>10</sup> (%)	94.0	87.8	89.4	81.4
54. Births delivered by caesarean section (%)	32.3	17.6	21.5	17.2
55. Births in a private health facility that were delivered by caesarean section (%)	49.3	46.0	47.4	40.9
56. Births in a public health facility that were delivered by caesarean section (%)	22.7	11.9	14.3	11.9
<b>Child Vaccinations and Vitamin A Supplementation</b>				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall <sup>11</sup> (%)	75.5	76.8	76.4	62.0
58. Children age 12-23 months fully vaccinated based on information from vaccination card only <sup>12</sup> (%)	83.3	84.0	83.8	77.9
59. Children age 12-23 months who have received BCG (%)	94.7	95.4	95.2	91.9
60. Children age 12-23 months who have received 3 doses of polio vaccine <sup>13</sup> (%)	79.2	80.9	80.5	72.8
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.0	87.0	86.7	78.4
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.1	88.1	87.9	81.1
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	30.4	32.4	31.9	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine <sup>14</sup> (%)	34.9	37.0	36.4	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	83.0	84.2	83.9	62.8
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	71.8	71.0	71.2	64.5
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	87.7	97.0	94.5	90.7
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	11.1	1.6	4.2	7.2
<b>Treatment of Childhood Diseases (children under age 5 years)</b>				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.2	7.7	7.3	9.2
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	62.5	60.1	60.6	50.6
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	31.5	30.3	30.5	20.3
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	72.2	68.0	68.9	67.9
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.3	3.0	2.8	2.7
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	72.7	67.8	69.0	73.2

Indicators	NFHS-5 (2019-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
<b>Child Feeding Practices and Nutritional Status of Children</b>				
75. Children under age 3 years breastfed within one hour of birth <sup>15</sup> (%)	44.7	40.7	41.8	41.6
76. Children under age 6 months exclusively breastfed <sup>16</sup> (%)	59.6	65.1	63.7	54.9
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk <sup>16</sup> (%)	52.0	43.9	45.9	42.7
78. Breastfeeding children age 6-23 months receiving an adequate diet <sup>16, 17</sup> (%)	11.8	10.8	11.1	8.7
79. Non-breastfeeding children age 6-23 months receiving an adequate diet <sup>16, 17</sup> (%)	14.2	12.0	12.7	14.3
80. Total children age 6-23 months receiving an adequate diet <sup>16, 17</sup> (%)	12.3	11.0	11.3	9.6
81. Children under 5 years who are stunted (height-for-age) <sup>18</sup> (%)	30.1	37.3	35.5	38.4
82. Children under 5 years who are wasted (weight-for-height) <sup>18</sup> (%)	18.5	19.5	19.3	21.0
83. Children under 5 years who are severely wasted (weight-for-height) <sup>19</sup> (%)	7.6	7.7	7.7	7.5
84. Children under 5 years who are underweight (weight-for-age) <sup>18</sup> (%)	27.3	33.8	32.1	35.8
85. Children under 5 years who are overweight (weight-for-height) <sup>20</sup> (%)	4.2	3.2	3.4	2.1
<b>Nutritional Status of Adults (age 15-49 years)</b>				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m <sup>2</sup> ) <sup>21</sup> (%)	13.2	21.2	18.7	22.9
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m <sup>2</sup> ) (%)	13.0	17.8	16.2	20.2
88. Women who are overweight or obese (BMI ≥25.0 kg/m <sup>2</sup> ) <sup>21</sup> (%)	33.2	19.7	24.0	20.6
89. Men who are overweight or obese (BMI ≥25.0 kg/m <sup>2</sup> ) (%)	29.8	19.3	22.9	18.9
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	59.9	55.2	56.7	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	50.1	46.4	47.7	na
<b>Anaemia among Children and Adults</b>				
92. Children age 6-59 months who are anaemic (<11.0 g/dl) <sup>22</sup> (%)	64.2	68.3	67.1	58.6
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) <sup>22</sup> (%)	54.1	58.7	57.2	53.2
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) <sup>22</sup> (%)	45.7	54.3	52.2	50.4
95. All women age 15-49 years who are anaemic <sup>22</sup> (%)	53.8	58.5	57.0	53.1
96. All women age 15-19 years who are anaemic <sup>22</sup> (%)	56.5	60.2	59.1	54.1
97. Men age 15-49 years who are anaemic (<13.0 g/dl) <sup>22</sup> (%)	20.4	27.4	25.0	22.7
98. Men age 15-19 years who are anaemic (<13.0 g/dl) <sup>22</sup> (%)	25.0	33.9	31.1	29.2
<b>Blood Sugar Level among Adults (age 15 years and above)</b>				
<b>Women</b>				
99. Blood sugar level - high (141-160 mg/dl) <sup>23</sup> (%)	6.7	5.9	6.1	na
100. Blood sugar level - very high (>160 mg/dl) <sup>23</sup> (%)	8.0	5.5	6.3	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level <sup>23</sup> (%)	16.3	12.3	13.5	na
<b>Men</b>				
102. Blood sugar level - high (141-160 mg/dl) <sup>23</sup> (%)	7.8	7.0	7.3	na
103. Blood sugar level - very high (>160 mg/dl) <sup>23</sup> (%)	8.5	6.5	7.2	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level <sup>23</sup> (%)	17.9	14.5	15.6	na
<b>Hypertension among Adults (age 15 years and above)</b>				
<b>Women</b>				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.6	11.9	12.4	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.2	5.2	5.2	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.6	20.2	21.3	na
<b>Men</b>				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.1	15.0	15.7	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.9	5.5	5.7	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.6	22.7	24.0	na



Indicators	NFHS-5 (2019-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
<b>Screening for Cancer among Adults (age 30-49 years)</b>				
<b>Women</b>				
111. Ever undergone a screening test for cervical cancer (%)	2.2	1.7	1.9	na
112. Ever undergone a breast examination for breast cancer (%)	1.2	0.7	0.9	na
113. Ever undergone an oral cavity examination for oral cancer (%)	1.2	0.8	0.9	na
<b>Men</b>				
114. Ever undergone an oral cavity examination for oral cancer (%)	1.0	1.3	1.2	na
<b>Knowledge of HIV/AIDS among Adults (age 15-49 years)</b>				
115. Women who have comprehensive knowledge <sup>24</sup> of HIV/AIDS (%)	28.6	18.2	21.6	20.9
116. Men who have comprehensive knowledge <sup>24</sup> of HIV/AIDS (%)	37.5	27.1	30.7	32.5
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	76.1	64.7	68.4	54.9
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	86.4	79.6	82.0	77.4
<b>Women's Empowerment (women age 15-49 years)</b>				
119. Currently married women who usually participate in three household decisions <sup>25</sup> (%)	91.0	87.7	88.7	84.0
120. Women who worked in the last 12 months and were paid in cash (%)	25.0	25.6	25.4	24.6
121. Women owning a house and/or land (alone or jointly with others) (%)	38.3	45.7	43.3	38.4
122. Women having a bank or savings account that they themselves use (%)	80.9	77.4	78.6	53.0
123. Women having a mobile phone that they themselves use (%)	69.4	46.6	54.0	45.9
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period <sup>26</sup> (%)	89.4	72.3	77.3	57.6
<b>Gender Based Violence (age 18-49 years)</b>				
125. Ever-married women age 18-49 years who have ever experienced spousal violence <sup>27</sup> (%)	24.2	31.6	29.3	31.2
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	2.5	3.4	3.1	3.9
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	1.1	1.6	1.5	1.5
<b>Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)</b>				
128. Women age 15 years and above who use any kind of tobacco (%)	5.4	10.5	8.9	na
129. Men age 15 years and above who use any kind of tobacco (%)	28.8	42.7	38.0	na
130. Women age 15 years and above who consume alcohol (%)	0.6	1.6	1.3	na
131. Men age 15 years and above who consume alcohol (%)	16.5	19.9	18.8	na

## Issues

- |   | Article        | Description                         |
|---|----------------|-------------------------------------|
| <ul style="list-style-type: none"> <li>Low Public expenditure                             <ul style="list-style-type: none"> <li>Share is 1.6% of GDP compared to China 3%, South Africa 4.2%</li> <li>National Health Policy – 2017 -&gt; Target of 2.5% by 2025</li> </ul> </li> </ul>  | Article 21     | Right to live with dignity          |
|   | Article 38     | Promotion of welfare                |
| <ul style="list-style-type: none"> <li>Poor Infrastructure                             <ul style="list-style-type: none"> <li>Beds per 1000 people is 0.5 compared to China 2.6, USA 3.2, WHO standard for under-developed countries is 1</li> </ul> </li> </ul>  | Article 39 (e) | Protection of workers and children  |
|   | Article 41     | Public assistance during hardship   |
| <ul style="list-style-type: none"> <li>Shortage of doctors and other medical professionals                             <ul style="list-style-type: none"> <li>1 doctor per 920 people (Allopathic 1 per 1600)</li> </ul> </li> </ul>  | Article 42     | Maternity benefits                  |
|   | Article 47     | Improve public health and nutrition |
| <ul style="list-style-type: none"> <li>High out of pocket expenditure : Affordability                             <ul style="list-style-type: none"> <li>48 % (2018-19), due to dependence on private hospitals (80% of urban and 70% of rural).</li> </ul> </li> </ul>   | Article 48A    | Maintain pollution free environment |
| <ul style="list-style-type: none"> <li>Regional disparities                             <ul style="list-style-type: none"> <li>80% shortage of specialists in rural community health centers.</li> </ul> </li> </ul>  |                |                                     |
| <ul style="list-style-type: none"> <li>Lack of preventive care                             <ul style="list-style-type: none"> <li>Many are unaware of a healthy lifestyle, and are not aware of the diseases until they are at the later stage.</li> </ul> </li> </ul>  |                |                                     |
| <ul style="list-style-type: none"> <li>Poor penetration of Insurance.                             <ul style="list-style-type: none"> <li>Only 18% in Urban and 14% in Rural areas have some kind of health insurance.</li> </ul> </li> </ul>  |                |                                     |
| <ul style="list-style-type: none"> <li>Spurt of non-communicable diseases                             <ul style="list-style-type: none"> <li>Lifestyle diseases such as diabetes, hypertension and cardiovascular diseases account for 60% for all deaths in 2015 (42% in 2001-03).</li> <li>Increase in traffic related deaths.</li> </ul> </li> </ul> |                |                                     |

## Mental Health

As per WHO , Mental Health / Well being is which enables people to cope well with the many stresses of life, realize potential, function productively and fruitfully, and contribute to communities.

Illness -> related to anxiety, depression, substance use, eating disorder, bipolar personality, Attention deficit hyperactivity disorder (ADHD).

- 1 in 7 Indians have a mental disorder (mild to severe)
- Mental health as reason for DALY → 4.7%
- Mental disorders contributing to YLD → 14.5 %
- More in developed southern states
- Females → High proportion of depressive and eating disorders
- Males → High proportion autism related and ADHD

## Mental Health : Causes

- Lack of attention by healthcare. (Mental health share spending is 1.3% in India compared to 3+ % in many developing countries).
- Shortage of trained staff : Nurses (150 per lakh), Social workers (145), Psychiatrists / Psychologists (222).
- Urbanization -> nuclear families, social alienation.
- Gender discrimination -> violence, abuse, antenatal and postnatal stress.
- Social media -> peer pressure, inferiority complex.
- Genetics and hormones

- **Rights given to persons with mental illnesses:**
  1. Access and availability of mental healthcare at par with regular healthcare at Government facilities [Section 18(1)]
  2. No cruel, inhuman and degrading treatment [Section 20]
  3. To be treated equal to persons with physical illness while providing healthcare
  4. Free legal aid to exercise their rights [Section 27]
- **A citizen can make a written Advance Directive to decide:**
  1. Care and treatment to/not to be given for mental illness
  2. Nominated Representative to make mental healthcare and treatment decisions on his behalf
- **Person attempting suicide – not to be punished under Indian Penal Code, presumed to be under stress and provided care, treatment and rehabilitation to reduce risk of recurrence. [Section 115]**
- **Child less than three years not to be separated from his mentally ill mother.**
- **Poor people to get free treatment for mental illnesses. [Section 18(7)]**
- **Free medicines for mental illness will be provided to all patients at all Government facilities. [Section 18(10)]**



Issued in public interest by:

**NATIONAL MENTAL HEALTH PROGRAMME**

Ministry of Health & Family Welfare, Government of India, Nirman Bhawan, New Delhi - 110108

Visit : [www.mohfw.nic.in](http://www.mohfw.nic.in) for further details



Fig. National Mental Healthcare Act 2017

## Mental Health : Way forward

- Build better awareness as there is a stigma associated with mental disorders. Often tagged as ‘lunatics’.
- Build a peer network of patients -> credible, moderated online platforms can help them come out of inhibitions.
- Infrastructure to be scaled up for early detection and treatment.
- Mental health should be brought widely into the ambit of health insurance.
- In rural areas, ASHAs can play a role in building awareness and connecting the patients with experts.
- Scope of alternative medicine and practice like Yoga and mindfulness.

- Digitally mediated therapy and telepsychiatry. E.g. NIMHANS, Bengaluru.
- Community involvement : E.g. Atmiyata in Maharashtra and Gujarat, SCARF's mobile vans in TN.

## Suicides

As per NCRB, over a lakh lives are lost due to suicide every year.

- **National Suicide Prevention Strategy**

- Time bound action plans -> reduction of mortality by 10% by 2030.
- Establish surveillance mechanism, psychiatric outpatient departments through Dist. Mental Health Programme.
- Mental well being curriculum in educational institutions.
- Guidelines for media reporting.
- In line with SDG 3.4 -> reduce premature mortality from non-communicable diseases by 1/3rd through prevention and treatment and promoting mental well being.

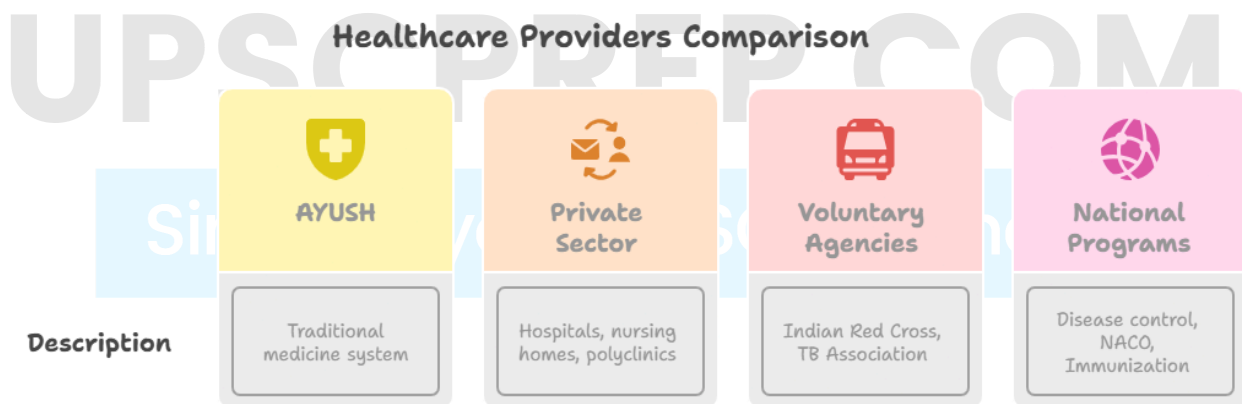
- **Antibiotic resistance**

- As per WHO, estimated 50 mill people in the world would be killed due to this by 2050.
- ICMR 2020 study → resistance increasing 5 to 10% each year.
- Reasons : Self medication, pharma discharge and medical waste disposal.
- Muscat Ministerial Manifesto adopted on Antimicrobial resistance(AMR)
- National Action Plan on AMR 2017 → awareness about better food production practices especially animal food industry, scrutiny of prescriptions.

## Basic Infrastructure in India

- **Public Health Sector**

- Primary Health care → PHCs and Sub centers
- Hospitals (inc. specialist) , Community Health Center, Rural Hospitals, Dist. Hospitals
- Defence and Railways services -> Hospitals for employees.
- Insurance schemes.
- Village → Village Health and Sanitation Samiti (ANM, ASHA, Anganwadi worker etc.)
- District → Dist. Health Mission, NGOs, private professionals.
- State → State Health Mission chaired by CM.



## Policies / Missions / Programmes / Schemes / Initiatives

- **National Health Mission – 2013**

- Universal access to equitable, affordable and quality healthcare that is responsive and accountable.
- 2 sub missions – National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM).

- **Components :**

- Strengthening rural and urban health systems.
- Reproductive – Maternal – Neonatal – Child and Adolescent Health (RMNCH+A).
- Communicable and non-communicable diseases.

- **NRHM**

- Special attention to NE states, Empowered Action Group States, J&K and Himachal Pradesh.
- Community owned, fully functional, decentralized health delivery.
- Inter-sectoral convergence.
- Health indicators : Water, Sanitation, education, social and gender equality, nutrition.

- **NUHM**

- Access to primary healthcare -> urban poor and other vulnerable sections.
- All State capitals, Dist. HQs, and cities with a population of >50, 000 (2011 census).

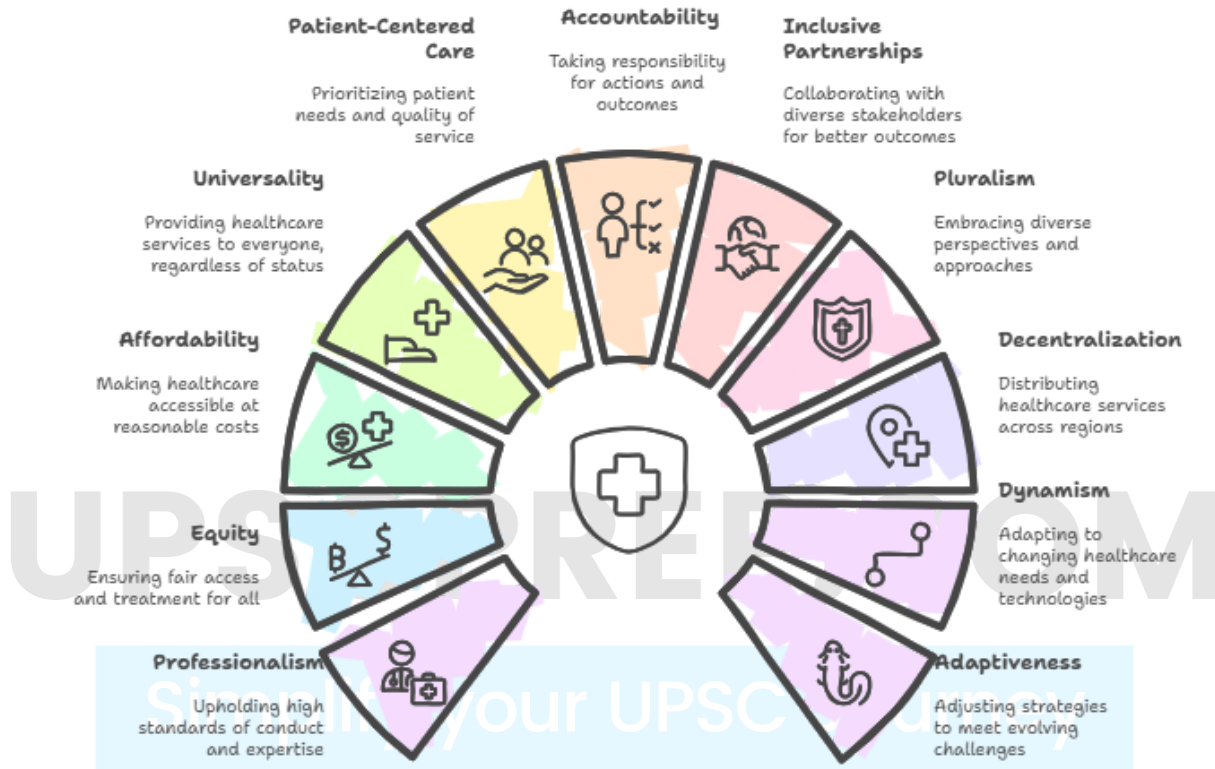
- **National Health Policy – 2017**

Context, Goals, Key Principles & Objectives

- Reducing IMR & MMR
- Increasing NCD rate
- Emergence of a robust health care industry estimated to be growing at double digits
- Growing incidences of catastrophic expenditure due to health care costs
- Rising economic growth enables enhanced fiscal capacity



## Foundations of Healthcare Excellence



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- Goals
  - The attainment of the highest possible level of health and well-being for all at all ages, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence.
- Objectives
  - Progressively achieve Universal Health Coverage
  - Encourage trust in Public Health Care System
  - Align growth of private health care sector with public health goals



**2017-19**

- Achieve and maintain elimination status of Kala-Azar and Lymphatic Filariasis in endemic pockets by 2017
- Leprosy by 2018
- Reduce infant mortality rate to 28 by 2019

**2020-22**

- Reduce MMR from current levels to 100 by 2020
- Achieve global target of 2020 which is also termed as target of 90:90:90, for HIV/AIDS
- Relative reduction in prevalence of tobacco use by 15% by 2020
- Access to safe water and sanitation to all by 2020 (Swachh Bharat Mission)
- Reduction in prevalence of household air pollution by 50% by 2020
- Increase State sector health spending to >8% of their budget by 2020

**2025**

- Ensure availability of paramedics and doctors as per Indian Public Health Standard (IPHS) norm in high priority districts by 2020
- Establish regular tracking of Disability Adjusted Life Years (DALY) Index as a measure of burden of disease and its trends by major categories by 2022
- Reduce tobacco use 15% by 2020
- 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

**2025**

- Increase health expenditure by Government 1.15% to 2.5% of GDP by 2025
- Increase Life Expectancy at birth from 67.5 to 70 by 2025
- Reduce → 5 Mortality to 23 by 2025
- Reduce neonatal mortality to 16 and still birth rate to “single digit” by 2025
- To achieve and maintain a cure rate of → 85% in new sputum positive patients for TB and reach elimination status by 2025

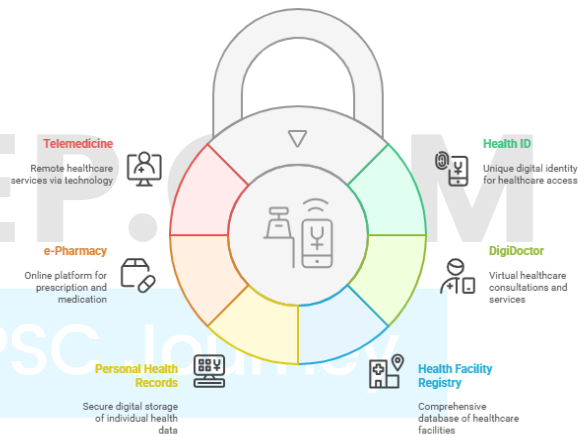
- To reduce premature mortality from NCDs by 25% by 2025
- Increase utilization of public health facilities by 50% by 2025
- Antenatal care coverage to be sustained above 90% and skilled attendance at birth above 90% by 2025
- Meet need of family planning above 90% at national and sub national level by 2025
- Increase community health volunteers to population ratio as per IPHS norm, in high priority districts by 2025
- Establish primary and secondary care facility as per norms in high priority districts (population as well as time to reach norms) by 2025
- Establish federated integrated health information architecture, Health Information Exchanges and National Health Information Network by 2025

## ● **Ayushman Bharat (PMJAY) – National Health Protection Mission (AB-NHPM)**

- Centrally sponsored scheme and an umbrella of 2 major health initiatives i.e. Health and Wellness Centers and National Health Protection Scheme.
- Health and Wellness Center : Under 1.5 lakh existing sub centers , List of services include
  - a. Pregnancy care and maternal health services
  - b. Neonatal and infant health services
  - c. Child health
  - d. Chronic communicable diseases
  - e. Non-communicable diseases
  - f. Management of mental illness
  - g. Dental care
  - h. Eye care
  - i. Geriatric care Emergency medicine.
- National Health Protection Mission. Benefits include

- Benefit cover of Rs. 5 lakh per family per year -> secondary and tertiary care included.
- No cap on family size -> ensure nobody is left out especially women, elderly and children.
- Pre and post hospitalization expenses, transportation allowance.
- Portable across the country. Cashless benefit from any public/private empaneled hospitals across the country. Hospitals belonging to Employee State Insurance Corporation (ESIC) may be empaneled.
- **National Digital Health Mission 2020**
  - Health ID linked information include medical tests, previous prescriptions, diagnosis, treatments etc. National Health Authority to design, build, rollout and implement.
  - Achieve broader public health monitoring, research, socio-economic studies.
  - Concerns : Privacy vs Linking with other services like Banking, Pharmacy
- **National Quality Assurance Programme**
  - Quality standards for PHCs, CHCs, DHs etc. The standards have received international accreditation by the International Society for Quality in Healthcare.
- **Rogi Kalyan Samiti**
  - A registered society → Act as a group of trustees for the hospitals to manage the affairs of the hospital.
  - Members : Local NGOs, Govt officials, PRIs.

Digital Health Infrastructure



Made with Napkin

- Ensure minimal standards for facilities and hospital care and protocols of treatment.
- **E-Rakt Kosh**
  - Centralized blood bank management system → reengineered and automated data entry, search.
- **National Mobile Medical Units**
  - Universal colour and design with increased visibility, awareness.
- **National Ambulance Service**
  - Most of the states have dial 108 / 102 call ambulance facility.
- **Kayakalp**
  - Promote cleanliness, hygiene, infection control.
- **Janani Suraksha Yojana**
  - Centrally sponsored scheme to reduce maternal and infant mortality through institutional delivery.
  - Cash incentive irrespective of the age of mother and no. of children.
- **Janani Shishu Suraksha Karyakram (JSSK)**
  - Free and cashless health service including pre-natal and ante-natal delivery services.
  - Encourages institutional delivery at govt. facilities.
- **PM Matru Vandana Yojana**
  - Conditional cash transfer for pregnant and lactating women of 19 yrs. and above for the first live birth.
  - Partial wage compensation for wage loss during childbirth and childcare.
  - Brought under NFSA 2013, to implement provision of cash maternity benefit of Rs 6000.
- **Mission Indradhanush**
  - Free vaccines for 12 life threatening diseases to 26 mill children annually.
- **National Health Fund**
  - Upto 10 lakh assistance to the poor for critical disease treatment including cancer.

- **National Ayush Mission**

- Promote cost effective AYUSH services.
- Strengthening of education system, enforcement of quality control, and sustainable availability of raw material.

- **POSHAN Abhiyan 2017**

- Earlier known as National Nutrition Mission, it is an overarching scheme for holistic nourishment.
- Goals : improve nutritional status of children (0-6 yrs.), Adolescent girls, pregnant women and lactating mothers. Bring down stunting from 38.5% to 25% by 2022.
- Convergence of schemes of different ministries : Anganwadi services, PM Matru Vandana Yojana, Min WCD Scheme for adolescent girls, SBM, PDS.
- Technology → ICDS common app. Software, real time data entry using smartphones.
- Community mobilization → Convert to Jan Andolan by involving PRIs, SHGs, Village organizations and volunteers.
- Poshan Pakhwada → On lines of Poshan Maah, celebrate Pakhwada across the country. Sept 2019 celebrated as Poshan Maah with emphasis on 5 sutras : first 1000 days of a child, Diarrhoea prevention, Paushtik Aahaar, WASH (Water, Sanitation and Hygiene) and Anaemia prevention.
- Incentives for Anganwadi Worker for using app, home visits, weighing children etc.

- **Labour Room Quality Improvement Initiative (LaQshya)**

- Reduce maternal and new-born mortality and morbidity, improve quality of care during delivery and immediate postpartum care.
- Respectful Maternity Care (RMC).
- 2 way system to enhance satisfaction of beneficiaries.

- **Rashtriya Swasthya Bima Yojana (RSBY)**

- Under Unorganized Workers' Social Security Act 2008.
- Insurance coverage to BPL and also 11 categories of unorganized workers such as construction workers, MGNREGA workers etc.
- Covers pre existing diseases and hospitalization expenses.

- **HIV/AIDS Act, 2017**

- Prohibits discrimination against persons living with HIV in matters of employment, education, shelter, healthcare and insurance.
- HIV testing as a prerequisite for employment or education or healthcare is prohibited.
- Anti-retroviral treatment is a legal right and adopts a test and treat policy.
- No HIV positive person can be subjected to medical intervention without a prior consent, inc. pregnant women.

- **National TB control programme**

- Universal access to early quality diagnosis and quality TB care.
- Revised National TB Control Programme (RNTCP) based on Directly Observed Treatment, Short Course (DOTS), a pilot in 1993.
- Early and complete detection of TB including drug resistant and HIV-associated, with greater engagement of the private sector.
- National Strategic plan aims to eliminate TB by 2030.

- **National Pharmaceutical Pricing Authority**

- Fix or revise controlled bulk drug prices and formulations.
- Enforce prices and availability of medicines under Drug Price (Control) Order, 2013.
- Collect and maintain data on production, exports and imports, profitability of companies etc.

- **National Family Health Survey**

- Indian Institute of Population Sciences, Mumbai is a nodal agency, Funding by USAID, Bill and Melinda Gates foundation, UNICEF, UNPFA.
- Large scale, multi round survey based on representative samples from households across India.
- Goals : 1) Provide essential data needed by Min of Health and FW and other agencies for informed decision making 2) Provide insight regarding important emerging health and family welfare issues.

- **National Medical Commission Act, 2019**

## Nursing a sick system back to health

With National Medical Commission (NMC) Act 2019 in force, an overarching body NMC has replaced the scam-tainted Medical Council of India. NMC will approve and assess medical colleges, conduct common MBBS entrance and exit examinations, and regulate medical course fees.

### What NMC offers

**PREVENT QUACKERY** by punishing unqualified practitioners with imprisonment of up to one year with a fine of up to ₹5 lakh

**REGULATE FEES** and all other charges in 50% seats in private colleges and deemed-to-be universities

**BRING TRANSPARENCY** in medical education with four autonomous boards

**REDUCE BURDEN** on students with a common final-year MBBS exam—National Exit Test—for admission to PG courses and for getting licence to practice medicine

### What NMC fails to address?

- ➡ **POSTGRADUATE** medical education
- ➡ **NO** guarantee of corruption-free education system
- ➡ **OVERCROWDING** of doctors in urban areas
- ➡ **NO** innovative ideas for improving the imparting of education
- ➡ **HEALTHCARE** infrastructure

### Medical education: What the numbers say

<b>479</b> Medical colleges in India	<b>227</b> Government colleges	<b>252</b> Private colleges
<b>67,352</b> MBBS seats	<b>31,415</b> Postgraduate seats	



### Health of healthcare

**1:1456**: India's doctor-population ratio

**1:1000**: WHO standards

**3.8:1**: Urban to rural doctor density ratio

**57.3%** of personnel currently practising allopathic medicine don't have a medical qualification



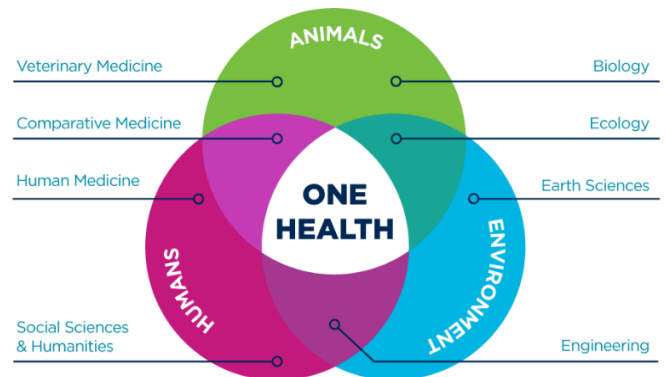
### • Proposed amendments

- Setup Board of Examinations in Medical Sciences, which will do accreditation of diplomas, post grad fellowships, super speciality fellowships.
- Jurisdiction of litigations of colleges with Delhi HC.
- Act as appellate body for medical negligence cases with State Medical Councils.
- Reduce PG admission cycle.
- Replace existing National Board for Exams in Medical Sciences.

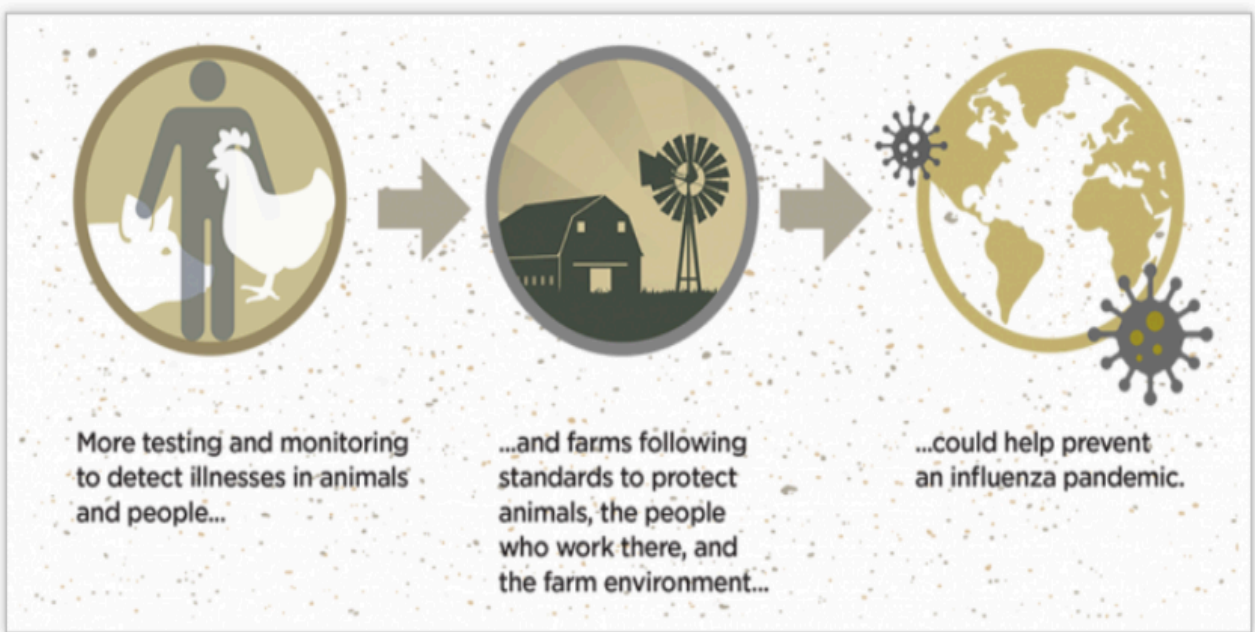
### • National Policy for Rare Diseases 2021

- Rare Diseases are also called 'Orphan Diseases' -> no proper epidemiological data, diagnosis, R&D, treatment.
- Customs duty exemption on food and drugs imported for personal treatment.
- Promote R&D for diagnosis and treatment.
- PLI scheme for pharmaceuticals.
- National registry to collect epidemiological data.

- Digital portal for crowdfunding.
- **National Organ Transplant Programme 2021**
  - Promote organ and tissue donation including pledging.
  - Training for professionals for retrieval and transplantation.
  - Setup and operationalize the National level digital registry.
  - Infrastructure, especially in public hospitals, needs to be strengthened.
  - Recent guidelines in line with One-nation one policy on organ donation and transplantation : No requirement of domicile for registration, Even 65+ old can register.
- **One Health Joint Plan**
  - Joint plan of WHO, UNEP, FAO and World Organization for Animal Health
  - Due to the increase in zoonotic diseases it is important to understand that the health of humans is related to the health of animals and the environment.
  - Migration, travel, climate change are some reasons for the increase in zoonotic diseases.







## Way forward

- Increase public spending to at least 2.5% of GDP.
- Better convergence of Allopathy and AYUSH.
- National level nutrition surveillance system.
- Stringent implementation of laws like cancellation of license if there are unethical practices.
- Proper incentive mechanism to encourage young doctors to work in rural areas.
- WASH to be integrated with UHC objectives.
- Public – private participation and tapping CSR funds.
- Increase insurance coverage.

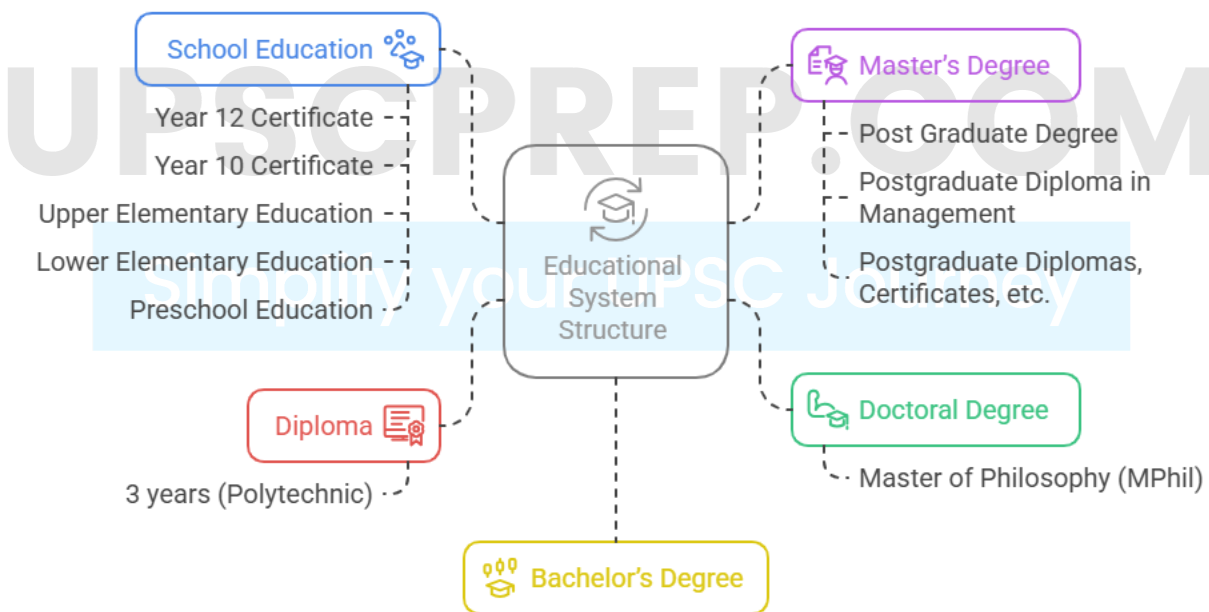
## Education

The Indian education system, among the largest and most diverse globally, reflects the nation's cultural and social complexity. It follows a multi-tier structure—pre-primary to higher education—centered around the “10+2” school model. Managed by both central and state

governments, it includes public schools serving the majority and private institutions supplementing them.

Education is a fundamental right under Article 21A of the Constitution, with initiatives like the RTE Act and Sarva Shiksha Abhiyan improving access to elementary education. While enrolment and literacy have improved, challenges remain—quality gaps, socio-economic and gender disparities, dropout rates, and reliance on rote learning. The National Education Policy (NEP) 2020 aims to tackle these through inclusive, skill-based, digital, and holistic reforms.

## Educational System Structure and Degree Pathways



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As India aspires to achieve the Sustainable Development Goal of equitable and quality education for all, the education system remains a critical pillar for social justice, empowerment, and national development. In broad sense, Education is the most crucial input for the empowerment of people, with knowledge and skills, in turn yielding socio-economic development, self-reliance.

Type	Governance/Legislation	Degree Granting	Affiliations
Central	Act of Parliament (Dept. of Higher Education)	Yes	Provides degrees to courses at affiliated colleges
State	Federal State Legislation	Yes	Provides degrees to courses at affiliated colleges
Private	Under Dept. of Higher Education	Yes	Do not have affiliate colleges but provide degrees to courses at selected institutions
Deemed	Under Dept. of Higher Education	Yes	Not legally permitted to establish affiliated colleges
National Importance	Under Dept. of Higher Education	Yes	Not legally permitted to establish affiliated colleges

## Bodies associated with Higher Education

1. **All India Council of Technical Education (AICTE)** : Statutory body and national level council for technical education.
2. **Indian Council of Historical Research (ICHR)** : Autonomous body under Min of Edu. Provide financial assistance historians, research scholars.
3. **Indian Council of Social Science and Research (ICSSR)** : Autonomous body to provide opportunities for research in higher education.
4. **University Grants Commission (UGC)** : Statutory organization to coordinate, determine, and maintain standards of university education. It recognizes universities and disburses funds to them.

## Key Highlights of ASER 2023

- Enrollment Rates
  - 86.8% of 14-18-year-olds are enrolled in education.
- Age-related gaps
  - 3.9% of 14-year-olds and 32.6% of 18-year-olds are not enrolled.
- Stream Preferences
  - Majority (55.7%) of students in Class XI or higher study Arts/Humanities.
- Gender Differences
  - Fewer females (28.1%) enrolled in STEM compared to males (36.3%).
- Vocational Training:
  - Only 5.6% of youth engage in vocational training.
  - 16.2% of college students take vocational courses, mostly short-duration.
- Basic Abilities
  - **25%** of youth cannot read a Class II level text fluently.
  - **50%+** struggle with division and basic math problems.
- Language & Arithmetic Skills
  - **Females outperform males in reading regional languages** (76% vs. 70.9%).
  - **Males excel in arithmetic** and English reading.
  - **57.3% can read English** sentences; only **3/4 understand** them.
- Digital Awareness and Skills
  - 90% of youth have a smartphone at home; 43.7% of males own one vs. 19.8% of females.
  - Males outperform females in digital tasks.
  - Smartphone usage for education: 2/3 use it for educational purposes.
- Foundational Numeracy Skills
  - 50%+ struggle with elementary division and basic calculations (e.g., calculating sleep duration).
- Recommendations
  - Focus on bridging gaps in literacy and numeracy for ages 14-18.
  - NEP 2020 calls for catch-up programs for academically behind students.

- Need for digital education and online safety initiatives.
- Literacy rate
  - 74% (Males 82% and Females 65%) as per Census 2011.
- Gross Enrolment Ratio in Higher education → 27%.
- Public spending → 4% of GDP.
- Pupil teacher ratio in primary education → 35 : 1

## Challenges

- Literacy rate → 74% (Males 82% and Females 65%) as per Census 2011.
- Gross Enrolment Ratio in Higher education → 27%.
- Public spending → 4% of GDP. Many developing countries have more than 6% spent.
- Over emphasis on IQ , rote learning and not on EQ, social skills, life skills, physical education, extra curricular activities.
- Pupil teacher ratio in primary education → 35 : 1, As per UNESCO State of Education reports 2021, over 11 lakh vacancies. According to the National Institute of Education Planning and Administration, only 19% of the time is spent on teaching related activities. (rest election , survey, census duties etc.)
- Mushrooming of dingy tuitions especially in rural India. ( a recent study in Bihar by Jean Dreze)
- Affordability → As per ASSOCHAM between 2005 and 2011, increase in fees is 169%.
- Infrastructure and Hygiene → Independent survey of SBM suggests, still many schools don't have toilets for girls students and women teachers.
- Caste based discrimination in rural areas → Instances of cooks not allowed to cook meals (mid day meal scheme), some students being made to clean toilets, segregation.
- Digital divide especially during Covid.
- Higher Education
  - As per UGC, for Professors, Associate Professors and Assistant Professors, vacancies are 35%, 46% and 26% respectively.
  - Professors in private colleges are overworked and underpaid.

- As per National Assessment and Accreditation Council (NAAC), 68% of HEIs are of poor or middle quality.
- As per All India Survey of Higher Education (AISHE) -> GER for HEIs is 27% and PhD is 0.5%
- R&D expenditure is 0.7% of GDP much lower than Israel (4%) or China (2%).
- Technical institutions' curriculum is not in line with industry needs.
- As per Quacquarelli Symonds (QS) World university Rankings 2023, no Indian institution has made it to top 100.
- Teaching
  - Only about 1 yr. training after graduation for recruited teachers.
  - Lag between the demand and supply of teachers.
  - Teacher education is not in tune with current development in school education.
- Brain Drain
  - More than 10,000 HNIs left India in 2022.
  - One reason is lack of higher education, R&D opportunities.
- Learning Poverty
  - Inability to read and understand simple text by age of 10. As per WB, learning poverty post pandemic has risen to 70% from 54%.

Article	Provision
 21A	Right to elementary education
 28	Freedom of religious instruction
 29	Equality of opportunity
 30	Minorities' rights to administer institutions
 41	Right to work and education
 45	Free education for young children
 46	Education for weaker sections
5 51 A(k)	Parent's duty to educate children
 337	Grants for Anglo-Indian education
 350A	Instruction in mother tongue
 350B	Officer for linguistic minorities
 42nd CAA	Education in Concurrent list

## Policies / Missions / Programmes / Schemes / Initiatives

### **Right of Children to Free and Compulsory Education (RTE), Act 2009**

Article 21A → Fundamental Right → Legal obligation of State and Central governments.

Free → Schools supported administratively and financially supported by Government, don't need to charge for the education for children (6-14 yrs.).

Compulsory → Govt. is obliged to ensure admission, attendance and completion.

#### **Provisions :**

- No holding back, expelling or requirement for passing board exam. (until elementary education is completed).
- Children admitted in age appropriate class. Right to receive special training if there is a gap.
- No denial of admission for lack of age proof.
- Fixed pupil-teacher ratio.
- 25% reservation for EWS for admission to class I in private schools.
- No corporal punishment, private tuition by teachers, capitation fee.
- Updating curriculum for child friendly and child-centered learning
- Teachers → professional qualification within 5 years
- Infrastructure → Improved in 3 yrs.
- Centre and State finance sharing.

#### **Amendments in 2017:**

- After an opportunity of re-examination, a child of 5 to 8th can be detained.
- Teachers to acquire required qualification by 2019.

#### **Limitations:**

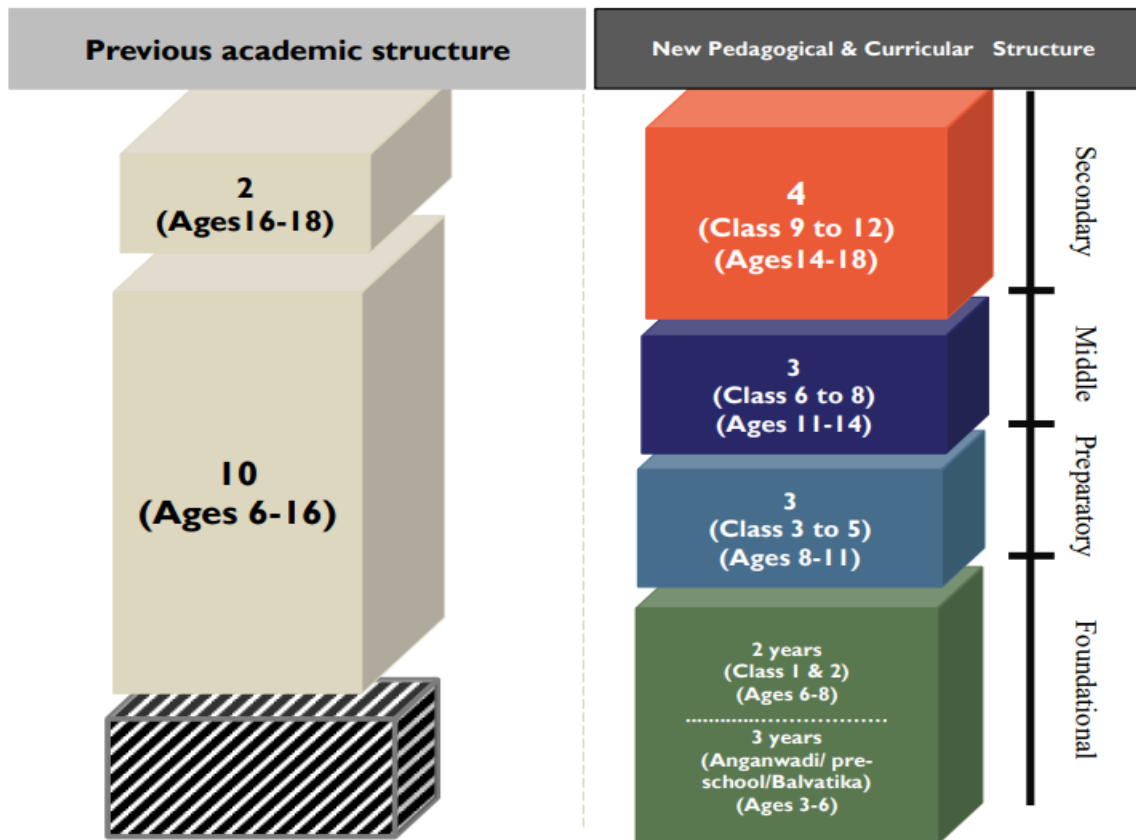
- Only till age 14. There is a need to extend till 18yrs. This would be in line with the UN charter.
- No special provisions for children with special needs.
- Attitude of private schools towards 25% EWS children. There is no provision of bearing expenses for uniforms, books etc.
- Many schools do not offer classes beyond class 8th especially in rural areas. This leads to a lot of girls dropping out after 14 yrs.

- No emphasis on quality of education per se.
- The bridge course to ensure age appropriate admission, is subjective.
- Poor parents unable to spare time and effort for the activities of School Management Committees.

## National Education Policy - 2020

Bridge the unfinished agenda of NEP 1986 modified in 1992

Aim : Produce engaged, productive and contributing citizens for building an equitable, inclusive, and plural society as envisaged by our Constitution.



### Guiding fundamental principles:

- Recognizing, identifying and fostering unique capabilities of each student in both academic and non-academic spheres.
- Foundational literacy and numeracy by grade 3.



- Flexibility, equal emphasis to arts and sciences, curricular and extracurricular, vocational and academic.
- Emphasis on conceptual understanding, creativity and critical thinking, ethics and human and constitutional values.
- Promoting multilingualism, life skills, use of technology.
- Respect for diversity and local context in all curriculum, pedagogy.
- Teachers at the heart of the learning process, light but tight regulatory framework, outstanding research and continuous review.
- A rootedness and pride in India, attitude of public service.

## **National Education Policy – 2020 : School Education.**

- 5+3+3+4 system instead of 10+2.
- Universalization of education by 2030 (GER of 100%).
- Emphasis on foundational literacy and numeracy (By Grade 3 a child should be able to read and comprehend, write, do basic mathematical operation), extra curriculars, vocational education (from class 6) and multidisciplinary approach.
- Open schooling system for out of school children.
- Holistic progress card.
- Teaching in mother tongue up to class 5.
- 4 year B.Ed. Qualification mandatory from 2030 for teachers.
- National Curriculum Framework for Teacher Education to be formulated.

## **National Education Policy – 2020 : Higher Education**

- GER of 50% by 2035.
- UG → Flexible curriculum, integrated vocational education, multiple entry and exit points.
- Academic bank of credits -> Transfer across institutions.
- Multidisciplinary Education and Research Universities.
- National Research Foundation.
- Umbrella regulator except for legal and medical education -> Higher Education Commission of India (HECI). Verticals :

- Regulation -> National Higher Education Regulatory Council (NHERC)
- Standard setting -> General Education Council (GEC)
- Funding -> Higher Education Grants Council (HEGC)
- Accreditation -> National Accreditation Council (NAC)
- Stage wise graded autonomy. College -> Autonomous degree-granting / Part of University -> Research Intensive University.

**National Education Policy – 2020 : Others**

- Public spending (Centre + States) to be increased to 6% of the GDP.
- Gender Inclusion Fund
- National Education Technology Forum (NETF) -> Technology for learning, planning, assessment and administration.
- Promote multilingualism. (National Institutions for Pali, Prakrit, Prakrit and Indic system of languages).
- Special zones for disadvantaged regions,
- Financial incentives for marginalized groups viz. SC, ST, OBC etc.

**National Education Policy – 2020 : Assessment : Issues**

- No clear roadmap on the public spending target of 6% of GDP.
- The recommendations are not mandatory / obligatory. They are merely suggestive.
- Coordination is a challenge as Education is a Concurrent list item.
- Foreign universities can set up campuses → No clarity on the criteria.

**National Education Policy – 2020 : Assessment : Steps taken**

- National Curriculum Framework (NCF) for Foundational Stage ..
- During the Foundational stage, children are taught in their mother tongue, there are no prescribed textbooks (3-6 yrs.), Gender and community sensitive representation in stories, pictures etc.
- Panchakosha system of education i.e. physical development, development of life energy, emotional and mental development, intellectual development and spiritual development.
- 1 of the 4 NCFs

- NCF for Early Childhood Care and Education (NCFECCE) for 3-8 yrs.
- NCF for School Education (NCFSE)
- NCF for Teacher Education (NCFTE)
- NCF for Adult Education.
- National Curriculum Framework (NCF) for School Education
  - Guide development of textbooks and curriculum in line with NEP 2020.
  - Pre school to class II -> play based using toys and puzzles.
  - Class VI to VIII -> Natural + Social Sciences.
  - Class IX and X -> 16 courses in 8 broad areas
  - Class XI and XII -> Electives and semester based.
  - Integration with ancient knowledge system -> 6 pramanas (ways of acquiring knowledge)
- Atal Ranking of institutions on Innovation Achievement (ARIIA) for creating a culture of research, incubation and start-ups.
- Proposal of a separate school quality assessment and accreditation framework to be developed by SCERTs.
- PARAKH (Performance Assessment, Review and Analysis of Knowledge for Holistic Development) launched for conducting large scale assessments, including National Achievement Survey and State Achievement Survey.
- Dr. K Radhakrishnan Committee recommendations on Accreditation of Higher Education Institutes
  - One Composite Assessment for all HEIs.
  - Binary Accreditation (Accredited or not- Accredited) instead of multi – graded.
  - Technology driven system -> One Nation One Data Platform
- National Credit Framework
  - Jointly developed by the High Level Committee with members from UGC, AICTE, NCVET, NCERT, Min. of Education, MSDE, CBSE etc.
  - Integrate the credits earned through school, higher education, vocational and skill education. i.e. National Higher Education Qualification Framework (NHEQF), National Skills Qualification Framework (NSQF), National Curriculum Framework(NCF) / National SE Q F.

- Credits earned through different stages can be collected and stored in Academic Bank of Credits (ABC).
- Multiple entry and exit options to promote life long learning.
- National Digital University
  - Bringing HEIs for online courses.
  - Online courses without limit on no. of seats.
  - Certificate, diploma and degree courses.
  - Accessible through SWAYAM portal.
  - ABC system of UGC to be used.
- Foreign Higher Educational Institutes in India (FHEIS)
  - Draft regulations released by UGC.
  - Dual Degree ( 2 separate degrees for same course from both Indian and Foreign HEI, min 30% credits in India), Twinning Degree (Degree from Indian HEI, Max credits from foreign HEI is 30%), Joint Degree (Single certificate with both names, min 30% credits from each).
  - Pros : Check brain drain, Higher GER, Improvement of global rankings, Inflow of international students and ripple effect on the economy, Better industry academia linkage.
  - Cons : Expensive in turn excluding the poor and marginalized, Over emphasis on English education, Outflow of money.

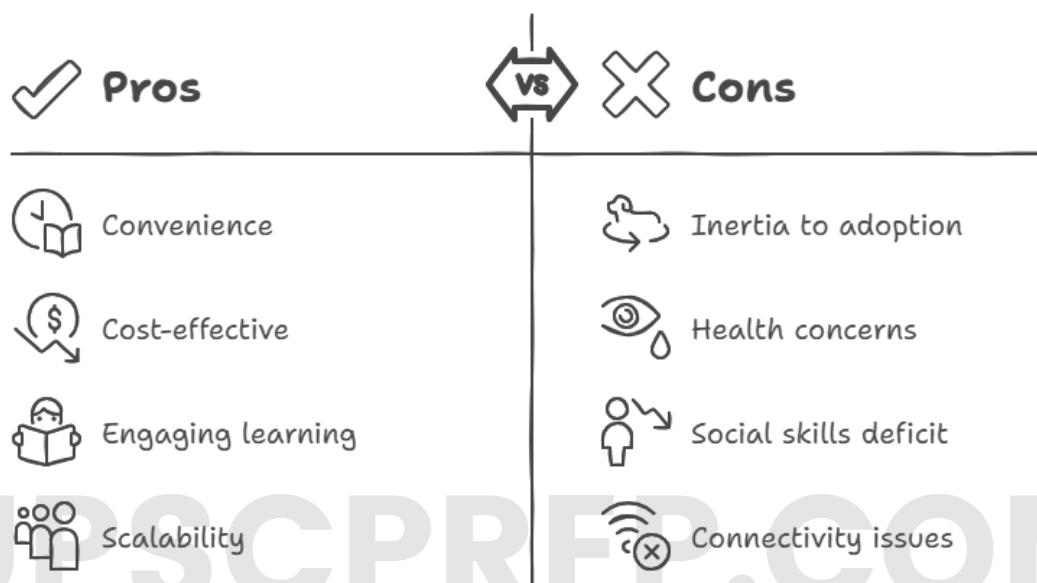
## Other important policies/initiatives

- **Primary Education : Sarva Shiksha Abhiyan (SSA)**
  - Universal Elementary Education in a time bound manner.
  - Fulfill 5 yrs. education by 2007, 8 yrs. of schooling by 2010.
  - Though enrolment is near universal the learning outcomes are not up to the marks due to infrastructure deficiencies, lack of trained teachers.
- **Primary Education : Padhe Bharat Badhe Bharat**
  - Improve reading and writing skills, numerical skills of children in Class I and II.
- **Primary Education : Shagun Portal**

- Continuous monitoring of SSA.
- Competitive spirit among states and UTs.
- **Primary Education : Vidyanjali**
  - Volunteers such as retired teachers, NRIs, govt. and defence professionals help in overall development of children of class I to VIII.
- **Primary Education : Mid Day Meal**
  - Currently implemented for primary (300 cal and 12 gram protein) and upper primary (700 cal and 20 gram protein), to enhance enrolment, retention, attendance and nutritional status.
- **Primary Education : Rashtriya Avishkar Abhiyan (RAA)**
  - Encourage children to develop interest in Science and Mathematics.
  - Strengthening school science and mathematics laboratories.
- **Teacher Training : Diksha – National Digital Infrastructure for Teachers**
  - Offline/online training for teachers.
  - On the portal teachers can create content and share with one another.
- **Teacher Training : Prashikshak Education Portal**
  - Strengthen District Institutes of Education and Training (DIET).
- **School Infra : Shaala Siddhi**
  - Comprehensive school evaluation instrument.
  - Establish and refer to a set of standards and provide a roadmap for self evaluation.
- **School Infra : Shaala Darpan**
  - Implemented through National Informatics Centre Services Inc. (NICSI) to provide services based on school management systems to students, parents.
- **School Infra : e-Pathshala**
  - Developed by NCERT for showcasing and disseminating all educational e resources including textbooks, audio, video, periodicals, digitization of NCERTs.
- **School Infra : Indian Sign Language Dictionary**
  - Over 10,000 words and audiobooks for visually impaired.

- **School Infra : Vidyanjali Portal**
  - Platform for collaboration of education volunteers, donors, CSR contributors.
  - In line with the idea of ‘Sabka Saath, Sabka Vikas, Sabka Vishwas with Sabka Prayas’.
- **Secondary and Sr. Secondary Education : Rashtriya Madhyamik Shiksha Abhiyan 2009**
  - Improve enrolment rate to 75%, PTR 30 : 1
  - Conform to norms, remove gender, socio-economic and disability barriers.
  - Universal access by 2017 and universal retention by 2020.
  - Physical infra -> classrooms, toilets, libraries, laboratories, drinking water, residential hostels for teachers in remote areas.
  - In service training for teachers, ICT based education.
- **Secondary and Sr. Secondary Education : Atal Innovation Mission**
  - Promote ecosystem of innovation and entrepreneurship.
- **Higher Education : IMPRINT (Impacting Research Innovation and Technology)**
  - Pan IIT, IISc joint initiative to develop a roadmap for research to solve major engineering and technology challenges in 10 domains.
- **Higher Education : Uchchatar Avishkar Yojana**
  - Industry specific need based research.
  - Competitiveness of Indian Industry in the global market.
- **Higher Education : Global Initiative of Academic Network (GIAN)**
  - System of Guest lectures by internationally and nationally renowned experts.
  - Tap the talent pool of scientists and entrepreneurs across the world and engage with HEIs.
- **Higher Education : Higher Education Financing Agency (HEFA)**
  - JV of Min. of Edu and Canara Bank to finance infra in top ranked IITs, IIITs, NITs, IISc and AIIMs.
- **Higher Education : Rashtriya Uchchatar Shiksha Abhiyan (RUSA)**
  - Strategic funding to State HEIs.
- **Higher Education : Bhuvan RUSA Portal**

- Developed by National Remote Sensing Centre (NRSC) and ISRO to collect and report geo-tagged information on parameters viz. new construction, upgradation work and equipment in state HEIs.
- **Higher Education : National Institutional Ranking Framework (NIRF)**
  - Ranking of Universities and Institutions on the parameters viz. Teaching, Learning and resources, Research and Professional practices, Graduation outcomes, outreach and inclusivity and perception.
- **Others : Diganta Swaraj Foundation**
  - Initiative called 'Bolki Shaala' or 'Speaking School' -> Use of loud speaker to continue learning in the tribal belt of Maharashtra.
- **Others : Support Our Students**
  - Volunteers in Bengaluru collect old and unused laptops, desktops from donors, and refurbish them.
  - Later donate to underprivileged children.
- **Others : BleeTech Innovations**
  - Remote learning kit for deaf children, containing workbooks with visual content.
- **Others : Homeschooling for elementary education**
  - Govt. of Sikkim initiative -> Govt. school teachers visit remote places and teach at community places.
- **Others : Radio Pathsala**
  - Govt. of Odisha initiative.
- **Others : Pen drive schools**
  - Govt. of Nagaland initiative. Similar strategy employed by Dadra and Nagar Haveli.

**Schemes / Programmes / Policies / Initiatives****Multimedia in education****SWAYAM** (Study Webs of Active Learning for Young Aspiring Minds)

- Online platform of courses from 9th Std to Post graduation level. For both students and teachers.

**DIKSHA**

- Engaging learning material, relevant to the prescribed school curriculum for students, teachers and parents.

**Vidyadaan**

- Collaboration of academicians and organizations to make e-learning fun and engaging.

**PRAGYATA**

- Guidelines on ideal screen time and stages of e-learning viz. Plan, review, arrange, guide, talk, assign, track and appreciate.



**SWAYAM PRABHA**

- Group of DTH channels telecasting HQ educational programmes on 24X7 basis through GSAT-15 satellite.

**National Digital Library of India (NDLI)**

- Developed by IIT Kharagpur and accessible anywhere free of cost.

**Digital International Standard Book Number (ISBN)**

Facilitate publishers and authors to register for allotment ISBN online.

**National Academic Depository**

- Interoperable digital store house of academic awards available round the clock.
- System of lodging, retrieval, authentication and verification of academic awards in digital format for students, academic institutions, boards, eligibility assessment bodies, banks, employer companies, govt. agencies etc.

**PM e-Vidya**

- Multi-mode access to digital teaching and learning content among students and teachers.

**N-DEAR (National Digital Architecture)**

- Super connect between various academic activities. (Inspiration UPI).

**Wise**

- Mobile App integrated with Zoom video streaming developed by students of IIT Bombay. Enable streaming even with 2G connectivity. Effectively used by students and teachers in Kashmir..

**UDISE + (Unified District Information System for Education Plus) on School Education**

- Largest MIS on school education, covering over 1.5 million schools, 8.5 million teachers and 250 million students.
- 2020-21 data suggest improvement of GER and PTR.
- 2020-21 data also suggests improvement in the number of non teaching staff, availability of drinking water and electricity, access to toilets for girls, access to internet and computers.

## AI in Education : UNESCO's AI in Education Report 2022

### Status

- India has a high relative AI skill penetration rate, much higher than global average.
- Women having a higher rate acceptance than men (AI index of 2022). 22% of talent pool and 33% of AI related publications.
- AI in Education in India has the potential of 7.8 bill \$ by 2025.

### Significance

- Personalized learning experience.
- Data driven education policy making.
- Feedback mechanism to students and teachers.
- Saving time for teachers and help them become learning motivators.
- AI tutors for quick doubt resolution.

### Initiatives

- ATAL Tinkering Labs has AI integrated -> From class 6 to 12.
- AI for All initiative by Min. of Edu.
- Responsible AI for Youth : Collaboration of Min of Elec and IT, Min of Edu, Intel India
- National AI Mission : Launched by PM Science ,Tech and Innovation Advisory Council.
- US and India bilateral collaboration in R&D.

### Indian AI Research Institutes and Universities

Institute/University Name	Centre/Group
Indian Institute of Science (IISc), Bengaluru	The Artificial Intelligence Group

Indian Institute of Technology (IIT) Kharagpur	The Centre for Excellence in Artificial Intelligence
Vellore Institute of Technology (VIT) University, Bhopal	Artificial Intelligence Division
IIT Bombay	The Centre for Machine Intelligence and Data Science
IIT Madras	The Robert Bosch Centre for Data Science and Artificial Intelligence
IIT Delhi	Yardi School of Artificial Intelligence
IIT Kanpur	Centre of Innovation and Translational Research
Amrita Vishwa Vidyapeetham Kollam	Atal Innovation Mission established Incubation (Amrita Technology Business Incubator) for AI and Deep Tech Innovations

Simplify your UPSC Journey

**AI Coverage by Major Boards in Indian Education System**

<b>Board</b>	<b>Description</b>	<b>Covered Schools</b>
Central Board of Secondary Education (CBSE)	Recent introduction of AI in the curriculum (CBSE: 2019, 2020, 2021)	~24,000 schools*
Council for the Indian School Certificate Examinations (CISCE)	AI as an elective subject in the curriculum; has published syllabus and sample papers for AI (2020)	2,754 schools*

International General Certificate of Secondary Education (IGCSE)	The ICT curriculum has a small section on emerging technologies, including AI	566 schools*
International Baccalaureate	AI is not included in any board curriculum but is taught as part of the IB Diploma Programme	204 schools*
State Boards	Very limited introduction of AI as a subject. Maharashtra and Delhi have made some progress. Majority of schools affiliated to state boards.	~1.5 lakh schools*

## AI-Powered Education Tools in India Supporting SDG 4

SDG Target	Description	AI as Enabler (Vision 2025)	AI as Inhibitor (Vision 2025)	Enabling AI-powered Tools*	Examples of Enabling AI-powered Tools in India
4.1	By 2030, ensure all girls and boys complete free, equitable, quality primary and secondary education	Personalized and permanently accessible ITS	Personalized and permanently accessible ITS	Personalized and permanently accessible ITS	'Jungroo' (AI-powered assessment, evaluation, practice, and learning platform)

4.2	By 2030, ensure all girls and boys have access to quality early childhood development, care, and pre-primary education	Personalized and permanently accessible ITS	Personalized and permanently accessible ITS	Personalized and permanently accessible ITS	'Chimple' (AI-customized reading, writing, and mathematics lessons for small children)
4.3	By 2030, ensure equal access for all women and men to affordable and quality technical, vocational, and tertiary education	Personalized and permanently accessible ITS	Personalized and permanently accessible ITS	Personalized and permanently accessible ITS	'E-school' (AI-powered online learning management system)
4.4	By 2030, substantially increase the number of youth and adults with relevant skills for employment, decent jobs, and entrepreneurship	Personalized and permanently accessible ITS	Personalized and permanently accessible ITS	Personalized and permanently accessible ITS	'Skill Shiksha' (AI-driven end-to-end employability solution)

4.5	By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for vulnerable groups	Personalized and permanently accessible ITS, AI tools for differently abled students, AI tools for linguistic minorities	Personalized and permanently accessible ITS, AI tools for differently abled students, AI tools for linguistic minorities	Personalized and permanently accessible ITS, AI tools for differently abled students, AI tools for linguistic minorities	'iStem' (empowers students with disabilities)
4.6	By 2030, ensure all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy	Personalized and permanently accessible ITS	Personalized and permanently accessible ITS	Personalized and permanently accessible ITS	'Countingwell' (creates a personalized AI-based Maths Workout Plan)
4.7	By 2030, ensure all learners acquire the knowledge and skills needed to promote sustainable development	Personalized and permanently accessible ITS	Personalized and permanently accessible ITS	Personalized and permanently accessible ITS	—

—	Build and upgrade education facilities that are child, disability, and gender sensitive and provide safe, non-violent, inclusive, and effective learning environments	School-building technology and AI-powered surveillance systems	School-building technology and AI-powered surveillance systems	School-building technology and AI-powered surveillance systems	'Camlytics Facial-POC' (AI-based analytics solution to improve children's safety in schools and pre-schools)
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\*ITS: Intelligent Tutoring Systems

\*Pic credit: UNESCO

## Challenges

- Human resource shortage in many states.
- Digital Divide
- Ethics and algorithmic biases
- Way Forward
- Ethics of AI
- Rapidly provide overall regulatory framework.
- Effective public-private partnership.
- AI literacy.
- Correct algorithmic biases and resulting discrimination.
- Improve public trust.
- Ownership of data with the students.

## Way Forward

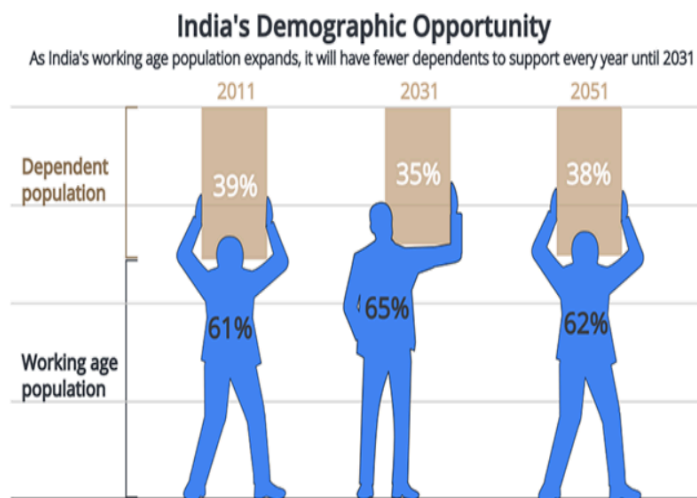
- School Education
  - Learning outcomes vs Output nos.
  - Public expenditure as a share of GDP.
  - Cooperative federalism as Education is a concurrent list item.
  - Comprehensive Teacher training.
  - Physical and Digital (Hybrid) infrastructure.
- Higher Education
  - Professor, Asst. Professor vacancies.
  - Focus on R&D and publishing research papers.
  - University Rankings → Improvement , Collaboration with Foreign Univs.
- Teaching
  - Comprehensive 360 degree evaluation, in service training. (US or Finnish model).
  - Better remuneration and incentives.

## Human Resource

Simplify your UPSC Journey

### Introduction

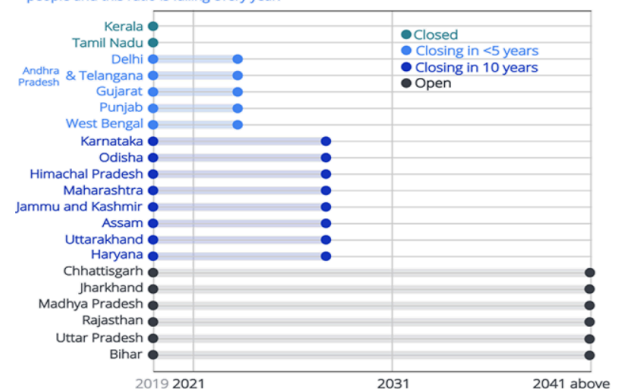
Golden window of Demographic Dividend.



### Demographic Window Of Opportunity

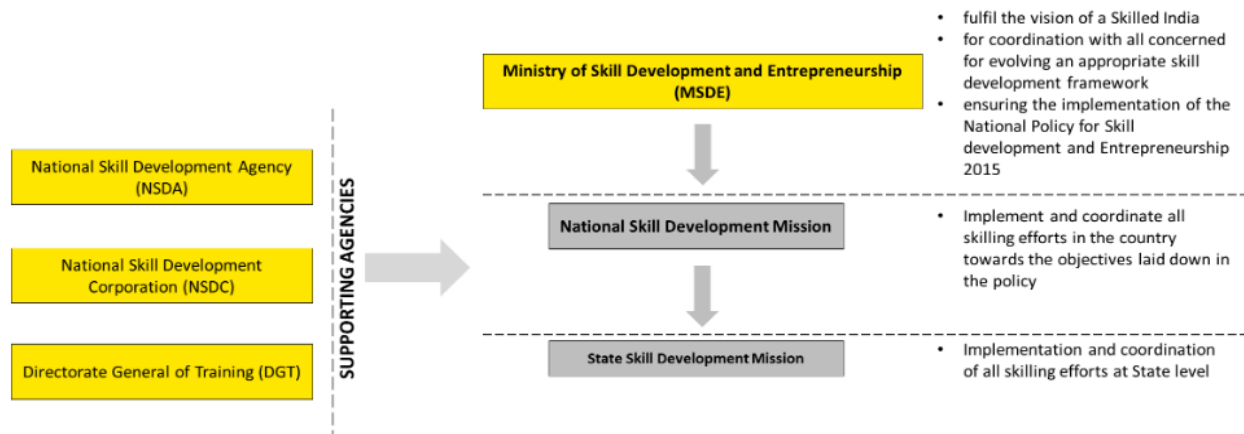
Fully-opened Window Phase for Indian States

The full window of opportunity is when there are at most 66 dependents for 100 working age people and this ratio is falling every year.





The Ministry of Skill Development and Entrepreneurship and the Ministry of Education are the 2 ministries most responsible for Human Resource development.



## Challenges / Issues

- **Lack of Skills :**
  - UNICEF → More than 50% of India's youth are not on track of acquiring necessary skills for employment by 2030.
  - India Skills Report 2021 → Only 46% of India's youth can be considered employable.
- **Diversity:**
  - Diverse geography, industrialization, skill requirements → Location specific strategy needed.
- **Deficient Infrastructure :**
  - 12 million join the workforce every year → Training capacity only for 4 million.
- **Skill mismatch :**
  - What is needed by Industry vs What is offered by educational institutions.
- **Need for Upskilling :**
  - Disruptive technologies like AI, IOT, need constant reskilling and upskilling.

- Culture of Entrepreneurship :
  - Majority of India's youth is risk averse.
- Negative attitude towards Vocational Training :
  - Career progression is not clear unlike other higher education professional courses.

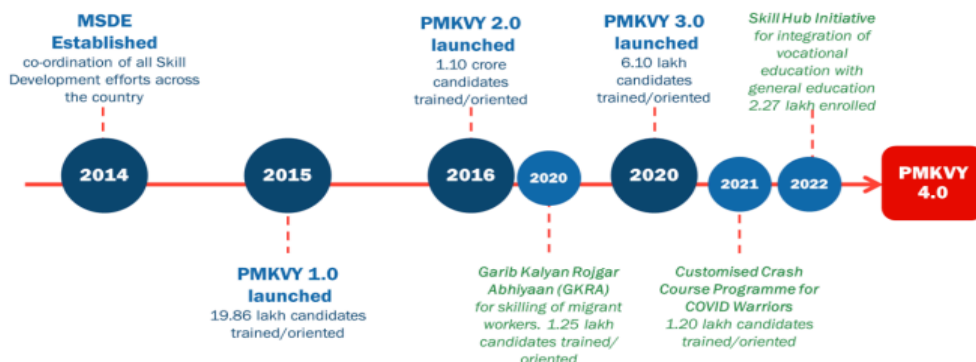
## Policies / Programmes / Schemes / Initiatives

- **National Skill Development Mission (NSDM)**
  - Governing Council for policy guidance, Steering committee and Mission Directorate
  - Mission Directorate supported by National Skill Development Agency (NSDA), National Skill Development Corporation (NSDC), and Directorate General of Training (DGT).
- **National Skill Development Agency (NSDA)**
  - An autonomous body under Min. of Skill Development and Entrepreneurship (MSDE).
  - Involved in implementation of NSDM and formulating National Skills Quality Framework (NSQF).
- **National Skill Development Corporation (NSDC)**
  - Not for profit -> Min of Finance -> 49% Govt. stake and 51% Private sector stake.
  - Create vocational training institutions, support skill development and fund patents.
- **National Skill Qualification Framework (NSQF)**
  - Bring uniformity with different qualifications across institutions.
  - Also facilitate Recognition of Prior Learning (RPL).
- **Indian Institute of Skills**
  - Bring standard and stature in terms of quality and quality of skills.
- **National Skill Development and Entrepreneurship Policy, 2015**

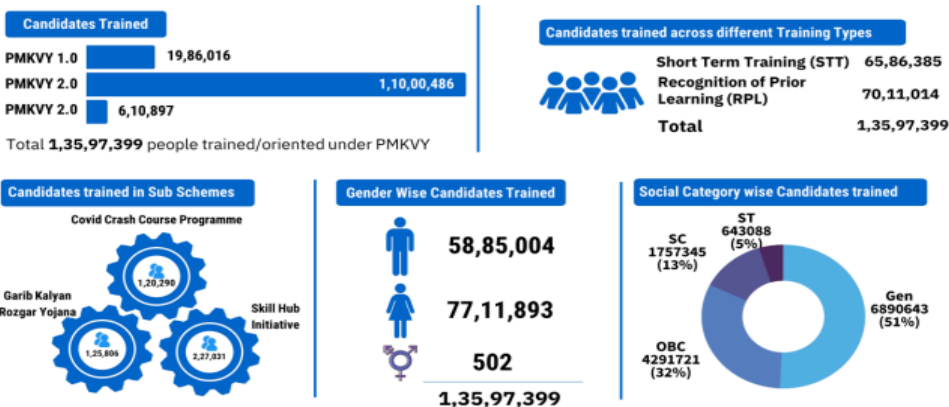
- Aimed to align supply with demand, bridge existing skill gaps, promote industry engagement, operationalize quality assurance framework, leverage technology and promote apprenticeship.
- Connect entrepreneurs to mentors, incubators, credit markets, improve ease of doing business, foster innovation and culture of entrepreneurship.

## ● PM Kaushal Vikas Yojana (PMKVY) 2016

- Provide industry relevant skill training and secure jobs. (Short term courses)
- Those with prior learning will be assessed and certified under RPL.
- Conduct Kaushal and Rozgar melas regularly.
- Placement support by Training providers.



## 1.2 Achievement so far



## ● Deen Dayal Upadhyaya – Grameen Kaushal Yojana

- Implemented by Min of RD to develop skills and productive capacity of rural youth.
- Provide demand led skill training at no cost to rural poor.
- Mandatory coverage of socially disadvantaged groups (SC/ST 50%, Minority 15%, Women 33%)
- Post placement support, alumni network.
- **RPL for construction workers**
  - By Min. of Labour and Employment.
  - Certification by National Council of Vocational Training (NCVT).
  - Training centers – Existing construction sites
  - 15 day skill gap training, wage compensation for attending training and assessment.
- **Apprenticeship Protsahan Yojana**
  - Amendment to the Apprentices Act, 1961 → legal framework friendly for both industry and trainee.
  - Increase the rate of stipend. (Govt. to bear 50% share)
  - Restructuring of training curriculum.
- **Skills Strengthening for Industrial Value Enhancement (STRIVE) Project**
  - Improve the relevance and efficiency of skills training provided through ITIs and apprenticeships.
- **Skill Acquisition and Knowledge Awareness for Livelihood Promotion (SANKALP)**
  - Improve short term skill training qualitatively and quantitatively by
  - Strengthening institutions.
  - Better market connectivity.
  - Inclusion of marginalized sections of the Society.
- **National Career Service**
  - Online platform by Min. of Labour and Employment to provide services viz. job matching, career counselling, skill assessments, and training programs.
- **Mahila E - Haat**
  - Min. of Women and Child Development implements it by providing an online platform for women entrepreneurs.

- **PM DAKSH (PM Dakshta Aur Kushalta Sampann Hitgrahi)**
  - Mobile app to skill development schemes accessible to BCs, SCs, Safai Karamcharis etc.

## Way Forward

- Work on robust database
  - Industry clusters provide projected skill requirements. (Demand)
  - Labour market study on existing supply of skilled workforce. (Supply)
- Frequent update of Courses
- Industry → Educational Institutes linkages.
- Train the trainers.
- Promote Apprenticeship by bringing MSMEs into the fold.
- Setup a world class skill university.
- Encourage more participation in the World Skills competition. (this will change the attitude towards vocational training).
- Areas which are affected by LWE and other law and order issues should have targeted intervention. E.g. UDAAN and HIMAYAT in Kashmir.
- Promote RPL (Recognition of Prior Learning )especially in rural areas.

## Poverty, Hunger and Malnutrition.

### Hunger and Malnutrition

Hunger ?

Condition in which a person cannot eat sufficient food to meet basic nutritional needs for a sustained period.

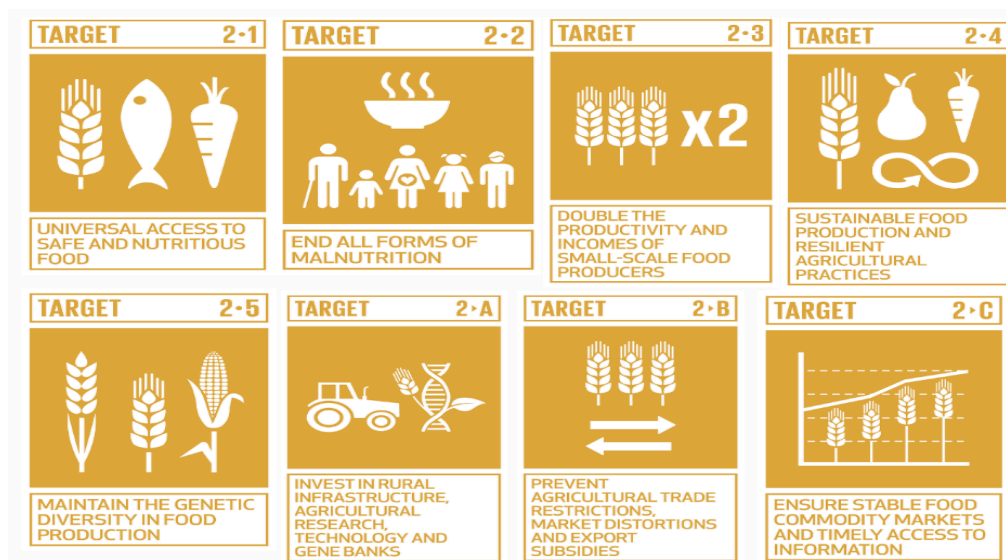


Fig. SGG -2 : Zero Hunger

## Status

- 25% of the world's hungry population lives in India.
- NFHS data above ☐

Indicators	NFHS-5 (2019-21)		NFHS-4 (2015-16)	
Child Feeding Practices and Nutritional Status of Children	Urban	Rural	Total	Total
75. Children under age 3 years breastfed within one hour of birth <sup>15</sup> (%)	44.7	40.7	41.8	41.6
76. Children under age 6 months exclusively breastfed <sup>16</sup> (%)	59.6	65.1	63.7	54.9
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk <sup>16</sup> (%)	52.0	43.9	45.9	42.7
78. Breastfeeding children age 6-23 months receiving an adequate diet <sup>16, 17</sup> (%)	11.8	10.8	11.1	8.7
79. Non-breastfeeding children age 6-23 months receiving an adequate diet <sup>16, 17</sup> (%)	14.2	12.0	12.7	14.3
80. Total children age 6-23 months receiving an adequate diet <sup>16, 17</sup> (%)	12.3	11.0	11.3	9.6
81. Children under 5 years who are stunted (height-for-age) <sup>18</sup> (%)	30.1	37.3	35.5	38.4
82. Children under 5 years who are wasted (weight-for-height) <sup>18</sup> (%)	18.5	19.5	19.3	21.0
83. Children under 5 years who are severely wasted (weight-for-height) <sup>19</sup> (%)	7.6	7.7	7.7	7.5
84. Children under 5 years who are underweight (weight-for-age) <sup>18</sup> (%)	27.3	33.8	32.1	35.8
85. Children under 5 years who are overweight (weight-for-height) <sup>20</sup> (%)	4.2	3.2	3.4	2.1

## Hidden Hunger

- Undernutrition when the intake of vitamins and minerals is too low to sustain good health, despite getting adequate calories.
- UNICEF → 80+% adolescents suffer from hidden hunger.

## Causes of Hunger

- Poverty.
- Availability and affordability.
- Hunger is linked to safer drinking water, sanitation, gender, caste etc.
- Wastage of food : Inefficient supply chains. (25000 MT of grains wasted in FCI central granary in the last 6 years). Irony of healthy rats feeding on FCI grains and malnourished children.
- Poor agricultural productivity.
- Extreme weather events → Shortage → Inflation.

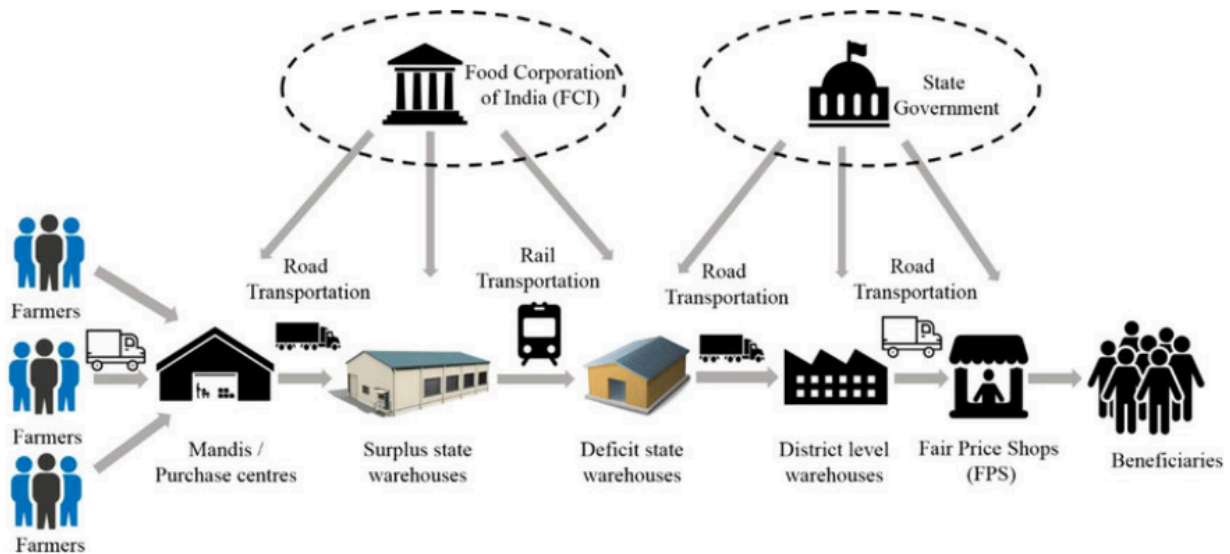
## Malnutrition

- As per FAO → A broad term for a range of conditions that hinder good health, caused by inadequate or unbalanced food intake or poor absorption of food consumed.
  - Undernutrition → Stunting (low height for age), Wasting (Low weight for height), Underweight (low weight for age), Micronutrient deficiency
  - Overnutrition → Excess weight, disease burden (diabetes, cardiovascular disease)

## Policies / Programmes / Schemes / Initiatives

### PDS

- As per Antyodaya Anna Yojana (AAY) → Bottom 2.5 cr. BPL households (35 kgs per month) → Rice at 3 rs/kg, Wheat at 2 rs/kg, senior citizens 10 kg free per month.



## • National Food Security Act 2013

- Up to 75% of rural population and 50% of urban population -> receive subsidized food grains under the Targeted PDS, hence covering 2/3rd of the population.
- 5 kg per person per month at Rs. 3/2/1 for Rice/Wheat/Coarse grain. AAY beneficiaries to continue.
- Identification of beneficiaries to be done by State/UTs.
- Pregnant women and lactating mothers receive 6000 rs.
- Children (6-14 yrs.) get take home ration or hot cooked food.

## • Mid Day Meal Scheme

- 1925 → Introduced by Madras Municipal Corporation.
- 1995 → National Program of Nutrition Support to Primary Education.
- 2004 → Revised to provide cooked mid day meals → 300 calories and 8-12 grams of protein for children in class 1 to 5 in govt aided schools.
- 2007 → Further revised to include classes 6 to 8.
- 2021 → Renamed to PM Poshan.



- Issues → Poor involvement of gram panchayats, absence of linkage with health dept, no toilet and drinking water in many schools, leakages, shortage of cooks, teachers spending 3 hours in MDM activity.
- **Eat Right India Movement**
  - Outreach activity by Food Safety and Standards Authority of India (FSSAI) for citizens to nudge them to eat right.
  - Food Fortification
  - Addition of key vitamins and minerals such as iron, iodine, zinc, Vit A, Vit D to staple food items like rice, milk, salt etc.
  - Canteens
  - Amma canteens in TN and Indira canteens in Karnataka.

## Way Forward

- Provide greater flexibility to states under Poshan Abhiyan.
- Institutional mechanism outside the government to conduct independent annual audits.
- District Level -> Annual integrated health, nutrition and SBM action plan -> Convergence.
- Accountability of Local Administration.
- Engagement of PRIs, PDS, Public Health engineering departments.
- Focus on first 1000 days of childcare under ICDS.
- Home visits of ASHA, ANM and young child feeding counsellors.
- Food centric approach to broad based health (child spacing, breastfeeding for 6 months).
- Targeted immunization of focus districts.
- Mandatory fortification of staple food produced in organized sector, govt programmes.
- National Nutrition Surveillance system -> Track food quality, consumption pattern, nutritional deficiency profile.
- Link schemes of adolescent girls to pregnancy interventions.
- Long term studies on changes in body composition, early biomarkers of metabolic disorders.
- IT based real time monitoring -> Common Application Software -> Establish accountability.

## Gender-Sensitive Policy Making

### Importance of Gender-Sensitive Policy Making

Gender-sensitive policies address the unequal and often discriminatory impacts of existing policies on different genders, particularly women. In India, incidents like the Anna University sexual assault case underscore the urgency for such policies. These policies are fundamental in creating equitable frameworks that can lead to long-term socio-economic and cultural equity.

### Why is Gender-Sensitive Policy Making Essential?

#### Persistent Gender Disparities

- **Female Labor Force Participation:** The female Labor Force Participation Rate (LFPR) in India rose to 37% in 2022-2023, up from 23.3% in 2017-2018, but it still lags behind global benchmarks, restricting women's economic independence.
- **Wage Inequality:** India's Gender Gap Index indicates women earn Rs 39.8 for every Rs 100 earned by men. This wage gap limits women's ability to invest in personal growth, education, and healthcare.
- **Educational Gaps:** Despite high numbers of female STEM graduates, their participation in STEM jobs remains low. Barriers such as poverty, societal norms, and lack of infrastructure exacerbate gender inequities.
- **Political Underrepresentation:** Women make up only 13.6% of the 18th Lok Sabha, a slight decline from previous terms, reflecting their marginal role in decision-making bodies.

**Socio-Cultural Barriers**

- Patriarchal Norms: Deep-rooted patriarchal structures restrict women's decision-making powers and access to critical resources.
- Intersectional Discrimination: Women from marginalized communities, such as Dalits and Muslims, face compounded challenges due to gender, caste, and religious biases.
- Violence and Safety Concerns: Crimes against women have risen, and many cases go unreported due to societal stigma and lack of trust in the justice system.

**Economic and Developmental Imperatives**

- Economic Growth Potential
  - Studies suggest that women's full participation in the economy could increase India's 2025 GDP by 16%, adding \$700 billion in growth.
- Healthcare Outcomes
  - Gender-sensitive health policies could significantly reduce maternal mortality rates, improving health outcomes for women and children.
- Human Development
  - Addressing gender disparities is critical for achieving the UN Sustainable Development Goals, particularly Goal 5, which emphasizes gender equality.

**Steps Taken Towards Gender-Sensitive Policy Making**

1. Legislative Actions
  - Maternity Benefit (Amendment) Act, 2017: Increases maternity leave to 26 weeks and mandates creche facilities in workplaces.
  - Sexual Harassment at Workplace Act, 2013: Establishes formal grievance redress mechanisms for women in workplaces.
  - Criminal Law Amendment Act, 2013: Strengthens penalties for gender-based crimes.
2. Government Initiatives

- Gender Budgeting: Introduced in 2005, it integrates gender perspectives into resource allocation.
- Beti Bachao Beti Padhao Scheme: Aimed at improving the sex ratio and addressing cultural preferences for male children.

## What Should Be Way Forward For Gender-Sensitive Policy Making?

- **Strengthening Institutional Mechanisms:** Expand the scope of Gender Budget Cells in ministries to ensure systematic planning and allocation of resources for gender-specific programs.
  - Conduct regular audits to assess the effectiveness and impact of budgetary allocations on improving women's lives.
- **Implement Women's Reservation Act:** Expedite the implementation of the Nari Shakti Vandan Act to ensure 33% representation of women in legislative bodies, thereby enhancing their participation in governance and policy formulation.
- **Workplace Equality:** Enforce strict compliance with equal pay laws and incentivize organizations to adopt diversity benchmarks for gender representation across all levels of employment.
- **Data Collection and Analysis:** Implement real-time tracking systems for gender-disaggregated data across sectors, enabling evidence-based policy making and evaluation.
  - Conduct comprehensive time-use surveys to quantify and recognize the economic value of unpaid care work predominantly performed by women.
- **Education and Awareness:** Incorporate gender studies into school curricula to foster early awareness and sensitivity among students regarding gender equality.
  - Launch nationwide campaigns addressing stigma around issues such as sexual violence and reproductive rights, encouraging open dialogue and societal acceptance.

- **Digital Empowerment:** Provide targeted outreach programs to train women in cybersecurity and data literacy, bridging the digital divide and enabling access to online education and financial services.
  - Expand training programs in STEM fields to encourage women's participation in these high-growth sectors
- **E-Governance for Grievance Redressal:** Develop user-friendly digital platforms for reporting gender-based violence, ensuring anonymity, and enabling swift redressal mechanisms.
- **Learning from Global Best Practices:** In 2014, Sweden adopted the world's first explicitly feminist foreign policy, integrating a gender perspective into all decision-making processes, which could be aligned with India's socio-political context.
  - Countries like Canada, France, and Mexico have since implemented similar policies, underscoring the transformative power of gender-inclusive governance.

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## Issue of Menstrual Leave for Women

### What is the State of Menstrual Leaves in India?

**Menstrual (Period) Leave:** It is a kind of leave where the **working women have the option to avail either paid or unpaid leave** from the institution of her employment during her period of menstruation as such a condition adversely affects her ability to to work .

**Implemented the Policy:** Bihar and Kerala are the only Indian states that have introduced menstrual leave policies for women.

- Bihar's policy was introduced in 1992, allowing women employees two days of paid menstrual leave every month.

- Kerala in 2023 has also allowed menstrual leave to female students of all universities and institutions and up to 60 days maternity leave to female students above the age of 18.

### Legislative Measures Taken:

- There is no law governing menstrual leave in India and also there is no centralised direction for 'paid menstruation leave' in India.
- Attempts Made in the Past: Parliament has seen attempts to introduce menstrual leave and menstrual health products related bills, but they have not been successful so far.
  - Example: The Menstruation Benefits Bill, 2017' and Women's Sexual, Reproductive and Menstrual Rights Bill in 2018.
- Right of Women to Menstrual Leave and Free Access to Menstrual Health Products Bill, 2022:
- The proposed Bill provides for 3 days of paid leave for women and transwomen during the period of menstruation.
- The Bill cites research that 40% of girls miss school during their periods, and nearly 65% said it had an impact on their daily activities at school.

### Why is there a Need for Paid Menstrual Leave for Women?

- **Health and Well-being:** Menstruation can cause physical discomfort (cramps, bloating) and emotional distress. **Paid leave allows women to prioritise their health** and manage these symptoms without financial penalty.
- **Workplace Inclusivity and Gender Gap:** This leave will normalise menstruation, reducing stigma and encouraging open discussion about menstrual health. Its impact on work performance helps address the gender pay gap by enabling women to fully participate in the workforce without sacrificing income.
- **Productivity and Retention:** Studies suggest that menstrual leave can improve productivity by allowing women to manage their periods effectively and avoid working while experiencing discomfort. It can also **contribute to higher employee retention**.

### Legal Perspectives:

- **Article 15(3):** Permits **special provisions for women**, countering claims of discrimination against men who can't avail menstrual leave.
- **Article 42:** Mandates the state to ensure "**just and humane conditions of work**" and "**maternity relief**." Menstrual leave is seen as an extension of this responsibility, promoting a humane work environment for women during menstruation.

### What are the Arguments Against the Menstrual Leaves?

- **Discouragement of Hiring Female Employees:** Paid menstrual leave might disincentivize companies from hiring women due to perceived absenteeism.
  - Employers may perceive female employees as a liability due to the additional burden of paid leave every month.
- **Discrimination at Workplace:** Accommodating menstrual leaves may disrupt workflow, increase workload for other team members, or create resentment among employees who do not receive similar benefits.
- **Enforcement Issues:** Implementing paid leave for menstruation raises challenges such as determining legitimate use, preventing misuse, and defining acceptable enforcement methods for employers.
- **Reinforcing Stigma:** Special leave policies could highlight menstruation as a negative aspect, potentially leading to period shaming and discrimination.

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