

# Social Infrastructure, Employment and Human Development

## 10 CHAPTER

**“More than ever before, there is a global understanding that long-term social, economic, and environmental development would be impossible without healthy families, communities and countries.”**

**Gro Harlem Brundtland<sup>1</sup>**

*Inclusiveness has been the cornerstone of India's development agenda. Over the last few years, efforts in this direction have been accelerated by the Government through the mantra of inclusiveness 'Sabka Sath, Sabka Vikas', further elaborated by ensuring 'Sabka Vishwas'. As India is a developing economy with resource constraints, we have to prioritize and optimize the expenditure on social infrastructure to promote sustainable and inclusive growth. It is critical at this juncture to focus on public investments in human capital and strengthen the delivery mechanisms of government interventions to ensure transparency and accountability. With India having the demographic advantage, improving educational standards, skilling the youth, enhancing job opportunities, reducing disease burden and empowering women will help in realizing the potential of a buoyant economy in the future.*

## INTRODUCTION

10.1 The 2030 Agenda for Sustainable Development as reflected in the 17 Sustainable Development Goals (SDGs) and 169 targets, calls for global partnership to ensure peace and prosperity for people and the planet, now and into the future. It is recognized that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality and spur economic growth in a sustainable manner. India is committed to achieve these SDGs and a strong social infrastructure is key to achieve them. The Government has been focusing

on provisioning of assets such as schools, institutes of higher learning, hospitals, access to sanitation, water supply, road connectivity, affordable housing, skills and livelihood opportunities. This gains significance given the fact that India is home to the world's youngest population as half of its population is below the age of 25. It has also been estimated that demographic advantage in India is available for five decades from 2005-06 to 2055-56, longer than any other country in the world (UNFPA, 2018). This demographic advantage can be reaped only if education, skilling and employment opportunities are provided to the young population.

<sup>1</sup> First female Prime Minister of Norway. Brundtland Commission submitted its report 'Our Common Future' which brought the concept of Sustainable Development in the global agenda.

## HUMAN DEVELOPMENT INDEX

10.2 India's HDI (Human Development Index) has improved significantly over the years between 1990 and 2017. The country's HDI value increased from 0.427 to 0.640, but its position is still lowest among its peer countries (Asian and developing economies). As per the UNDP Human Development Index (HDI), India is ranked 130 among 189 countries. Moreover, India also reflects inter-State disparities in regional and human development which are reflected by State level HDIs.

10.3 The Subnational Human Development Index (SHDI) for different States for the period 1990 and 2017, released by UNDP show that all States have shown significant improvement in levels of human development. The minimum SHDI for year 2017 is more than maximum SHDI for year 1990 across all States (Figure 1).

10.4 The 2017 HDI scores indicate that the States like Kerala, Goa, Himachal Pradesh

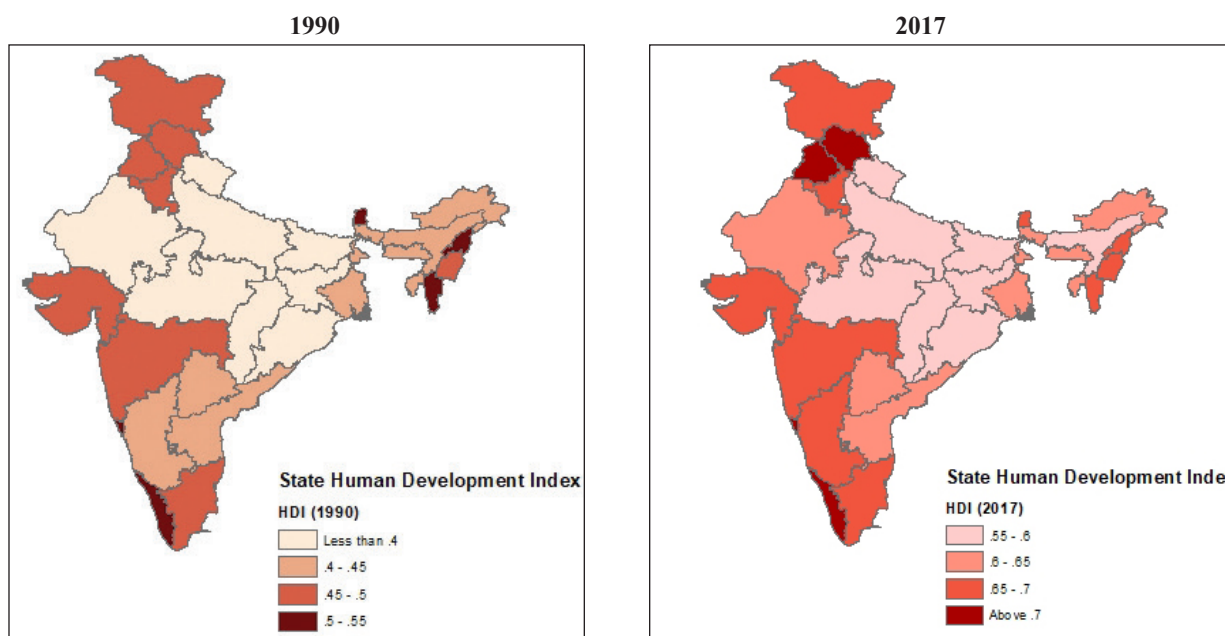
and Punjab occupy the top four positions while the States like Bihar, UP and MP are at the bottom of the rankings. The States which were the worst-performing ones in HDI during 1990s are presently doing well in the social parameters. The region-wise trend of HDI scores suggests that most Southern and Northern States have performed much better as compared to their Eastern counterparts who have registered poor performance in SHDIs.

## Sustainable Development Goals (SDGs)

10.5 As mentioned earlier, the SDG's are a collection of 17 global goals and 169 targets set to be achieved by 2030, aimed at addressing global challenges. To measure India's performance in SDG's, NITI Aayog has developed the SDG India Index for all States and UTs. Based on this index, States are classified into four categories, for each of the SDGs (except Goals 12, 13, 14 and 17):

- a. **Achiever** – when SDG India Index score is equal to 100.

**Figure 1: Subnational Human Development Index 1990 vs 2017**



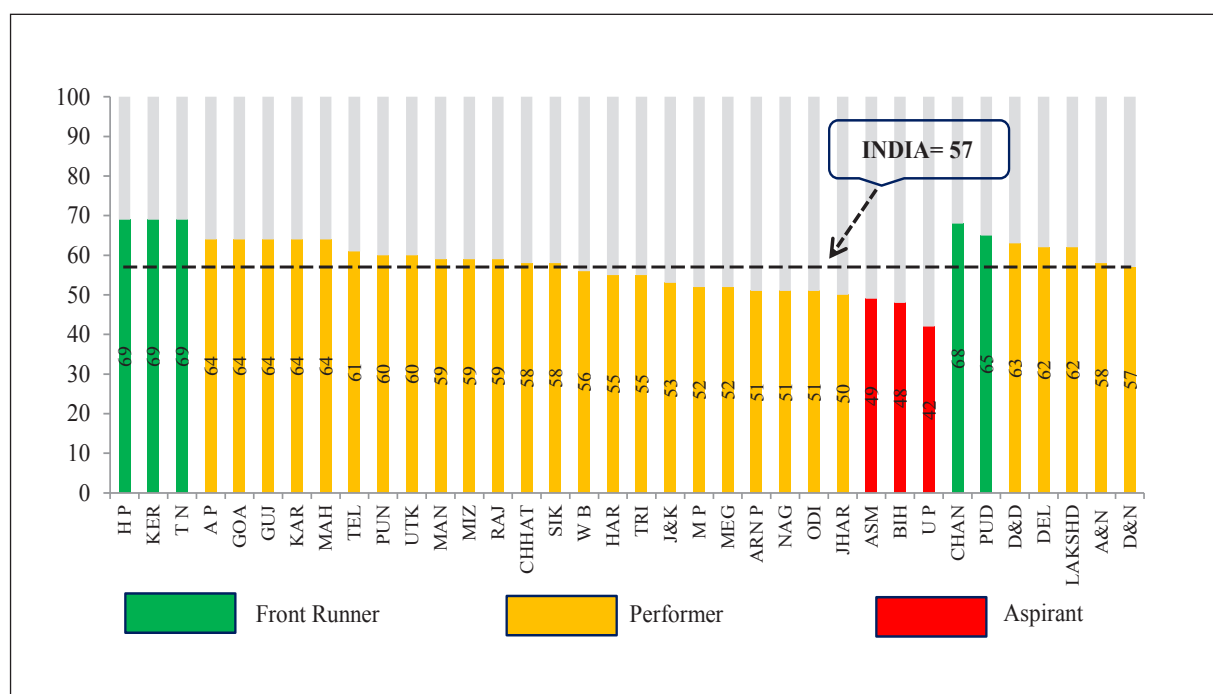
Source: SBI Research and UNDP Global Data Lab

- b. Front Runner** – when SDG India Index score is less than 100 but greater than or equal to 65.
- c. Performer** – when SDG India Index score is less than 65 but greater than or equal to 50.
- d. Aspirant** – when SDG India Index score is less than 50.

10.6 The 2018 SDG India index indicates

that States like Kerala, Himachal Pradesh and Tamil Nadu are occupying top three positions and are in the front runner category while UP, Bihar and Assam are ranked at the lowest in the aspirant category. Figure 2 shows the ranks of different States along with their categories. Chapter 5 on Sustainable Development and Climate Change may be referred for more details.

**Figure 2: States Rank and categories in SDG India Index (2018)**



Source: SDG India Index by NITI Aayog

**Table 1: SDGs targets and achievements in Health - Goal 3: Good Health & Well-Being**

Global Targets		India's Achievements
1	By 2030, reduce the global MMR to less than 70 per 100,000 live births.	India's MMR during 2014-16 was 130.
2	To reduce neonatal mortality to at least as low as 12 per 1,000 live births by 2030.	In 2016, Neo-natal mortality rate of India was 24.
3	To reduce under-5 mortality to at least as low as 25 per 1,000 live births by 2030.	In 2016, under-5 mortality rate of India was 39.

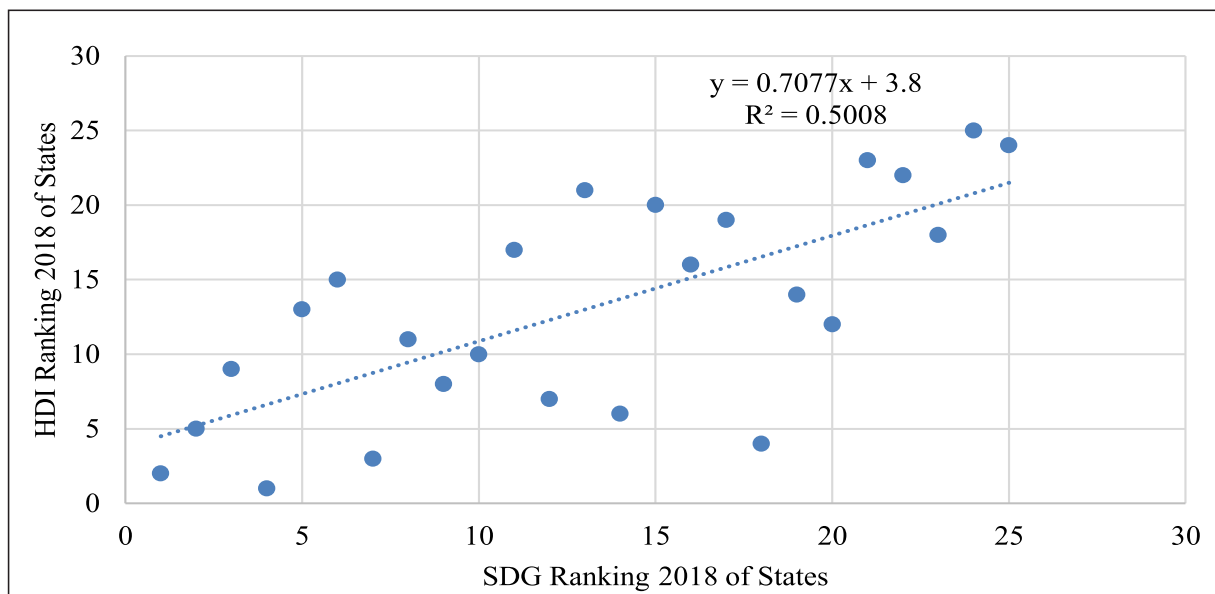
**Table 2: SDGs target and achievements in Education - Goal 4: Quality Education**

Global Targets	India's Achievements
1. By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.	U-DISE provisional data shows that the all India gross enrolment ratio (GER) under elementary education is 93.55 per cent during 2016-17, while it is 79.35 per cent in secondary education.
2. By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including higher education.	India's GER is significantly lower in higher education. The MHRD provisional data for the year 2017-18 indicates that the GER in higher education is 25.8 per cent (18-23 years).
3. By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.	India's gender parity index (GPI) shows an improvement in girls' education at all levels of education, except higher education. In the case of Scheduled Tribe (ST) students, the GPI value is <1 indicating disparity between girls and boys in primary education.
4. By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy.	The total literacy rate is 73.0 per cent in 2011 for the age group 7 and above having 80.9 per cent and 64.6 per cent for male and female respectively.

Source: Reports of GoI

10.7 The underlying dimensions of SDG targets are closely related to education and health aspects as evident in the positive correlation between HDI and SDG rankings of Indian States (Figure 3).

Hence, it is imperative that the government policies give necessary focus on investments in education and health to achieve equitable and inclusive development in the country.

**Figure 3: Correlation between HDI and SDG rankings of Indian States for year 2018**

Source: Calculation based on SDG India Index - Baseline Report, 2018 and UNDP-SBI Research (SBI-ECOWRAP), March 2019.

## GENDER ISSUES

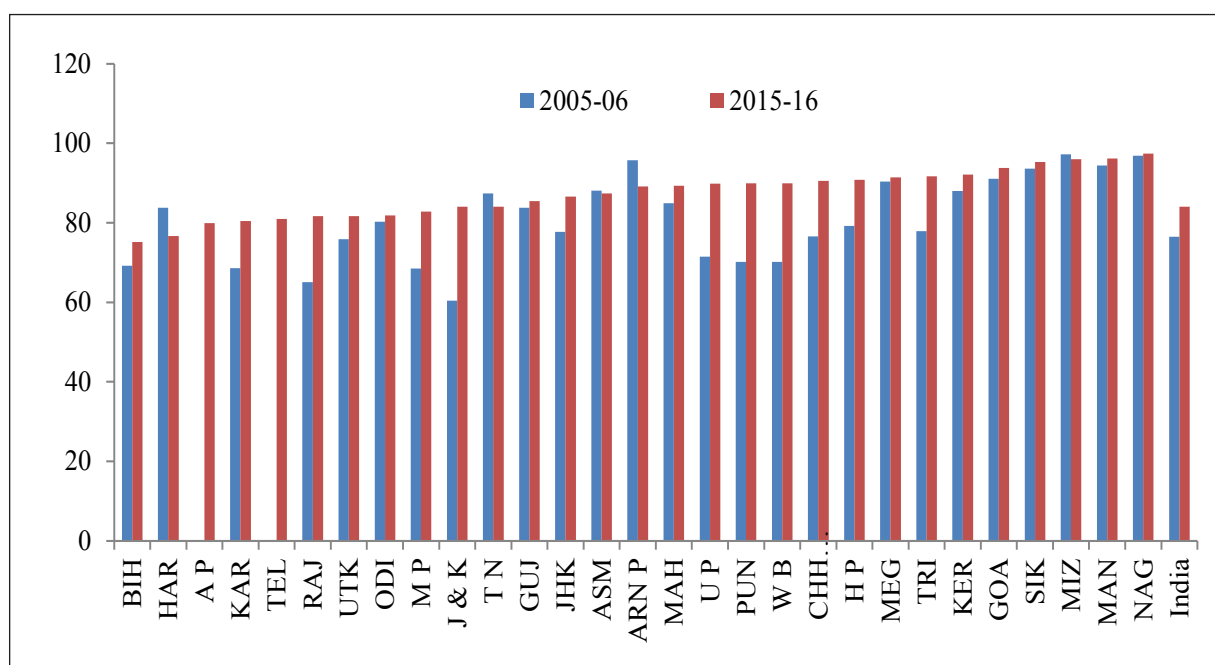
10.8 As the World aspires to achieve the SDGs by 2030, one of the most important factors which will determine whether countries achieve their targets set under SDGs will be 'gender equality' (SDG-5). The role of women is critical not only across agriculture and industrial sectors but also in governance, education and health services. Societies with patriarchal norms and gender stereotyping will continuously move backwards without making progress. The Government of India has initiated several programmes like *Beti Bachao, Beti Padhao (BBBP)*, *Ujjwala Scheme*, *Poshan Abhiyaan*, *Pradhan Mantri Matra Vandana Yojana etc.*, to mainstream women and make women active agents of

change in the society.

### Financial Inclusion and level of household autonomy of women

10.9 Financial inclusion of women is considered as an essential tool for empowerment of women as it enhances their self-confidence and enables financial decision-making to a certain extent. As far as financial inclusion in India is concerned, significant progress has been made during the last decade (Figure 4). At all India level, the proportion of women having a bank or saving account that they themselves use have increased from 15.5 per cent in 2005-06 to 53 per cent in 2015-16.

**Figure 4 : Percentage of women having bank account-State wise**

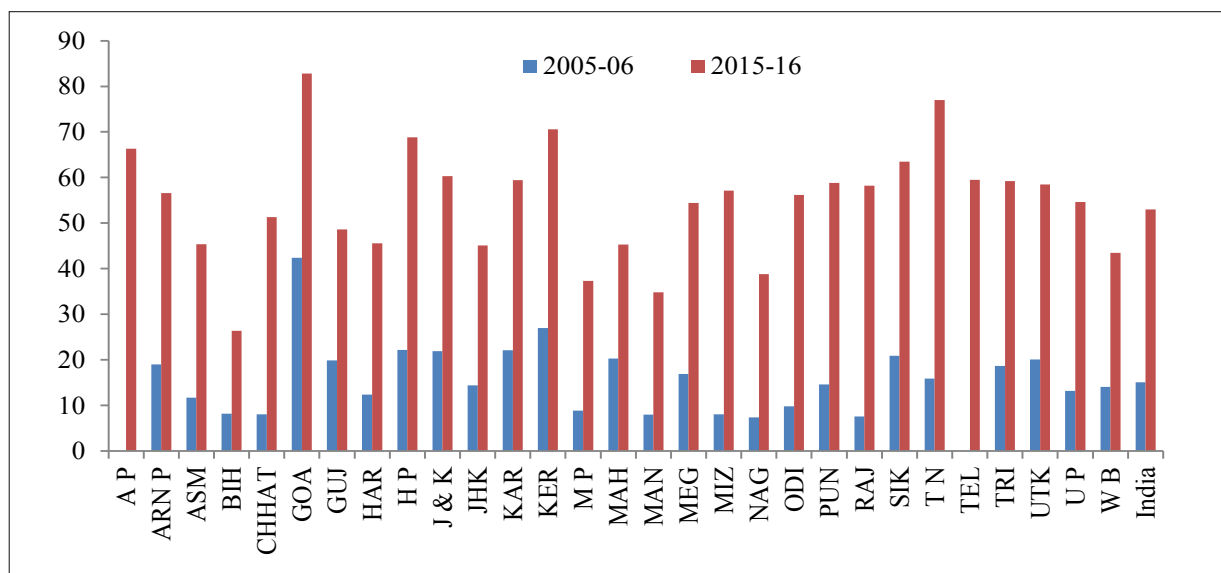


Source: NFHS-4 (2015-16) (latest available).

Note: Data for newly created states Andhra Pradesh & Telangana have not been reported for 2005-06.

10.10 As far as women's participation in household decision making is concerned, it has also improved significantly. As per NFHS-4, participation of currently married women in household decision making has increased from 76.5 per cent in 2005-06 to 84

per cent in 2015-16 at all India level. States like Chhattisgarh, Goa, Himachal Pradesh, Kerala, West Bengal and North Eastern States are front runners in terms of women's participation in household decision making compared to other States (Figure 5).

**Figure 5 : Percentage of Currently Married Women (15-59 years) involved in Household Decision Making- State wise**

Source: NFHS 4 (2015-16) (latest available).

Note: Data for newly created states Andhra Pradesh & Telangana have not been reported for 2005-06.

### Box 1: Gender Budgeting

“Gender Budgeting is a tool for gender mainstreaming. It uses the Budget as an entry point to apply a gender lens to the entire policy process (MoWCD, 2015)”. The Ministry of Women and Child Development (MoWCD) as the Nodal agency has adopted the mission strategy of 'Budgeting for Gender Equity' to ensure that government budgets are planned according to the differential needs of women and men and accordingly prioritized. Gender Budgeting is concerned with gender-sensitive formulation of legislation, policies, plans, programmes and schemes; allocation and collection of resources; implementation and execution; monitoring, review, audit and impact assessment of programmes and schemes; and follow-up corrective action to address gender disparities. It is undertaken through several institutional mechanisms such as Gender Budget Statement, Gender Budget Cells, as well as various schemes/programmes for women and girls.

Gender budgeting was referred for the first time by the then Finance Minister of India in his budget speech in 2001. Subsequently, it was recommended to have a separate chapter in annual reports of Ministries/Departments. Department of Expenditure has been issuing a note on Gender Budgeting as a part of budget circular since 2005-06. Further, Chief Secretaries of all States/UTs were instructed to set up gender budget cells on the lines of the Charter for Gender Budget cells issued by the Ministry of Finance in 2012. A guideline was also issued to provide a road map towards institutionalising Gender Budgeting at State level in 2013. In order to implement Gender Budgeting at State level, MoWCD has been conducting number of trainings, workshops, one to one interactions and development of resource material.

In the Gender Budget Statement of 2019-20, 30 Ministries/Departments reported having schemes with women's component, amounting to approximately 5 per cent (₹1,31,699.52 Crore) of the total Union Budget. Furthermore, 57 Ministries/Departments have formed Gender Budget Cells to institutionalise and strengthen gender budgeting processes. During the last 3 financial years, over 4500 Government officials have been trained under the GB Scheme.



## TRENDS IN SOCIAL SECTOR EXPENDITURE

10.11 The expenditure on social infrastructure like health and education is a critical indicator of the commitment of the government towards these sectors. Public investment in social infrastructure has a critical role in providing access to social services for the people, especially the marginal and vulnerable sections of the society.

10.12 The expenditure on social services by the Centre and States as a proportion of GDP

has registered an increase of more than 1 percentage points during the period 2014-15 to 2018-19 (BE), from 6.2 per cent in 2014-15 to 7.3 per cent in 2018-19 (BE) (Table 3). The increase was witnessed across all social sectors especially education where the public expenditure as a per cent of GDP increased from 2.8 per cent in 2014-15 to 3 per cent in 2018-19. The share of expenditure on social services out of total budgetary expenditure increased from 24.9 per cent in 2013-14 to 26 per cent in 2018-19.

**Table 3: Trends in Social Services Expenditure by General Government (Combined Centre and States)**

Item	2013-14	2014-15	2015-16	2016-17	2017-18 RE	2018-19 BE
(₹ in crore)						
<b>Total Budgetary Expenditure</b>	30,00,299	32,85,210	37,60,611	42,65,969	48,57,990	53,61,181
<b>Expenditure on Social Services of which:</b>	7,46,391	7,67,622	9,15,500	10,40,620	12,52,943	13,93,643
<b>i) Education</b>	3,48,267	3,53,589	3,91,881	4,34,974	4,92,544	5,66,770
<b>ii) Health</b>	1,39,280	1,48,791	1,75,272	2,13,119	2,54,365	2,76,083
<b>iii) Others</b>	2,58,844	2,65,243	3,48,348	3,92,527	5,06,034	5,50,790
<b>As percentage to GDP</b>						
<b>Expenditure on Social Services of which:</b>	6.6	6.2	6.6	6.8	7.3	7.3
<b>i) Education</b>	3.1	2.8	2.8	2.8	2.9	3.0
<b>ii) Health</b>	1.2	1.2	1.3	1.4	1.5	1.5
<b>iii) Others</b>	2.3	2.1	2.5	2.6	3.0	2.9
<b>As percentage to total expenditure</b>						
<b>Expenditure on Social Services of which:</b>	24.9	23.4	24.3	24.4	25.8	26.0
<b>i) Education</b>	11.6	10.8	10.4	10.2	10.1	10.6

<b>ii) Health</b>	4.6	4.5	4.7	5.0	5.2	5.1
<b>iii) Others</b>	8.6	8.1	9.3	9.2	10.4	10.3
<b>As percentage to social services</b>						
<b>i) Education</b>	46.7	46.1	42.8	41.8	39.3	40.7
<b>ii) Health</b>	18.7	19.4	19.1	20.5	20.3	19.8
<b>iii) Others</b>	34.7	34.6	38.0	37.7	40.4	39.5

Source: Budget Documents of Union and State Governments, Reserve Bank of India.

Note:

1. Social services include, education, sports, art and culture; medical and public health, family welfare; water supply and sanitation; housing; urban development; welfare of SCs, STs and OBCs, labour and labour welfare; social security and welfare, nutrition, relief on account of natural calamities etc.
2. Expenditure on 'Education' pertains to expenditure on 'Education, Sports, Arts and Culture'.
3. Expenditure on 'Health' includes expenditure on 'Medical and Public Health', 'Family Welfare' and 'Water Supply and Sanitation'.
4. The ratios to GDP at current market prices are based on 2011-12 base.

10.13 The Government has been committed to provision of social security which is evident in the initiation of major social sector schemes by the Government of India during the last five years as shown in Table 4.

**Table 4: Major Social Protection Schemes and Achievements during 2014-2019**

<b>Scheme</b>	<b>Features</b>	<b>Status</b>
Pradhan Mantri Suraksha Bima Yojana, 2015	Accident insurance scheme, offers a one-year accidental death and disability cover. Annual premium is ₹12. Available to people in the age group 18 to 70 years	As on 31/10/2018, gross enrolment is 14.27 crore. Amount of claims raised: ₹449.82 crore
Pradhan Mantri Jeevan Jyoti Bima Yojana, 2015	Government-backed life insurance scheme. Annual premium is ₹330. Available to people between 18 and 50 years of age	As on 31/10/2018, gross enrolment is 5.57 crore, Amount of claims raised: ₹2422.54 crore
Atal Pension Yojana, 2015	Pension scheme targeted at the unorganized sector.	In 2017-18, total subscribers enrolled were 97.05 lakh
Pradhan Mantri Fasal Bima Yojana, 2016	A Crop Insurance Scheme. Replaces the existing two schemes National Agricultural Insurance Scheme as well as the Modified NAIS.	Kharif 2017: 13.7 million farmers received compensation of ₹17209.94 crore.
Pradhan Mantri Vaya Vandana Yojana, 2018	Pension Scheme exclusively for the senior citizens aged 60 years and above.	As on 30/11/2018, 3.31 lakh subscribers, corpus of ₹22,812.75 crore
Atal Bimit Vyakti Kalyan Yojana, 2018	For Insured Persons (IP) covered under the Employees' State Insurance Act, 1948. Relief payable in cash in case of unemployment and while they search for new engagement.	To benefit 3 crore insured persons under ESIC coverage



Pradhan Mantri Rojgar Protsahan Yojana	12 per cent of employer contribution to EPFO of the new employees' drawing salary upto ₹15000 pm is given by government for the initial three years.	Number of establishments benefitted between 2016-17 & 15 <sup>th</sup> January, 2019 was 1.24 lakh.
PM Shram-Yogi Mandhan Yojana, 2019	Offers every individual with a regular pension after they attain 60 years. Beneficiaries in unorganized sector workers.	As on 20 <sup>th</sup> June, 2019 30.67 lakh subscribers
PM-KISAN, 2019	Offers income support of ₹6000/- per annum in three equal instalments to all eligible farmers irrespective of land holdings.	As on 23 <sup>rd</sup> April, 2019, around 3.10 crore small farmers have received the first tranche of ₹2,000 and 2.10 crore farmers have got the second instalment.
Ayushman Bharat, 2018	Umbrella scheme of two major health initiatives: (i) Health & Wellness Centres to provide to comprehensive primary health care. (ii) PMJAY aims to cover 10.74 crore poor & vulnerable families providing health coverage upto ₹5 lakh per family per year for secondary & tertiary hospitalization.	As on 11 <sup>th</sup> January, 2019, 4503 HWCs operationalized. PMJAY: as on 30 <sup>th</sup> December, 2018, no. of hospitals empaneled: 16,112, beneficiaries admitted: 6.81 lakh, e-cards issued: 39.48 lakh.
National Nutrition Mission or POSHAN Abhiyaan	Ensure attainment of malnutrition free India by 2022. Targeted intervention in areas with high malnutrition burden.	Scheme rolled out in all districts of 36 States/UTs. Mass media campaign and information dissemination at grassroots level being undertaken. September 2018 observed as Rashtriya Poshan Maah (month).
Mission Indradhanush (MI) and Intensified Mission Indradhanush (IMI)	To vaccinate unreached/partially reached pregnant women and children so as to reduce vaccine preventable under-5 mortality rate. The drive is focused on pockets of low immunization average and hard to reach areas where proportion of unvaccinated and partially vaccinated children and pregnant women is high.	As of 12 <sup>th</sup> April, 2019, 3.39 crore children immunized of which 81.79 lakh fully immunized. Under IMI, full immunization coverage in 190 districts increased from 50.5 per cent to 69 per cent as per Coverage Evaluation Survey, 2018 conducted by WHO and UNDP.
Pradhan Mantri Awas Yojana-Rural & Urban	Housing for All by 2022	PMAY - Urban: 80.96 lakh houses sanctioned and 25.69 lakh houses completed as on 27 <sup>th</sup> May, 2019. 90 lakh houses completed in PMAY-Gramin during 2017-19.
Swachh Bharat Mission-Urban +Rural	100 per cent open defecation free by 2019	Urban areas of 21 States/UTs declared ODF 5.33 lakh villages in 25 States/UTs declared ODF

Source: Year-end achievements of various Central Ministries.

## EDUCATION FOR ALL

10.14 Goal 4 of Sustainable Development Goals (SDGs) on education requires ensuring equitable, inclusive and quality education along with promotion of lifelong learning opportunities for all by 2030.

### Status of Education in India

10.15 As per Educational Statistics at a Glance (ESAG), 2018, the thrust on

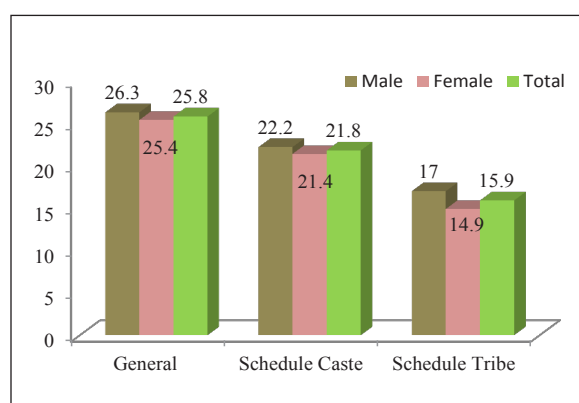
providing primary education has yielded results across social categories and gender in Gross Enrolment Rate (GER). Over the years, remarkable progress has been made in respect of female participation up-to secondary level and GER for girls has exceeded that of boys (Table 5). But girls' enrolment rate is lower than that of boys at the higher education level. At this level, the gap is visible across the social categories too (Figure 6).

**Table 5: GER (per cent), Drop-out Rate (per cent) and Pupil Teacher Ratio at levels of schooling**

Level	GER (2016-17)	Drop-Out Rate (2016-17)	Pupil Teacher Ratio (Norm) 2015-16
<b>Primary</b>	Male: 94.02	Male: 6.3	23 (30 - RTE)
	Female: 96.35	Female: 6.4	
<b>Upper Primary</b>	Male: 86.90	Male: 4.97	17 (35 - RTE)
	Female: 95.19	Female: 6.42	
<b>Secondary</b>	Male: 78.51	Male: 19.97	27 (30 – Secondary level laid down in the relevant Scheme)
	Female: 80.29	Female: 19.81	
<b>Senior Secondary</b>	Male: 54.93	Male: 6.37	37
	Female: 55.91	Female: 5.49	
<b>Higher Education</b>	Male: 26.3	NA	30
	Female: 25.4	NA	

Source: Educational Statistics at a Glance 2018, U-DISE 2016-17 and AISHE 2017-18 (latest available).

**Figure 6: GER at Higher Education Level (per cent) 2017-18**



Source: AISHE, 2017-18 (Ministry of Human Resource Development)

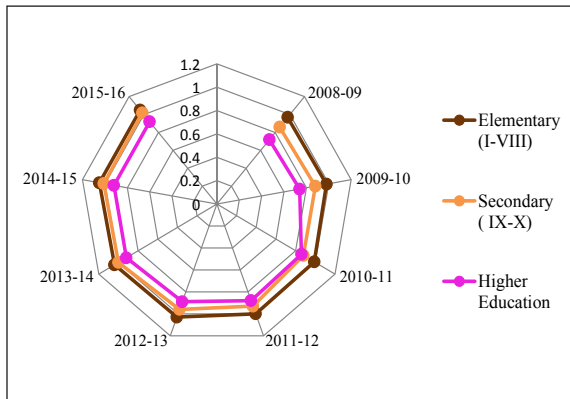
10.16 The drop-out rates are very high for boys at the secondary school level. According to NSSO 71<sup>st</sup> round<sup>2</sup> (2014), the reasons for male students dropping out are economic activities, lack of interest in education and financial constraints. The transition rate from secondary school to senior secondary and further to higher education is also very low. The Pupil Teacher Ratio (PTR) at national level for primary schools is 23, 17 for upper primary, 27 for secondary and 37 for senior secondary schools. While the PTR appears to be satisfactory, it is clear that while there are sufficient teachers, the main issue is their balanced deployment based on student strength.

<sup>2</sup> Key Indicators of Social Consumption in India: Education, 2014.

## Gender Parity Index (GPI) based on GER

10.17 GPI based on GER indicates increasing trend of female participation at all levels (Figure 7). At the higher education level the GPI is low (0.92 in 2015-16 for

**Figure 7: Gender Parity Index (2015-16)**



Source: Educational Statistics at a Glance, 2018

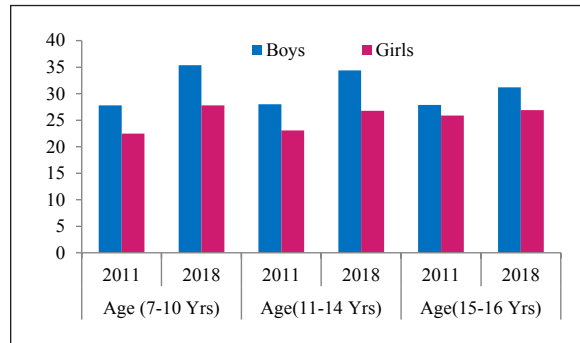
## Learning Outcomes: Improving quality of education

10.18 As per Annual Status of Education Report (ASER, 2018), from 2014 to 2018, there is a gradual improvement in both basic literacy and numeracy for Class III students but still only a quarter of them are at grade level (ability to read and do basic operations like subtraction of Class II level). The report also shows that 1 out of 4 children leaving Class VIII are without basic reading skills (ability to read at least at Class II level).

10.19 The Rules of the RTE Act were amended in February, 2017 to include, for the first time, the class wise, subject wise Learning Outcomes till Class VIII, thereby emphasising the importance of quality education. In this regard, Learning Outcomes for each class in Languages (Hindi, English and Urdu), Mathematics, Environmental Studies, Science and Social Science up to the elementary stage have been developed. These

higher education level and for all other levels it was above 1) (Figure 7). Although, enrolment of girls is higher than that of boys in government schools, the pattern gets reversed in private schools. The gender gap in enrolment in private schools has consistently increased across age groups (Figure 8).

**Figure 8: Gender gap in GER in Private schools (per cent)**



Source: ASER, 2018.

are the basic levels of learning that students should achieve at the end of each class.

## National Achievement Survey

10.20 National Achievement Survey (NAS) which was earlier based on textbook content, has been made a competency-based evaluation from 2017. As compared to only 4.43 lakh students who were earlier tested across Classes 3, 5 and 8, in 2017 over 22 lakh students from around 1,10,000 schools across 701 districts of India (including rural and urban) were assessed. In the case of Class X, over 15 lakh students from around 44,000 schools across 609 districts were assessed in 2018 compared to 2.77 lakh students assessed in the previous cycle at the State level only. The NAS, 2017 was therefore one of the world's largest sample surveys of student learning achievement. The District wise report cards, generated under NAS, show the learning levels of students in every district against the expected learning

outcomes of a particular grade. In the case of Class X, over 15 lakhs students from around 44000 schools across 609 districts were assessed in 2018 compared to 2.77 lakh students assessed in the previous cycle at the State level only.

### Shortfall of teachers

10.21 The shortage of teachers is a perennial problem with 9.08 lakh vacancies of teachers at elementary level in government schools as on 31<sup>st</sup> March 2016. This is despite the high number of pass-outs in D.Ed./B.Ed. programme and the number of surplus teachers in zero enrolment schools (Table 6 ).

**Table 6: Available manpower for teaching job, pass out in D.Ed. /B.Ed. and number of surplus teachers during 2015-16**

No. of candidates	Male	Female	Total
D.Ed. or equivalent pass out	39011	49501	88512
B.Ed. pass-out	197793	348440	546233
Teachers in schools with zero enrolment	-	-	24921
Total availability of school teachers	-	-	636861
Demand for teachers at elementary level	-	-	400000 (approx.)

Source: Education Statistics at a Glance, 2018

### Box 2: Recent Initiatives in School Education Sector

**Samagra Shiksha:** A comprehensive programme subsuming Sarva Shiksha Abhiyan (SSA), Rashtriya Madhyamik Shiksha Abhiyan (RMSA) and Teacher Education (TE). For first time, it also includes provisions for support at pre-school level, library grants and grants for sports and physical equipment. The vision of the Scheme is to ensure inclusive and equitable quality education from pre-school to senior secondary stage in accordance with the Sustainable Development Goal (SDG) for Education (SDG-4).

**Swayam** platform offers 10 courses of Diploma in Elementary Education (D.El.Ed) and more than 13 lakh unqualified teachers have enrolled for this diploma.

**UDISE+**, an updated online real time version of UDISE (Unified District Information on School Education) has been launched with three additional features – GIS mapping, data verification through third-party mobile application and data analytics.

**PGI**, Ministry of Human Resource Development has launched a 70-point Performance Grading Index (PGI) to assess areas of deficiency in each state's school education system so that targeted interventions can be made at every level from pedagogy to teacher training.

**ICT driven initiatives:** Shaala Sidhi (to enable all schools to self-evaluate their performance), e-Pathshala (providing digital resources such as textbooks, audio, video, periodicals etc.) and Saransh (an initiative of CBSE for schools to conduct self-review exercises).

10.22 The shortage of teachers and principals and administrative staff, lack of regular supervision and inspection, inadequate training of the teachers, timely availability of finances are some of the factors plaguing the education system in the country as captured by

PGI (Performance Grading Index, 2017-18) in the Governance and Management Domain for the first time. As per PGI report, 2017-18 in this domain, the top score (279, Gujarat) is only 78 per cent of the maximum points (360) and at the other end of the spectrum,

the minimum score obtained in this Domain is below 40 per cent (36.1 per cent). This clearly implies that 'Governance' is the domain which all States and UTs must focus upon. The PGI accords the highest importance to the Domain relating to Governance and Management because compliance with the indicators here will lead to critical structural reforms in areas ranging from monitoring the attendance of teachers to ensuring a transparent recruitment of teachers and principals.

## SKILL DEVELOPMENT

10.23 The schooling system improves the educational level of the population. It is skill

training that equip the youth to enter the labour market and improves their employability. According to NSSO Report 2011-12, only 2.3 per cent of the total workforce in India had formal sector skill training. Keeping in view the predominance of young population, the Government had formulated the National Policy on Skill Development & Entrepreneurship, 2015 under which the Skill India Mission by 2022 was formulated. The government had launched a comprehensive skill development programme in the last five years with the setting up of a Ministry for Skill Development & Entrepreneurship. Some of the major skill development programmes are listed in Table 7.

**Table 7: Skilling in India: Recent Government Initiatives**

Initiatives	Objectives	Achievements
Pradhan Mantri Kaushal Vikas Yojana (PMKVY) (1.0), 2015	Mobilize youth to take up industry relevant skill training. Targets to train 1 crore youth by 2020. Recognizes and certifies prior learning.	During 2015-16, 19.8 lakh youth were trained as against the target of 24 lakh.
Pradhan Mantri Kaushal Vikas Yojana (2.0), 2016-20	PMKVY version 2 has mandatory provisions for placement tracking.	Short term training: 30 lakh candidates enrolled, 27.9 lakh trained, 12.05 lakhs placed. Placement percentage: 54 per cent. Recognition of Prior Learning: 22.65 lakh enrolled, 22.08 lakh trained and 17.84 lakh assessed out of which 16.60 lakh passed as on 13 <sup>th</sup> May, 2019
Pradhan Mantri Kaushal Kendra, 2015	Aspirational Model Training Centers to be opened in every district.	Till June 2019, 851 PMKKs have been allocated, 601 PMKKs have already been established.
National Apprenticeship Promotion Scheme, 2016	To promote apprenticeship. Consists of Basic Training and On-the-Job Training/ Practical Training at workplace.	Till June 2019, 11.87 lakhs candidate registered. 76,860 establishments registered under the scheme.
SANKALP, 2017	Creating convergence among all skill training activities, improving quality of skill development programmes, Creating industry led and demand driven skill training capacity.	As on December 2018, the process of disbursements of funds to States/ UTs is underway. Regional workshops with States/ UTs are also being held to facilitate roll out.
STRIVE, 2017	Creating awareness through industry clusters, integrating and enhancing delivery quality of ITIs.	As on December 2018, the operations manual of the project has been prepared.

Source: Ministry of Skill Development & Entrepreneurship.



## Bridging the disconnect in the Skilling Ecosystem

10.24 The various government initiatives in the skilling ecosystem require further coordinated and concerted efforts between various Departments/Ministries and State governments for improving quality, relevance, quantity, aspirations, mobility and financing of skill development. Some recommendations towards improving the skill development programmes are stated below:

- Approximately 30 per cent of the surveyed STT participants in PMKVY were not looking for employment

currently. At implementation level, proper pre-screening on the candidates should be done and ensure that only eligible candidates are enrolled for the programme. Moreover, stronger facilitation support to avail MUDRA loan should be provided to PMKVY certified candidates.

- Skill Voucher can be introduced as a financing instrument given to a beneficiary that enables them to sign up for vocational education course at any accredited training institute. Once training is completed, the accredited

### Box 3: Impact of PMKVY.2 on Employability and Income- An Evaluation

The key question which the evaluation of PMKVY.2 aimed to answer is: *What is the impact of PMKVY training and certification on the employability and income of its participants?*

For evaluation of STT (Short Term Training) component, a three-arm design has been adopted. Arm 1 consists of individuals who have completed their training and have been certified under PMKVY. Arm 2 consists of individuals who have completed their training but have not been certified (did not appear or pass the assessment test) under PMKVY. Arm 3 consists of individuals who are similar to the PMKVY trained/certified respondents in terms of eligibility criteria but have not attended the PMKVY training. Through this design, the study aims to essentially assess the impact of PMKVY training and certification on employment and salary premium, based on survey conducted during December, 2018 to January, 2019 of PMKVY trained candidates.

**Employment impact:** Impact analysis of STT on the employability shows that PMKVY training and certification has led to a nine-percentage point increase in proportion of employed individuals, as the proportion of employed individuals was 32 per cent in Arm 1 as compared to 23 per cent in Arm 3. PMKVY training alone was found to have an impact of eight percentage points on employability, as Arm 2 employment rate was 31 per cent as compared to 23 per cent in Arm 3. However, PMKVY certification alone, was found to have a non-significant impact of two percentage points when the employment rate of Arm1 was compared with employment rate of Arm 2 respondents.

**Income impact:** On assessment of impact of STT on the income, PMKVY training and certification was observed to have an impact of 15 per cent on the mean monthly income (₹8629/- in Arm 1 as compared to ₹7474/- in Arm3). PMKVY training alone was observed to have an impact of nine per cent, as mean monthly income of PMKVY trained individuals was observed to be ₹8283 as compared to ₹7584 of the comparison group. Also, PMKVY certification alone was found to have an impact of nine per cent on the mean monthly income (₹8588 in Arm 1 as compared to ₹7907 in Arm 2).

While assessing the impact of RPL (Recognition of Prior Learning) programme on income, a significant difference of 19 per cent was observed in the mean monthly income of RPL certified candidates (₹10997/-) when compared to that of the comparison group (₹9275/-). The analysis of the before RPL and current monthly income of RPL certified individuals suggest a 25 per cent increase in their mean monthly income (₹11006/- currently as compared to ₹8836/- before RPL programme). Further, 35 per cent of PMKVY certified respondents who had an increase in their current income, have acknowledged the contribution of RPL programme in the same.

**Source:** Ministry of Skill Development & Entrepreneurship.



institution can redeem the voucher from the government.

- Industry should be incentivized to set up training institutions in PPP mode. Local Industry must be involved for curriculum development, training modules, provision of equipment, training of trainers etc. Industry can help in developing a database of instructors for selection of Training providers.
- The personnel of Railways and other para-military forces could be used for skill training or lending institutional support in imparting training in hilly, inaccessible and difficult terrains. Local bodies can be used for skill mapping and creating a data base of youth at local level to assess demand supply gaps.

## EMPLOYMENT SCENARIO

### Findings of Periodic Labour Force Survey

10.25 The Periodic Labour Force Survey (PLFS) has been designed to yield annual estimates of the labour force on employment and unemployment along with quarterly estimates for the urban areas. The first annual PLFS (2017-18) provides quarterly employment statistics for urban areas on Current Weekly Status (CWS) basis and annual estimates of employment indicators both in rural and urban areas on CWS and usual status basis<sup>3</sup>. However, labour market estimates by PLFS is not strictly comparable with NSSO-EUS. For comparability, the result of the PLFS with earlier rounds of NSSO surveys need to be understood in the context with which the survey methodology and sample solution has been designed.

10.26 As per PLFS estimates, Labour Force Participation Rate (LFPR) in India has

**Table 8: Key Labour Market indicators for all age group in 2017-18 (in per cent)**

Indicators	Rural	Urban	Total
<b>Usual Status</b>			
<b>LFPR</b>	37.0	36.8	36.9
<b>WPR</b>	35.0	33.9	34.7
<b>UR</b>	5.3	7.8	6.1
<b>CWS</b>			
<b>LFPR</b>	35.7	36.4	35.9
<b>WPR</b>	32.6	32.9	32.7
<b>UR</b>	8.5	9.6	8.9

Source: Annual Report, PLFS (2017-18)

declined to 36.9 per cent in 2017-18 from 39.5 per cent in 2011-12 (NSSO) as per usual status. In rural areas, it has declined by 3.6 percentage points while it has declined by 0.1 percentage points in urban areas. The Worker Population Ratio (WPR) has also shown similar trend. As per usual status, WPR in India has declined to 34.7 per cent in 2017-18 from 38.6 per cent in 2011-12 (NSSO). The WPR has declined by 4.9 percentage points in rural areas while it has declined by 1.6 percentage points in urban areas (Table 8).

10.27 The unemployment rate (UR) in India stood at 6.1 per cent with 5.3 per cent in rural areas and 7.8 per cent in urban areas as per usual status. As per CWS, the UR was 8.9 per cent with 8.5 per cent in rural areas and 9.6 per cent in urban areas (Table 8).

10.28 General education of youth has improved to 65.4 per cent for urban females and 65.8 per cent for urban males. However, 94.3 per cent of those aged 15 or over in urban areas do not have technical education. The proportion of urban youth who received formal vocational training has improved to 4.4 per cent in 2017-18. PLFS found on average, a male employee earned nearly 1.2-1.3 times the earnings of female regular

<sup>3</sup> A person who is unable to get work for even for an hour in the last seven days of reference week despite available and seeking for work is considered as unemployed under CWS while under usual status activity of a person is determined on the basis of reference period of 365 days preceding the date of survey.

salaried worker in 2018. However, self-employed male workers earned 2 times more than the earnings of self-employed female workers in urban areas in 2018.

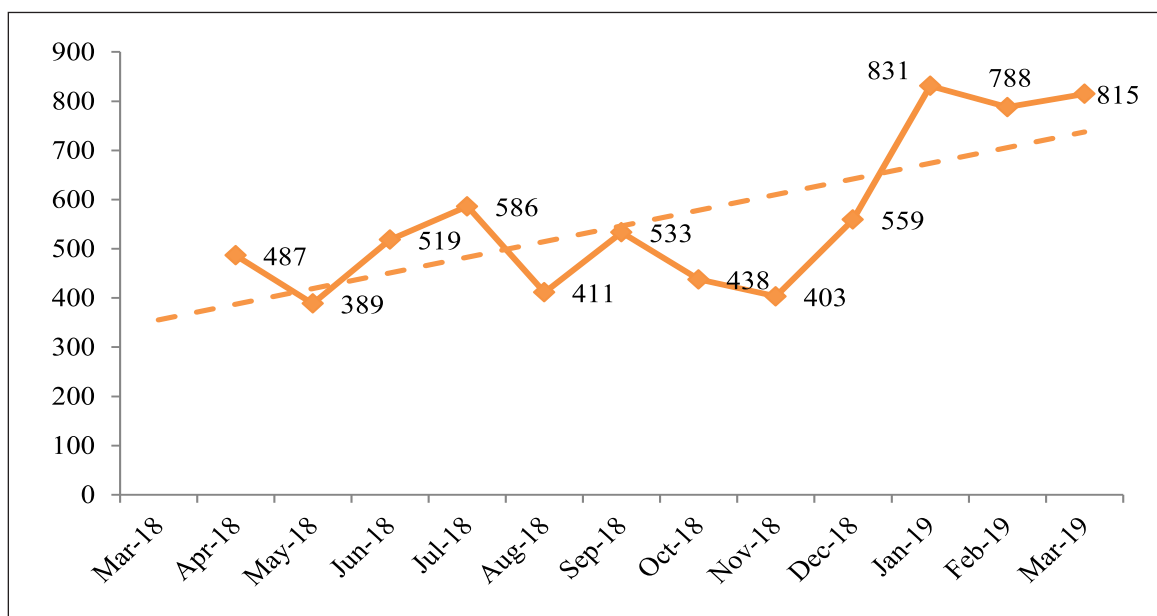
10.29 Keeping in view India's demographic advantage and with almost 93 per cent of the informal workforce, it is important to improve measures of employment through administrative statistics, which should be complemented by periodic surveys. In this direction, the Ministry of Statistics and Programme Implementation has started bringing out estimates of new subscribers/members enrolling in large

social security schemes like the Employees' Provident Fund (EPF), Employees' State Insurance (ESI) Scheme and the National Pension Scheme (NPS). The next section examines the indicator for employment in formal sector based on the payroll data of EPFO.

### Indicators for Employment in Formal Sector

10.30 The Government has been bringing out the employment related statistics in the formal sector (since April 2018) covering the period September 2017 onwards, using

**Figure 9: Indicator for Employment in Formal Sector (in thousands)**



Source: EPFO data

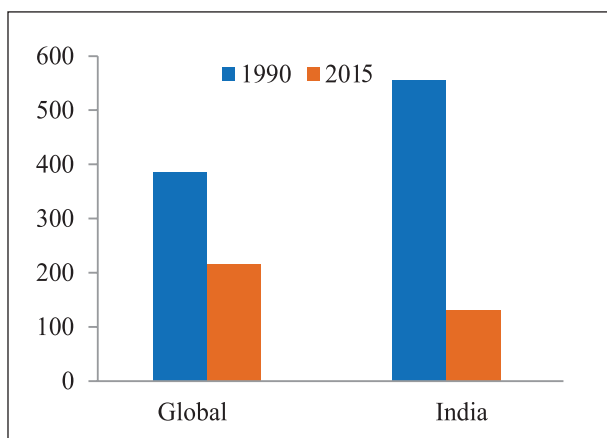
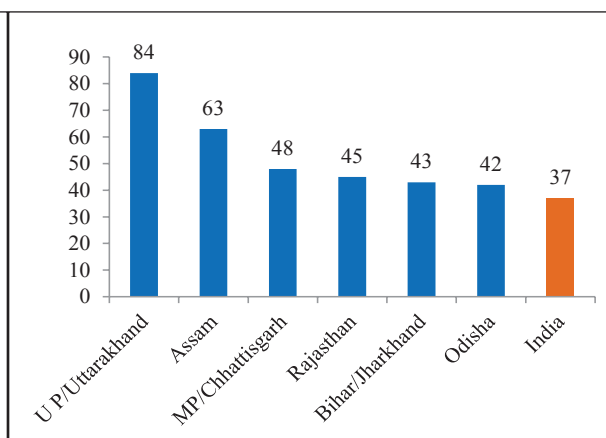
information on the number of subscribers who have subscribed under three major schemes, namely, the Employees' Provident Fund (EPF) Scheme, the Employees' State Insurance (ESI) Scheme and the National Pension Scheme (NPS). There are elements of overlap and the estimates are not additive. However, the payroll data released by EPFO based on the number of members subscribing to the scheme gives an idea of the level of employment in the formal sector

(Figure 9).

10.31 The net employment generation in the formal sector was higher at 8.15 lakh in March 2019 against 4.87 lakh in February, 2018. The trend line reflects a positive trend in terms of employment in the formal sector.

### HEALTH FOR ALL

10.32 Human health and wellbeing are interrelated with sustainable development in a complex, bidirectional way, in that investment

**Figure 10: MMR: Global Comparison****Figure 11: Decline in MMR (in points) for EAG States (2011-13 to 2014-16)**

Source: MMEIG Report 2015 and SRS Report for India (2018) & EAG States (latest available).

in health for all supports social, economic and environmental sustainability (WHO, 2017). A healthy productive population is an enabler for sustainable development and hence it is critical that the Government remains committed to improve public health delivery, reduce health inequities and ensure affordable health care for all. Though India has made substantial progress, there are areas which require policy interventions to attain the goals of accessible, affordable and quality health care.

### Status of Health

10.33 The National Health Mission (NHM), with its two sub-missions National Urban Health Mission (NUHM) and National Rural Health Mission (NRHM) envisages achievement of universal access to equitable, affordable and quality healthcare services that are accountable and responsive to peoples' needs. Under this Mission, support is provided to States/UTs to provide accessible, affordable, accountable and effective healthcare up to District Hospital level. Major programme components under NRHM are Reproductive-Maternal-Neonatal-Child and Adolescent Health and Communicable and Non-Communicable diseases.

### Maternal Health

10.34 Maternal Mortality Ratio (MMR) of India has declined by 37 points from 167 per lakh live births in 2011-13 to 130 per lakh live births in 2014-16, in a span of three years. Between 1990 and 2015, MMR in India has declined by 77 per cent as compared to 44 per cent decline in global average (Figure 10).

10.35 Between 2011-13 and 2014-16, all Empowered Action Group (EAG) States have shown MMR decline which is higher than that of National Average (SRS 2014-16) (Figure 11). New initiatives of the Government to improve Maternal and New-born Health are given in Box 4.

### Child Health

10.36 As per the latest Sample Registration System, 2016 report, the Under Five Mortality Rate in India is 39 per 1000 live births, Infant Mortality Rate is 34 per 1000 live births and Neonatal Mortality Rate is 24 per 1000 live births. The U5MR has declined at a faster pace in the period 2008-2016, registering a compound annual decline of 6.7 per cent per year, compared to 3.3 per cent compound annual decline observed over 1990-2007.

### Box 4: New Initiatives for Maternal & New born Health

**LaQshya: 'LaQshya - Quality Improvement Initiative'** was launched in December, 2017 with the objectives of reducing preventable maternal and new born mortality, morbidity and stillbirths associated with the care around delivery in Labour room and Maternity OT (Operation Theatre) and to ensure respectful maternity care. LaQshya initiative is a focused and targeted approach to strengthen key processes related to the labour rooms and maternity operation theatres in order to achieve time bound targets and to ensure desired outcome within a short period.

**Midwifery initiative:** The revision of Nurse Practitioner in Midwifery curriculum is being undertaken by the Indian Nursing Council to include core competence. The Government has initiated midwifery services throughout the country in 2018, with an objective to provide access to quality maternal and new born health services, promote natural birthing, ensure respectful care and reduce over medicalization. The Midwifery Services Initiative aims to create a cadre for Nurse Practitioners in Midwifery who are skilled in accordance to ICM competencies, knowledgeable and capable of providing compassionate women-centric pregnancy care.

**Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA):** Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) was launched in 2016 to provide comprehensive and quality Ante-Natal Care (ANC) to pregnant women on the 9th of every month. Under PMSMA, doctors from both the public and private sector examine pregnant women on 9th of every month at Government health facilities. So far, more than 1.8 Crore antenatal check-ups (in addition to routine four ANC check-ups) have been conducted across the country under this program.

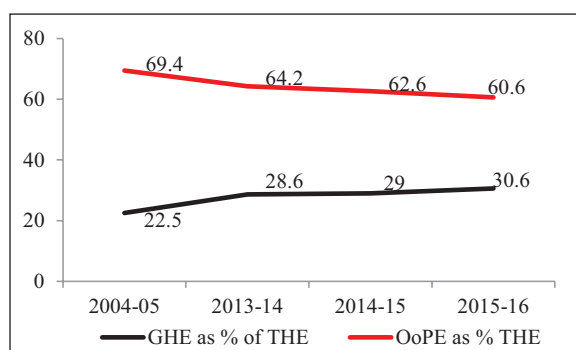
### Expenditure on health

10.37 As per the National Health Accounts Estimates during 2013-14 to 2015-16, there is an encouraging trend of decreasing Out of Pocket Expenditure (OOPE) and an increase in public health expenditure out of Total Health Expenditure (THE). Public health expenditure (Centre, States and Local Bodies), as a percentage of Total Health Expenditure (THE) increased from 22.5 per cent in 2004-05 to 30.6 per cent in 2015-16 (Figure 12).

10.38 The Out-of-Pocket expenditure still remains the major component of healthcare expenditure, as evidenced from the cross-country analysis (Figure 13).

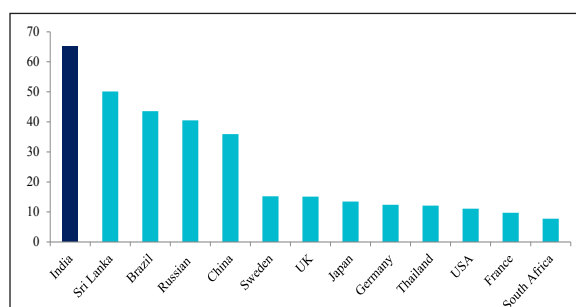
10.39 One major component of OOPE is expenditure on medicines. Government has made various provisions to provide medicines free of cost in Government facilities, but in reality, a majority (more than 60 per cent) of the patients are still forced to pay for some of the medicines they receive. The Government has taken several steps to reduce Out of Pocket

**Figure 12: Government Health Expenditure & OOPE (in per cent)**



Source: National Health Accounts Estimates for India, MoHFW (latest available).

**Figure 13: OOPE as a percentage of Current Health Expenditure (in per cent)**



Source: Global Health Expenditure Database, WHO, OOPE India figure calculated by WHO (extracted on May 31, 2019).

**Box 5: Ayushman Bharat – a major step towards achieving Universal Health Coverage**

Ayushman Bharat is a flagship programme of the Government, which comprises of two inter-related components, viz. establishment of “Health and Wellness Centres” (HWCs) for delivering Comprehensive Primary Health Care and “Pradhan Mantri Jan Arogya Yojana” (PMJAY), a health assurance scheme for preventing the financial hardships in availing in-patient care. This is the strategy adopted by India to achieve the vision of Universal Health Coverage (UHC) with its underlying commitment of “leaving no one behind”.

The National Health Policy, 2017 recommends strengthening the delivery of primary health care, through establishment of Health and Wellness Centres and calls for a commitment of two third of the health budget for Comprehensive Primary Health care. Government of India announced upgradation of 1,50,000 Sub Centres and Primary Health Centres to Health and Wellness Centres by 2022 under Ayushman Bharat. This initiative is an attempt to move from selective and segmented approach to a comprehensive need-based health care service delivery.

The HWCs provide preventive, promotive, rehabilitative and curative care for Reproductive, Maternal, New Born, Child plus Adolescent Health (RMNCH+A), Communicable diseases, non-communicable diseases, Ophthalmology, ENT, trauma services etc. The HWCs would undertake population based screening, prevention and control for Common NCDs- Hypertension, Diabetes, and the three common cancers (Oral, Cervix and Breast cancer), building on the already existing National Programme for the Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS). The HWC would be the first point of contact with the PHC/ CHC serving as the first referral point. This would, over time, reduce the burden on secondary and tertiary centres having to provide care for primary health as well, and also reduce out of pocket expenditures.

The second component of Ayushman Bharat, PMJAY, the largest public health insurance scheme in the world aims at providing financial protection (Swasthya Suraksha) to 10.74 crore poor and vulnerable families (approx. 50 crore beneficiaries) as per the latest Socio-Economic Caste Census (SECC) data, and existing RSBY beneficiaries. The scheme offers a benefit cover of ₹5 lakh per family per year (on a family floater basis). PMJAY covers medical and hospitalization expenses for most of the secondary and tertiary care procedures. PMJAY has defined 1,350 medical packages covering surgery, medical and certain day care treatments including medicines, diagnostics and transport.

To ensure that nobody is left out (especially the girl child, women, children and elderly), there is no cap on family size and age in the scheme. The scheme is cashless and paperless at public hospitals and empanelled private hospitals. The benefits also include pre and post-hospitalization expenses. The scheme is entitlement based.

Expenditure (OOPE) and burden of diseases in the country. One of the major steps taken by the Government to move towards Universal Health Coverage has been the launch of Ayushman Bharat (Box 5). Free Drugs and Diagnostics Service initiatives is another key initiative to bring down OOPE.

10.40 Affordability is a key issue in healthcare. In terms of the costs to the Government and for the individuals who seek healthcare in a country like India, the potential of AYUSH in reducing health expenses is immense. This aspect has been rightly recognised by the National Ayush Mission (NAM)<sup>4</sup>. There are several scalable

<sup>4</sup> Recognising the scope of alternative systems of medicine, the Mission was launched by Hon'ble PM in September 2014 to address the gaps in health services through supporting the efforts of State/UT Governments for providing AYUSH health services/education in the country, particularly in vulnerable and far-flung areas. Under NAM special focus will be given for specific needs of such areas and for allocation of higher resources in their Annual Plans.



projects in the areas of infertility treatments, NCDs etc. which can be adopted across India by co-locating AYUSH healthcare services under single roof so that people are free

to choose, what is appropriate for them, thus making healthcare more accessible, accountable, affordable and customised (Box 6).

### Box 6: Promoting AYUSH: An Affordable Healthcare Option for All

The role of AYUSH in preventive and promotive healthcare has not received the attention which is due to it, owing to the market driven supply systems that have emerged in health sector. As per NSSO, 71st round, only 5 to 7 per cent usage of 'other' including AYUSH (Ayurveda, Yoga or Naturopathy Unani, Siddha and homoeopathy) has been reported both in rural and urban areas. In terms of costs, the average out of pocket expenditure on AYUSH medicines per treated person is lower compared to non-AYUSH medicine as can be seen below:

#### Average out of pocket expenditure on AYUSH medicines and other (non-AYUSH) medicines per treated person in the last 15 days by sex and place of residence, 2014

System of medicine	OOP expenditure (in ₹)					
	Rural			Urban		
	Male	Female	All	Male	Female	All
AYUSH medicine	322	228	270	462	311	378
Other (non-AYUSH) medicine	381	402	392	485	430	454

Source: NSSO 71st Round on Social Consumption: Health (2014).

Further, there are scalable projects which can be replicated in other States depending on the local traditional preference/acceptability for the systems, like Unani in Uttar Pradesh, Sidhha in Tamil Nadu and Ayurveda across India, since it is India's own system of medicine.

'JANANI'<sup>5</sup> scheme of Government of Kerala is an exemplar which has popularised the system of homeopathy treatment for infertility in public health facilities<sup>6</sup>. In July to December 2012, the launch year of the pilot project JANANI, the number of cases at Kannur district was less than 100. However, over time there has been exponential growth in the number of infertility cases being registered and treated (see Figure) at Kannur District Homeopathy Hospital.

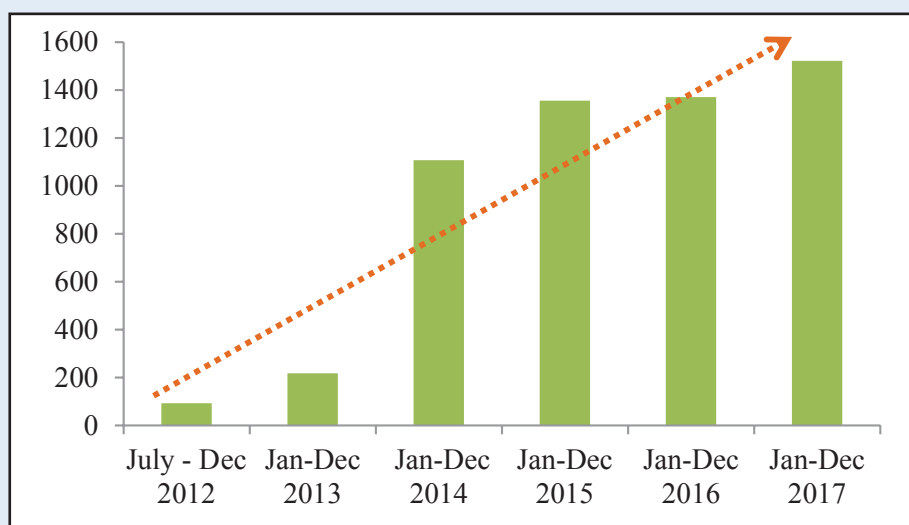
There is immense scope and potential in expanding the AYUSH systems of treatment for attaining the universal healthcare goals set by India. Recognising the significance of alternative systems, government has approved the continuation of National Ayush Mission (NAM) from 01.04.2017 to 31.03.2020 with an outlay of ₹2400 crore over the 3 year period.

<sup>5</sup> Mother and child' Pilot project for Homeopathic Intervention in infertility launched in Kannur District Homeopathy Hospital in 2012; Newsletter, Dept. of Homeopathy, Government of Kerala, February 2019.

<sup>6</sup> Government of Kerala, Survey data show, in Kerala 10.25% of women face the problem of infertility but more than 60% of couples in Kerala resort to modern system of treatment, which entails huge costs for infertility treatment and hospitalization charges.



### Cases at Janani Kannur District Homeopathy Hospital



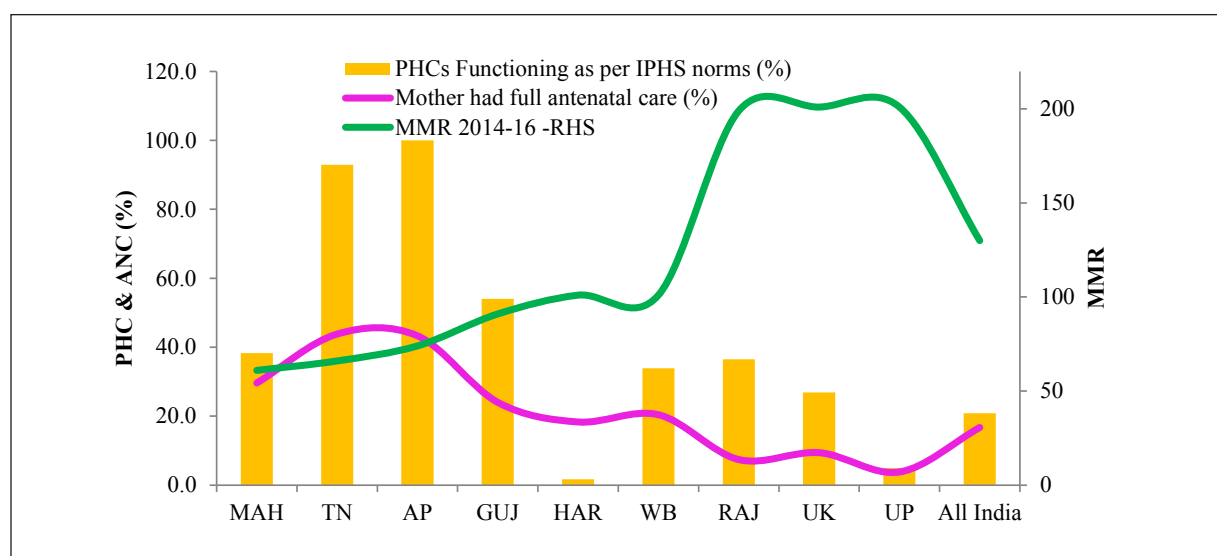
Source: Kannur District Homeopathy Hospital, Government of Kerala, February 2019.

## Health Infrastructure in Rural Areas

10.41 Health infrastructure is an important indicator of the quality of health care delivery systems. IPHS (Indian Public Health Standards) are a set of uniform standards envisaged to improve the quality

of health care delivery in the country. The upgradation of facilities to IPHS norms can lead to reduction in maternal mortality. MMR in the States where PHCs were functioning according to IPHS norms ranged between 1.7 per cent (Haryana) to 100 per cent (Andhra Pradesh) (Figure 14).

**Figure 14: State-wise status of antenatal care (per cent) and Maternal Mortality Ratio with PHCs functioning as per IPHS norms (per cent)**



Source: Rural Health Statistics 2016, NFHS-4 and Census SRS Bulletin on MMR 2014-16

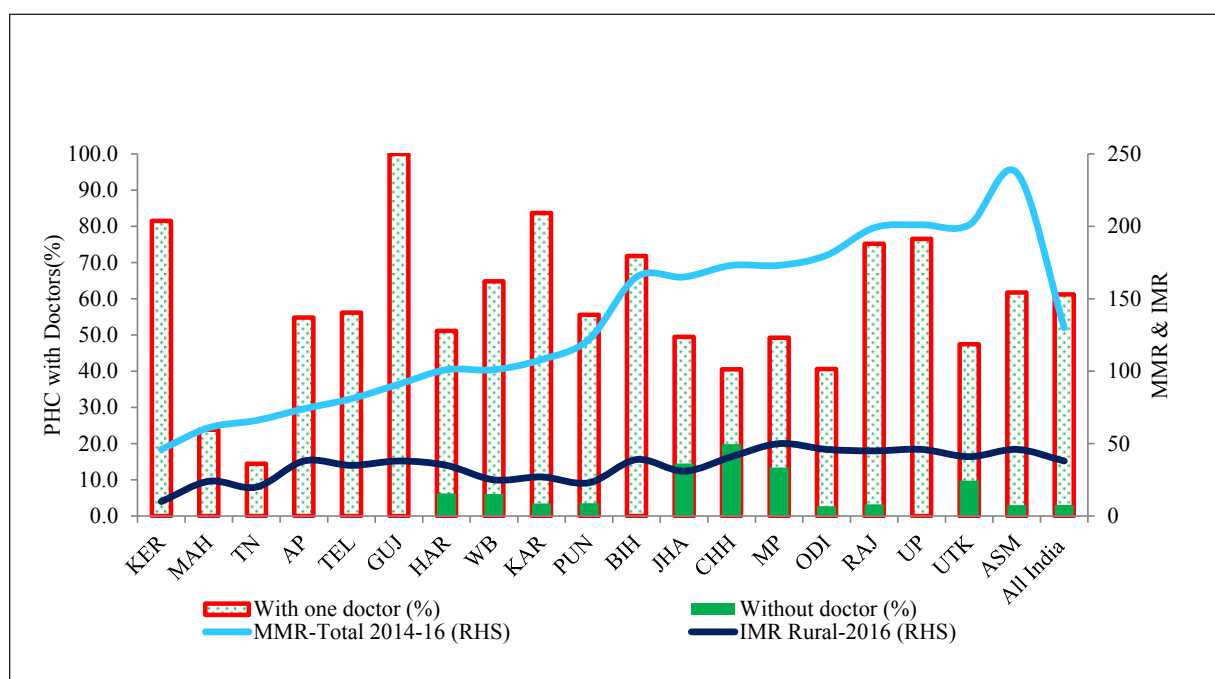
10.42 Andhra Pradesh, Tamil Nadu are the States where higher percentage of PHCs are following IPHS norms, indicating higher level of antenatal care, thereby reflecting low MMR. Haryana and UP had very low percentage of PHCs functioning as per IPHS norms and they reflect very high MMR.

### Human Resource in health sector

10.43 The rural public health facilities across the country have difficulty in attracting,

retaining, and ensuring regular presence of highly trained medical professionals. There exists shortfall across all cadres in the posts of doctors and specialists. There are large number of PHCs which are functioning with one doctor or without doctor. The States where large number of PHCs are functioning with ‘one doctor and without doctor’ indicate relatively higher level of rural IMR and MMR compared to other States (Figure 15).

**Figure 15: State-wise PHCs with Doctors and without doctors (per cent), IMR-Rural and MMR**



Source: Rural Health Statistics 2017, and Census SRS Bulletin on MMR 2014-16 (latest available).

10.44 Moreover, what this data do not reveal is that even if the personnel are present, their level of participation in providing health services, may not be at desirable levels due to lack of supplies, inadequate infrastructure facilities, poor monitoring of the staff, and so on. Public health services delivery in rural areas warrants better governance mechanisms through adoption of technologies, community and Local Self Government (LSG) participation and social audit.

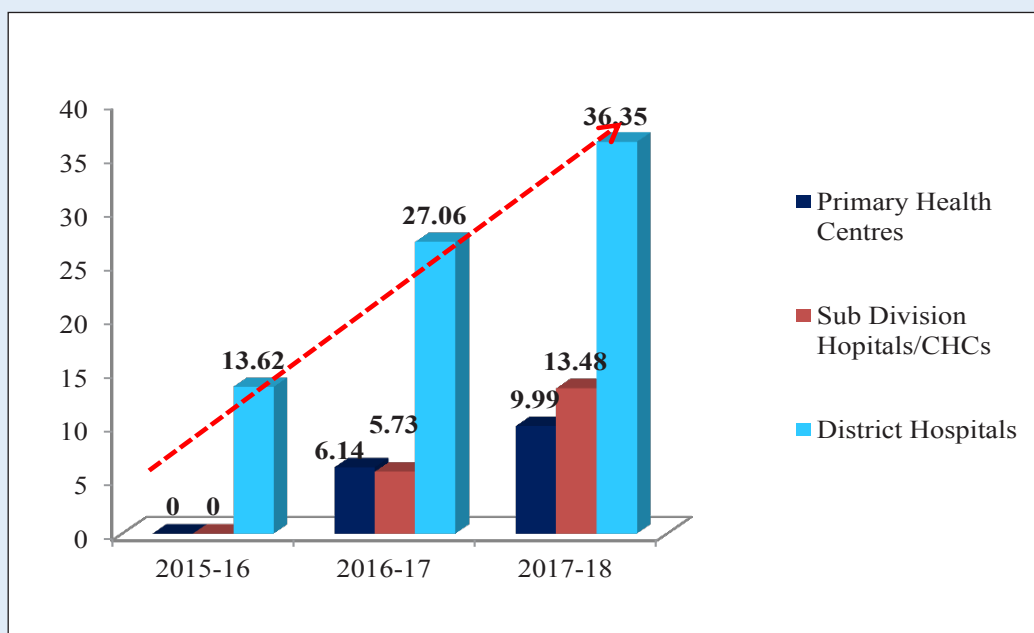
### National Quality Assurance Programme

10.45 In order to improve healthcare delivery through the public health facilities and to improve beneficiary satisfaction, ‘Kayakalp’ initiative was introduced. This initiative rewards public health facilities to maintain cleanliness, hygiene and infection control in the facilities (Box 7).

**Box. 7 : ‘Kayakalp’: Assuring Quality across Health Systems for Improving Outcomes**

The lack of sanitation and hygiene protocols in health care facilities in India could cause for spreading infections and other diseases. Keeping in view, the urgency of the situation, under the ambit of NQAP, Kayakalp: Clean Hospital Initiative was launched in 2015. It is the ramification of Swachh Bharat Abhiyan in public health system. Kayakalp aims to promote sanitation and hygiene in public healthcare institutions. Facilities are assessed using objective checklist covering seven domains (a) Hospital Upkeep, (b) Sanitation & Hygiene, (c) Waste Management, (d) Infection control, (e) Support Services (f) Hygiene Promotion, and (g) Beyond the hospital boundary.

The programme made modest beginning in 2015-16 involving District Hospitals only and later included SDH/ CHC, PHC, UPHC and UCHC. The number of facilities participating in Kayakalp has risen from 712 in 2015-16 to 23975 in 2017-18. The number of facilities achieving Kayakalp awards has also increased from 97 facilities in 2015-16 to 1459 facilities in 2016-17 and 2959 in 2017-18.

**Percentage of facilities scoring more than 70 per cent in external assessment**

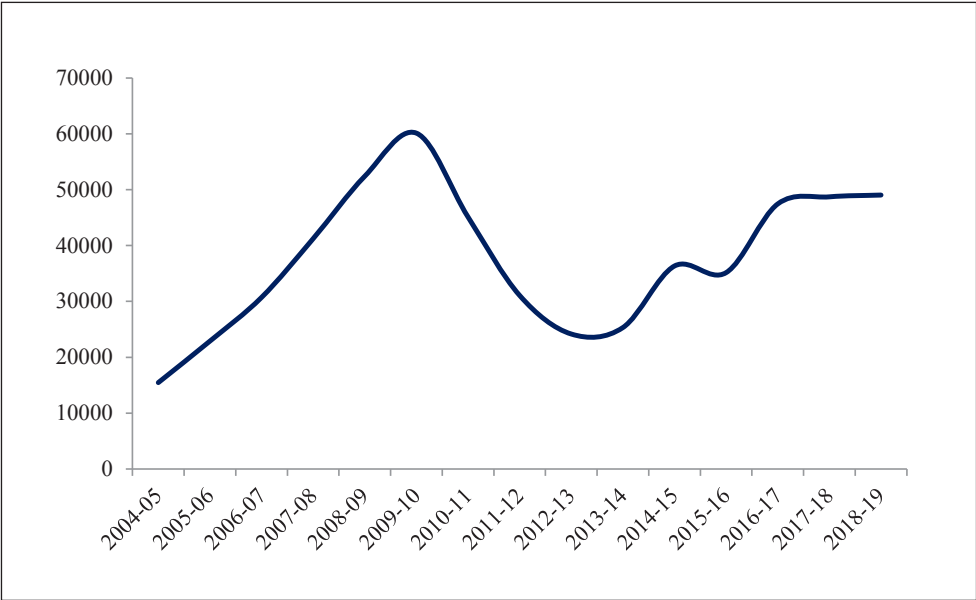
The major achievement with the advent of Kayakalp is the improvement of many of the components of basic amenities related to availability of water, sanitation, hand hygiene, biomedical waste management and basic environmental cleaning in public health facilities.

**RURAL DEVELOPMENT****Rural Connectivity**

10.46 The quality of life of people can be substantially improved by improving connectivity which will enhance their access to medical services, schools, markets and

many other social services. The Pradhan Mantri Gram Sadak Yojana launched in 2000, aims to provide funds to States to construct rural roads to connect villages by all-weather roads. The rigor with which the scheme has been pursued has been reflected in the numbers.

**Figure 16: Length of rural roads constructed under PMGSY in India (in K.m.)**

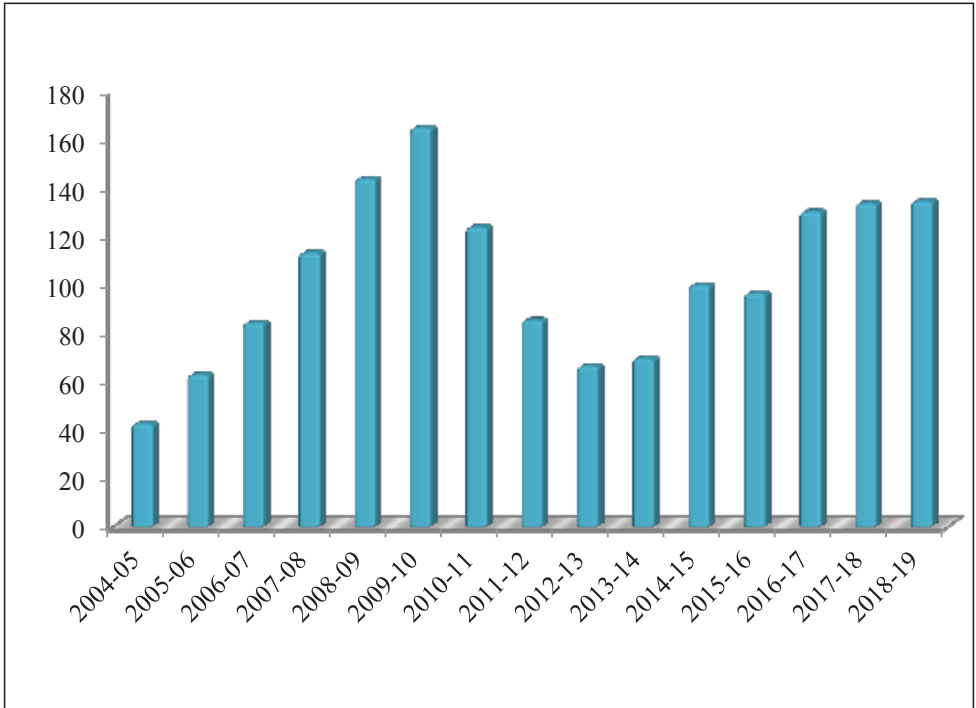


Source: Ministry of Rural Development

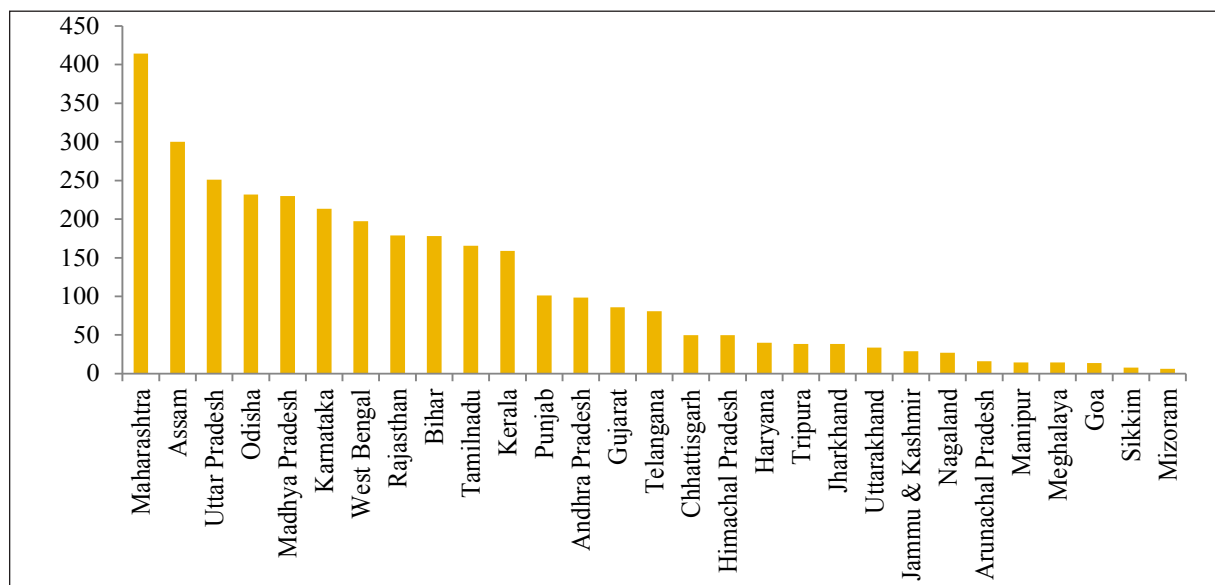
10.47 Figure 16 shows the length of rural roads constructed in each year. Since 2014, around 190,000 km of rural roads has been constructed. The rate of rural

road construction, i.e. kms of rural road constructed per day, there is an increased momentum from 2015-16 onwards (Figure 17).

**Figure 17: Rate of rural road construction under PMGSY (Km per day)**



Source: Ministry of Rural Development

**Figure 18: Length of rural roads by States (in thousand Km)**

Source: Basic Road Statistics of India, 2016-17 (M/o Road, Transport & Highways)

Note: The Rural Roads comprise of PMGSY, rural roads built by State PWD/RWD & those constructed by Panchayati Raj Roads.

10.48 Some of the better performing states are Maharashtra, Assam, Uttar Pradesh & Odisha. Whereas on the other end, we have Mizoram, Sikkim, Goa & Meghalaya where the length of rural roads is very less. Total length in North Eastern areas (except Assam) is quite poor, due to the hilly terrain (Figure 18).

10.49 PMGSY is aggressively encouraging use of “Green Technologies” and non-conventional materials like waste plastic, cold mix, geo-textiles, fly-ash, iron and copper slag etc. in rural roads (Box 8). This is to reduce the “Carbon Footprint” of rural roads,

reduce environmental pollution, increase the working season and bring cost effectiveness. Using “Green Technologies”, 28,619 km of roads have been constructed and a record road length of 14,756 km was constructed in 2018-19.

### **Rural housing (PMAY-G): Shelter for the Poorest of the Poor**

10.50 Pradhan Mantri Awas Yojana (Gramin) (PMAY-G) was launched in 2016 with a target to complete one crore pucca houses with basic amenities by March 31, 2019.

### **Box 8: PMGSY – WAYS TO RECYCLE**

62 million tonnes of solid waste is generated daily in India and 8 per cent of this is plastic waste. Recycling is the best way to manage plastic waste. PMGSY is recycling waste plastics in a novel way by constructing roads out of recycled plastics. Plastic waste material is shredded to a fine size and mixed with hot aggregates in a mixing chamber where it uniformly coats the aggregates. The plastic coated aggregate is then mixed with hot bitumen and the resultant mixture is used for road construction.

Besides solving the problem of plastic disposal, bitumen usage is also reduced by one tonne per kilometer. Plastic as construction material also increases the strength of roads by reducing road fatigue and these roads have better resistance towards rainwater and cold weather. 12,666.52 kms of roads have been constructed across the country using waste plastic.

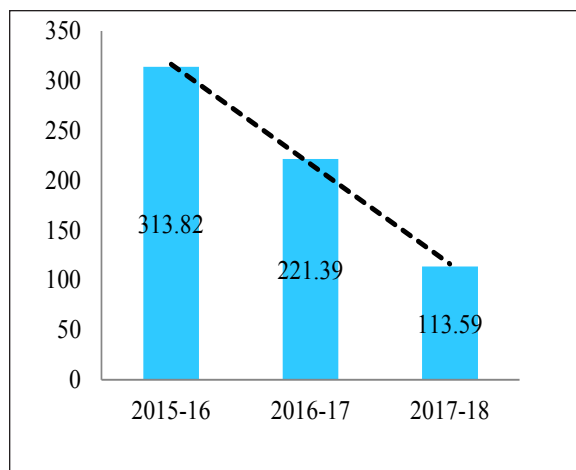
During 2014-2019, 1.54 crore houses were completed including those carried over from Indira Awas Yojana through convergence of government initiatives like piped drinking water, toilets under Swachh Bharat Mission/ MGNREGS, electricity connection under Saubhagya programme, LPG connection under Ujjwala programme.

10.51 On account of DBT, geo tagging, fair beneficiary selection, effective transaction based MIS, monitoring through “AwaasSoft” and mobile based application “AwaasApp” etc, misutilization of funds was substantially brought down leading to faster completion of houses. The average number of days taken for completion of a house under IAY was 314 days (more than 10 months) against 221 days (seven months) under first year of PMAY in 2016-17 and around 114 days (three months) during the second year of PMAY in 2017-18 (Figure 19).

### **Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)**

10.52 Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), 2005 aims at enhancing livelihood security of households in rural areas of the country

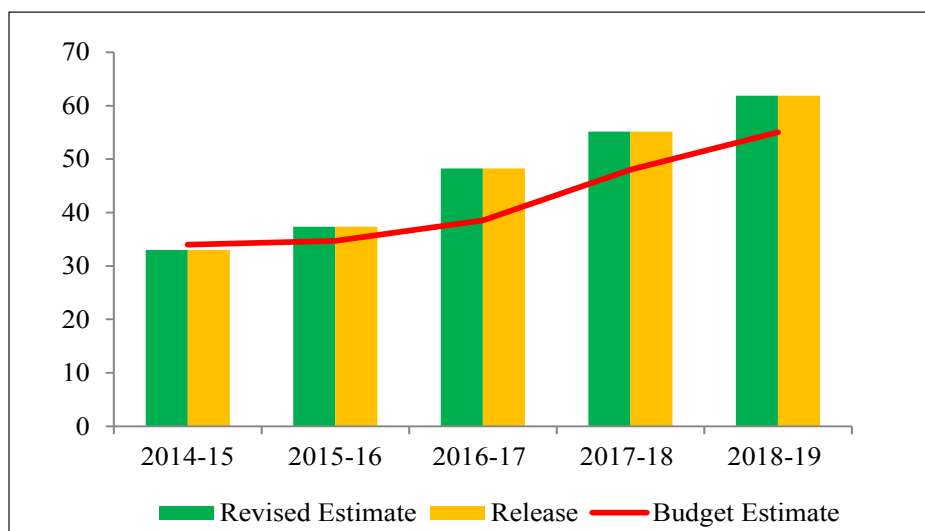
**Figure 19: Average construction completion time (in days)**



Source: NIPFP Study (2018) findings on PMAY-G

by providing at least one hundred days of guaranteed wage employment in a financial year to every rural household whose adult members volunteer to do unskilled manual work. Chapter 10 in Volume-1 examines MGNREGS in detail, especially the role of technology in welfare programmes. Creation of productive assets of prescribed quality & durability, social inclusion, gender parity, social security and equitable growth are the foundational pillars of Mahatma Gandhi NREGA. The Government has accorded

**Figure 20: Budgetary Support to MGNREGA (in thousand crore)**



Source: Ministry of Rural Development.



priority for providing adequate budgetary support to MGNREGS which is reflected in the upward trend in budget allocation and release of funds to the States in the last four years (Figure 20).

10.53 MGNREGS has been instrumental and a guiding factor for tackling rural poverty and

unemployment by providing employment to the rural poor and unskilled people. It has generated 267.96 crore persondays during 2018-19. Out of the total persondays, persondays for women was 54.6 per cent, SC was 20.7 per cent and ST was 17.4 per cent which are well above the norms (Table 9). During 2018-19, 66 per cent of total works

**Table 9: Key performance indicators/ Achievements under MGNREGA**

Indicators	2014-15	2015-16	2016-17	2017-18	2018-19
Persondays Generated so far [In Cr]	166.2	235.1	235.6	233.7	267.9
SC persondays per cent as of total persondays	22.4	22.2	21.3	21.6	20.7
ST persondays per cent as of total persondays	16.9	17.8	17.6	17.5	17.4
Women Persondays out of Total (per cent)	54.8	55.3	56.2	53.5	54.6
Total Households Worked [In Cr]	4.1	4.8	5.1	5.1	5.3
Average days of employment provided per Household	40.1	48.85	46	45.7	50.9
Total No of HHs completed 100 Days of Wage Employment	24,92,654	48,47,975	39,91,202	29,55,152	52,05,443

Source: Ministry of Rural Development

taken up pertained to individual beneficiary schemes and 63 per cent of the total expenditure was on agriculture and allied works. Around 85,000 km of road length was constructed under MGNREGA during 2018-19.

## THE WAY FORWARD

10.54 India's development trajectory is critically intertwined with the investments in social infrastructure. To reap the benefits

of demographic dividend, the government is committed to improve the outcomes in education and skilling, and to provide employment and affordable healthcare to all. Scaling up development programmes for improving connectivity, providing housing, and bridging gender gaps in socio-economic indicators is of paramount importance for sustainable development. India's march towards achieving SDGs is firmly anchored in investing in human capital and inclusive growth.

## CHAPTER AT A GLANCE

- The public investments in social infrastructure like education, health, housing and connectivity have a critical role in ensuring inclusive development in a developing country like India.
- The 17 SDGs (Sustainable Development Goals) and 169 targets envisaged in the Agenda 2030, are closely interrelated with social infrastructure. With the underlying dimensions of education and health embedded in SDGs, the improvement in HDI is also interlinked to SDGs as evidenced in the correlation between SDG rankings and HDI rankings of the States.
- India being a developing economy, the percentage of GDP expended on education has remained stagnant at around 3 per cent while that on health has hovered around 1 per cent during the past few years.
- With the available resources, India has made substantial progress in both quantitative and qualitative indicators of education. This is reflected in the improvements in Gross Enrolment Ratios, Gender Parity Indices and learning outcomes at primary school levels. The rural urban disparities in access to quality schooling and drop out rates at senior secondary levels are areas of concern.
- The Skilling ecosystem in India is equipping the youth to meet the challenges of a dynamic labour market by providing various short term and long term skilling under programmes like Pradhan Mantri Kaushal Vikas Yojana. PMKVY has had positive impact on employment and incomes of the youth as per evaluation studies.
- The PLFS has reported declining LFPR along with increasing unemployment rate.
- For a healthy India, accessible, affordable and quality healthcare are being provided by the Government under the National Health Mission and through new schemes like Ayushman Bharat. The select health indicators like MMR, IMR, U5MR have shown tremendous improvement over the past few years.
- Household autonomy of women is the first step towards achieving empowerment and becoming agents of change in patriarchal societies like India. Financial inclusion has improved the household autonomy of women as reflected by the NFHS data.
- Connectivity is critical for rural areas to improve quality of lives of the poor by enhancing access to various social services, education, health and access to markets. PMGSY has played a crucial role in connecting the unconnected in rural India and enhanced their livelihood opportunities.
- Government has accorded highest priority to rural housing, by providing dwelling with all basic facilities to the most needy under PMAY-G.
- Government has also prioritized employment programmes like MGNREGS which is reflected in the upward trend in budget allocation and release of funds to the States in the last four years.