

ECONOMIC SURVEY OF INDIA

CHAPTER 6: SOCIAL INFRASTRUCTURE AND EMPLOYMENT: BIG TENT – PART-1

LECTURE-4

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1. SKILL DEVELOPMENT: EQUIPPING THE WORKFORCE WITH EMPLOYABLE SKILLS AND KNOWLEDGE IN MISSION MODE

- Skill Development aims to remove disconnect between demand and supply of skilled manpower, building vocational and technical training framework, skill upgradation, and building of new skills, and innovative thinking not only for existing jobs but also for the jobs of the future.
- For this, **Ministry of Skill Development and Entrepreneurship (MSDE)** was created in 2014 and **Skill India Mission** was launched in 2015.
- With the new ministry, efforts to improve and streamline the skilling ecosystem were ramped up and the government launched the **National Skill Development Mission** as well as **National Policy on Skill Development and Entrepreneurship**.
- **Under the NEP also**, there was a special focus on vocational education and skill development. This integration of vocational education and skill development with general education is considered an important reform in India's education system.
- **PLFS** shows that vocational/technical training among youth (age 15-29 years) and the working population (age 15-59 years) have improved in FY21 over FY19. This improvement is there for both males and females as well as in both urban and rural areas.

1) SKILL INDIA MISSION

- It focuses on **skilling, re-skilling and up-skilling** through short term and long-term training programs. Under this mission, the government through more than 20 central ministries and departments, is implementing various skill development schemes across the country. These Include:

2) VARIOUS SKILL DEVELOPMENT INITIATIVES UNDER DIFFERENT MINISTRIES

A) DEEN DAYAL UPDHYAYA GRAMEEN KAUSHAL VIKAS YOJANA (DDU-GKY)

- **Ministry: MoRD**
- It is a market-led, placement linked skill development program for rural poor youth under NRLM.
- **Approach of DDU-GKY**
 - » State government as the main player - **Single State Project (SSP) to Annual Action Plans (AAP)**
 - » **Special scheme in collaboration with MoDONER** for skilling projects specific to the needs, requirements, and the special characteristics of States in the northeast
 - » Enhancing the Capacity of Project Implementing Agencies (PIAs)
 - » Consent and State share is mandatory
- **Special Components of DDU-GKY**
 - » **Focus on Socially disadvantaged groups:** 50% of the funds would be earmarked for SCs and STs, 15% to minorities, and 3% for PwDs.
 - **1/3rd** of the person covered should be women.

B) RURAL SELF-EMPLOYMENT TRAINING INSTITUTES (RSETI)

- RSETI is an initiative by MoRD to have **dedicated infrastructure in each district** of the country to impart training and skill upgradation of rural youth geared towards entrepreneurship development.

- This program is a three-way partnership between **MoRD, State Governments,** and **Sponsor Banks.**
 - The banks are mandated to open at least one RSETI in their lead districts to provide training to rural youth to take up self-employment/ entrepreneurship ventures.
 - RSETI program runs with an **approach of short-term training & long-term handholding of entrepreneurs.**
 - **Eligibility for training:** Rural poor youth between the age group of 18-45 years are eligible to join the training.
 - **Entrepreneurial Skills:** The RSETIs have become established as pioneers in capturing the aspirations of the rural poor youth and turning them into profitable entrepreneurs by training them in the domain and entrepreneurial skills.
- **Key outcomes:**
 - Women form around 66% of total trained candidates.
 - About 26.28 lakh candidates have been trained since inception and about 18.7 lakh have been successfully settled.

C) DEEN DAYAL ANTYODAYA YOJANA – NATIONAL URBAN LIVELIHOOD MISSION (DAY-NULM)

- National Urban Livelihood Mission (NULM) was launched by the **Ministry of Housing and Urban Poverty Alleviation (MHUPA),** Government of India in Sep 2013 by replacing Swarna Jayanti Shahari Rozgar Yojana.
- **DAY-NULM,** under the aegis of MoHUA, has focused on **equipping the urban poor women with adequate skills and opportunities,** and to enable them to promote sustainable micro-enterprise.
- **Main Features**
 - i. **Coverage:** To be implemented in all district's headquarters (irrespective of population) and other towns with population of 1 Lakh.
 - ii. **Target Population:** Urban poor including urban homeless
 - iii. **Sharing of Funding:** Center: State: 75: 25 , for North Eastern and Special Category States (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura, Jammu and Kashmir, Himachal Pradesh and Uttarakhand) : this ratio will be 90 : 10
- **Guiding Principles**
 - The core belief is that the poor are entrepreneurial and have innate desire to come out of poverty.

D) PRADHAN MANTRI KAUSHAL VIKAS YOJANA (PMKVY)

- **PMKVY** was launched in 2015 and is being implemented under Skill India Mission.
- It is a flagship outcome-based skill training scheme for **recognition and standardization of skills.**
- It has **two components:**
 - » **Short-term Training (STT)**
 - » **Recognition of Prior Learning (RPL)**
- It works through empanelled training centers, training providers (TCs/TPs) throughout the country.
- **Cost:** Ministry bears all the cost of training.
- **Progress so far:**
 - » **Third phase** of PMKVY is being implemented throughout the country since Jan 2021.

- » **Under PMKVY 2.0: Between 2017 - 2023** (Jan 2023) about 1.1 crore persons have trained: 83% certified and about 21.4 lakh placed.
- » **Under PMKVY 3.0**, during FY21 to FY23 around 7.4 lakh persons have been trained, 66% certified and 41,437 placed.
- » PMKVY also provided training to **Shramik (migrant laborers)** affected by COVID-19. This covered 116 districts of 6 states, viz Assam, Bihar, Madhya Pradesh, Odisha, Rajasthan, and Uttar Pradesh. Around 1.3 lakh workers were trained by Oct 2023

E) JAN SHIKSHAN SANSHTHAN

- **By MSDE**
- **Scheme for support to Jan Shikshan Sansthan (NGO's) for Skill Development**
 - » The scheme provides for a lump sum annual grant for NGOs for skill training to non-literate, neo-literates, persons with rudimentary level of education and school dropouts up to class XII in the age group of 15-45 years.
 - » **Priority groups** are women, SC, ST, and other backward sections of society.
- **Progress So Far (Jan 2023)**
 - » From FY20 to FY23, 16.0 lakh beneficiaries have been trained of which 28.4% are from urban areas and 69.0% are from rural areas and 2.7% are from tribal areas. Notably, 81% of trainees are women.

F) NATIONAL APPRENTICESHIP PROMOTION SCHEME

- It provides financial support to industrial establishments undertaking apprenticeship programs under the Apprentices Act, 1961.
- **Implementing authority**
 - The scheme is implemented by Director General of Training under the Ministry of Skill development.
- **Progress as of Jan 2023**
 - Since the launch of the scheme in 2016, as on Dec 2022, 21.4 lakh apprentices have been engaged by Industries.

G) CRAFTSMAN TRAINING SCHEME

- It provides long term training in 149 trades through 14,938 Industrial Training Institutes (ITIs) across the country.
 - Since 2015, 91.7 lakh students have been trained by Oct 22.

H) CRAFT INSTRUCTOR TRAINING SCHEME

- Comprehensive training both in skills and training methodology is imparted to the instructor trainees to make them conversant with the methodology of teaching and techniques of transferring hands-on skills, to train skilled manpower for the industry.
- During FY22, a total of 8,847 trainees have been trained in various **National Skills Training Institutes** and **Institute of Training Trainers**.

I) SKILL INDIAN INTERNATIONAL NETWORK

- With an aim to make India a Skill Capital of the World and improve mobility of Skilled manpower the **National Skill Development Corporation (NSDC) International** has been set up, which aims to create a network of institutions across India.
- This network of institutions will be called as **Skill India International (SII) Network**. It shall be created through the empanelment of state-of-the-art government and private institutions.
- **MSDE has also signed MoUs with 11 countries** Australia, Belarus, China, Denmark, France, Germany, Japan, Qatar, Switzerland, UAE, and the United Kingdom in the field of skill development and vocational education training.
- NSDC has also signed **18 B2B MoUs** with countries like Australia, Canada, Germany, Japan, Malaysia, Kingdom of Saudi Arabia, UAE, etc

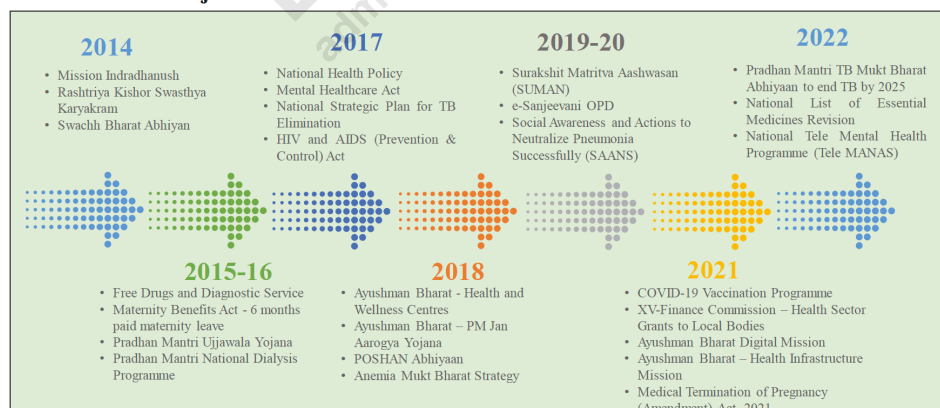
J) SKILLS ACQUISITION AND KNOWLEDGE AWARENESS FOR LIVELIHOOD PROMOTION (SANKALP) SCHEME

- **Details**
 - It is a World Bank loan assisted program of MSDE with three key result areas (RAs), namely:
 - Institutional Strengthening at Central, State and District Level.
 - Quality Assurance of Skill development programs; and
 - Inclusion of Marginalized population in skill development programs
 - The scheme was launched in **Jan 2018** and has a **six-year implementation period** till **March 2023**.
- **Key Outcomes**
 - Under the National Component and State Component of SANKALP, **64 & 700 projects** respectively have been taken up in the areas of Skill and Entrepreneurship development and strengthening of Monitoring.
 - 724 District Skill committees** (DSCs) have been constituted, which are mandated to plan, manage, and monitor skilling activities at the district level.

2. QUALITY AND AFFORDABLE HEALTH FOR ALL

- **Under the National Health Mission (NHM)** the Government has made concerted efforts to engage with all relevant sectors and stakeholders to move in the direction of achieving universal health coverage and delivering quality healthcare services to all at affordable costs.
- **Major initiatives from 2014 – 2022 in the health sector:**

Major initiatives from 2014 to 2022 for better overall health



- **Improvement in Health and Related Indicators**

Table VI.17: Improvement in health-related Indicators

	NFHS-4 (2015-16)	NFHS-5 (2019-21)
Households with any usual member covered under a health insurance/ financing scheme (per cent)	28.7	↑ 41.0
Total fertility rate (children per woman)	2.2	↓ 2.0
Current Use of Family Planning Method- Any Method (per cent)	53.5	↑ 66.7
Mothers who had at least 4 antenatal care visits (per cent)	51.2	↑ 58.1
Institutional births (per cent)	78.9	↑ 88.6
Neonatal mortality rate (per 1000 live births)	29.5	↓ 24.9
Infant mortality rate (per 1000 live births)	40.7	↓ 35.2
Under-five mortality rate (per 1000 live births)	49.7	↓ 41.9
Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (per cent)	62.0	↑ 76.4
Children under age 6 months exclusively breastfed (per cent)	54.9	↑ 63.7
Children under 5 years who are stunted (height-for-age) (per cent)	38.4	↓ 35.5
Children under 5 years who are wasted (weight-for-height) (per cent)	21.0	↓ 19.3
Children under 5 years who are underweight (weight-for-age) (per cent)	35.8	↓ 32.1
Children under 5 years who are overweight (weight-for-height) (per cent)	2.1	↑ 3.4
Women who are overweight or obese (BMI ≥ 25.0 kg/m ²) (per cent)	20.6	↑ 24.0
Men who are overweight or obese (BMI ≥ 25.0 kg/m ²) (per cent)	18.9	↑ 22.9
Women age 15-24 years who use hygienic methods of protection during their menstrual period (per cent)	57.6	↑ 77.3

Source: National Family Health Surveys (NFHS) 2015-16 and 2019-21, MoHFW

1) HEALTH SITUATION OF MOTHER AND CHILD

- With concerted efforts made under the Reproductive, Maternal, New-born, Child, Adolescent Health Plus Nutrition (**RMNCAH+N**) strategy, India has made considerable progress in health in improving the health status of both mothers and Children.
- As per the **Sample Registration Survey (SRS) data**, India has successfully achieved the major milestones to bring Maternal Mortality Ratio (MMR) to below 100 per lakh live births by 2020 [laid down in the National Health Policy, 2017]
- **Eight states** have already achieved the **2030 SDG targets** to reduce MMR to less than **70 per lakh live births by 2030**. These include Kerala (19), Maharashtra (33), Telangana (43), Andhra Pradesh (45), Tamil Nadu (54), Jharkhand (56), Gujarat (57), and Karnataka (69).
- **Under five mortality and neonatal mortality** have also declined in the country.

Table VI.18: Trends in Mortality indicators

	2014	2016	2018	2020
Maternal Mortality Ratio (per lakh live births)	167 (2011-13)	130 (2014-16)	113 (2016-18)	97 (2018-20)
Infant Mortality Rate (per 1000 live births)	39	34	32	28
Neonatal Mortality Rate (per 1000 live births)	26	24	23	20
Under 5 Mortality Rate (per 1000 live births)	45	39	36	32
Early Neonatal Mortality Rate – 0- 7 days (per 1000 live births)	20	18	18	15

Source: Sample Registration System

2) HEALTH EXPENDITURE ESTIMATES

- **National Health Accounts (NHA)** – NHA accounts are prepared by NHRSC (National Health Accounts Technical Secretariat) set up in 2014 by the Union Health Ministry.
 - NHA estimates for India 2018-19 is the sixth consecutive NHA estimates reports by NHRSC. It was released in Sep 2022.
- **NHA for FY19** – highlights the rising importance of public healthcare and social security in ensuring universal healthcare. The NHA estimates for FY19 show that there has been an **increase in the share of Government Health Expenditure** in the **total GDP from 1.2% in FY14 to 1.3% in FY19**.
 - Additionally, the share of GHE in **Total Health Expenditure (THE)** has also increased over time, standing at **40.6% in FY19**, substantially higher than 28.6% in FY14.
 - In FY19, **THE** for India is estimated to be **Rs 5,96,440 crore** (3.2% of GDP and Rs 4,470 per capita).
 - **Current Health Expenditure (CHE)** is Rs 5,40,246 crore (90.6% of THE) and capital expenditure is Rs 56,194 crores (9.4% of THE).
 - Of **GHE**, the Union government's share is 34.3% and the State Government's share is **65.7%**.
- **Note:** Primary Health expenditure forms the majority of the health expenditure.
- **The social security expenditure on health** includes social health insurance cover, government financed health insurance cover, and medical reimbursements made to government employees. It has increased to 9.6% in FY19 (from 6% in 2014). This is significant increase which shows that citizens are better equipped and better provided in terms of healthcare at their doorstep making it accessible.
 - **Due to these steps**, **Out of Pocket Expenditure (OOPE)** as a percentage of THE has declined substantially from **64.2% in FY14 to 48.2% in FY19**.

Figure VI.16: Government Health Expenditure (GHE) and Out of Pocket Expenditure (OOPE) as per cent of Total Health Expenditure (THE)

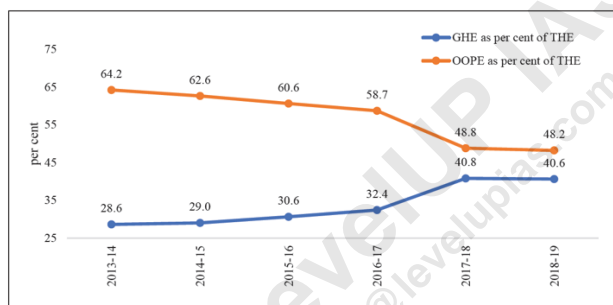
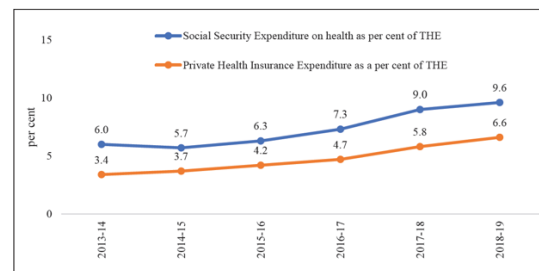


Figure VI.17: Social Security Expenditure and Private Health Insurance Expenditure as per cent of Total Health Expenditure (THE)



Source: National Health Accounts, MoHFW

3) RURAL HEALTH CARE – STRENGTHENING OF INFRASTRUCTURE AND HUMAN RESOURCE

- **Introduction:**

- **Health infrastructure** is an important indicator for understanding the healthcare delivery provisions and welfare mechanisms in a country. **Public health infrastructure** has been referred to as 'the nerve centre of the public health system', forming the **basic support system** for the last-mile delivery of public health services.
- Alongside, **human resources for health** are identified as one of the **core building blocks** of the health system. These include **physicians, nursing professionals, pharmacists, midwives, dentists, allied health professionals, community health workers, social health workers and other health care providers**, as well as health management and support personnel
- **Increase in Health infrastructure in Rural Area:**
 - There has been a **rise in the number of sub-centres (SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) in rural areas**. There has also been a **rise in doctors, nurses, and other medical personnel over time**.
 - **Under Ayushman Bharat:** SCs and PHCs are being strengthened by converting them into **Health and Wellness Centres** in a phase manner. As of **Dec 2022**, **more than 1.5 lakh HWCs** are already set up.

4) MAJOR GOVERNMENT INITIATIVES AND PROGRESS UNDER THEM

A) IMMUNIZATION

UNIVERSAL IMMUNIZATION PROGRAM

- The government had launched **Expanded Program for Immunization** in 1978 which was further replaced by **Universal Immunization Program (UIP)** in 1985. It is the **largest Immunization Program** in the world, with the **annual coverage of 2.6 crore infants and 2.9 crore pregnant women**. Through this India has achieved **ground breaking success** in eradicating/eliminating life threatening vaccine preventable diseases like small pox, Polio, Maternal Neonatal Tetanus etc.

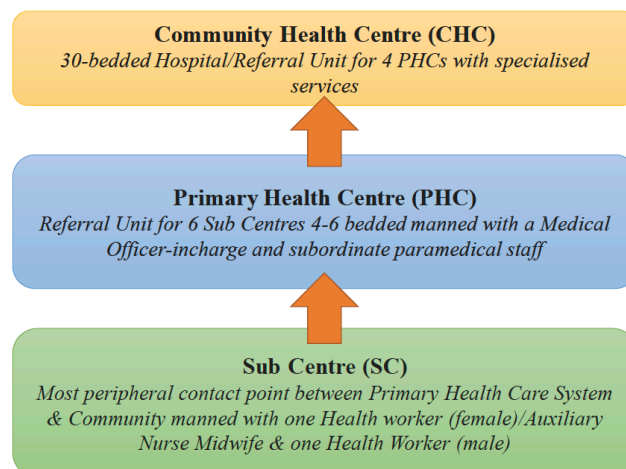
MISSION INDRADHANUSH

- It was launched by the MoH&FW in 2014. It is a **strategic endeavor under UIP** with an aim to target under-served, vulnerable and inaccessible populations.
- It covers **8 vaccines** (Diphtheria, Whooping Cough, Tetanus, Polio, Measles, Childhood TB, Hepatitis B and Meningitis.) across the country, **2 vaccines** (Pneumonia and Hemophilus influenza type B) in selected states and **2 vaccines** (Rotavirus Diarrhea and Japanese Encephalitis) in selected districts.
- **MI** contributed to an **increase of 6.7% in full immunization coverage after the first two phases of Mission Indradhanush**.

INTENSIFIED MISSION INDRADHANUSH 4.0 (LAUNCHED IN FEB 2022)

- In FY23, **Intensified MI 4.0** was conducted **416 districts** (including 75 districts under Azadi ka Amrit Mahotsava) across 32 states/ Uts, to cover **children and pregnant women who missed routine immunization during COVID-19 pandemic**.

Rural health care system in India



B) ESANJEEVANI PORTAL – NATIONAL TELEMEDICINE SERVICE

- **Ministry:** MoH&FW
- It is an innovative, indigenous, cost-effective, and integrated **cloud based telemedicine system** application to enable patient to doctor teleconsultation to ensure a continuum of care and facilitate health services to all citizens in the confines of their home.
- **Two verticals of eSanjeevani**
 - **eSanjeevaniAB-HWC:** It endeavors to bridge rural-urban digital health divide by providing assisted teleconsultation and ensuring that e-beneficiaries of AB Scheme are able to avail the benefits that they are able to entitled to.
 - It operates on Hub and Spoke Model wherein the 'Ayushman Bharat - Health and Wellness Centre' are set up at the state level, act as spokes, which are mapped with the hub (comprising MBBS/ Specialty/ Super Specialty doctors) at zonal level.
 - **eSanjeevaniOPD** is the latter vertical which caters to citizens in both **rural and urban alike**. It leverages technology via smartphones, tablets, laptops etc. enabling doctor consultation to be accessible from the patient's residence regardless of location.
- **Progress So far:**
 - As of Jan 2023, 1,12,553 HWC in rural areas and 15465 Hubs at tertiary level hospitals, and medical colleges in the states have been enabled in the eSanjeevani.
 - **Patients Served:** It has served 9.3 crore patients so far and is serving around 4 lakh patients daily.
- **E-Sanjeevani** is evolved into the world's largest outpatient Services system.
- It is a cohesive part of Ayushman Bharat Digital Health Mission (ABDM) and more than 45,000 ABHA IDs have been generated using eSanjeevani Portal.

C) AYUSHMAN BHARAT – HEALTH AND WELLNES CENTRES

- H&WC was envisioned by National Health Policy, 2017 to act as the foundation of India's health system.
- Under the scheme, 1.5 lakh AB-HWCs were envisaged to be established by upgrading the SHCs and PHCs in rural and urban areas.
- These AB-HWCs provide **Comprehensive Primary Health Care**, by expanding and strengthening the existing Reproductive & Child Health services and Communicable Diseases services and by including services related to Non- Communicable Diseases such as hypertension, diabetes and 3 common cancers, viz. Oral, Breast and Cervix.
- **Facilities:** Each H&WC will have a eight member health and wellness team comprising of a mid-level provider called Community Health Officer (nurse practitioner or Ayurveda practitioner), two multipurpose workers and 5 ASHAs.
- **Progress** (as of 31st Dec 2022)
 - The first HWCs was inaugurated on 14 April 2018 in the Bijapur District of Chhattisgarh.
 - 1,54,070 HWCs operationalised across the country
 - Under the **e-Sanjeevani teleconsultation platform**, more than 9.3 crore tele-consultations have been provided through functional HWCs at 15,465 Hubs (comprising MBBS/ Specialty/Super-Specialty doctors at zonal level) and 1,12,987 Spokes (AB-HWCs at state level) across the country, as on 17 January 2023

D) AYUSHMAN BHARAT – PRADHA MANTRI JAN AROGYA YOJANA (AB PM-JAY)

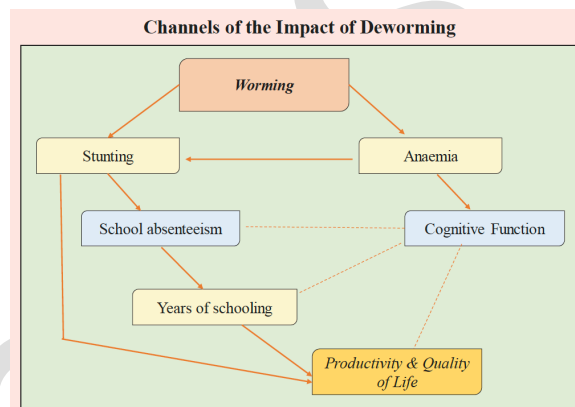
- **About AB-PMJAY** (Pradhan Mantri Jan Arogya Yojana)

- AB-PMJAY is an **entitlement based scheme** that aims to provide health insurance cover of upto **5 lakh rupees per family** to **over 10 crore poor families** (about 50 crore population) for **secondary and tertiary care hospitalization**. There is **no cap on the size of the family or age of the beneficiary**.
 - **All pre-existing conditions** are also covered from day 1 of implementation of PM-JAY in respective states/UT.
- It is the world's largest government funded health care program.
- **The eligible poor families** are decided on the basis of **SECC, 2011 data** and include poor, deprived rural families and occupational category of urban worker's families (Roughly 8.03 crore rural families and 2.33 crore urban families (11 occupational criteria))
 - In addition the beneficiary of RSBY are also included.
 - Further, there is no capping on number of family members or age of members -> this ensures that senior citizens and girl children also get good health services.
- The scheme provides **cashless and paperless** access to services for the beneficiary at the point of service. Eligible people can avail the benefits at both government and listed (empanelled) private hospitals.
 - **In case of hospitalization**, members of the beneficiary families **don't need to pay anything** under the scheme, provided one goes to a government or an empanelled private hospital.
- It is a **centrally sponsored scheme**, so, there is a state component too (**60:40**).
- It is a **portable** scheme, which means beneficiary can avail benefits in any of the states that is implementing the scheme.
- It subsumes Rashtriya Swastha Bima Yojana and the Senior Citizen Health Insurance Scheme (SCHIS).
- **Federal process, flexibility to states**
- The **National Health Agency (NHA)**, the apex body implementing the AB-PMJAY, has launched a website (mera.pmjay.gov.in) and a helpline number (14555)
 - This body will coordinate and improve the scheme over time, through investment in a robust IT infrastructure.
- **No Launch States/UTs**
 - Some states and UTs (West Bengal, Odisha, Telangana, and Delhi) haven't joined the scheme.
- **Outcomes (ESI 2022-23)**
 - **21.9 crore** beneficiaries have been verified under the scheme including 3 crore beneficiaries verified using state IT system.
 - Approx. 4.3 crore hospital admissions, amounting to Rs 50,409 crore, have also been authorized under the scheme through a network of over 26,055 hospitals.

E) AYUSHMAN BHARAT – DIGITAL HEALTH MISSION

- **Details**
 - » After its pilot phase, the countrywide launch of ABDHM was done in Sep 2021.
 - » The mission aims to create a **complete Digital Health Ecosystem** which will connect the digital health solutions of hospitals across the country with each other.
 - This digital ecosystem will enable a **host of other facilities** like Digital Consultation; Consent of Patients in letting medical practitioners access their records, etc. This will ensure that all medical records are stored digitally and are thus not lost. They would be accessible through app or web-portal.
 - All this will help in improving the quality, access and affordability of health services by making the service delivery "quicker, less expensive, and more robust".
- **Unique Health ID (now called Ayushman Bharat Health Account)**

- » Any person wanting to be part of ABDHM will get **a health ID**, which is a **randomly generated 14-digit number**. It will be used for **three purposes** - Unique Identification; Authentication; and Threading of the beneficiary's health records, only with their informed consent, across multiple systems and stakeholders.
- » **Facilities:**
 - You can access your digital records right from admission through treatment and discharge;
 - You can access and link your personal health records with your health ID to create a longitudinal health history.
- **Privacy:**
 - » Citizen's consent is vital for all access.
 - » Users can delete or exit the services anytime he wants.
- **Why can't Adhaar be used as Digital ID:**
 - » The Adhaar Act and Supreme Court verdict restrict the use of Adhaar ID for welfare schemes promoting government subsidies.
- **Progress So far (Jan 2023)**
 - » **More than 31 crore** Ayushman Bharat Health Account (earlier known as Health ID) created.
 - » **Verified facilities** on health facility registry : 1,92, 706
 - » More than **1 lakh** healthcare professionals registered.
 - » **More than 7 crore records** linked.



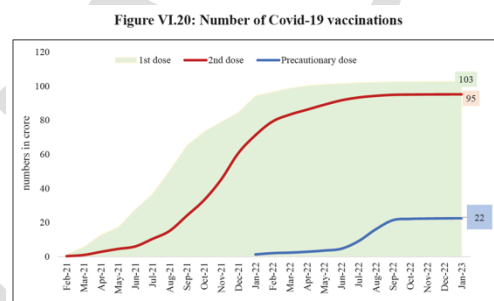
F) NATIONAL DEWORMING DAY

- **Background: Need of the Program:**
 - » **Soil Transmitted Helminthiasis (STH)**, also known as parasitic intestinal worm infection, is a significant public health concern mostly in low resource setting. It is known to have adverse negative impact on Child's growth and well-being and can cause anemia (iron deficiency) and under-nutrition (specially Vitamin A deficiency). Micronutrient deficits and worm infestation together culminate into stunted growth and development in Children.
- The combined benefits of deworming, when compared to low cost of the intervention, lead to a **remarkably high benefit to cost ratio**.
- **Regular Deworming** as advised by the WHO eliminates worm infestation among children and adolescents living in areas with high STH burden, thereby contributing to achieve better nutrition and health.
- **National Deworming Day** was **launched in 2015** as a flagship program of Ministry of Health and Family Welfare. It was initially launched in 11 states, but in 2016, was expanded to the whole country.
 - It is a fixed day approach to treat intestinal worm infections in children aged 1-19 years with **Albendazole tablets**.
 - It is held **biannually** every year on **10th Feb** and **10th Aug** through school and Anganwadis, followed by mop up days to cover those left out due to absenteeism or sickness.
 - Besides government and government aided schools and Anganwadis, special efforts are made to reach out-of-school children, and private schools have also enthusiastically joined the program.

- **Note:** NDD is led by the MoH&FW in collaboration with the MoW&CD, Ministry of Education, and technical assistance from WHO and other technical partners.
- **Albendazole tablet**, approved by WHO, is used for treatment of intestinal worms in children and adolescents as part of Mass Drug Administration (MDA) programmes globally.
- **Impact of National Deworming Day (NDD) Program**
 - » MoH&FW recently got a prevalence survey conducted by NCDC and partners.
 - So far, surveys have been completed in 14 states and **all 14 states have shown reduction of the prevalence.**

5) NATIONAL COVID-19 VACCINATION PROGRAM

- India's National COVID-19 vaccination program, the world's largest vaccination program, began in 16th Jan 2021.
 - » It has now expanded to cover all persons aged 12 years and above and for the precautionary dose for all persons aged 18 years and above.
- **Test-Track-Treaty-Vaccinate** and adherence to COVID appropriate behaviour continue to remain the tested strategy for Covid management.
- **Key Challenges:**
 - » Vaccine availability
 - » Training of more than 2.6 lakh vaccinators and 4.8 lakh other vaccination team members.
 - » Ensuring vaccination in remote areas.
- **Progress So far:**
 - » As on 6th Jan 2023, India has been able to administer 220 crore COVID vaccine doses across the country.
 - 97% of eligible beneficiaries have already received at least one dose of COVID-19 vaccine
 - 90% of the beneficiaries have received both the doses.



G) CO-WIN: A SUCCESSFUL DIGITAL STORY OF VACCINATION TO TELL

- Co-Win is a comprehensive cloud-based IT solution for planning, implementing, monitoring, and evaluating COVID-19 vaccination in India. It provided an end-to-end solution for utilities for the entire public health system.
- The dual interface of the open platform made it scalable across citizens and administrator centric services.
- To ensure accountability and transparency in supply chains for vaccination, the platform provided real-time stock tracking at the national, state, and district levels (Government or private)
- Going beyond the users (admins, supervisors, and vaccinators), vaccination centres, and beneficiaries' registration in 12 regional languages, the web solution extended the issuance of digitally verifiable certificates.
 - The **Vaccination Certificate was designed at par with WHO Guidelines** to assist even international travellers.
- To reduce the burden of registration hinging on a single document (Aadhaar), the Government allowed registration using any of the 10 photo identity cards [Aadhaar Card, Driving License, PAN Card, Passport, Pension Passbook, NPR Smart Card, Voter ID, Unique Disability Identification Card, Ration Card with Photo, Student Photo ID card].
- Tackling the problem of the digital divide and digital exclusion, multiple beneficiaries (up to six) were allowed onboarding using a single mobile number through the National Covid helpline.

- To ensure that those having limited access to physical facilities during times of Covid, either due to age, disability or identity, are not left out, special provisions through the “**Workplace Covid Vaccination Centre**” in the Government and private sector and also “**Near to Home Covid Vaccination Centres**” were made available.

3. SOCIAL PROTECTION FOR RAINY DAY

- Economic growth can lift citizens out of the low-income trap, but for ensuring that they are no longer vulnerable to crisis situation, various social protection has to be provided to them. It may be for health, old age, unemployment, disability etc.
- In FY2023 government continued to run various social protection programs. Some important ones are:

A) PRADHAN MANTRI VAYA VANDANA YOJANA (PMVVY)

- It's a pension scheme announced by Gol for senior citizens aged 60 years and above. It was initially available between 4th May 2017 to 31st March 2020, but has not been extended to 31st March 2023.
- Initially elderlies could invest upto Rs 15 Lakhs and @8% get upto Rs 10,000 per month pension, but the provisions have now been modified.
- **Modifications in 2020**
 - **Varying investment rate** - depending on the Financial Year (FY) in which the investment is made. The maximum interest rate is capped at **7.75%** at any point.
 - » The government will declare the PMVVY interest rate at the start of each FY.
 - The **maximum investment** is restricted to **Rs 15 lakh** per senior citizen and maximum monthly pension in PMVVY is Rs 9,250 per person.
 - » So, if both husband and spouse invest, the maximum monthly pension can be **Rs 18,500** in the family for an investment of Rs 30 Lakh.
- **Other benefits**
 - Exemptions from GST
 - Loans about 75% of the purchase price shall be allowed after 3 years
 - Allows **premature exit** for the treatment of critical/terminal illness of self or spouse. In this situation, 98% of the purchase price will be refunded.

B) PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA (PMJJY)

- Ministry: **Department of Financial Services, Ministry Of Finance**
- It is one year life insurance scheme renewable from year-to-year.
- Coverage for **death due to any reason** and is available to people in the age group of 18 to 50 years (life cover up to age 55) having a savings bank account who give their consent to join and enable auto-debit.
- Life cover of **Rs. 2 lakhs** is available for a one year period stretching from 1st June to 31st May at a premium of **Rs.436/-per annum** per member.
- Assurance will be terminated under:
 - a. On attaining age 55 years (age near birth day) subject to annual renewal up to that date (entry, however, will not be possible beyond the age of 50 years).
 - b. Closure of account with the Bank or insufficiency of balance to keep the insurance in force.
 - c. A person can join PMJJBY with one Insurance company with one bank account only.
- It is offered / administered through LIC and other Indian private Life Insurance companies. For enrolment banks have tied up with insurance companies. Participating Bank is the Master policy holder.

C) PRADHAN MANTRI SURAKSHA BIMA YOJANA (PMSBY)

- Ministry: Department of Financial Services, Ministry Of Finance
- A large proportion of the population have no accidental insurance cover
- PMJJBY is aimed at covering the uncovered population at an highly affordable premium of just Rs. 20 per year.
- Age group: 18 - 70 years
- Available to people with a savings bank account who give their consent to join and enable auto-debit on or before 31st May for the coverage period 1st June to 31st May on an annual renewal basis.
- Risk coverage available will be Rs. 2 lakh for accidental death and permanent total disability and Rs. 1 lakh for permanent partial disabilities.
- It is offered by Public Sector General Insurance Companies or any other General Insurance Company who are willing to offer the product on similar terms with necessary approvals and tie up with banks for this purpose.
- Participating Bank will be the Master policy holder
- **Progress:** As on 11th Jan 2023, 32.1 crore persons have been enrolled cumulatively and 1,10,298 claims have been paid under PMSBY.

D) PRADHAN MANTRI SHRAM YOGI MANDHAN YOJANA (PM-SYMDY)

- **Ministry:** Ministry of Labour and Employment
- Launched in March 2019, the PM-SYMDY is a voluntary and contributory pension scheme for providing a monthly minimum assured pension of `3,000 upon attaining the age of 60 years.
 - Provision for matching contribution by the GoI: Contribution towards the Pradhan Mantri Shram Yogi Maan-dhan scheme is made by the subscriber and the central government on a 50:50 basis.
- The workers in the age group of 18 to 40 years having a monthly income of `15,000 or less and not a member of EPFO/ ESIC/ NPS (Govt. funded) can join the scheme.
- As of 2 November 2022, over 49.1 lakh beneficiaries have been enrolled under the Scheme.

E) PM STREET VENDOR'S ATMANIRBHAR NIDHI SCHEME (PM SVANIDHI)

- **Ministry:** Ministry of Housing and Urban Affairs (MoHUA)
- **Need:** Street vendors had lost their livelihood due to COVID-19 crisis
- MoHUA is implementing the PM SVANIDHI Scheme since June 01, 2020, in which street vendors vending on or before 24th March, 2020 in urban, semi urban or peri-urban areas will be provided with affordable working capital loan to resume their livelihoods.
- A loan of **maximum 10,000 rupees** can be available which will be repayable in monthly instalments in a tenure of one year.
 - » On timely/early repayment, an interest subsidy @7% per annum will be credited to the bank account of the beneficiaries through Direct Benefit Transfer on quarterly basis.
 - » On early repayment, no penalty would be imposed.
 - » Further, beneficiaries are also eligible for second tranche of loan upto Rs 20,000 with 18 months tenure after timely repayment of the first tranche.
- The scheme also promotes digital transactions through cash-back incentives upto an amount of Rs 1,200 per annum.
- The vendors can fulfil their aspiration of climbing up the economic ladder by availing the facility of enhanced credit limit on timely/ early repayment of loan.
- **Note:** The scheme is available for beneficiaries belonging to those states/Uts which have notified Rules and Scheme under the Street Vendors (Protection of Livelihood and Regulation of Street Vending).

F) PM MUDRA YOJANA (PMMY)

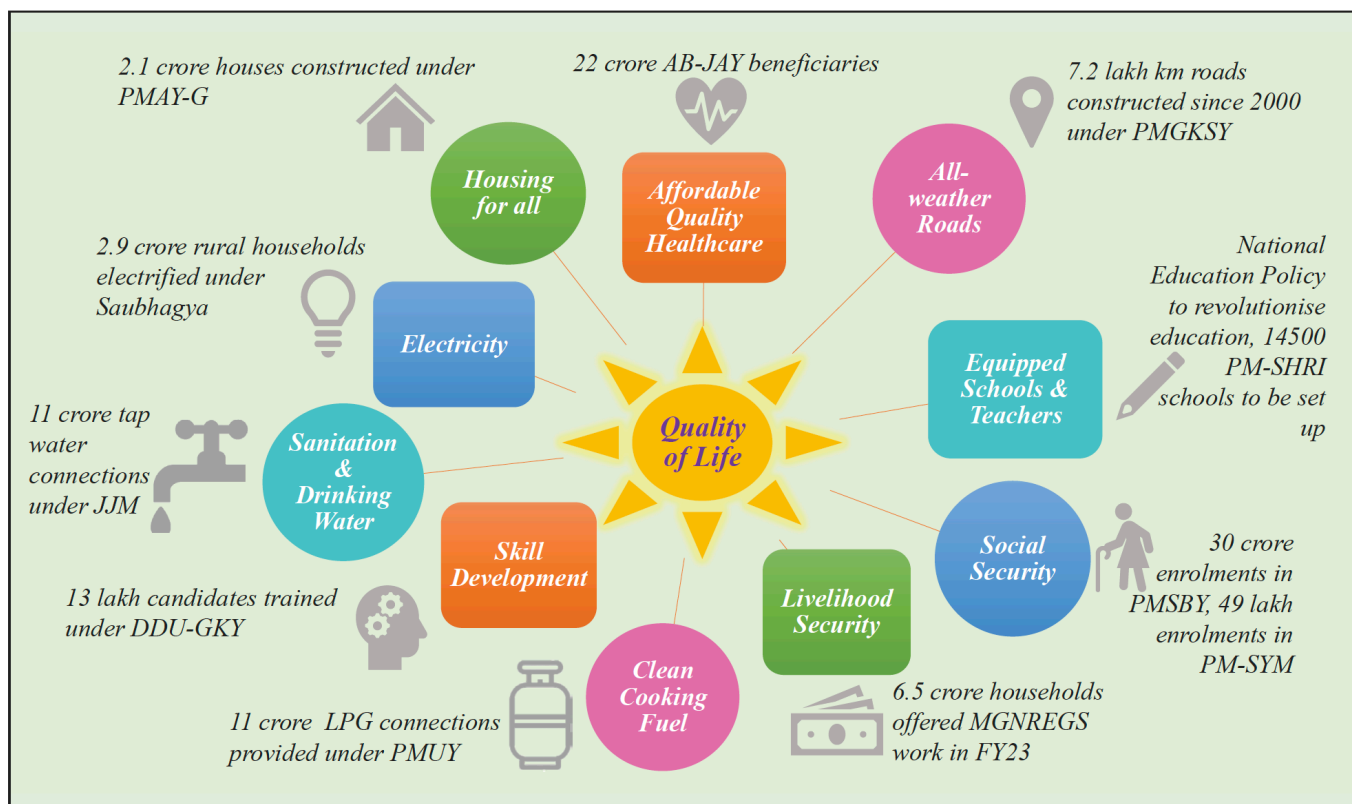
- **Introduction**

- » PMMY is an initiative by the **Union Ministry of Finance** to 'fund the unfunded'. It is aimed at using **micro-finance as an economic development tool** that helps to provide **income generating opportunities to the people at the bottom of the pyramid**, targeting small manufacturing units, shopkeepers, fruits and vegetable vendors, truck and taxi operators, food service units, repair shops, machine operators, artisan and food processors.
 - » PMMY's objective is to **refinance the collateral free loans** given by lenders to small borrowers through MUDRA Ltd.
 - The collateral free loans are provided through public sector, regional, rural, State and urban cooperative banks **to non-farm income generating enterprises (Non-Corporate Small Business Segment (NCSBS) comprising of proprietorship or partnership firms) in manufacturing, trading and services whose credit needs are below Rs.10 lakh.**
 - The scheme gives **priority to Dalits, Tribals, Backward Classes and Women.**
 - Note: These loans are not subsidized loans.
 - » The scheme was launched in **April 2015** and the allocation for the scheme has increased in every Financial year.
- PMMY can be availed under three categories:
 - » **Shishu**, which will cover loans up to Rs. 50,000;
 - » **Kishor** for loans above Rs. 50,000 and up to Rs. 5 lakh;
 - » **Tarun** for loans above Rs. 5 lakh and up to Rs. 10 lakh
 - **Micro Units Development and Refinance Agency Ltd (MUDRA Ltd)**
 - » MUDRA is wholly owned subsidiary of Small Industries Development bank of India (SIDBI).
 - » It is responsible for **developing and refinancing all Micro-enterprises sector** by supporting the finance Institutions which are in the business of lending to micro / small business entities engaged in manufacturing, trading and service activities.
 - » It partners with Banks, MFIs and other lending institutions at state level / regional level.
 - » **Responsibilities under PMMY:** MUDRA will provide refinance support, monitor the PMMY data by managing the web portal, facilitate offering guarantees for loans granted under PMMY and take up other activities assigned to it from time to time.
 - **Progress so far (Jan 2023)**
 - » **More than 38.4 crore loans**, amounting to Rs 21.4 lakh crores, have been sanctioned since the launch of the scheme.
 - Out of this, more than 8.2 crore loans amounting to Rs 6.8 lakh crore have been extended to new entrepreneurs/ accounts which is approx. 21% of total loans extended under the scheme.
 - About 69% loans have been sanctioned to women entrepreneurs.

4. DEVELOPMENT OF INDIA'S ASPIRING RURAL ECONOMY

- **The percentage** of the population living in India's rural areas was as high as around 80% in the 1960s and remained over 70% till 2017.
- **Present Population in Rural Areas:** Currently, around 65% of India's population lives in rural areas and around 47% of the population is dependent on agriculture as livelihood.
- **Therefore**, for inclusive development of the country, it's crucial to focus on rural areas.
- **Various measures** have been taken to enhance quality of life in rural areas:

Multifaceted initiatives to improve the ecosystem of quality of life



- The **NFHS Data** for 2019-21 illustrates a significant improvement vis-à-vis 2015-16 in an array of indicators concerning the quality of rural lives, including, inter alia, access to electricity, presence of improved drinking water sources, coverage under health insurance schemes etc.

- Some Important Schemes:

1) DEENDAYAL ANTYODAYA YOJANA: NATIONAL RURAL LIVELIHOOD MISSION (DAY-NRLM)

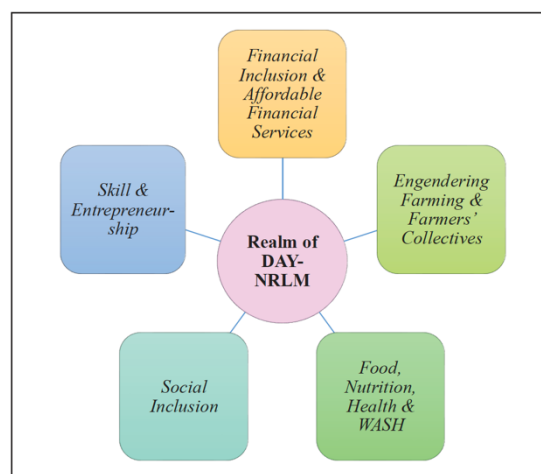
- **Ministry:** MoRD
- NRLM was launched in MoRD in June 2011 as a restructured version of Swarna Jayanti Gram Swarozgar Yojana.
 - » It aims to enable economically weak households to access gainful self-employment and skilled wage employment opportunities resulting in sustainable and diversified livelihood options for them.
 - » It is one of the world's largest initiative to improve the livelihoods of poor.
 - » It was renamed to Deendayal Antyodaya Yojana (DAY-NRLM) in Nov 2015.
 - » The mission seeks to achieve its objective through investing in four core components:
 - Social Mobilization and Promotion and strengthening** of self-managed and financially sustainable community institutions of the rural poor women.
 - Financial Inclusion**
 - Sustainable Livelihood**
 - Social Inclusion**, Social Development, and access to entitlements through convergence.

- » The **cornerstone of the Mission** is its '**Community-driven**' approach which has provided a huge platform in the form of community institutions for women empowerment.
- » **Rural women are at the core** of the program which is extensively focused on their socio-economic empowerment by way of building their capacities, providing financial support, and training in order to enable them to undertake livelihoods activities and become financially independent.

- Nearly 4 lakh SHG members have been trained as Community Resource Persons (CRPs) (viz. Pashu Sakhi, Krishi Sakhi, Bank Sakhi, BimaSakhi, PoshanSakhi etc.) help in the implementation of the Mission at the ground level

- The mission currently has its footprint across 6,880 blocks in 723 districts across all states and UTs (except Delhi and Chandigarh) under its implementation strategy. It has mobilized total 8.7 crore women from poor and vulnerable communities into 81 lakh SHGs.

Components of DAY-NRLM



2) MGNREGA

- Introduction

- » Mahatma Gandhi National Rural Employment Guarantee Act, 2005 is a statutory **job guarantee** scheme for rural India.
- » It's an initiative by **MoRD**, which was launched in 2006. It is **aimed** at:
 - Enhancing the **livelihood security of people in rural areas** by **legally guaranteeing 100 days of wage-employment** in a financial year to adult members of any household willing to do **unskilled manual work** related to public work at the **statutory minimum wage**.
 - Creating **durable assets** (such as roads, canals, ponds, wells)
- » The scheme also helps in protecting environment, empowering rural women, reducing rural urban migration, and fostering social equity, among others.

- Other Key Features

- » **Demand Driven Program:** Workers are provided work when they demand it and not when the government wants it.
- » Employment is to be provided **within 5 km** of an applicant's residence.
- » If work is not provided within 15 days of applying, applicants are eligible for an unemployment allowance.
- » **1/3rd** of the stipulated workforce should be women.
- » **Social audit** of the work done by Gram Sabha.

- Steps taken to improve the functioning

- i. **Management Information System** - digitization of all process in MGNREGA - available in public domain - promotes transparency
- ii. **Geo-Tagging of assets** to reduce corruption
 - Rolled out in 2017 and more than 5.2 crore assets (Jan 2023) have been geo-tagged and made available in public domain.
- iii. **Mandatory expenditure on agriculture and allied sector:**
 - As per the provision of the Act, the District Programme Coordinator is required to ensure that at least 60 per cent of the works to be taken up in a district in terms of cost shall be for the creation

of productive assets directly linked to agriculture and allied activities through development of land, water, and trees. The expenditure on agriculture and allied activities is 68.5 per cent in FY23 (as of 6 January 2023).

IV. E-Payments:

- E-Payments are done under MGNREGA using National Electronic Fund Management System (Ne-FMS) for the payment of wages of the workers directly into their bank accounts. So far, total expenditure through NeFMS is 99.7%.

V. DBT to ensure fast payment and reduced siphoning of resources.

- Under the scheme, 99% of the wage seekers are receiving their wages directly into their bank accounts. It is a big step towards transparency.

3) DDU-GKY:

- Already done with skill development topic

4) RURAL HOUSING: PRADHAN MANTRI AWAAS YOJNA – GRAMIN (PMAY-G)

- **Ministry:** Ministry of Rural Development (MoRD)
 - » **Centrally Sponsored Scheme:** (60:40 - Centre: State)
- **PMAY-G** was launched in Nov 2016 with the aim of providing 3 crore pucca houses with basic amenities to all eligible houseless households living in Kutch or dilapidated houses in rural areas by **2022 (2024)**.
- Under this scheme, financial assistance is provided for construction of pucca house to all houseless and for upgradation for households living in kutch or dilapidated houses.
- It is being implemented in rural areas across the country except Delhi and Chandigarh.
- **Targeting:**
 - » To ensure that assistance is targeted at those who are genuinely deprived, and that the selection is objective and verifiable, PMAY-G selects beneficiaries using housing deprivation parameters in the SECC, 2011 data which is to be verified by the Gram Sabhas.
 - » Under the scheme, landless beneficiaries are accorded the highest priority in the allotment of houses.
- **Progress:**
 - » A total of 2.7 crore houses have been sanctioned and 2.1 crore houses have been completed by 6 January 2023 under the Scheme. Against the total target of completion of 52.8 lakh houses in FY23, 32.4 lakh houses have been completed
- **Through convergence** with other Government Schemes, the PMAY-G also addresses basic needs such as the construction of the toilet, piped drinking water, electricity connection, LPG Gas connection, and 90/95 person-days of unskilled labor from MGNREGA.

5) DRINKING WATER AND SANITATION

- **JJM** was launched in 2019 to provide **functional household tap connection (FHTC)** to every household by 2024
- **Need:**
 - » **Water inequality is a major concern in India. 81% of households** in India are without tap connection (14.6 cr /17.87 cr)

- » Safe drinking water together with a comprehensive sanitation program is important for reducing the disease burden of the poor.

- **Details**

- **JJM** restructures and subsumes the National Rural Drinking Water Program (running since 2009). The scheme is also known as **Har Ghar Nal Se Jal (HGNSJ)**.

- **The Broader Objectives of JJM are:**

- » To provide **Functional Household Tap Connections (FHTC) to every rural household by 2024** with a service level of 55 litres per capita per day (lpcd).
- » To **prioritize provision of FHTCs in quality affected areas**, desert areas, drought prone areas and Sansad Adarsh Gram Yojna villages.
- » To provide functional tap connection to **Schools, Anganwadi centres, GP buildings**, Health centres, wellness centres and community buildings
- » To **monitor functionality** of tap connections.
- » To **promote and ensure voluntary ownership** among local community by way of contribution in cash, kind and/ or labour and voluntary labour (shramdaan)
- » To **assist in ensuring sustainability of water supply system**, i.e. water source, water supply infrastructure, and funds for regular O&M
- » To **empower and develop human resource** in the sector such that the demands of construction, plumbing, electrical, water quality management, water treatment, catchment protection, O&M, etc. are taken care of in short and long term
- » To **bring awareness** on various aspects and significance of safe drinking water and involvement of stakeholders in manner that make water everyone's business

- A **dedicated fund** called '**Rashtriya Jal Jeevan Kosh**' has been set up by Ministry of Jal Shakti to **mobilise and accept contributions** received from other sources such as Corporate Social Responsibility to fund JJM.

- **Cost:** The total project is estimated to cost Rs 3.60 lakh crore.

- **Center: State:** 50: 50 (90:10 for NE and Himalayan States and 100% for UTs)

- **Implementations**

- JJM is implemented by the Department of Drinking Water and Sanitation (DDWS) under the recently formed MJS.



6) MISSION AMRIT SAROVAR

- **Ministry:** Ministry of Rural Development (MoRD)
- Mission Amrit Sarovar was launched on National Panchayati Raj Day on 24 April 2022 with the objective to **conserve water for the future**.
- The Mission is aimed at **developing and rejuvenating 75 water bodies in each district** of the country during this Amrit Varsh, 75th Years of Independence.
- So far, against the **initial target of 50,000 Amrit Sarovar**, a total of more than 93,291 Amrit Sarovar sites have been identified and works have commenced on more than 54,047 sites. Out of these commenced works, a total of more than 27,071 Amrit Sarovars have been constructed so far.
- **The impact of this initiative has been**
 - » About 32 crore cubic meters of water holding capacity has been enhanced.

- » Water Users' groups have been associated with each Amrit Sarovar inter-alia improving the livelihoods base of the local community.
- » Participation of freedom fighters, Martyr's families, Padma Awardees, and other eldest citizens of the local areas helped in **community participation at a large scale**, promoting social harmony and patriotism, and making this mission a mass movement.
- » People's participation has been seen in this mission in a form of "Shram -Daan".
- » This will result in the creation of a total carbon sequestration potential of 1,04,818 tonnes of carbon per year

7) JALDOOT APP

- **Ministry: MoRD**
- MoRD has developed 'JALDOOT App' which will be used across the country to capture water levels of selected well.
 - » It will enable Gram Rojgar Sahayak (GRS) to measure the water level of selected wells twice a year (pre-Monsoon post-Monsoon).
 - » In every village adequate number of measurment locations (2-3) have to be taken.