



**SAARC**

**Social Charter**

**India Country Report**

**2018**

**Central Statistics Office**

**Ministry of Statistics and Programme Implementation**

**Government of India**

प्रवीण श्रीवास्तव  
सचिव एवं भारत के मुख्य सांख्यिकीविद

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## Foreword

The SAARC Social Charter, which was signed by the SAARC Heads of States at the 12th Summit in Islamabad on 4th January 2004, reiterates the vision of the SAARC countries of improving the quality of life of their citizens by addressing social sector development. SAARC Social Charter has accorded highest priority to poverty alleviation, health, education, human resource development, status of women, rights and well-being of children, population stabilization, and drug addiction, rehabilitation and reintegration.

Achieving inclusive growth has been one of the main priorities of Government of India. The Government is implementing various programmes/schemes for creating better employment opportunities and improving education and health status of all citizens for equitable and broad based inclusive growth of the country. The “SAARC Social Charter – India Country Report 2018” is the seventh country report which maps various programmes/schemes of Government of India targeted towards achieving the objectives of the SAARC Social Charter in the country.

I compliment the officers engaged in this endeavour for their meticulous work in bringing out this Publication with information pooled from various official sources.

I am confident that this Publication will serve as a valuable instrument for policy makers, planners, administrators, researchers and other stakeholders. The Ministry welcomes suggestion for improvement in the publication.

(Pravin Srivastava)

Dated : 01.03.2019

Place : New Delhi

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## Preface

The Ministry of Statistics and Programme Implementation has been bringing out the country report to map the programmes/schemes being implemented for achieving the objectives of the SAARC Social Charter in the country.

The report "SAARC Social Charter – India Country Report 2018", seventh in the series, presents a holistic view of policy and programmes of Government of India being implemented by various Ministries which are instrumental in achieving the goals of SAARC Social Charter. The publication articulates the programmatic interventions of the Government of India aimed at raising the living standards of its citizens and providing equal opportunities to hitherto marginalized sections of the society. The report is divided into various chapters corresponding to broad areas of SAARC Social Charter.

I wish to place on record my gratitude to all the Ministries/Organizations who have co-operated by providing information for the report.

I would also like to appreciate Additional Director General, Social Statistics Division of the Central Statistics Office and his team for their efforts in the preparation of this Report.

I hope, this publication will be a useful reference to all the stakeholders. Suggestions to improve such publications in future are most welcome.

(Jyotirmoy Poddar)

New Delhi  
28<sup>th</sup> February, 2019

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# Background

The South Asian Association for Regional Cooperation (SAARC) Heads of State/Government signed the SAARC Social Charter at the 12<sup>th</sup> SAARC Summit in Islamabad on 4<sup>th</sup> January 2004. The Charter envisages action in the areas of poverty alleviation, health, education, human resource development, status of women, rights and well-being of children, population stabilization, drug de-addiction, rehabilitation & reintegration. The objective of the Charter is to place people at the centre of development and to direct the economy to meet the human needs more effectively.



The SAARC countries in 2004 agreed to set up a National Committee to facilitate the implementation of the SAARC Social Charter and monitor performance in achieving its goals and to exchange ideas and information on best practices, apart from promoting collaborative poverty alleviation projects.

The Ministry of Statistics and Programme Implementation (MoSPI) has been designated as the nodal Ministry to facilitate the statistical monitoring of SAARC Social Charter in India. A National Coordination Committee under the chairpersonship of Secretary, Ministry of Statistics and Programme Implementation was constituted on 12<sup>th</sup> September 2005 with members from Planning Commission, Ministries of External Affairs, Rural Development, Panchayati Raj, Social Justice and Empowerment, Housing and Urban Poverty Alleviation, Health and Family Welfare, Youth Affairs and Sports, Human Resource Development, Women and Child Development and Finance.

The mandate of the National Coordination Committee is to coordinate, facilitate and monitor the implementation of the goals of the SAARC Social Charter; to coordinate with the National Committees of other SAARC Member States and consult with these Committees to exchange ideas and information on best practices, apart from promoting collaborative Poverty Alleviation Projects; to interact with SAARC Secretariat in the matters pertaining to implementation of SAARC Social Charter in India.

Ministry of Statistics and Programme Implementation has been bringing out the India Country Report on SAARC Social Charter since 2005.

The report presents the status of achievement on different social development outcomes under different chapters as enumerated in the various

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articles of the Charter. The publication sketches a lucid description of the programmatic interventions of the Government of India aimed at raising the living standards of its citizens and providing equal opportunities to hitherto marginalized sections of the society.

In the era of Sustainable Development Goals (SDGs), where all the countries are striving to achieve the overall development in sync with SDGs, the statistical monitoring of the related development schemes of Government of India in the social sector play a vital role.

Reflecting the country's commitment to the SDG agenda at the highest levels of Government, the Indian Government has focused on the elimination of poverty, gender equality, climate change and resource mobilization for SDGs. For the overall development of the country, the Government under the ambit of "*Sabka Saath-SabkaVikas*" has launched several ambitious programmes focusing on the basics, like, housing, power, water and sanitation for all which are important not just for welfare, but also for human dignity.

The Sustainable Development Goals are over-arching the ambit of the 1995 planned SAARC Social Charter, so the implementation of SAARC Social Charter in the country would definitely support the machinery in the planning process for achieving the SDGs.

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# Chapter 1: Poverty Alleviation and Hunger Eradication

## 1.1 Poverty Profile

Economic growth is the most powerful instrument for reducing poverty and improving the quality of life. The extent to which growth reduces poverty depends on the degree to which poor participate in the growth process and the benefits of growth accrue to them. Various measures of poverty available for measuring different aspects of poverty. One of the most common measures of intensity of poverty is 'Head-Count Ratio' (or, sometimes called simply 'Poverty Ratio'). The other methods of measuring poverty are 'Poverty Gap Ratio', 'Income Gap Ratio', Sen's P-measure, Foster-Greer-Thorbecke's FGT measure, etc. However, in all such measures one fundamental requirement is to have 'poverty line'.



The poverty line can be decided on the basis of income or expenditure. In India, the poverty line is computed following expenditure approach. Poverty line is obtained by specifying a consumption bundle considered adequate for basic consumption needs and then by estimating the cost of these basic needs. It may be thought of as minimal expenditure required by an individual to fulfil his or her basic food and non-food needs and this minimal consumption expenditure requirement for survival is expressed in terms of monthly per capita expenditure (MPCE). This minimal consumption expenditure required is considered as poverty line in India. Any household failing to meet this level of consumption expenditure can be treated as a poor household.

There is a long history of poverty line computation and poverty estimation in India. For first time in India, D.R. Gadgil came out with Rs. 20.00 for rural and Rs. 25.00 for urban at 1960-61 prices as the poverty line for all-India using the recommendations of National Advisory Committee of Indian Council of Medical Research (1958). V. M. Dandekar and N. Rath<sup>1</sup> using NSSO data came out with the poverty line in India in 1971. Later in that decade, the then Planning Commission constituted a Task Force on Projections of Minimum Needs and Effective Consumption Demand and this committee had come out with an estimate of all-India poverty line of Rs. 49.09 for rural and Rs. 56.64 for urban at 1973-74 prices using NSS data. These were estimated following the Calorie-based approach of Poverty Line estimation where minimum

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<sup>1</sup>V.M. Dandekar, NilkanthRath, *Poverty in India*. Indian School of Political Economy, Pune, 1971.

energy consumption of 2400 kcal per day in rural and 2100 kcal per day in urban on an average were used considering different age-sex-activity combinations. During that time the MPCEs were computed on the basis of all expenditure data with 30 days' recall period (later this was termed as Uniform Recall Period or URP data). In 1993-94, using same URP data, another committee in Planning Commission under Chairmanship of Dandekar recommended to have poverty lines computed separately for the states as there were significant spatial price variation using the same URP consumption data of NSSO. In the meantime, NSSO with late Prof. N. Bhattacharya of Indian Statistical Institute (ISI) was experimenting with the different recall periods of different items and trying to find out the optimum reference period for different food and non-food items which would provide proper and more reliable estimate with minimal telescoping and recall errors. Thus, two other recall periods were identified, viz., Mixed Recall Period (MRP) and Modified Mixed Recall Period (MMRP). In MRP, all items, except expenditures on clothing, bedding, footwear, institutional medical care, education, and durable goods, were collected with last 30 days' recall period, whereas expenditures on all other items i.e., clothing, bedding, footwear, institutional medical care, education, and durable goods were collected with last 365 days' recall period. In MMRP data, consumption expenditure on a few food items, viz., vegetables, edible oils, egg, fish, meat, fruits, etc. were collected with last 7 days' reference period; the expenditures on clothing, bedding, footwear, institutional medical care, education, and durable goods were collected with last 365 days' recall period and other remaining food and non-food items had last 30 days' recall period. This data with MMRP was felt necessary as a result of the recommendation of the Committee under the chairmanship of late Prof. N. Bhattacharya on Appropriate Reference Period of Food items. Thus, MPCE and hence poverty line is dependant of reference period of the items. It was also observed that MMRP data is most reliable followed by MRP and then URP data.

In 2009, another Expert Group was constituted by the then Planning Commission under the Chairmanship of late Prof. S. D. Tendulkar as it was felt that the existing poverty line was too low and not properly measuring the extent of poverty in the country. This Expert Group, after working with NSS data of 2004-05 where only URP and MRP data were available, recommended to shift initially from URP to MRP and then from MRP to MMRP (or MRP\* as mentioned in Expert group report) for estimating poverty line. A firm reliance on the NSSO's results on consumption expenditure by households has been felt as a much better method by adjusting for inter-state and inter-sectoral price differentials, and the use of the better recall period introduced in the NSSO's surveys.

Following the methodology of the Tendulkar Committee, the then Planning Commission had revised the estimated proportion of people below poverty line in 1993-94, 2004-05 and 2011-12. Applying the methodology to the earlier years, the proportion of population under poverty for the above period came from 45.3 in 1993-94 to 37.2 in 2004-05 and further reduced to 21.9 in 2011-12. The Poverty Lines, however, were questioned by many and hence the Government had constituted another Expert Committee under the Chairmanship of Dr. C. Rangarajan, which submitted the report for consideration of the Government.

## **1.2 Poverty Alleviation and Hunger Eradication**

Poverty and hunger happen to be the major concerns and challenges in bringing about development in any society of any country. Considering the grave impact of these social problems, the issues have been included as Goals 1 and 2 in the Sustainable Development Goals. Rapid growth is considered to be the key weapon in any country's arsenal for combating poverty as it creates well-paid jobs that empower households by giving them necessary purchasing power to access food, clothing, housing, education and health and also it places ever-rising revenues in the hands of the Government to finance social spending.

The country with huge dimensions covering an area more than of 3.2 million square km along length and breadth and with more than 130 crore population at hand strives to improve the living standard of all and to ensure providing basic amenities include quality food to all its citizens.

Poverty alleviation has been one of the guiding principles of the planning process in India. The role of economic growth in providing more employment avenues to the population has been clearly recognised. The growth-oriented approach has been reinforced by focusing on specific sectors which provide greater opportunities to the people to participate in the growth process. The various dimensions of poverty relating to health, education and other basic services have been progressively internalised in the planning process. Central and state governments have considerably enhanced allocations for the provision of education, health, sanitation and other facilities which promote capacity-building and well-being of the poor.

India has continued its programme of economic reforms to achieve sustained growth. The reforms have included fiscal consolidation, inflation targeting, improved governance all around, accelerated infrastructure development, curbing of corruption, Aadhaar Act, Insolvency and Bankruptcy Act, Goods and Services Tax (GST), further liberalization of Foreign Direct Investment (FDI), closure of sick Public Sector Units and

much more. Growth has enabled the Government to sustain social spending to target the poverty directly.

In order to alleviate poverty, the country is focussing on generating meaningful employment by developing agricultural infrastructure, productive assets and entrepreneurship-based livelihood opportunities. The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), world's largest cash transfer programme, has generated over 2 billion person-days' of employment during the last year. It is aimed to reduce extreme poverty as well as enhance the infrastructure and purchasing power in rural areas. Similarly, the Deen Dayal Antyodaya Yojana-National Livelihoods Mission provides skilled employment to marginalized communities.

1.3 Various schemes of Government of India are aimed to directly and indirectly alleviate poverty and to eradicate hunger in the country. A few important ones are listed as following:

- National Rural Employment Guarantee Scheme (MGNREGA),
- Deen Dayal Antyodaya Yojana (DAY)-National Rural Livelihood Mission, (NRLM) and National Urban Livelihood Mission (NULM),
- National Social Assistance Programme (NSAP),
- Green Revolution, the umbrella scheme,
- Rashtriya Krishi Vikas Yojana (RKVY),
- Krishi Unnati Schemes,
- Pradhan Mantri Fasal BimaYojana (PMFBY),
- Rashtriya Pashudhan Vikas Yojana (White Revolution),
- Price Stabilisation Fund,
- Pradhan Mantri Jan Dhan Yojana,
- Pradhan Mantri Jeevan JyotiBimaYojana,
- Atal Pension Yojana (APY),
- Targeted Public Distribution System (TPDS),
- National Food Security Act (NFSA), passed in 2013,
- Antyodaya Anna Yojana,
- National Mission on Food processing (SAMPADA)

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

The government implements schemes for generation of self-employment and wage employment, provision of housing to rural poor, construction of rural roads and

improving the socio-economic conditions of the rural poor by providing social assistance to the elderly, widow and the disabled persons.

MGNREGA provides a legal guarantee of upto 100 days of wage employment in every financial year to every rural household whose adult members volunteer to do unskilled manual work. It is premised on demand for employment and aims at creating durable assets. The instrument of employment generation is unskilled manual labour works relating to water conservation and water harvesting, drought proofing (including afforestation/tree plantation), land development and rural connectivity through all-weather roads. The Act also has elaborate transparency safeguard measures through a number of processes such as job cards, work applications, dated receipts, numbered muster rolls, timely payment, social audit and grievance redressal.

Since its inception, MGNREGA has emerged as a major social safety net, augmenting rural employment as evident in the fact that it has generated more than 2615.29 crore person-days of work at a total expenditure of over Rs 471273.41 crore as on 20.07.2018. As against the norm of 33 per cent, women's participation in the scheme was 53.46 per cent in 2017-18 while SC and ST participation rate stood at 21.48 and 17.6 per cent respectively. The average days of employment provided per household was 45.77 days during 2017-18. An allocation of Rs. 55000 crores has been made in the budget of 2018-19 under MGNREGA. The works undertaken through Mahatma Gandhi NREGA give priority to activities related to water harvesting, groundwater recharge, drought-proofing, and flood protection. The different categories of permissible works are as follows:

Category: A: Public Works Relating to Natural Resources Management: work related to water conservation and water harvesting, watershed management works, micro and minor irrigation works, renovation of traditional water bodies, afforestation, land development works in common land.

Category B: Individual Assets for Vulnerable Sections (Only for Households in Paragraph 5 of Schedule I of MGNREGA):work related to improving productivity of lands through land development, improving livelihoods through horticulture, sericulture, plantation, and farm forestry; development of fallow or waste lands ,unskilled wage component in construction of houses sanctioned under the Indira Awaas Yojana or such other state or central government scheme; creating infrastructure for promotion of livestock and fisheries.

Category C: Common Infrastructure for NRLM Compliant Self Help Groups: works for promoting agricultural productivity by creating durable infrastructure

required for bio-fertilizers and post-harvest facilities including pucca storage facilities for agricultural produce; and common work-sheds for livelihood activities of self-help groups.

Category D: Rural Infrastructure: rural sanitation related work, maintenance of assets created under the act, works for disaster preparedness or restoration, road connectivity to unconnected villages, construction of buildings for gram panchayats, cyclone shelters, anganwadi centres, village haats, crematoria at the village or block level, food grain storage structures, play fields etc.

Two major programmes, the Pradhan Mantri Jeevan Jyoti Bima Yojana and Pradhan Mantri Suraksha Bima Yojana, provide access to life and accident insurance for 130 million subscribers for nominal annual premiums. Additionally, initiatives like the Atal Pension Yojana and the National Social Assistance Programme provide pension to workers in the unorganized sector, widows and the differently-abled citizen of the country.

Another crucial strategy for eliminating poverty is ensuring access to basic services. In the area of education, there is a National Mission, which is focused on providing universal access to quality primary education. Moreover, the Right to Education Act has established an effective legal framework entitling all children (6-14 years) to free and compulsory education based on principles of equity and non-discrimination. Similarly, the National Health Mission and the Integrated Child Development Services (ICDS) initiatives strive to provide access to primary health-care, food and pre-school education to the children below 6 years.

India is committed to ensuring housing for all by 2022. To enable the achievement of this objective, the Prime Minister's Housing Scheme provides direct financial assistance to poor households.

For fulfilling the cooking fuel requirements of the population in an environmentally friendly manner, the Pradhan Mantri Ujjwala Yojana, launched in 2016, aims to provide Liquefied Petroleum Gas (LPG) to poor families with initial financial support for accessing a connection. The programme has enabled the provision of more than 20 million LPG connections since its launch a year ago.

Providing access to adequate and safe drinking water as well as sanitation is crucial. Under the National Rural Drinking Water Programme, more than 77% of the rural habitations have been fully covered with 40 litres of drinking water per capita on a daily basis. The objective of the Clean India Movement is to ensure an Open Defecation Free India by 2019. Over the last two years, more than 39 million

household toilets have been constructed. Moreover, 193,000 villages and 531 cities have been successful in ending the practice of open defecation. The Movement also focuses on bringing about sustained behaviour change through the engagement of a range of stakeholders, including religious and political leaders.

Programmes under the National Food Security Act cover more than 800 million people in the country. The Public Distribution System, for instance, is one of the largest food security initiatives in the world. In recognition of empirical evidence that women pay greater attention to household security, the Government has chosen to issue ration cards in the name of the senior most female member of the household. Other initiatives that contribute to eradicate hunger are the ICDS and the Mid-Day Meal Programme. The latter provides nutritious cooked meals to 100 million children in primary schools.

Governance reforms are being undertaken for improving the effectiveness of food security programmes. These include digitization of ration cards, leveraging Aadhaar for authenticated delivery of benefits and an online grievance redressal mechanism.

Further, the National Mission on Sustainable Agriculture in collaboration with other stakeholders is implementing climate change adaptation strategies for sustaining agricultural productivity. Since 2014, the land under organic farming has increased to 200,000 ha. Additionally, over 62 million Soil Health Cards, with crop-wise nutrient management advisories, have been issued.

Moreover, a comprehensive plan is being implemented for doubling farmers' income by 2022. This includes expediting tenancy reforms, promoting crop diversification and expanding micro-irrigation (1.3 million ha covered during the last two years).

Another area in which considerable progress has been made is digitization of agricultural marketing. The electronic National Agricultural Marketing platform now covers 250 Mandis (agricultural markets) across the country. A revamped crop insurance programme, the Pradhan Mantri Fasal BimaYojana, has also been launched.

### **1.3.2 Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY)**

Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY) Schemes are offered/administered through both Public

and Private Sector Insurance companies, in tie-up with Scheduled Commercial Banks, Regional Rural Banks and Cooperative Banks.

PMJJBY offers a renewable one-year term life cover of Rs two Lakh to all subscribing bank account holders in the age group of 18 to 50 years, covering death due to any reason, for a premium of Rs.330/- per annum per subscriber, to be auto debited from subscriber's bank account. Similarly, PMSBY offers a renewable one-year accidental death cum disability cover to all subscribing bank account holders in the age group of 18 to 70 years for a premium of Rs.12/- per annum per subscriber to be auto debited from subscriber's bank account. The scheme provides a cover of Rs. Two Lakh for accidental death or total permanent disability and Rs. One Lakh in case of permanent partial disability.

PMJJBY and PMSBY provide insurance cover to common people, especially poor and the under-privileged sections of the society. The Government as well as the Public Sector Insurance Companies such as Life Insurance Corporation of India (LIC) had organized massive campaign to create awareness amongst large sections of population and also carried outreach efforts to facilitate access to the schemes.

**1.3.3 Pradhan Mantri Jan Dhan Yojana (PMJDY)**, the biggest financial inclusion initiative in the world, has been one of the most vital cross-cutting initiatives which is instrumental in bringing almost all families of the country into the formal financial system and enabling citizens at grassroots level to perform financial transactions and keep their hard earned money safe.

Process simplification and customer's convenience have been at the core of design of PMJDY. The account opening form has been made one pager, simplified and universal and the citizen had option of opening account even during extended working hours and with customer service points (Business correspondents) in branchless banking. Multiple services were bundled in single product i.e., bank account, RuPay Card, mobile banking, insurance and credit (over draft). The entire account opening process gets completed in quick time and accounts were instantly activated.

As informed by banks, as on 28.2.2018, 31.20 crore accounts have been opened under Pradhan Mantri Jan-Dhan Yojana (PMJDY) with aggregate deposit balances Rs. 75,572.09 crore. Of these, 25.18 crore (81%) Jan-Dhan accounts are operative. Banks are committed to enhance the number of operative Jan-Dhan accounts.

**1.3.4 Atal Pension Yojana (APY)**, a guaranteed pension scheme for citizens of India, is focused on the unorganised sector workers which constitute more than 85% of workforce. Under the APY, the guaranteed minimum pension of Rs. 1,000/- or 2,000/-

or 3,000/- or 4,000/- or 5,000/- per month will be given at the age of 60 years depending on the contributions by the subscribers. The spouse of the subscriber is also eligible for pension and the nominee would be receiving the accumulated pension wealth.

The subscriber base in APY has grown manifold to reach the current position and APY is offered by all the banks and post offices. Across the country, 1.60 lakh branches which include 20 thousand post offices offer the services of opening APY account for their customers. Out of this branch network, nearly 90% of the branches have mobilised one or more APY account in the last 3 years. Till date Rs. 3950 crore of contribution has been collected under the Atal Pension Yojana (APY) Scheme. The Scheme has generated around 9.10 % CAGR since its inception till March 2018.

**1.3.5 Targeted Public Distribution System (TPDS)** is operated under the joint responsibility of the Central and the State/Union Territory (UT) Governments. Central Government is responsible for procurement, allocation and transportation of foodgrains up to the designated depots of the Food Corporation of India. The operational responsibilities for allocation and distribution of foodgrains within the States/UTs, identification of eligible beneficiaries, issuance of ration cards to them and supervision over and monitoring of functioning of Fair Price Shops (FPSs) rest with the concerned State/UT Governments.

**1.3.6 The National Food Security Act, 2013 (NFSA)** has been notified which provides for all India coverage of up to 75% of the rural population and up- to 50% of the urban population of the country for receiving foodgrains highly subsidized. prices of Rs.1/2/3 per kg for coarse grains/wheat/rice respectively. Coverage under the Act is under two categories- households covered under the Antyodaya Anna Yojana (AAY) and remaining households as priority households.

**1.3.7 Deen dayal Antyodaya Yojana- National Rural Livelihoods Mission (DAY-NRLM):** NRLM was launched in 2011 after restructuring Swarnajayanthi Grameen Swarojgar Yojana(SGSY). It was further restructured in 2013, named Aajeevika based on the experience of implementation in the first two years of the Mission. It further renamed as Deendayal Antyodaya Yojana (DAY). The objective of DAY is to organize all rural poor households of the country and continuously nurture and support them till they come out of abject poverty. DAY seeks to reach out to 8 – 10 crore rural poor households and organize one woman member from each household into SHGs and federations or higher levels in a phased manner by 2024-25. While doing so, DAY ensures adequate coverage of vulnerable sections of the society such that 50% of the beneficiaries are members of the Scheduled Castes and Scheduled Tribes, 15% from

minority groups and 3% from persons with disability, while keeping in view the overall target of 100% coverage of the rural poor households identified through Participatory processes and approved by Gram Sabha. At present, the programme is being implemented in 29 States and Five Union Territories covering 112653 Gram Panchayats. More than 4.95 crore women have been mobilized into 4.3 lakh Self-Help Groups (SHGs). During financial year 2018-19, more than 8 lakh rural poor women have been mobilized into 0.75 lakh SHGs. As on date, more than 1.8 lakh Community Resource Persons have been trained on multiple interventions.

**1.3.7.1 Deen Dayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY) :** DDU-GKY is a part of the National Rural Livelihood Mission (NRLM), tasked with the dual objectives of adding diversity to the incomes of rural poor families and cater to the career aspirations of rural youth. DDU-GKY is uniquely focused on rural youth between the ages of 15 and 35 years from poor families. As a part of the Skill India campaign, it plays an instrumental role in supporting the social and economic programs of the government like the Make In India, Digital India, Smart Cities and Start-Up India, Stand-Up India campaigns. The objective of the project for skill development is to ensure a time-bound training and capacity building program for bringing specific number of poor families above the poverty line through placement ensuring regular wage employment. The placement linked skill development scheme for rural poor youth has been revamped as DDU-GKY in order to build the capacity of rural poor youth to address the needs of domestic and global skill requirements. Cumulatively, as on 28th February, 2018, 5,70,516 candidates have been trained and 3,48,161 candidates have got placement against the target of 7,88,000.

**1.3.7.2 Mission Antyodaya,** started in 2017, is a convergence framework for measurable effective outcomes on parameters that transform lives and livelihoods. Real difference comes through convergence as it alone simultaneously addresses multi dimensions of poverty. Mission Antyodaya aims to bring 50,000 Gram Panchayats (GPs) in 5000 Rural Clusters out of poverty within 1000 days of launch of Mission. Ranking of 50000 Gram Panchayats has been completed in October 2017. A total of 101 Aspirational districts and over 8,600 Mission Antyodaya Gram Panchayats in these districts have been identified for focused action. The has planned converge its major schemes with real time monitoring mechanism at district level to transform these aspirational districts by 2022.

**1.3.8 Deendayal Antyodaya Yojana- National Urban Livelihoods Mission (DAY-NULM):** This mission was launched in 2013 for reducing the poverty and vulnerability of urban poor households, covers all the statutory towns in the country, focuses on

organizing urban poor in their strong grassroots level institutions, creating opportunities for skill development leading to market-based employment and helping them to set up self-employment venture by ensuring easy access to credit. The Mission is aimed at providing shelter equipped with essential services to the urban homeless in a phased manner. In addition, the Mission also addresses livelihood concerns of the urban street vendors. DAY-NULM has been extended to all statutory towns. The Mission has the following major components:

Social Mobilization and Institutional Development (SMandID), which envisages mobilisation of urban poor women, differently-abled men and men in vulnerable occupations into thrift and credit-based Self-Help Groups (SHGs) and their federations/collectives.

Capacity Building and Training (CB&T) to enable engagement of dedicated expert manpower for implementation of the Mission at State and city levels as well as for capacity building of community institutions and government functionaries.

Employment through Skill Training and Placement (EST&P) for skill development of urban poor in market-oriented courses to enable them to earn sustainable livelihoods.

Self-employment Programme (SEP) provides interest subvention on loans to individuals/groups of urban poor for setting up self-employment ventures/ micro-enterprises.

Support to Urban Street Vendors to support pro-vendor planning, development of vendors' market, credit enablement, socio-economic survey of street vendors, skill development and micro-enterprises development and convergence with social assistance under various schemes of the Government.

Shelter for Urban Homeless (SUH) supports provision of 24X7 permanent shelters for the urban homeless equipped with essential services.

Innovative and Special Projects (I&SP) to promote pioneering efforts, aimed at catalysing sustainable approaches to urban livelihoods through Public, Private and Community Partnership (PPCP).

Under the Scheme, 42,504 persons were assisted for setting up micro enterprises; 1,72,849 persons were skill trained; 51,940 Self Help Groups (SHGs) were formed; 43,217 SHGs were given revolving fund and street vendors' survey was completed in 849 cities in the year 2017-18 till November, 2017.

**1.3.8 Pradhan Mantri Awaas Yojana:** Housing for all has been proclaimed as a national priority for the Government of India. The Government in the President's address in 2014 announced - "By the time the nation completes 75 years of its Independence (by 2022), every family will have a pucca house with water connection, toilet facilities, 24x7 electricity supply and access". Housing for All has two components:

(a) Pradhan Mantri Awaas Yojana – Gramin implemented by Ministry of Rural Development and

(b) Pradhan Mantri Awaas Yojana – Urban implemented by Ministry of Housing and Urban Affairs.

To achieve the goal of Housing for All by 2022, nearly 3 crore houses needs to be built in rural areas and about 1.2 crore houses in the urban areas.

**1.3.8.1 Pradhan Mantri Awaas Yojana – Gramin** aims at providing a pucca house, with basic amenities, to all houseless householder and those households living in kutcha and dilapidated house, by 2022. The unit assistance under the programme in plain areas is Rs. 1,20,000/- and Rs. 1,30,000/- in hilly states/difficult areas/IAP. Convergence with Swachh Bharat Mission (G) for construction of sanitary toilets and the MGNREGA for providing the unskilled wage component (90 mandays in plain areas and 95 mandays in hilly and difficult areas) in the construction of the house have brought in increased resources for the beneficiary up to Rs. 1,50,000/- for a house. The Government has envisaged to construct 1 crore houses in rural areas over the period of 3 years from 2016-17 to 2018-19. The expenditure involved in implementing the project in a span of 3 years from 2016-17 to 2018-19 is Rs. 81975 crore. Identification of beneficiaries eligible for assistance and their prioritisation is being done using information on the housing deprivation parameters of Socio Economic and Caste Census (SECC), 2011 database). 60% of the funds have been earmarked for SCs and STs, 15% for minorities and 3% for persons with disabilities. Since inception of the rural housing scheme in 1985, approximately 3.92 crore houses have been constructed. 32.14 lakh houses have been constructed during 2016-17. During the financial year 2017-18, against the target of 51 lakh houses, 45.54 lakh ( i.e. 88.24 % of the target) houses have been completed with a total financial implication of Rs. 24702.08 crore (central share) by the end of March, 2018. Rs. 21000 Crore has been allocated for 2018-19 to complete rest of the construction of houses.

**1.3.8.2 Pradhan Mantri Awaas Yojana – Urban**-In pursuance of the Government's goal on providing houses to all by 2022, for ensuring housing for all in urban areas, this

mission was launched in 2015. The Mission provides central assistance to all eligible families/beneficiaries across all statutory towns for houses included under the mission. To address Housing for All in urban area, the Mission has four verticals:

**"In-situ" Slum Redevelopment (ISSR):** Slum redevelopment grant of Rs. 1 lakh per house is admissible for all houses built for eligible slum dwellers using land as resource with participation of private developers. This slum rehabilitation grants can be utilised by States/UTs for any of the slum redevelopment projects. After redevelopment, de-notification of slums by State/UT Government is recommended under the guidelines.

**Credit Linked Subsidy Scheme (CLSS):** Beneficiaries of Economically Weaker Section (EWS) and Low Income Group (LIG) seeking housing loans from Banks, Housing Finance Companies and other such institutions are eligible for an interest subsidy of 6.5 % on loan amount upto Rs. 6 lakh for loan tenures maximum up to 20 years. The Net Present Value (NPV) of the interest subsidy is to be calculated at a discount rate of 9%. The scope of CLSS for EWS/LIG has been extended to Middle Income Group (MIG) w.e.f.2017. EWS family has been defined as family with annual income up to Rs. 3 lakh and LIG as family with annual income between Rs. 3-6 Lakh.

**Affordable Housing in Partnership with public or private sector:** Central Assistance of Rs. 1.5 Lakh per EWS house is provided by Government of India in projects where at least 35% of the houses in the projects are for EWS category and a single project has at least 250 houses.

**Beneficiary-led individual house construction/enhancements:** Under this component, central assistance of Rs. 1.5 lakh is available to individual eligible families belonging to EWS categories.

35 Memorandum of Agreement (MoA) have been signed with 29 States and 6 UTs; 4,302 cities have been selected in 35 States/UTs for inclusion under the Mission. 7,474 projects for construction of 37,43,631 houses under the mission in 3,361 cities of 35 States/UTs involving Central assistance of Rs. 57,652 crore have been accepted by Government under the Mission. Central assistance of Rs. 13,150 crore has been released to the concerned States against approved projects.

**1.3.9 National Social Assistance Programme (NSAP):** The NSAP has been in operation since 1995 to provide social security to the vulnerable sections of the society like old persons widows and disabled falling in the BPL category. The scale of Central Assistance under NSAP through its 5 components is as follows:

**Indira Gandhi National Old Age Pension Scheme (IGNOAPS):** Rs. 200/- per month per beneficiary to BPL persons who are in the age group of 60-79 years and Rs 500/-per month to 80 years and above.

**Indira Gandhi National Widow Pension Schemes (IGNWPS):** Rs. 300/- per month per beneficiary who are BPL and in the age group of 40-79 years.

**Indira Gandhi National Disability Pension Scheme (IGNDPS):** Rs. 300/- per month per beneficiary who are in the age group of 18-79 years.

**National Family Benefit Scheme:** Rs. 20000/- to the bereaved household in case of the death of primary bread winner of the family. The eligibility criteria are BPL person who is primary bread winner of the family and in the age group of 18-59 years.

**Annapurna Scheme:** 10 kg of food grain (wheat or rice) per month per beneficiary to those who are not covered under IGNOAPS.

For the year 2018-19, an amount of Rs. 9975 crore has been allocated to NSAP schemes. Data of all the beneficiaries under NSAP has been digitized over NSAP-PPS. Eventually system is aiming at moving towards Aadhaar based payment mechanism (with consent) to facilitate end-to-end digital transactions with complete elimination of any possible inclusion errors.

**1.3.10 Rashtriya Krishi Vikas Yojana (RKVY)** is a continuing scheme under implementation from XI Five Year Plan. The scheme provides considerable flexibility and autonomy to states in planning and executing programmes for incentivizing investment in agriculture and allied sectors. States initiate the process of decentralized planning for agriculture and allied sectors through preparation of District Agriculture Plans (DAPs) and State Agriculture Plan (SAP) based on agro-climatic conditions, availability of appropriate technology and natural resources to ensure accommodation of local needs, cropping pattern, priorities etc. RKVY has also enabled adoption of national priorities without affecting the autonomy and flexibility of States through sub-schemes. National priorities like bringing Green Revolution to Eastern India (BGREI), Crop Diversification Program (CDP), Reclamation of Problem Soil (RPS), Foot and Mouth Disease - Control Program (FMD-CP), Saffron Mission, Accelerated Fodder Development Programme, etc. are being implemented through the window of RKVY.

The scheme is aimed incentivize States in enhancing more allocation to Agriculture and Allied Sectors and to strengthen farmer's efforts through creation of agriculture infrastructure that help in supply of quality inputs, market facilities etc. The continuation of Rashtriya Krishi Vikas Yojana (RKVY) has been approved as

Rashtriya Krishi Vikas Yojana- Remunerative Approaches for Agriculture and Allied sector Rejuvenation (RKVY-RAFTAAR) for three years i.e. 2017-18 to 2019-20. The financial allocation of the scheme will be Rs. 15,722 crore with the objective of making farming as a remunerative economic activity through strengthening the farmer's effort, risk mitigation and promoting agri-business entrepreneurship.

The Schemes that are part of the Umbrella Schemes are :-

**Mission for Integrated Development of Horticulture (MIDH)** aims to promote holistic growth of horticulture sector; to enhance horticulture production, improve nutritional security and income support to farm Households.

**National Food Security Mission (NFSM)**, including National Mission on Oil Seeds and Oil Palm (NMOOP), aims to increase production of rice, wheat, pulses, coarse cereals and commercial crops, through area expansion and productivity enhancement in a suitable manner in the identified districts of the country, restoring soil fertility and productivity at the individual farm level and enhancing farm level economy. It further aims to augment the availability of vegetable oils and to reduce the import of edible oils.

**National Mission for Sustainable Agriculture (NMSA)** aims at promoting sustainable agriculture practices best suitable to the specific agro-ecology focusing on integrated farming, appropriate soil health management and synergizing resource conservation technology.

**Submission on Agriculture Extension (SMAE)** aims to strengthen the ongoing extension mechanism of State Governments, local bodies etc., achieving food and nutritional security and socio-economic empowerment of farmers, to institutionalize programme planning and implementation mechanism, to forge effective linkages and synergy amongst various stake-holders, to support HRD interventions, to promote pervasive and innovative use of electronic / print media, inter-personal communication and ICT tools, etc.

**Sub-Mission on Seeds and Planting Material (SMSP)** aims to increase production of certified / quality seed, to increase SRR, to upgrade the quality of farm saved seeds, to strengthen the seed multiplication chain, to promote new technologies and methodologies in seed production, processing, testing etc., to strengthen and modernizing infrastructure for seed production, storage, certification and quality etc.

**Sub-Mission on Agricultural Mechanisation (SMAM)** aims to increase the reach of farm mechanization to small and marginal farmers and to the regions where

availability of farm power is low, to promote 'Custom Hiring Centres' to offset the adverse economies of scale arising due to small landholding and high cost of individual ownership, to create hubs for hi-tech and high value farm equipment, to create awareness among stakeholders through demonstration and capacity building activities, and to ensure performance testing and certification at designated testing centres located all over the country.

**Sub Mission on Plant Protection and Plant Quarantine (SMPPQ)** aims to minimize loss to quality and yield of agricultural crops from the ravages of insect pests, diseases, weeds, nematodes, rodents, etc. and to shield our agricultural bio-security from the incursions and spread of alien species, to facilitate exports of Indian agricultural commodities to global markets, and to promote good agricultural practices, particularly with respect to plant protection strategies and strategies.

**Integrated Scheme on Agriculture Census, Economics and Statistics (ISACES)** aims to undertake the agriculture census, study of the cost of cultivation of principal crops, to undertake research studies on agro-economic problems of the country, to fund conferences/workshops and seminars involving eminent economists, agricultural scientists, experts and to bring out papers to conduct short term studies, to improve agricultural statistics methodology and to create a hierarchical information system on crop condition and crop production from sowing to harvest.

**Integrated Scheme on Agricultural Cooperation (ISAC)** aims to provide financial assistance for improving the economic conditions of cooperatives, remove regional imbalances and to speed up-cooperative development in agricultural marketing, processing, storage, computerization and weaker section programmes; to help cotton growers fetch remunerative price for their produce through value addition besides ensuring supply of quality yarn at reasonable rates to the decentralized weavers.

**Integrated Scheme on Agricultural Marketing (ISAM)** aims to develop agricultural marketing infrastructure; to promote innovative and latest technologies and competitive alternatives in agriculture marketing infrastructure; to provide infrastructure facilities for grading, standardization and quality certification of agricultural produce; to establish a nation-wide marketing information network; to integrate markets through a common online market platform to facilitate pan-India trade in agricultural commodities, etc.

**National e-Governance Plan (NeGP-A)** aims to bring farmer centricity and service orientation to the programmes; to enhance reach and impact of extension services; to improve access of farmers to information and services throughout crop-

cycle; to build upon, enhance and integrate the existing ICT initiatives of Centre and States; and to enhance efficiency and effectiveness of programs through making available timely and relevant information to the farmers for increasing their agriculture productivity.

The Schemes/Missions focus on creating/strengthening of infrastructure of production, reducing production cost and marketing of agriculture and allied produce. These schemes / missions have been under implementation for varying duration during past few years.

**1.3.11 Pradhan Mantri Fasal Bima Yojana** has been launched as new Crop Insurance Scheme to boost the farming sector in the country. The schemes provides for will be a uniform premium of only 2% to be paid by farmers for all Kharif crops and 1.5% for all Rabi crops. In case of annual commercial and horticultural crops, the premium to be paid by farmers will be only 5%. The premium rates to be paid by farmers are very low and balance premium will be paid by the Government to provide full insured amount to the farmers against crop loss on account of natural calamities.

The farmers are to get claim against full sum insured without any reduction.

The use of technology will be encouraged to a great extent. Smart phones are to be used to capture and upload data of crop cutting to reduce the delays in claim payment to farmers. Remote sensing would reduce the number of crop cutting experiments.

The Price Stabilization Fund (PSF) was set up in 2014-15 under the Department of Agriculture, Cooperation & Farmers Welfare (DAC&FW) to help regulate the price volatility of important agri-horticultural commodities like onion, potatoes and pulses were also added subsequently.

The scheme provides for maintaining a strategic buffer of aforementioned commodities for subsequent calibrated release to moderate price volatility and to discourage hoarding and unscrupulous speculation. For building such stock, the scheme promotes direct purchase from farmers/farmers' association at farm gate/*Mandi*. The PSF is utilized for granting interest free advance of working capital to Central Agencies, State/UT Governments/Agencies to undertake market intervention operations. Apart from domestic procurement from farmers/wholesale *Mandis*, import may also be undertaken with support from the Fund.

The fund allocated under PSF has been primarily utilized towards building the buffer of upto 20 lakh tonnes of pulses. In addition, other activities like creation of a

buffer of 17,747 tonnes of Onions; import of 5000 tonnes of Tur and 2000 tonnes of Onions; purchase of 6011 tonnes of Onions by NAFED and SFAC were also undertaken.

**1.3.12 White Revolution** is the concerted efforts on a cooperative level to increase milk supply through which Indian Dairy Industry has grown to the extent that milk output has not only topped the world, but also represents sustained growth in the availability of milk and milk products. The dairy sector is now the largest contributor in the agricultural sector to the nation's GDP.

National Dairy Development Board (NDDB) formed in 1965 to promote, plan and organise dairy development through cooperatives launched Operation Flood in 1970 which is considered to be the world's largest dairy development programme. Under this programme professionals were employed for marketing and application, and science and technology to link the rural producers with urban consumers.

In order to improve productivity and enhance milk production, thereby making dairying more remunerative to the farmers, Government has announced four new Projects as under:

**1.3.12.1 Pashudhan Sanjivani:** an Animal Wellness Programme; encompassing setting up of Emergency Help Lines, provision of Animal Health cards ('Nakul Swasthya Patra') along with UID identification and a National Data Base;

**1.3.12.2 Advanced breeding Technology:** including Assisted Reproductive Technique to improve availability of disease free female bovines;

**1.3.12.3 Creation of "E-Pashudhan Haat":** an e- market portal for bovine germplasm for connecting breeders and farmers of indigenous bovine breeds and

**1.3.12.4 National Genomic Centre (NGC):** Establishment of National Genomic Centre for enhancing milk production and productivity of indigenous breeds.

**1.3.13 Blue Resolution:** In the Fisheries Sector, Government has restructured the fishery sector schemes by merging all the ongoing schemes under an umbrella of "Blue Revolution: Integrated Development and Management of Fisheries". The restructured scheme provides for an integrated development and management of fisheries, covering inland fisheries, aquaculture, marine fisheries including deep sea fishing, mariculture and all activities undertaken by the National Fisheries Development Board (NFDB).

## Chapter 2: Health and Population Stabilization

Robust health infrastructure forms one of the most basic elements in fulfilling the Government's vision for universal healthcare and rightfully, a high priority alongwith of providing the requisite quality human resources to run health facilities. The high standards of physical and mental health are key to social wellbeing of the country. India's health challenges are diverse. While continuing to battle communicable, maternal, neonatal and nutritional disorders in each State, India has also been facing one of the most epic epidemiological transitions with a rapid increase in communicable and non-communicable diseases and also with the increasing burden of emerging and re-emerging diseases (drug-resistant TB, malaria, SARS, avian flu and the current H1N1 pandemic), especially in rural or inaccessible hard-to-reach areas like hilly terrains or tribal belts



The causes of health inequalities lie in the social, economic and political mechanisms that lead to social stratification according to income, education, occupation, gender and race or ethnicity. Not only does a disease impact the well-being of an individual, it burdens family and public resources, weakens societies and squanders potential. The health and well-being of people at all ages, therefore, lies at the heart of sustainable development. Protection from disease is not only fundamental to survival, but it enables opportunity for everyone and strengthens economic growth and prosperity. The health and wellbeing are closely linked with the quality of our environment, and Goal 3 also aims to substantially reduce the numbers of deaths and illnesses caused by air, water, and soil pollution and contamination.

The country is committed to eradicate disease, strengthen treatment and healthcare, and address new and emerging health issues. It calls for innovation, and research in these areas to further enhance public policy efforts. A holistic approach to better health will require ensuring universal access to healthcare and to making medicine and vaccines affordable. It also calls for a renewed focus on mental health issues. Over the years, significant strides have been made in increasing life expectancy and reducing some of the common killers associated with child and maternal mortality. Although immense progress has been made globally in finding newer treatments, vaccines, and technologies for healthcare; but universal affordable access to healthcare still remains a challenge.

Ensuring improvement in the quality of health services is a major challenge in the vast country. The National Health Policy, 2017, specifies targets for universalizing primary health care, reducing infant and under-5 mortality, preventing premature deaths due to non-communicable diseases as well as increasing Government expenditure on health. To tackle the death of children due to vaccine-preventable diseases and the risk due to incomplete immunization, the Government is aiming to provide vaccination against diphtheria, whooping cough, tetanus, tuberculosis, polio, measles and hepatitis to all unimmunized or partially immunized children by 2020. As a step towards achieving universal health coverage, the Government of India has announced a health insurance cover to the tune of INR 100,000 (USD 1,563) for families below the poverty line.

India has made some progress in reducing its under-five mortality rate, which declined from 125 per 1,000 live births in 1990 to 39 per 1,000 live births in 2016, and its maternal mortality rate, which declined from 437 per 100,000 live births in 1990-91 to 130 in 2014-16. India has also made significant strides in reducing the prevalence of HIV and AIDS across different types of high-risk categories, with adult prevalence reducing from 0.45% in 2002 to 0.27% in 2011.

## 2.1 Demographic and Health Status Indicators

The demographic and health status indicators have shown significant improvements over time. The following table captures data on Crude Birth Rate, Crude Death Rate, and Life Expectancy etc.

Parameters	1981	1991	2001	2014	Current Levels (2016)
<b>Crude Birth Rate (per 1000 population)</b>	33.9	29.5	25.4	21.0	<b>20.4</b>
<b>Crude Death Rate (per 1000 population)</b>	12.5	9.8	8.4	6.7	<b>6.4</b>
<b>Total Fertility Rate</b>	4.5	3.6	3.1	2.3	<b>2.3</b>
<b>Maternal Mortality Ratio (per 1,00,000 live births)</b>	NA	398 (1997-98)	301 (2001-03)	167 (2011-13)	<b>130 (2014-16)</b>
<b>Infant Mortality Rate (per 1000 live births)</b>	110	80	66	39	<b>34</b>
<b>Under 5 Mortality Rate (per 1000 live births)</b>	41.2	26.5	19.3	45	<b>39</b>
<b>Expectation of life at birth (in Years)</b>	<b>(1981-85)</b>	<b>(1989-93)</b>	<b>(1999-03)</b>	<b>(2010-14)</b>	<b>(2012-16)</b>
Male	55.4	59.0	62.3	66.4	<b>67.4</b>
Female	55.7	59.7	64.6	69.6	<b>70.2</b>

Source: Sample Registration System (SRS), Office of Registrar General of India.

There has been improvement in the status of health care over the years in respect of some of the basic demographic indicators. The Crude Birth Rate (CBR) has declined from 40.8 in 1951 to 29.5 in 1991 and further to 20.4 in 2016. Similarly, there has been a sharp decline in Crude Death Rate (CDR) which has decreased from 25.1 in 1951 to 9.8 in 1991 and further to 6.4 in 2016. Also, the Total Fertility Rate (average number of children likely to be born to a woman aged 15-49 years) has decreased from 6.0 in 1951 to 2.3 in the year 2016. The Maternal Mortality Ratio has also declined from 437 per one lakh live births in 1992–93 to 167 in 2012-16. Infant Mortality Rate, which was 110 in 1981, has declined to 34 per 1000 live births in 2016.

## **2.2 National Health Policy 2017**

The Government has brought out the National Health Policy (NHP), 2017 which aims at attainment of the highest possible level of health and well-being for all, at all ages, through a preventive and promotive health care orientation in all developmental policies and universal access to good quality health care services without anyone having to face financial hardship as a consequence. The policy suggests exploring collaboration for primary care services with “not-for-profit” organizations having a track record of public services where critical gaps exist, as a short-term measure, for certain services where a team of specialized human resources and domain specific organizational experience is required. Private providers, especially those working in rural and remote areas or with under-served communities, could be offered encouragement through provision of appropriate skills to meet public health goals, opportunities or skill up-gradation to serve the community better, participation in disease notification and surveillance efforts, sharing and supporting certain high value services. The policy also advocates a positive and proactive engagement with the private sector for critical gap filling towards achieving national goals, by contracting in the areas of capacity building, skill development programmes, corporate social responsibility, mental health programmes, disaster management, strategic purchasing as stewardship, enhancing accessibility, immunization, disease surveillance, tissue and organ transplantations, Make in India, health information systems, etc.

## **2.3 National Health Mission (NHM)**

National Health Mission (NHM) consists of the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM), intended to guide States towards ensuring the achievement of universal access to health care through strengthening of health systems, institutions and capabilities. NRHM was launched in April 2005 to provide healthcare facilities upto district hospitals. It envisaged strengthening the healthcare delivery by State Governments by allocating more

financial resources and greater technical support for health; bringing sharper focus on rural, particularly marginalized and vulnerable populations and carrying out architectural correction through integration of vertical programmes, decentralization and commoditization as a pillar of accountability. NUHM was approved as a Sub-Mission along with NRHM under the overarching NHM by the Union Cabinet on 1st May, 2013 to provide equitable and quality primary health care services to the urban population with special focus on slums and vulnerable sections with involvement of the community and the urban local bodies.

### **2.3.1 National Rural Health Mission (NRHM)**

National Rural Health Mission seeks to provide accessible, affordable and quality health care to the rural population especially the vulnerable groups. Under the NRHM, the Empowered Action Group (EAG), States as well as North Eastern States, Jammu & Kashmir and Himachal Pradesh have been given special focus. The thrust of the mission is on establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality. Major initiatives under NRHM/NHM are as follows:

- There has been an enormous shortage of human resources in the public health care sector in the country. NRHM/NHM has attempted to fill the gaps in human resources by providing nearly 2.23 lakh additional health human resources to States including 10,377 General Duty Medical Officers (GDMOs), 3,980 Specialists, 33,604 Paramedics (Allied Health Professionals), 79,579 Auxiliary Nurse Midwives (ANMs), 47,636 Staff Nurses, 271 Public Health Managers and 16,677 Programme Management staffs etc. on contractual basis.
- Apart from providing support for human resource for health, NHM has also focused on multi- skilling of doctors at strategically located facilities identified by the States e.g. MBBS doctors are trained in Emergency Obstetric Care (EmOC), Life Saving Anaesthesia Skills (LSAS) and Laparoscopic Surgery. Similarly, due importance is given to capacity building of nursing staff and auxiliary workers such as ANMs.
- NRHM also supports co-location of AYUSH services in health facilities such as PHCs, CHCs and DHs. A total of 27,792 AYUSH doctors and 3832 AYUSH Paramedics have been deployed in the States with NRHM funding support. Mainstreaming of AYUSH has been taken up by allocating AYUSH facilities in 7897 PHCs, 2732 CHCs, 435 DHs, 4117 health facilities above SC but below block level and 362 health facilities other than CHC at or above block level but below district level. Upto 33% of NHM

funds in High Focus States can be used for infrastructure development.

- More than 10 lakh ASHAs are in place across the country and serve as facilitators, mobilizers and providers of community level care. ASHA is the first port of call in the community especially for marginalized sections of the population, with a focus on women and children. Since 2013, when the National Urban Health Mission was launched, ASHA are being selected in urban areas as well.
- National Ambulance Services (NAS), predominantly an emergency response system, primarily designed to attend to patients of critical care, trauma and accident victims etc. by dialling 108 or 102 telephone number has been established also aiming to cater the needs of pregnant women and children through other categories. 8680 Dial-108, 603 Dial-104 and 8718 Dial-102 Emergency Response Service Vehicles are operational in 32 States/UTs under NRHM, besides 5859 empanelled vehicles are for transportation of patients, particularly pregnant women and sick infants from home to public health facilities and back.
- National Mobile Medical Units (NMMUs) provide support provided in 408 out of 673 districts for 1360 MMUs under NHM in the country. To increase visibility, awareness and accountability, all Mobile Medical Units have been repositioned as “National Mobile Medical Unit Service” with universal colour and design.
- The Untied Grants given to the Sub-Centres (SCs) have given a new confidence to our ANMs in the field. The SCs are now far better equipped with blood pressure measuring equipment, haemoglobin (Hb) measuring equipment, stethoscope, weighing machine etc. This has facilitated provision of quality antenatal care and other health care services.
- Rogi Kalyan Samiti (Patient Welfare Committee) / Hospital Management Society is a simple yet effective management structure. This committee is a registered society whose members act as trustees to manage the affairs of the hospital and is responsible for upkeep of the facilities and ensure provision of better facilities to the patients in the hospital. Financial assistance is provided to these Committees through untied fund to undertake activities for patient welfare. 32,005 Rogi Kalyan Samitis (RKS) have been set up involving the community members in almost all District Hospitals (DHs), Sub-District Hospitals (SDHs), Community Health Centres (CHCs) and Primary Health Centres (PHCs) till date.
- The Village Health Sanitation and Nutrition Committee (VHSNC) is an important tool of community empowerment and participation at the grassroots level to address issues of environmental and social determinants. VHSNC membership includes Panchayati Raj representatives, ASHA and other frontline workers and also representatives of the marginalized communities. Untied grants of Rs. 10,000 are provided annually to each VHSNC under NRHM. This fund is used by VHSNC

with involvement of other community members in many States. Till date, 5.29 lakh VHSNCs have been set up across the country. Capacity building of the VHSNC members with regards to their roles and responsibilities, including public service monitoring and planning is being initiated in States.

- National Quality Assurance Programme For improving Quality of care at public health facilities, Operational Guidelines for Quality Assurance in Public Health Facilities and Quality Standards for DHs, CHCs, PHCs and Urban PHCs (UPHCs) were released in November, 2013. Till 2017-18, 46 health facilities have received quality certification. Large scale capacity building efforts have been undertaken under the programme.
- Kayakalp - an initiative for recognizing good Public Health Facilities was launched to promote cleanliness, hygiene and infection control practices in public health facilities where under public healthcare facilities are appraised and those facilities that show exemplary performance meeting standards of protocols of cleanliness, hygiene and infection control receive awards and commendation. In 2015-16, Kayakalp initiative was implemented for District Hospitals (DHs) in 29 States. 666 DHs were assessed and 84 District Hospitals were awarded, including 37 commendation awards. In 2016-17, the Kayakalp award initiative was extended to Sub-District Hospitals/ Community Health Centres (SDH/CHC) and Primary Health Centres (PHCs), in addition to DHs. Over 30,000 Public Health facilities were assessed of which over 1,100 facilities - including 179 DHs, 324 SDHs/CHCs and 632 PHCs were awarded.
- To incentivise public health facilities that are able to tap CSR funds and/or ensure partnership with NGOs/ local self-government/voluntary organizations/ market association/community for keeping areas outside boundary wall of health facilities not only clean but also aesthetically pleasing an additional weightage over and above the Kayakalp Score has been built in.
- Free Drugs Service Initiative under the NHM-Free Drug Service Initiative, substantial funding is being given to States for provision of free drugs and setting up of systems for drug procurement, quality assurance, IT based supply chain management system, training and grievance redressal etc. Detailed Operational Guidelines for NHM-Free Drugs Service Initiative were developed Model IT application Drugs and Vaccines Distribution Management Systems (DVDMS), developed by C-DAC was also shared with States/UTs. Drug procurement, quality system and distribution has been streamlined through IT based Drug Distribution Management Systems in 25 States. All the States and UTs have notified policy to provide essential drugs free in public health facilities.
- Drugs and Vaccines Distribution and Management System (DVDMS) is a web based

supply chain management system that deals with the purchase, inventory management and distribution of various drugs, sutures and surgical items at all government health facilities and Drug Distribution Counters (DDCs) within the State/UT. DVDMS facilitates the implementation of Free Drugs Service Initiative and improve supply chain of the drugs, sutures and surgical items. It has been implemented in 12 States.

- Free Diagnostics Service Initiative Operational Guidelines were developed in consultation with experts and the States which contain model RFP documents for a range of PPPs such as Tele-radiology, hub and spoke model for lab diagnostics and CT scan in District Hospitals. Several States have started providing essential diagnostics free of cost in public facilities and have implemented these models as per National Guidelines. In 2017-18, an approval of Rs. 759.10 crore was given to 29 States/UTs.
- Pradhan Mantri National Dialysis Programme Guidelines provides for free dialysis services to poor people.
- Comprehensive Primary Health Care provided support to States to strengthen sub centres to a Health and Wellness Centre and make it the first point of care. As of March, 2017, total number of Health and Wellness Centres approved is 394 and the total number approved for Bridge Course is 312. A key step is expanding the package of services is the Non-Communicable diseases.
- Biomedical Equipment Maintenance and Management Programme was launched to address the issue of non-functional equipment across public health facilities. Comprehensive guidelines were designed on Biomedical Equipment Management and Maintenance Programme (BMMP), linked with uptime of equipment (95% in DHs, 90% in CHCs and 80% in PHCs). Under this initiative, mapping was undertaken in 29 States, wherein 7,56,750 number of equipment in 29,115 health facilities costing approximately Rs. 4,564 crores were identified, of which 13% to 34% equipment were found dysfunctional across States. Till date 17 States. Implementation of BMMP has helped in providing diagnostics services in health facilities by making equipment available with 95% uptime, thereby reducing cost of care and improving quality of care for people.
- e-Rakt Kosh is a centralized blood bank management system to assist revamping of the existing systems and processes through process re-engineering and automating data entry, search and availability of blood and related components. Mobile version of e-Rakt Kosh with citizen interface is also available on Google store, IOS store and Windows store. e-Rakt Kosh provides access to information on availability of nearest blood bank, status of a particular blood group in blood banks, navigation assistance and automation of blood bank services apart from

donor registries and promotion of voluntary donation in phased manner. Thus, it ensures efficient and effective collection of safe and quality blood, promotes voluntary donation, facilitates access in different parts of the country, minimizes wastages and ensures adherence to guidelines and regulations.

- Kilkari delivers free, weekly, time-appropriate 72 audio messages about pregnancy, child birth and child care directly to families' mobile phones from the second trimester of pregnancy until the child is one year old. Approximately 8.65 crore successful calls (average duration of content played in each call: approximately 1 minute) were made under Kilkari as on 23rd September, 2017.
- Mobile Academy is a free audio training course designed to expand and refresh the knowledge base of Accredited Social Health Activists (ASHAs) and improve their communication skills. Mobile Academy offers ASHAs a training opportunity via their mobile phones which is both cost-effective and efficient. It is an anytime, anywhere training course that can train thousands of ASHAs simultaneously via mobile phone.

### **2.3.2 National Urban Health Mission (NUHM)**

NUHM seeks to improve the health status of the urban population particularly urban poor and other vulnerable sections by facilitating their access to quality primary health care. NUHM covers all State Capitals, district headquarters with a population of 30,000 and above and other cities/towns with a population of 50,000 and above (as per Census 2011) in a phased manner. Cities and towns with population below 50,000 will continue to be covered under National Rural Health Mission (NRHM). U-PHCs to be established as per norm of one U-PHC for approximately 30,000 to 50,000 urban population. The U-PHCs are preferably located within or near a slum for providing preventive, promotive and OPD (consultation), basic lab diagnosis, drug/contraceptive dispensing services, apart from counselling for all communicable and non-communicable diseases. One U-CHC to be established for every 2.5 lakh population (in non-metro cities above 5 lakh population) and for every 5 lakh population in metro cities. It would provide in-patient services and would be a 30-50 bedded facility. For the metro cities, the U-CHCs may be established for every 5 lakh population with 100 beds. Since the launch of the Programme in F.Y. 2013-14, 4,188 UPHCs are functional in urban areas. So far, support has been provided for Human Resource; 2,895 Medical Officers, 320 Specialists, 15,935 ANMs, 7,872 Staff Nurses, 3,447 Pharmacists and 3,485 Lab Technicians, 536 Public Health Managers, 68,922 ASHAs and 1,10,599 MAS.

## **2.4 Maternal and Adolescent Health**

Women are strong pillars of any vibrant society. Sustained development can thus be achieved only if we take holistic care of our women and children. Maternal health is an important aspect for the development of any country in terms of increasing equity and reducing poverty. The survival and well-being of mothers are not only important in their own right but are also central to solving large broader, economic, social and developmental challenges.

Massive and strategic investments have been made under NHM for improvement of maternal health. The Child Health Programme under NHM comprehensively integrates interventions that improve child survival and addresses factors contributing to infant and Under-five (U5) mortality. Since neonatal deaths are the biggest contributor to child deaths (approximately 57% of the U5 deaths), improving child survival hinges on improving newborn health. Mission Indradhanush (MI), a targeted programme to immunize children who have either not received vaccines or are partially vaccinated, had been launched in December 2014. The activity focuses on districts with maximum number of missed children. Four phases have been completed wherein 2.53 crore children have been vaccinated, of which 66.16 lakh children have been fully immunized, leading to a 6.7% increase in full immunization coverage. In addition, 68.43 lakh pregnant women were vaccinated against tetanus. Intensified Mission Indradhanush was launched to be held in 121 districts in 16 States, 52 districts in the North Eastern States and 17 urban areas where immunization coverage has been very low in spite of repeated phases of UIP and Mission Indradhanush with an aim to rapidly build up full immunization coverage to more than 90% by December, 2018.

Maternal Mortality Ratio (MMR) is one of the important indicators of the quality of health services in the country. India has made remarkable progress in reducing maternal deaths in the last two decades. Maternal Mortality Ratio (MMR) in India was exceptionally high in 1990 with 556 women dying during child birth per hundred thousand live births. Approximately, 1.38 lakh women were dying every year on account of complications related to pregnancy and child birth. The global MMR at the time was much lower at 385. There has, however, been an accelerated decline in MMR in India. MMR in the country has declined to 167 (2011-13) against a global MMR of 216 (2015). The high rate of decline incidentally coincides with the period immediately after the launch of NRHM, and the numerous initiatives taken under this flagship scheme including the Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK).

India has committed itself to the latest UN target for the Sustainable Development Goals (SDGs) for MMR at 70 per 1,00,000 live births by 2030. As per NHP

(National Health Policy) 2017, the target for MMR is 100 per 1,00,000 live births by 2020.

Key strategies for accelerating the pace of decline in MMR are as given below: -

- **Janani SurakshaYojana (JSY)** which is a demand promotion scheme, launched in April 2005 with the objective of reducing Maternal and Infant Mortality by conditional cash transfer scheme for pregnant women coming into the institutional fold for delivery. It has been lauded as a successful scheme bringing about a surge in institutional deliveries since its launch. The number of JSY beneficiaries has also risen from 7.39 lakhs in 2005-06 to more than 1.05 crore in 2016-17, with the expenditure on this scheme increasing from Rs.38.29 crores to Rs.1,788 crores in 2016-17.. Institutional deliveries in India have risen sharply from 47% in 2007-08 to over 78.9% in 2015-16 (NFHS-4) while Safe delivery has simultaneously climbed from 52.7% to 83.2% in the same period.
- **Janani Shishu Suraksha Karyakaram (JSSK)**, launched in 2011 that entitles all pregnant women delivering in public health institutions to have absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs, consumables, free diet during stay, free diagnostics and free blood transfusion, if required. This initiative also provides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements were put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth. In 2013, the scheme was expanded to cover complications during ante-natal and post-natal period and also sick infants up to 1 year of age. In 2016-17, 92% of pregnant women received free drugs, 80% free diagnostics, 63% free diet, 70% free home to facility transport while 64% received free drop back home after delivery. Utilization of public health infrastructure by pregnant women has increased significantly as a result of JSY and JSSK. As many as 1.33 crore women delivered in Government health facilities last year (2016-17).
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** launched in June, 2016 provides all pregnant women in the country free of cost assured and quality Antenatal Care. As part of the campaign, a minimum package of antenatal care services (including investigations and drugs) is being provided to the beneficiaries on the 9th day of every month. The Abhiyan also involves Private sector's health care providers as volunteers to provide specialist care in Government facilities. So far, over 1 crore ANC checkups were conducted by over 4,800 volunteers in over 12,800 Government facilities. Also more than 5.62 lakh high risk pregnancy cases were identified across the country.

- **Rashtriya Kishor Swasthya Karyakram (RKSK)** was launched considering the magnitude of various health problems and risk factors among adolescents in the age group 10-19 years in India who are in a transient phase of life requiring nutrition, education, counseling and guidance to ensure their development into healthy adults, which may have an impact on maternal and child health outcomes and occurrence of non-communicable disease in future, with the objectives:
  - to increase the awareness and access to information about adolescent health,
  - provision of counselling and health services,
  - provision of specific services such as sanitary napkins; iron and folic acid supplementation.

The Government of India provides financial assistance to poor patients for treatment at Government Hospitals/Institutions all over India under the Rashtriya Arogya Nidhi and the Health Minister's Discretionary Grant Schemes. Health Minister's Cancer Patient Fund Scheme provides financial assistance to poor cancer patients to defray a part of the expenditure on treatment in Government Hospitals, in cases where free medical treatment is not available.

- **Web Enabled Mother and Child Tracking System (MCTS)** is being implemented to register and track every pregnant woman, neonate, infant and child by name for quality ANC, INC, PNC, FP, Immunization services etc. More than 13.88 crore pregnant women and 11.93 crore children have been registered under MCTS till 10.01.2018.
- Under the National Iron+ Initiative, for prevention and control of anemia in pregnant and lactating women, iron and folic acid supplementation is being given at health facilities and during outreach activities. States have also been directed for line listing and tracking of severely anemic pregnant women by name for their timely management at health facilities
- A joint **Mother and Child Protection Card** is being used by all states as a tool for monitoring and improving the quality of MCH and Nutrition interventions.
- **Comprehensive Abortion Care (CAC)** is being provided as it is an important element in the reproductive health component of the RMNCH+A strategy as 8% (2001-03 SRS) of maternal deaths in India are attributed to unsafe abortions.
- The process of **Maternal Death Review (MDR)** has been institutionalized across the country both at facilities and in the community to identify not just the medical causes, but also some of the socio-economic, cultural determinants, as well as the gaps in the system which contribute to the delays causing such

deaths. This is with the objective of taking corrective action at appropriate levels and improving the quality of obstetric care. The States are being monitored closely on the progress made in the implementation of MDR. According to the State Reports, 33% of the estimated maternal deaths have been reported in 2016-17. Out of these, 72.5% deaths have been reviewed by the District MDR Committees.

- More than 20,000 'Delivery Points' have been identified across the country based on performance. These are being strengthened in terms of infrastructure, equipment, trained manpower for provision of comprehensive reproductive, maternal and newborn child health services along-with services for Adolescents and Family Planning etc. and are being monitored for service delivery.
- Maternal Health Tool Kit has been developed as a ready reckoner/handbook for programme managers to plan, implement and monitor services at health facilities. It focuses on the Delivery Points, which includes setting up adequate physical infrastructure, ensuring logistics and supplies and recording/reporting and monitoring systems with the objective of providing good quality comprehensive RMNCH services.
- Monthly Village Health and Nutrition Days (VHNDs) is an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with the ICDS. In 2016-17, more than 1.23 crore VHNDs were conducted in the States and UTs.

## **2.5 Child Health and Immunisation Programme**

The Child Health programme under the Reproductive, Maternal, Newborn, Child and Adolescent (RMNCH+A) Strategy of the National Health Mission (NHM) comprehensively integrates interventions that improve child health and nutrition status and addresses factors contributing to neonatal, infant, under-five mortality and malnutrition. The National Population Policy (NPP) 2000, the National Health Policy 2002, Twelfth Five Year Plan (2007-12), National Health Mission (NRHM - 2005 – 2017), Sustainable Development Goals (2016-2030) and New National Health Policy, 2017 have laid down the goals for Child Health.

As per the SRS reports (2010-13), the major causes of child mortality in India are Prematurity and low birth weight (29.8%), pneumonia (17.1%), diarrhoeal diseases (8.6%), other non-communicable diseases (8.3%), birth asphyxia and birth trauma (8.2%). Besides these, malnutrition is a contributory factor in 45% child deaths.

- Infant Mortality Rate (IMR), which refers to the number of deaths of children in the age 0-1 year per thousand live births. The IMR 34 per thousand live births in 2016.
- Under-five Mortality Rate (U5MR) is defined as the probability of dying before the fifth birthday. As per the Sample Registration System 2016, the under-five-mortality rate is 39 per thousand live births against 126 in 1990.
- Neo-natal Mortality Rate (NMR) refers to the number of deaths of children during the period of 0-28 days per thousand live births. NMR stands 24 per 1000 live births in India in 2016.

Based on the identified causes of mortality, five major strategic areas have been identified to improve child health outcomes as:

- A. Newborn health Interventions
- B. Nutrition related interventions
- C. Interventions to address pneumonia and diarrhoea
- D. Interventions to address birth defects, disabilities, delays and deficiencies (4 Ds)
- E. Immunization activities

**A. New-born and Child Health Interventions:** India Newborn Action Plan (INAP) was launched in 2014 to make concerted efforts towards attainment of the goals of “Single Digit Neonatal Mortality Rate” and “Single Digit Still Birth Rate”, by 2030 through:

- **Promotion of Institutional Deliveries and Essential Newborn Care:** Since antenatal and intra-partum events have a bearing on newborn health, institutional deliveries are being promoted with cash incentives in the form of Janani Suraksha Yojana (JSY). Newborn Care Corners (NBCCs) have been operationalized at delivery points to provide essential newborn care at the time of birth. In order to reduce out of pocket expenses, Janani Shishu Swasthya Karyakram (JSSK) entitlements have been provided to ensure cashless diagnosis and treatment of pregnant woman and her child till one year of age in public health facilities. This also includes free referral transport.
- **Home Based Newborn Care (HBNC)** is for promotion of essential newborn care including breastfeeding practices, early identification and referral of neonatal illnesses by ASHAs. They are paid an incentive for visiting each newborn and post-partum mother in the first six weeks of life as per the defined schedule. More than 1.1 crore newborns were visited by ASHA in 2016-17 whereas, around 50 lakh newborns were visited during April-September, 2017.

- **Facility Based Newborn Care (FBNC)** is being scaled up for care of small or sick newborns. 712 Special Newborn Care Units (SNCUs) have been set up in district hospitals and medical colleges to provide round the clock services for sick newborns. More than 8.5 lakh newborns are treated in the SNCUs each year. SNCU Online Reporting System has been established and more than 500 facilities are reporting online. 2,321 Newborn Stabilization Units (NBSUs) at the level of FRUs and 18,323 Newborn Care Corners (NBCCs) at delivery points have been operationalized in the continuum of care.
- Newer interventions to reduce newborn mortality have also been implemented, including Vitamin K injection at birth, Antenatal corticosteroids in preterm labour, Kangaroo Mother Care (KMC) and empowering ANMs to provide injection Gentamycin to young infants for possible serious bacterial infection. Stillbirth Surveillance is being rolled out. The guidelines for the same have been issued.

**B. Nutrition related interventions:** Malnutrition is considered to be the underlying cause of 45% of child deaths. 35.7% of under-5 children are underweight, 38.4% are stunted and 21% are acutely malnourished (wasted). More importantly, as per the last available national survey (NFHS 4, 2015-16), 7.5% of children are suffering from severe acute malnutrition, only 41.6% new-borns initiated on breastfeeding within one hour of birth while, 54.9% children breastfed exclusively till 6 months of age. Complementary feeding started for only 42.7% children on time (more than 6 months of age), 58.4% of children in age group 6 months-59 months are anaemic. The strategic nutrition related interventions are as under:

- **Promotion of Infant and Young Child feeding practices (IYCF):** Exclusive breastfeeding for first six months, complementary feeding beginning at six months and appropriate Infant and Young Child Feeding practices (IYCF) are being promoted. Mother's Absolute Affection (MAA) programme was launched in 2016 to promote breastfeeding and infant feeding practices by building the capacity of frontline health workers and comprehensive IEC campaign.
- **Establishment of Nutritional Rehabilitation Centres (NRCs):** 1148 NRCs have been set up at facility level to provide medical and nutritional care to Severe Acute Malnourished (SAM) children under 5 years of age who are facing medical complications. In addition, the mothers are also imparted skills on child care and feeding practices so that the child continues to receive adequate care at home.
- **National Iron Plus Initiative (NIPI):** To address anaemia, NIPI has been launched which includes provision of supervised biweekly iron folic acid (IFA)

supplementation by ASHA for all under-five children, weekly IFA supplementation for 5-10 year-old children and annual/biannual deworming.

- **National Deworming Day (NDD):** Recognizing worm infestation as an important cause of anaemia, National Deworming Day (NDD) is being observed annually on 10th February, targeting all children in the age group of 1-19 years (both school enrolled and non-enrolled). A total of 50 crore children received Deworming tablet (Albendazole) during the National Deworming Day 2017 (February and August, 2017).
- **Biannual Vitamin A Supplementation** is being done for all children below five years of age.
- **Village Health and Nutrition Days (VHNDs)** are also being organized for imparting nutritional counselling to mothers and to improve child care practices.

### C. Interventions to address pneumonia and diarrhoea

Pneumonia and diarrhoea are leading childhood killers- responsible for 15% and 12% of child (0-5 years) deaths, respectively. As per available survey data, only 54.4% children with diarrhoea episode in preceding 2 weeks received ORS. Also, 8.6% children reportedly suffered from an episode of Acute Respiratory Illness in preceding two weeks and only 76.9% sought treatment for this. Integrated Action Plan for Pneumonia and Diarrhoea (IAPPD) has been formulated for four States with highest child mortality (UP, MP, Bihar and Rajasthan) to address the two biggest killers of children, viz. pneumonia and diarrhoea. The strategic interventions targeting pneumonia and diarrhoea are as follows :

- Promotion of Integrated Management of Neonatal and Childhood Illnesses (IMNCI) for early diagnosis and case management of common ailments of children with special emphasis on pneumonia, diarrhoea and malnutrition is being promoted for care of children at community as well as facility level.
- ASHAs are being trained in identifying common childhood illnesses like diarrhoea, pneumonia and provide first level of care and refer baby to an appropriate health facility.
- In order to increase awareness about the use of ORS and Zinc in diarrhoea, an Intensified Diarrhoea Control Fortnight (IDCF) is being observed during July-August, with the ultimate aim of 'zero child deaths due to childhood diarrhoea'. During fortnight health workers visit the households of under five children, conduct community level awareness generation activities and distribute ORS packets to the families with children under five years of age.

#### **D. Interventions to address birth defects, disabilities, delays and deficiencies (4 Ds):**

Birth defects account for 9.6% of all newborn deaths and 4% of under-five mortality. Development delays affect at least 10% children and these delays may lead to permanent disabilities. Rashtriya Bal Swasthya Karyakram (RBSK) provides child health screening and early interventions services by expanding the reach of mobile health teams at block level. These teams also carry out screening of all the children in the age group 0 – 6 years enrolled at Anganwadi Centres twice a year. RBSK covers 30 common health conditions. An estimated 32.8 crore children in the age group of zero to eighteen years are expected to be covered in a phased manner. The strategic interventions to address birth defects, diseases, delays and deficiencies are:

- Screening of children under RBSK: Child health screening and early intervention services with an aim to improve the overall quality of life of children through early detection of birth defects, diseases, deficiencies, development delays (4 Ds) and reduce out of pocket expenditure for the families. Dedicated mobile medical health teams (for screening purpose) have been set up at block level, comprising of four health personnel viz. two AYUSH doctors (One Male, One Female), ANM/SN and a Pharmacist.
- Under this intervention, in 2016-17, 29.8 crore children were screened, 1.35 crore children identified with any of 4Ds, 98.9 lakh children were referred to secondary/tertiary facilities, 59.5 lakh children had availed services in secondary tertiary facilities.
- During April-September, 2017, more than 9 crore children were screened, 26.1 lakhs identified with any of 4D's, 43.6 lakhs children refereed for 4D's and 29.8 lakhs children received secondary or tertiary treatment.
- Establishment of District Early Intervention Centres (DEICs) to be made operational in the districts of the country for providing management of cases referred from the blocks and link these children with tertiary level health services in case surgical management is required. 92 DEICs have been established till date.
- Birth Defects Surveillance System (BDSS) is being established to serve as a tool for identifying congenital anomalies. It is a collaborative effort between the MoHFW, GoI, WHO and CDC. It is envisaged to establish at least one surveillance centre per State, preferably in a medical college. Currently, 55 medical colleges are a part of the Birth Defects Surveillance System.

**E. Immunization activities:** The Universal Immunization Programme (UIP) targets 3 crore pregnant women and 2.67 crore newborn annually. More than 9 million immunization sessions are conducted annually. It is one of the most cost effective public health interventions and largely responsible for reduction of vaccine

preventable under-5 mortality rate. Under UIP, Government of India is providing vaccination free of cost against twelve vaccine preventable diseases, of which:

- 8 are provided across the country against Diphtheria, Pertussis, Tetanus, Polio, Measles, severe form of Childhood Tuberculosis, Hepatitis B and Meningitis and Pneumonia caused by Hemophilus Influenza type B
- 4 are provided in selected States/ endemic districts against Rota virus diarrhea, Rubella, Pneumococcal Pneumonia and Japanese Encephalitis; of which Rotavirus vaccine, Measles-Rubella vaccine and Pneumococcal Conjugate vaccine are in process of expansion while JE vaccine is provided only in endemic districts. A child needs 7 contacts till the age of 5 years to complete immunization due to him under Universal Immunization Programme. A child is said to be fully immunized if he/ she receives all due vaccines as per national immunization schedule within 1st year of age of child. There are three main systems to measure full immunization coverage:

Online web-based Health Management Information System (HMIS) portal wherein administrative coverage is being reported through health facilities across the country. As per HMIS data for 2016-17, the full immunization coverage of the country stands at 88.05%.

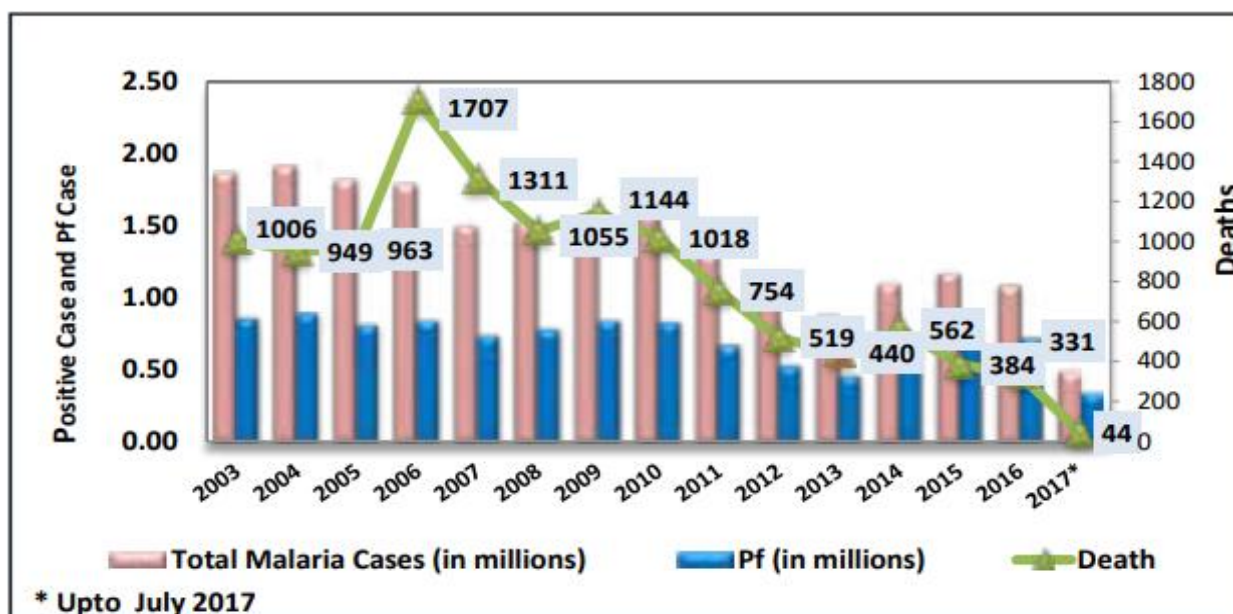
## **2.6 Other Health Programmes**

2.6.1 National Vector Borne Diseases Control Programme (NVBDCP) is an umbrella programme for prevention and control of vector borne diseases viz. Malaria, Japanese Encephalitis (JE), Dengue, Chikungunya, Kala-azar and Lymphatic Filariasis. Out of these six diseases, three diseases namely Kalaazar, Lymphatic Filariasis and malaria have been targeted for elimination. The States are responsible for implementation of programme, whereas the Directorate of NVBDCP, Delhi provides technical assistance, policies and assistance to the States in the form of cash and commodity, as per approved pattern. Malaria, Filaria, Japanese Encephalitis, Dengue and Chikungunya are transmitted by mosquitoes and Kalaazar is transmitted by sand-flies. The transmission of vector borne diseases depends on prevalence of infective vectors and human-vector contact, which is further influenced by various factors such as climate, sleeping habits of human, density and biting of vectors etc. The general strategy for prevention and control of vector borne diseases under NVBDCP is described below:

- (i) Integrated Vector Management including Indoor Residual Spraying (IRS) in selected high risk areas, Long Lasting Insecticidal Nets (LLINs), use of larvivorous fish, anti-larval measures in urban areas including bio-larvicides and minor environmental engineering including source reduction.

- (ii) Disease Management including early case detection with active, passive and sentinel surveillance and complete effective treatment, strengthening of referral services, epidemic preparedness and rapid response.
- (iii) Supportive Interventions including Behaviour Change Communication (BCC), Inter-sectoral Convergence, Human Resource Development through capacity building.
- (iv) Vaccination only against J.E.
- (v) Annual Mass Drugs Administration in respect of Lymphatic Filariasis.

2.6.2 Malaria is an acute parasitic illness mainly caused by *Plasmodium vivax* (Pv) and *Plasmodium falciparum* (Pf) in India. Malaria continues to pose a major public health threat in different parts of the country, particularly due to *Plasmodium falciparum* as it is sometimes prone to develop severity and death, if not treated early. The trend shows that the malaria cases have consistently declined from 1.87 million to 0.49 million during 2003 to 2017 (till July). Similarly, Pf cases have declined from 0.86 to 0.34 million cases during the same period. This indicates declining trend of overall endemicity of malaria in the country. Out of total malaria cases reported between 2003 and 2017, half the number of cases was caused due to *P. falciparum*. Deaths due to malaria declined steadily from 2009-2016, but showed an increase in 2014 as per reports received from States/UTs. Surveillance has steadily increased from 2008-2017 but still remains below the desirable level of ABER equal to 10%.



Encouraged by the success achieved in malaria control in recent years, the vision of India's malaria control programme has now shifted to sustained malaria elimination to contribute more effectively to improved health and quality of life of the people. The National Framework for malaria elimination in India 2016-2030 was launched in February, 2016 to eliminate malaria in phased manner from the country.

2.6.3 Dengue is a fast spreading outbreak prone arboviral disease and has become one of the major public health concerns in the country with rapid geographical expansion to new eco-epidemiological localities. The risk of dengue has shown an increase in recent years due to demographic and societal changes such as unplanned and uncontrolled urbanization and concurrent population growth which has put severe constraints on civic amenities, particularly water supply and solid waste disposal; thereby increasing the breeding potential of the vector species. In recent years, the disease is spreading to rural areas due to ecological and socio-economic/societal changes allowing vector proliferation. Dengue Fever is transmitted by *Aedes* mosquito which is a day biting mosquito and prefers to rest in hard to find dark areas inside the houses. There is no drug available to cure the Dengue infection as on date.

2.6.4 Chikungunya is a debilitating viral illness caused by Chikungunya virus. The disease re-emerged in the country after a gap of almost three decades. Chikungunya outbreaks typically result in large number of cases but deaths are rarely encountered. This disease is also transmitted by *Aedes* mosquito, both *Ae. aegypti* and *Ae. albopictus* can transmit the disease. Symptoms of Chikungunya fever are most often clinically indistinguishable from those observed in dengue fever. However, unlike dengue, haemorrhagic manifestations are rare and shock is not observed in Chikungunya virus infection. It is characterized by fever with severe joint pain (arthralgia) and rash. Joint pains sometimes persist for a long time even after the disease is cured. There is neither any vaccine nor drugs available to cure the Chikungunya and the cases are managed symptomatically. As both Dengue and Chikungunya are transmitted by the same vector mosquito, the control strategy mainly focuses on control of the vector mosquito. Elimination of the breeding sites of the vector mosquito at all levels, including individuals and community, is the only sustainable way to keep both the diseases under control. Emphasizing the role of community in Dengue Control a strategy document has been developed and shared with the States to strategize on Effective Community Participation and implement community based programmes.

During 2017, for prevention and control of Dengue and Chikungunya in the Country, States have been requested to declare Dengue as notifiable disease for taking action accordingly, Sentinel Surveillance Hospitals (SSHs) with laboratory support has been increased to 608 across the country in 2017 from 110 in 2007 and linked with 16 Apex Referral laboratories (ARLs) with advanced diagnostic facilities for back up support for Dengue and Chikungunya.

2.6.5 Japanese Encephalitis (JE) is a zoonotic disease which is transmitted by vector mosquito mainly belonging to *Culex* group. The transmission cycle is maintained

in the nature by animal reservoirs of JE virus like pigs and water birds. Outbreaks are common in those areas where there is close interaction between pigs/birds and human beings. The vectors of JE breed in large water bodies rich in aquatic vegetation such as paddy fields. JE is reported under the umbrella of Acute Encephalitis Syndrome (AES).

There is no specific cure for this disease. Symptomatic and early case management is very important to minimize risk of death and complications. A JE vaccination campaign was launched in 2006 with single dose live attenuated JE (SA- 14-14-2) for children between 1 and 15 years of age which is followed by two doses under Routine Immunization (RI) at the age of 9 and 16-24 months respectively since 2013 to cover the new cohorts. Till July, 2017, out of 231 JE endemic districts, 207 (89.6%) have been brought under JE vaccination.

2.6.6 Kala-azar or Visceral Leishmaniasis is caused by the trypanosomatid parasite *Leishmaniadonovani*. In the Indian sub-continent, it is transmitted by the sand fly, *Phlebotomusargentinae*. The disease presents with symptoms of fever of long duration (more than two weeks) with splenomegaly, anaemia and progressive weight loss. In endemic areas, children and young adults are its principal victims. Without timely treatment the disease is fatal. Currently cases of Kala-azar are being treated with single dose of Ambisome injection, which can be administered in one day. There is provision of incentive for Kalaazar cases upon completion of treatment. There is also provision of honorarium for ASHA @ Rs.300/- for referring a suspected case and ensuring complete treatment and Rs.200/- during Indoor Residual Spray for generating awareness among the community. The use of DDT insecticide has been substituted by more potent Synthetic Pyrethroid and hand compression pumps have replaced the traditional stirrup pumps used earlier. Indoor Residual Spray is the main vector control method for prevention and control of Kala-azar. In 2015 Synthetic Pyrethroid (5% Alphacypermethrin) was introduced as insecticide of choice and DDT was gradually replaced by synthetic pyrethroid. In 2016, two rounds of Indoor Residual Spray was completed in 4 endemic States and spray coverage varied between 68% to 98%.

2.6.7 Lymphatic Filariasis is transmitted by mosquito species – *Culexquinquefasciatus* and *Mansoniaannulifera*/M.uniformis. The vector mosquitoes breed in polluted water in drains, cesspits and in areas with inadequate drainage, etc. The population at risk is about 630 million. Though Lymphatic Filariasis is not fatal, its control is of utmost importance as it causes personal trauma to the affected persons and associated social stigma and causes economic burden to the affected family. The Government of India is a signatory to the World Health Assembly Resolution in 1997 for Global Elimination of Lymphatic Filariasis. To achieve the goal of elimination, the Government of India

launched National Elimination of Lymphatic Filariasis Programme during 2004. The strategy adopted is preventive chemotherapy (PCT) through annual Mass Drug Administration (MDA). Annual Mass Drug Administration (MDA) of single dose of DEC (Diethylcarbamazine citrate) and Albendazole for minimum of 5 years or more to the eligible population at risk (except pregnant women, children below 2 years of age and seriously ill persons) to interrupt transmission of the disease. Home based management of lymphoedema cases and up-scaling of hydrocele operations in identified CHCs/District hospitals/medical colleges.

2.6.8 Revised National Tuberculosis Control Programme (RNTCP) has conceptualized National Strategic plan (NSP) for TB Elimination by 2025, five years ahead of SDGs and ten years ahead of WHO targets. Newer strategies include country-wide Implementation of Daily Regimen for First Line Treatment, Large Scale Private Sector Engagement, Active Case Findings, Enhanced Diagnosis by More Sensitive Rapid Molecular Diagnosis, New Drugs for Multi-Drug Resistance and its Shorter Regimens. Programme is also determined to scale-up patient support systems by using Information Communication Technology (ICT) based treatment adherence solutions. RNTCP has treated over 7.1 million cases during the last five years. During the last five years 1.3 million additional deaths have been averted.

2.6.9 National AIDS Control Programme (NACP) is implemented by Government of India as a 100% central sector scheme through State AIDS Control Societies in the States for prevention and control of HIV/AIDS in the country. The latest phase i.e. NACP-IV focuses on intensifying and consolidating prevention, support and treatment services for High Risk Groups (HRGs) and vulnerable population. HIV and AIDS (Prevention and Control) Act, 2017 has been enacted with the aim to prevent discrimination. NACP-IV primarily includes Targeted Interventions (TI) for High Risk Groups and Bridge Population, Female Sex Workers (FSW), etc; Needle-Syringe Exchange Programme (NSEP) and Opioid Substitution Therapy (OST) for IDUs; prevention Interventions for Migrant population at source, transit and destinations; Link Worker Scheme (LWS) for High Risk Groups and vulnerable population in rural areas; Prevention and Control of Sexually Transmitted Infections/Reproductive Tract Infections (STI/RTI).

2.6.10 National program for control of cancer, diabetes, cardio-vascular diseases and stroke (NPCDCS) : Non-Communicable Diseases (NCDs) like Cardiovascular diseases, Cancer, Chronic Respiratory Diseases, Diabetes are leading causes of death in the country and amounts to considerable loss in potentially productive years of life. In order to prevent and control major NCDs, Government of India is implementing the National Program for Control of Cancer, Diabetes, Cardiovascular diseases and Stroke

(NPCDCS) with the focus on strengthening infrastructure, human resource development, health promotion, screening and early diagnosis, management and referral. Population-based Screening for Diabetes, Hypertension and Common Cancer (Orals, Breast, and Cervical) has been initiated for early detection of common NCDs in more than 100 Districts and 25 Cities during 2017-18. For comprehensive management of lifestyle related disorders, a pilot project on 'Integration of AYUSH with NPCDCS' has been initiated in 6 districts. Tobacco is one of the major preventable causes of NCDs and to control the same National Tobacco Control Programme facilitates effective implementation of the Tobacco Control Laws (COTPA 2003) in the country and to bring about greater awareness about the harmful effects of tobacco use and about the Tobacco Control Laws.

2.6.11 National Mental Health Programme (NMHP) aims to provide availability and accessibility of minimum mental health care for all, to encourage mental health knowledge and skills and to promote community participation. Gradually the approach of mental health care services has shifted from hospital-based care (institutional) to community-based care, as majority of mental disorders do not require hospitalization and can be managed at community level. Mental Health Act, 2017 is enacted recently adopts a rights based statutory framework for mental health and decriminalizing suicide.

2.6.12 National Programme for Healthcare of the Elderly (NPHCE) initiated to address health related problems of elderly people with basic aim to provide dedicated, specialized and comprehensive health care to the senior citizens. Preventive and promotive care, management of illness, health manpower development for geriatric services, medical rehabilitation and therapeutic intervention and IEC are some of the strategies envisaged in the NPHCE.

2.6.13 National Programme for Control of Blindness and Visual Impairment (NPCBVI) was launched with the goal of reducing the prevalence of blindness to 0.3% by 2020 with its plan of action prepared in line with the global initiative of "Vision 2020: the Right to Sight". The programme continues to combat blindness by focusing on the development of comprehensive eye care services targeting common blindness disorders including cataract, refractive errors, glaucoma, diabetic retinopathy, childhood blindness, corneal blindness etc.

2.6.14 National Organ Transplant Programme (NOTP) is being implemented for carrying out various activities related to retrieval, storage and transplant of organs, training of manpower and promotion of organ donation from deceased persons. It is necessary to promote organ donation from deceased (cadaveric) or "brain stem dead"

donors rather than relying on living donors, due to the risk of commercial trading and inherent risks to the health of living donors.

**2.6.15 National Leprosy Eradication Programme:** Since the inception of National Leprosy Eradication Programme (NLEP) in the year 1983 spectacular success have been made in reducing the burden of Leprosy. The country achieved the goal of leprosy elimination as a public health problem i.e. Prevalence Rate (PR) of less than 1 case/10,000 population at national level by December 2005, as set by National Health Policy 2002. Although prevalence has come down at national and state level, new cases are being continuously detected and these cases will have to be provided quality leprosy services through General Healthcare (GHC) system. 34 States/UTs in India have achieved leprosy elimination status.

**2.6.16 Rashtriya Swasthya Bima Yojana (RSBY) Scheme :**The Rashtriya Swasthya Bima Yojana (RSBY), a centrally sponsored (Centre-State Partnership) scheme is aimed to provide health insurance coverage to Below Poverty Line (BPL) families and other 11 categories of Unorganized Workers(UOWs) (MGNREGA Workers, Construction Workers, Domestic workers, Sanitation Workers, Mine Workers, licensed Railway Porters, Street Vendors, Beedi Workers, Rickshaw Pullers, Rag Pickers and Auto/Taxi drivers).Each family enrolled in the scheme is entitled to hospitalization benefits of upto INR 30,000 per annum including maternity benefits on a family floater basis ( a unit of five) in government empanelled hospitals (includes both private and public) alongwith provision for Transportation Cost upto Rs 100. Pre-existing conditions are covered from day one. The beneficiary family pays Rs. 30 per annum per family as registration/renewal fee. The scheme covers all pre-existing diseases, hospitalization expenses. Maximum premium payable is Rs. 750 per family, more than 1500 standard packages are included and the scheme provides only for secondary care hospitalization procedures. A network of more than ten thousand hospitals has been developed by empanelling 6,276 private hospitals and 4390 public hospitals under RSBY scheme. During the year 2015-16, the RSBY scheme is implemented in 19 States/UTs, across 397 Districts with a target of around 7.31 crore families, covering around 4.12 crore families (55% of the total target). More than 110 lakh hospitalization cases have been registered since inception under RSBY.

**2.6.17 Pradhan Mantri Swasthya Suraksha Yojana (PMSSY):** The scheme envisaged the establishment of six AIIMS-like institutions and upgradation of the existing 13 medical college institutions in the first phase. The PMSSY up-gradation programme broadly envisages improving health infrastructure through construction of Super Speciality Blocks/Trauma centres etc. and procurement of medical equipment for existing as well as new facilities. Out of 13 medical college institutions taken up for upgradation in the

first phase of PMSSY, upgradation work at 8 medical colleges has been completed. Out of 6 medical college institutions being upgraded in second phase, five institutions involve civil work.

## 2.7 Population Stabilisation

India was the first country in the world to launch a National Programme for Family Planning in 1952. Following its historic initiation, the Family Planning program has undergone many transformations in terms of policy and actual program implementation.

The National Population Policy (NPP) in 2000 brought about a holistic and a target free approach which accelerated the reduction of fertility. Over the years, the program has expanded to reach every nook and corner of the country and is available up to Primary Health Centres (PHCs) and Sub Centres (SCs) in rural areas as well as the Urban Family Welfare Centres and Postpartum Centres in urban areas. Technological advances and enhanced quality of services have also resulted in a rapid fall in the Crude Birth Rate (CBR), Total Fertility Rate (TFR) and growth rate.

### 2.7.1 Factors that influence Population Growth

2.7.1.1 Population growth is looked upon as one of the most important elements in the process of social and economic development. Population growth is not always in itself detrimental to development, especially in some developed countries where there are economies of scale and sufficient human and physical capital for new investments. Developing countries face an environment that is less *favourable* for economic growth than did the developed countries of the past. The following indicators can be viewed as the important for monitoring the population growth.

Unmet need of Family Planning	- 12.9% as per NFHS-4 (2015-16)
Age at Marriage and first childbirth	<ul style="list-style-type: none"> <li>- 26.8% of the girls get married below the age of 18 years as per NFHS (2015-2016)</li> <li>- Out of the total births, 10.7% are among teenagers i.e. 15-19 years (SRS 2016)</li> </ul>
Spacing between Births:	- Spacing between two childbirths is less than the recommended period of 3 years in 48.1% of births (SRS 2016)
15-24 age group (women)	<ul style="list-style-type: none"> <li>- 36.5% contribution in total fertility (SRS 2016)</li> <li>- 41% contribution in maternal mortality (SRS 2011-13)</li> </ul>

**2.7.1.2 Ratio of Growth of Population in India:** Another way of looking at the overall growth of the population is through the decadal and annual growths of population from figures obtained from Census.

Census Year	Population (In Crores)	Decadal Growth (%)	Average Annual Exponential Growth
1971	54.82	24.80	2.20
1981	68.33	24.66	2.22
1991	84.64	23.87	2.16
2001	102.87	21.54	1.97
2011	121.02	17.64	1.64

**2.7.1.3 Total Fertility Rate (TFR):** In simple terms, it refers to total number of children born or likely to be born to a woman in her life time if she were subject to the prevailing rate of age-specific fertility in the population. Government of India has categorized States as per the TFR level into very high-focus (more than or equal to 3.0), high-focus (more than 2.1 and less than 3.0) and non-high focus (less than or equal to 2.1) categories. The following table gives a snapshot of the progress in TFR.

<b>TFR decline</b>	<ul style="list-style-type: none"> <li>- From 2.9 in 2005 to 2.3 in 2016</li> <li>- Decline more significant in High Focus States</li> </ul>
<b>TFR of 2.1 or less</b>	- 24 States and Union Territories
<b>TFR 2.1-3.0</b>	- 9 States
<b>TFR above 3.0</b>	- 3 States
<i>High focus states(Bihar, Madhya Pradesh &amp; Uttarakhand)</i>	

## 2.7.2 Current Family Planning Scenario in India

Family planning has undergone a paradigm shift and emerged as a key intervention to reduce maternal and infant mortalities and morbidities. It is well-established that the States with high contraceptive prevalence rate have lower maternal and infant mortalities. Greater investments in family planning can thus help mitigate the impact of high population growth by helping women achieve desired family size and avoid

unintended and mistimed pregnancies. Further, contraceptive use can prevent recourse to induce abortion and eliminate most of these deaths.

The Contraceptive services under the National Family Welfare Program methods available currently in India can be broadly divided into two categories, spacing methods and permanent methods. An additional method available is the emergency contraceptive pill which is to be used in cases of emergency.

2.7.2.1 Spacing Methods are the reversible methods of contraception to be used by couples who wish to have children in future. These include:

- Injectable Contraceptive MPA under the 'Antara' programme.
- Oral Contraceptive Pills (OCP) are hormonal pills. Centchroman "Chhaya"- the once a week non-steroidal oral pill has been recently introduced.
- Condoms are barrier methods of contraception offering the dual protection of preventing unwanted pregnancies as well as transmission of RTI/STI including HIV.
- Intra-Uterine Contraceptive Devices (IUCD) containing copper is used as a highly effective method for long term birth spacing.

2.7.2.2 Permanent Methods are generally considered irreversible which may be adopted by any member of the couple. These include :

- Female Sterilisation: Minilaparotomy, Laparoscopy, Post Abortion Sterilisation.
- Male Sterilisation: Conventional, Non- scalpel vasectomy.
- Emergency Contraceptive Pill

2.7.2.3 Some of the most important initiatives taken in this regard are as follows-

- All the spacing methods, viz. IUCDs, OCPs and condoms are available at the public health facilities beginning from the Sub-Centre level. Additionally, OCPs condoms, and emergency contraceptive pills (since are not skill based services) are available at the village level also through trained ASHAs.
- Permanent methods are generally available at Primary Health Centre level or above. They are provided by MBBS doctors who have been trained to provide these services. Laparoscopic sterilization is being offered at CHCs and above level by a specialist gynaecologist/surgeon only.
- These services are provided to around 20 crores eligible couples.
- More emphasis on Spacing methods like PPIUCD and IUCD.

- Emphasis on Minilap tubectomy services because of its logistical simplicity and associated with less failure and complication rates.
- Ensuring quality care in Family Planning services by establishing Quality Assurance Committees at State and district levels.
- Accreditation of more private/NGO facilities to increase the provider base for family planning services under PPP.
- Increasing male participation and promoting Non- scalpel Vasectomy.
- Compensation scheme for sterilization acceptors for loss of wages to the beneficiary and also to the service provider (& team) for conducting sterilizations.
- Mission Parivar Vikas launched in 146 high TFR districts to accelerate the use and awareness of family planning methods. A five pronged strategy has been developed under the Mission Parivar Vikas for delivering assured services, building additional capacity/Human resource development for enhanced service delivery, ensuring commodity security, implementing new 'promotional schemes' and creating an enabling environment. State and district fact sheets have been built to highlight the current indicators and trends in these districts and to act as the baseline and roadmap for future work in these districts.
- Family Planning Logistics Information System (FP-LMIS) has been launched to manage the distribution of contraceptives and strengthen the supply-chain management system.
- Clinical Outreach Team (COT) Scheme consist of engaging Clinical Outreach Teams (COT) comprising a mobile team of trained health care personnel and equipment, engaged through private accredited organizations/ NGOs, providing sterilization services in far-flung and under-served areas.
- The second phase of the 360 degree media campaign was launched at the celebration of the World Population Day 2017 which was designed with the objective of reaching out to people of all age groups, regions and strata of the society to bring about a positive change in the use of contraception and shatter the myths around it.

## Chapter 3: Education, Human Resource Development and Youth Mobilisation

Quality education is the foundation of sustainable development and is the key to self-reliance, boosts economic growth by enhancing skills, and improves people's lives by opening up opportunities for better livelihoods. The access to education at all levels needs to increase to encompass all folks and also enrolment rates in schools, and basic literacy skills to be improved



tremendously. The youth aged 15-24, to be more literate and educated to wisely enter the employment sector to enhance the growth rate of the nation optimally.

Investment in human capital is a prerequisite for a healthy and productive population for nation building. Good quality education is the foundation of new discoveries, new knowledge, Innovation and Entrepreneurship that trigger growth and prosperity of the individual as well as that of a nation. Given the available resources, the Government has consistently prioritized strengthening the educational profile of the population.

Policy interventions for ensuring the completion of primary and secondary education by all boys and girls, and guaranteeing equal access to opportunities for access to quality technical and vocational education for everyone are the need of the hour and are called for by the 2030 Sustainable Development agenda.

The Government of India is committed to achieving the Sustainable Development Goal (SDG- 4) for education – “Ensure inclusive and quality education and promote lifelong learning for all” by 2030. With a view to achieve the goal of universalization of elementary education, the Right to Free and Compulsory Education (RTE) Act, 2009 had been enacted in 2010 that provides a justiciable legal framework entitling all children between the ages of 6-14 years free and compulsory admission, attendance and completion of elementary education. It provides for children's right to an education of equitable quality, based on principles of equity and non-discrimination. India has made significant progress in quantitative indicators such as enrolment levels, completion rates and other physical infrastructure like construction of school buildings/class rooms, drinking water facilities, toilet facilities and

appointment of teachers etc. at elementary school level. The vision is to ensure education of equitable quality for all to fully harness the Nation's human potential, and as a recognition of this vision, a number of initiatives are being taken.

In addition to quantitative indicators, the quality of education also needs to be monitored and assessed. The learning outcomes are assessment standards indicating the expected levels of learning that a student should achieve for that particular class. Towards improving the learning outcomes at elementary school level, Central Rules under the RTE Act have been amended in February, 2017 to include the defined class-wise, subject-wise learning outcomes.

The RTE Act, 2009 lays down the guidelines for maintaining the norms and standards relating inter alia to Pupil Teacher Ratios (PTRs), buildings and infrastructure, school-working days, teacher-working hours in both primary and upper primary schools.

Gender Parity Index (GPI) in education is a valuable indicator which reflects the discrimination against girls in access to educational opportunities. In higher education, gender disparities still prevail in enrolment for which continuous efforts are being made by the Government to improve net intake rate for women in higher education. With consistent efforts by the Government through programmes like Beti Padhao- Beti Bachao, the GPI has improved substantially at the primary and secondary levels of enrolment.

In India, significant progress had been made in universalising primary education, with improvement in the enrolment and completion rates of girls in both primary and elementary school. As of 2013-14, the net enrolment ratio in primary education for boys and girls was 88%, while at the national level, the youth literacy rate was 94% for males and 92% for females. The new national Education Policy and Sustainable Development Goal 4 share the goals of universal quality education and lifelong learning. The flagship government scheme, Sarva Shiksha Abhiyan, is aimed at achieving universal quality education for all Indians, and is complemented in this effort by targeted schemes on nutritional support, higher education, and teacher training.

The Union Budget, 2018-19, has proposed to treat school education holistically without segmentation from pre-nursery to Class 12. Samagra Shiksha - an overarching programme for the school education sector extending from pre-school to class 12 has been, therefore, prepared with the broader goal of improving school effectiveness measured in terms of equal opportunities for schooling and equitable learning

outcomes. It subsumes the three Schemes of Sarva Shiksha Abhiyan (SSA), Rashtriya Madhyamik Shiksha Abhiyan (RMSA) and Teacher Education (TE).

This sector-wide development programme/scheme would also help harmonise the implementation mechanisms and transaction costs at all levels, particularly in using state, district and sub-district level systems and resources, besides envisaging one comprehensive strategic plan for development of school education at the district level. The shift in the focus is from project objectives to improving systems level performance and schooling outcomes which will be the emphasis of the combined Scheme along-with incentivizing States towards improving quality of education.

The scheme envisages the 'school' as a continuum from pre-school, primary, upper primary, secondary to Senior Secondary levels. 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.

The major objectives of the Scheme are provision of quality education and enhancing learning outcomes of students; Bridging Social and Gender Gaps in School Education; Ensuring equity and inclusion at all levels of school education; Ensuring minimum standards in schooling provisions; Promoting Vocationalisation of education; Support States in implementation of Right of Children to Free and Compulsory Education (RTE) Act, 2009; and Strengthening and up-gradation of SCERTs/State Institutes of Education and DIET as a nodal agencies for teacher training.

The main outcomes of the Scheme are envisaged as Universal Access, Equity and Quality, promoting Vocationalisation of Education and strengthening of Teacher Education Institutions (TEIs).

The major interventions, across all levels of school education, proposed under the scheme are: (i) Universal Access including Infrastructure Development and Retention; (ii) Gender and Equity; (iii) Inclusive Education; (iv) Quality; (v) Financial support for Teacher Salary; (vi) Digital initiatives; (vii) RTE Entitlements including uniforms, textbooks etc.;(viii) Pre-school Education; (ix) Vocational Education; (x) Sports and Physical Education; (xi) Strengthening of Teacher Education and Training; (xii) Monitoring; (xiii) Programme Management; and (xiv) National Component. It is proposed that preference in the interventions would be given to Educationally Backward Blocks (EBBs), LWEs affected districts, Special Focus Districts (SFDs), Border areas and the 115 Aspirational districts.

The main emphasis of the SSA is on improving quality of school education by focussing on the two T's – Teacher and Technology. The strategy for all interventions

under the Scheme would be to enhance the Learning Outcomes at all levels of schooling. The scheme proposes to give flexibility to the States and UTs to plan and prioritize their interventions within the scheme norms and the overall resource envelope available to them. Funds are proposed to be allocated based on an objective criteria based on enrolment of students, committed liabilities, learning outcomes and various performance indicators.

The Scheme will help improve the transition rates across the various levels of school education and aid in promoting universal access to children to complete school education. The integration of Teacher Education would facilitate effective convergence and linkages between different support structures in school education through interventions such as a unified training calendar, innovations in pedagogy, mentoring and monitoring, etc. This single Scheme will enable the SCERT to become the nodal agency for conduct and monitoring of all in-service training programmes to make it need-focused and dynamic. It would also enable reaping the benefits of technology and widening the access of good quality education across all States and UTs and across all sections of the Society.

Beti Bachao Beti Padhao (BBBP) scheme has been introduced for promoting survival, protection and education of girl child. It aims to address the issue of declining Child Sex Ratio (CSR) through a mass campaign targeted at changing social mind set and creating awareness about the criticality of the issue. The scheme launched in 2015 is a tri-ministerial, convergent effort of Ministries of Women and Child Development, Health and Family Welfare and Human Resource Development with focus on awareness and advocacy campaign, multi-sectoral action in select 161 districts (100 districts in Phase-1 and 61 districts in Phase-II), enabling girls' education and effective enforcement of Pre-Conception and Pre Natal Diagnostic Techniques (PC&PNDT) Act. The Scheme has been approved for expansion to cover all 640 districts in the country.

### **3.1 Universal Elementary Education**

The role of Universal Elementary Education (UEE) is to strengthen the social fabric of democracy through provision of equal opportunities. With the formulation of NPE, India initiated a wide range of programmes for achieving the goal of UEE through several schematic and programme interventions. The Samagra Shiksha Abhiyan (SSA) is being implemented as India's main programme for universalizing elementary education.

### 3.1.1 Samagra Shiksha Abhiyan (SSA)

Samagra Shiksha is an overarching programme proposed in the Union Budget 2018-19 for the school education sector extending from pre-school to class 12. It has been prepared with the broader goal of improving school effectiveness measured in terms of equal opportunities for schooling and equitable learning outcomes. It subsumes the three Schemes earlier namely Sarva Shiksha Abhiyan, Rashtriya Madhyamik Shiksha Abhiyan (RMSA) and Teacher Education (TE).

The main emphasis of the SSA is on improving quality of school education by focusing on the two T's – Teacher and Technology. The scheme envisages the 'school' as a continuum from pre-school, primary, upper primary, secondary to Senior Secondary levels. 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.

This scheme would also help in harmonizing the implementation mechanisms and transaction costs at all levels, particularly in using State, district and sub-district level systems and resources, besides envisaging one comprehensive strategic plan for development of school education at the district level. The shift in the focus is from project objectives to improving systems level performance and schooling outcomes which will be the emphasis of the combined scheme along-with incentivizing States towards improving quality of education.

The major objectives of the Centrally Sponsored Scheme are the following:

- Provision of quality education and enhancing learning outcomes of students.
- Bridging Social and Gender Gaps in School Education.
- Ensuring equity and inclusion at all levels of school education.
- Ensuring minimum standards in schooling provisions.
- Promoting Vocationalisation of education.
- Support States in implementation of Right of Children to Free and Compulsory Education (RTE) Act, 2009.
- Strengthening and upgradation of SCERTs/State Institutes of Education and DIET as a nodal agency for teacher training.

The Scheme with the aim to enhance the Learning Outcomes at all levels of schooling has the following major interventions- Universal Access including Infrastructure Development and Retention; Gender and Equity; Inclusive Education; Quality; Financial support for Teacher Salary; Digital initiatives; RTE Entitlements

including uniforms, textbooks etc.;Pre-school Education; Vocational Education; Sports and Physical Education; Strengthening of Teacher Education and Training; Monitoring; Programme Management; and National Component. The Scheme proposes preference in the interventions would be given to Educationally Backward Blocks (EBBs), LWEs affected districts, Special Focus Districts (SFDs), Border areas and the 115 Aspirational districts. The strategy for all interventions under the Scheme would be to enhance the Learning Outcomes at all levels of schooling. The scheme proposes to give flexibility to the States and UTs to plan and prioritize their interventions within the scheme norms and the overall resource envelope available to them.

The Scheme will help in improving the transition rates across the various levels of school education and aid in promoting universal access to children to complete school education. The integration of Teacher Education would facilitate effective convergence and linkages between different support structures in school education through interventions such as a unified training calendar, innovations in pedagogy, mentoring and monitoring, etc. This single Scheme will enable conduct and monitoring of all in-service training programmes to make it need-focused and dynamic. It would also enable reaping the benefits of technology and widening the access of good quality education across all States and UTs and across all sections of the Society.

### **3.1.2 National Programme of Mid-Day Meal in Schools**

With a view to enhance enrolment, attendance and retention and simultaneously to improve the nutritional status of children, a centrally sponsored scheme, National Programme of Nutritional support to primary Education (NP-NSPE) launched in 1995 was extended to cover children of upper primary classes and the scheme was renewed as 'National Programme of Mid-Day Meal in Schools'. Mid-Day Meal Scheme covers all school children studying in I - VIII classes in Government and Government-aided schools, Special Training Centres (STCs) and Madrasas and Maqtabas supported under Sarva Shiksha Abhiyan (SSA).

The objectives of the Mid-Day Meal Scheme are the following:

- Improving the nutritional status of children studying in classes I - VIII in Government and Government-aided schools, Special Training Centers (STCs) and Madrasas and Maqtabas supported under Sarva Shiksha Abhiyan (SSA),
- Encouraging poor children belonging to disadvantaged sections to attend school more regularly and help them to concentrate on classroom activities
- Providing nutritional support to children of elementary stage in drought affected areas during summer vacation.

Mid-Day Meal also helps in promoting egalitarian values, as children from various social backgrounds learn to sit together and share a common meal. In particular, Mid- Day Meal can help to break the barriers of caste and class among children in school. The gender gap in school participation can also be narrowed, as the programme helps to erode the barriers that prevent girls from going to school.

Mid-Day Meal Rules 2015 under National Food Security Act, 2013 have been notified on 30.09.2015 which envisages that if the Mid-Day Meal is not provided in school on any school day due to no availability of food grains, cooking cost, fuel or absence of cook-cum-helper or any other reason, the State Government shall pay food security allowance as defined in the rule to every child by 15th of the succeeding month.

### **3.1.3 National Means-cum-Merit Scholarship Scheme (NMMSS)**

National Means-cum-Merit Scholarship Scheme (NMMSS), a Centrally Sponsored Scheme, was launched with the objective to award scholarships to meritorious students of economically weaker sections to arrest their drop out at class VIII and encourage them to continue the study at secondary stage. Scholarship of Rs. 6000/- per annum (Rs.500/- per month) per student to selected students every year for study in classes from IX to XII in State Government, Government aided and local body schools. As per the latest provision under the scheme the scholarship amount has been enhanced to Rs.12000/- per year with effect from 01.04.2017. Students whose parental income from all sources is not more than Rs. 1,50,000/- are eligible to avail the scholarships.

### **3.1.4 National Scheme of Incentive to Girls for Secondary Education (NSIGSE)**

The Centrally sponsored “National Scheme of Incentive to Girls for Secondary Education (NSIGSE)” was launched with the objective to establish an enabling environment to reduce the drop-outs and to promote the enrolment of girl child belonging to SC/ST communities in secondary schools and ensure their retention up to 18 years of age. The scheme covers all girls belonging to SC/ST communities who pass class VIII and those who pass VIII examination from Kasturba Gandhi Balika Vidyalayas (irrespective of whether they belong to SC/ST) and enrol in class IX in State Government, Government-aided and Local Body schools. According to the scheme, a sum of Rs.3,000/- is deposited in the name of eligible unmarried girls as fixed deposit on enrolment in class IX, who are entitled to withdraw it along with interest thereon on passing X Class and attaining 18 years of age.

### **3.1.5 Schemes of Financial Assistance for Appointment of language Teachers**

Under its Three Language Formula, to encourage usage of Hindi, Urdu and one Modern Indian language, other than English among school-going children, the Government of India introduced the scheme of Financial Assistance for Appointment of Language Teachers in various government schools of the country. This scheme aims at fulfilling the requirement of language teachers in the government schools and also encourages propagation of the national language as well as Urdu and other Modern Indian languages, like Kannada, Malayalam, Tamil and Telugu in the country. This Scheme has following parts:

- For appointments to new posts of Hindi teachers in Upper Primary, Middle, High School and Higher Secondary Schools and opening /strengthening of Hindi Teacher's Training Colleges for the training of the untrained Hindi teachers available in the States/UTs.
- For appointment of Urdu Teachers to any locality where more than 25% of the population is from Urdu speaking community and Honorarium to the existing Urdu teachers for teaching Urdu in Schools and Training of Urdu teachers.
- For appointment of Modern Indian Language Teachers (Other than Hindi) in Hindi-Speaking States/UTs.

### **3.1.6 Higher Education Programme**

Higher Education sector has witnessed a tremendous increase in the number of Universities/University level Institutions & Colleges since Independence. The number of Universities has increased from 20 in 1950 to 903 in 2018. The number of colleges has also increase from 500 in 1950 to 39050 in 2018. The quantum growth in the Higher Education sector is spear-headed by Universities, which are the highest seats of learning. In India, "University" means a University established or incorporated by or under a Central Act, a Provincial Act or a State Act and includes any such institution as may, in consultation with the University concerned, be recognised by the University Grants Commission (UGC) in accordance with the regulations made in this regard under the UGC Act, 1956. Every year, millions of students from within the country and abroad, enter these portals mainly for their graduate, post graduate studies while millions leave these portals for the world outside. Higher Education is the shared responsibility of both the Centre and the States. The coordination and determination of standards in Universities & Colleges is entrusted to the UGC and other statutory regulatory bodies. The Central Government provides grants to the UGC and establishes

Central Universities/Institutions of National Importance in the country. The Central Government is also responsible for declaring an educational institution as "Deemed-to-be University" on the recommendations of the UGC.

### **3.1.7 Rashtriya Uchchatar Shiksha Abhiyan (RUSA)**

RUSA is a Centrally Sponsored Scheme (CSS), launched in 2013 aims at providing strategic funding to eligible State Higher Educational Institutions. The aim is to achieve mass access to higher education with high quality standards.

RUSA aims to create new universities through upgradation of existing autonomous colleges and conversion of colleges in a cluster. It would create new model degree colleges, new professional colleges and provide infrastructural support to universities and colleges. Faculty recruitment support, faculty improvements programmes and leadership development of educational administrators are also an important part of the scheme. In order to enhance skill development the existing central scheme of Polytechnics has been subsumed within RUSA. A separate component to synergise vocational education with higher education has also been included in RUSA. Besides these, RUSA also supports reforming, restructuring and building capacity of institutions in participating state.

### **3.1.8 Central Sector Interest Subsidy (CSIS) Scheme**

CSIS was launched on 1st April, 2009. Under the Scheme, full interest subsidy is provided for the education loan taken from Scheduled Banks under the Model Education Loan Scheme of Indian Banks' Association, covering a period of course duration + 1 year. This is made available for all the professional/technical courses in India and students whose annual gross parental income is up to Rs.4.5 lakhs were eligible. The loans are disbursed without any collateral security and third-party guarantee. An amount of Rs. 9,408.52 crore has been disbursed towards interest subsidy and 25.10 lakh students have benefitted till date.

### **3.1.9 Credit Guarantee Fund for Education Loans (CGFEL) Scheme**

CGFEL provides guarantee for the education loan under the Model Education Loan Scheme of Indian Banks' Association, disbursed by the banks without seeking any collateral security and third-party guarantee, for a maximum loan amount of Rs. 7.5 Lakhs.

### **3.1.10 Scholarship Scheme for College and University Students (SSCUS)**

The "Central Sector Scheme of Scholarship for College and University Students" is operational with the objective to provide financial assistance to meritorious students

from poor families to meet a part of their day-to-day expenses while pursuing higher studies. The scholarships are awarded on the basis of the results of senior secondary examination. The total number of scholarships has been divided amongst the State Boards based on the State's population in the age group of 18-25 years. Students who are above 80th percentile of successful candidates in the relevant stream from a particular Board of Examination, in class XII of 10+2 pattern or equivalent and having family income of less than Rs.6 lakhs per annum, pursuing regular courses and not availing of any other scholarship scheme, are eligible for consideration under this Scheme.

### **3.1.11 Study Webs of Active –Learning for Young Aspiring Minds (SWAYAM)**

SWAYAM is an instrument for self-actualisation in which professors and faculties of centrally funded institutions like IITs, IIMs, Central Universities offer online courses to citizens of India. The learner can choose from hundreds of courses taught at the university / college / school level which are offered by best of the teachers in India and elsewhere. If a student is studying in any college, he/she can transfer the credits earned by taking these courses into their academic record.

In the first phase, the participation universities alone as well as with the help of faculty from foreign universities could offer courses in areas of engineering education, social science, energy, management, basic sciences. India has become one of the few countries in the World which has its own online interactive learning platform that provides, not only video lectures, reading material but also assignments/quizzes that could end up in securing credits after completing the assessment system.

## **3.2 Adult Education**

Adult Education aims at extending educational options to those adults, who have lost the opportunity and have crossed the age of formal education. With the objective of promoting adult education, a series of programmes have been introduced since the First Five Year Plan, the most prominent being the National Literacy Mission (NLM), that was launched in 1988 to impart functional literacy to non-literates in the age group of 15-35 years in a time bound manner.

### **3.2.1 Saakshar Bharat**

Saakshar Bharat has been formulated in 2009 as Centrally Sponsored Scheme with the objective of achieving 80% literacy at national level, by focusing on adult women literacy seeking – to reduce the gap between male and female literacy to not more than 10 percentage points. The Mission has four broader objectives, namely

imparting functional literacy and numeracy to non-literates; acquiring equivalency to formal educational system; imparting relevant skill development programme; and promote a learning society by providing opportunities for continuing education. The principal target of the programme is to impart functional literacy to 70 million non-literate adults in the age group of 15 years and beyond. This includes coverage of 14 million Scheduled Castes(SCs), 8 million Scheduled Tribes(STs), 12 million minorities & 36 million others. The overall coverage of women is aimed at 60 million. 410 districts belonging to 27 States/UTs of the country were identified to be covered under Saakshar Bharat.

### **3.3 Scheme of Support to Voluntary Agencies for Adult Education and Skill Development**

To promote Adult Education, particularly in 15-35 age group, through voluntary sector, Government of India, has been providing support to Voluntary Agencies (VA) through two separate schemes, namely Assistance to Voluntary Agencies in the field of Adult Education and Jan Shikshan Sansthan. The former is conceptualised as an overarching programme to encourage innovation and creativity in literacy and continuing education. It includes establishment of State Resource Centers for technical and academic support to adult education. Jan Shikshan Sansthan, on the other hand, provide vocational education skill development training to those having no or rudimentary level of education. The main objective of the scheme is to secure extensive, as well as, intensive involvement of voluntary sector in the endeavours of the Government to promote functional literacy, skill development and continuing education, particularly in 15-35 age group, under the overall umbrella of National Literacy Mission (NLM). The Scheme strives to achieve, through voluntary effort, the overall objectives of NLM, which include achieving self-reliance in literacy and numeracy, becoming aware of the causes of their deprivation and moving towards amelioration of their condition through organization and participation in the process of development and acquiring skills to improve the economic status and general well-being. Jan Shikshan Sansthan (JSs) are established to provide vocational training to non-literate, neo-literate, as well as school drop outs by identifying skills as would have a market in the region of their establishment.

#### **3.3.1 National Policy on Skill Development and Entrepreneurship 2015**

Government of India is following the policy of "Sabka Sath, Sabka Vikas" and is committed to overall human resource development to take advantage of the demographic profile of our country's population in the coming years. The objective of the National Policy on Skill Development and Entrepreneurship, 2015 is aimed to

provide an umbrella framework to all skilling activities being carried out within the country, to align them to common standards and link the skilling with demand centers, to meet the challenge of skilling at scale with speed and standard (quality). It includes the efforts to identify the various institutional frameworks which can act as the vehicle to reach the expected outcomes. The national policy provides clarity and coherence on how skill development efforts across the country can be aligned within the existing institutional arrangements. This policy will link skills development to improved employability and productivity. The National Skill Development Mission has been launched in July 2015 on the occasion of World Youth Skills Day. The Mission has been developed to create convergence across sectors and States in terms of skill training activities. Further, to achieve the vision of 'Skilled India', the National Skill Development Mission would not only consolidate and coordinate skilling efforts, but also expedite decision making across sectors to achieve skilling at scale with speed and standards. Seven sub-missions have been proposed initially to act as building blocks for achieving overall objectives of the Mission. They are: Institutional Training, Infrastructure, Convergence, Trainers, Overseas Employment, Sustainable Livelihoods and Leveraging Public Infrastructure.

### **3.3.2 Pradhan Mantri Kaushal Vikas Yojana (PMKVY)**

Pradhan Mantri Kaushal Vikas Yojana (PMKVY) has been launched as the flagship scheme in 2015 and is India's largest skill certification scheme. The primary goal of PMKVY is to enable a large number of Indian youth to take up industry-relevant skill training that will help them in securing a better livelihood. The Schemes encourages and promote Skill Development for the youth throughout the country by aligning itself with the Common Norms guidelines.

The Schemes also needs to be aligned to complement all other Missions of the Government, such as Make in India, Digital India, Swachh Bharat, and Smart cities. Specifically, the Schemes aim to achieve the following objectives:

- Enable and mobilize large number of youth to take up industry designed equality skill training, become employable and earn their livelihood.
- Increase productivity of the existing workforce and align skill training with the actual needs of the country.
- Encourage standardization of the Certification process and put in place the foundation for creating a registry of skills.

The main Components under the Scheme are:

Short Term Training to be imparted at PMKVY Training Centres (TCs) to benefit candidates who are either school/college dropouts or unemployed. In addition, training is provided according to the National Skills Qualification Framework (NSQF) in Soft Skills, Entrepreneurship, Financial and Digital Literacy. The duration of the training varies per job role, ranging between 150 and 300 hours. Post training completion, candidates undergo assessment and successful candidates are provided placement assistance by the Training Partners (TPs).

Recognition of Prior Learning aims to align the competencies of the unregulated workforce of the country to the NSQF. Individuals with prior learning experience or skills or assessed and certified under the Recognition of Prior Learning (RPL) component of the Scheme.

### **3.3.3 UDAAN**

UDAAN is a Special Industry Initiative for Jammu & Kashmir which aims to provide skills training and enhance the employability of unemployed youth of J&K. The Scheme covers graduates, post graduates and three year engineering diploma holders. It has two objectives:

- To provide an exposure to the unemployed graduates to the best of Corporate India;
- To provide Corporate India, an exposure to the rich talent pool available in the State.

### **3.4 Youth Mobilisation:**

The Youth represents the most dynamic and vibrant segment of the population. India is one of the youngest nations in the World, with about 65% of the population under 35 years of age. The youth in the age group of 15-29 years comprise 27.5% of the population. It is estimated that by the year 2020, the population of India would have a median age of 28 years and this 'demographic dividend' offers a great opportunity. In order to capture this demographic dividend, it is essential that the economy has the ability to support the increase in the labour force and the youth have the appropriate education, skills, health awareness and other enablers to productively contribute to the economy.

#### **3.5.1 National Youth Policy (NYP) 2014**

NYP-2014 reiterates the commitment of the entire nation to all-round development of the youth of India, so that they can realise their full potential and

contribute productively to the nation-building process. The Policy defines ‘youth’ as persons in the age-group of 15-29 years. It proposes a holistic VISION for the youth of India, which is “To empower youth of the country to achieve their full potential, and through them enable India to find its rightful place in the community of nations”. The objectives and priority areas identified under the NYP-2014 are summarised in the next page:

Objectives	Priority Areas
1. Create a productive workforce that can make a sustainable contribution to India’s economic development	1. Education
	2. Employment and Skill development
	3. Entrepreneurship
2. Develop a strong and healthy generation equipped to take on future challenges	4. Health and healthy lifestyle
	5. Sports
3. Instil social values and promote community service to build national ownership	6. Promotion of social values
	7. Community engagement
4. Facilitate participation and civic engagement at levels of governance	8. Participation in politics and governance
	9. Youth engagement
5. Support youth at risk and create equitable opportunity for all dis-advantaged and marginalised youth	10. Inclusion
	11. Social justice

The NYP-2014 recommends policy interventions under each of the 11 identified Priority Areas based on careful analysis of the current situation and the future needs. These are summarised below:

Priority Area	Suggested Interventions
1. Education	<ul style="list-style-type: none"> <li>♣ Build system capacity and quality</li> <li>♣ Promote skill development and lifelong learning.</li> </ul>
2. Employment and Skill development	<ul style="list-style-type: none"> <li>♣ Targeted youth outreach and awareness</li> <li>♣ Build linkages across systems and stakeholders</li> <li>♣ Define role of government vis-a-vis other stakeholders</li> </ul>
3. Entrepreneurship Targeted youth outreach programmes	<ul style="list-style-type: none"> <li>♣ Scale-up effective programmes to build capacity</li> <li>♣ Create customised programmes for youth entrepreneurs</li> <li>♣ Implement widespread monitoring and evaluation</li> </ul>

Priority Area	Suggested Interventions
	systems
4. Health and healthy lifestyle	<ul style="list-style-type: none"> <li>♣ Improve service delivery</li> <li>♣ Awareness about health, nutrition and preventive care</li> <li>♣ Targeted disease control programmes for youth</li> </ul>
5. Sports	<ul style="list-style-type: none"> <li>♣ Increase access to sports facilities and training</li> <li>♣ Promotion of sports culture among youth</li> <li>♣ Support and development for talented sportspersons</li> </ul>
6. Promotion of social values	<ul style="list-style-type: none"> <li>♣ Formalise values education system</li> <li>♣ Strengthen engagement programmes for youth</li> <li>♣ Support NGOs and for-profit organisations working towards spreading values and harmony</li> </ul>
7. Community engagement	<ul style="list-style-type: none"> <li>♣ Leverage existing community development organisations</li> <li>♣ Promote social entrepreneurship</li> </ul>
8. Participation in politics and governance	<ul style="list-style-type: none"> <li>♣ Engage youth that are outside the political system</li> <li>♣ Create governance mechanisms that youth can leverage</li> <li>♣ Promote youth engagement in urban governance</li> </ul>
9. Youth engagement	<ul style="list-style-type: none"> <li>♣ Measure and monitor effectiveness of youth development schemes</li> <li>♣ Create a platform for engagement with youth</li> </ul>
10. Inclusion	<ul style="list-style-type: none"> <li>♣ Enablement and capability building for disadvantaged youth</li> <li>♣ Ensuring economic opportunities for youth in conflict-affected regions</li> <li>♣ Develop a multi-pronged approach to supporting youth with disability</li> </ul>

Priority Area	Suggested Interventions
	♣ Create awareness and opportunities to prevent youth being put at risk
11. Social Justice	♣ Leveraging youth to eliminate unjust social practices ♣ Strengthen access to justice at all levels

### 3.5.2 Rashtriya Yuva Sashaktikaran Karyakram (RYSK)

In order to improve the effectiveness of many earlier Schemes & to achieve better synergies between the Schemes, the following 8 Schemes have been merged into RYSK.

Nehru Yuva Kendra Sangathan (NYKS) launched in 1972, is one of the largest youth organisations in the world. NYKS currently has about 8.7 million youth enrolled through 3.04 lakh Youth Clubs/ Mahila Mandals. NYKS has presence in 623 Districts through Nehru Yuva Kendras (NYKs). The Objective of the Programme is to develop the personality and leadership qualities of the youth and to engage them in nation-building activities.

The areas of focus of the NYKS activities include literacy and education, health and family welfare, sanitation and cleanliness, environment conservation, awareness on social issues, women empowerment, rural development, skill development and self-employment, entrepreneurship development, civic education, disaster relief and rehabilitation, etc. The youth associated with Nehru Yuva Kendras are not only socially aware and motivated but are also inclined towards social development work through voluntary efforts.

National Youth Corps (NYC) Scheme aims the following:

- To set up a group of disciplined and dedicated youth who have the inclination and spirit to engage in the task of nation-building.
- To facilitate the realization of inclusive growth (both social and economic).
- To act as points for dissemination of information, basic knowledge in the community.
- To act as group modulators and peer group educators.
- To act as role models for the younger cohort, especially towards enhancement of public ethics, probity and dignity of labour.

Under the Scheme, youth in the age-group of 18-25 years are engaged as volunteers to serve upto maximum 2 years in nation-building activities. The minimum qualification for NYC volunteers is Class-X passed. The selected volunteers are given 15-day Induction Training at the time of joining and 7-day Refresher Training in the second year of their tenure. At the end of the 2-year tenure of NYC volunteers, NYKS offers to provide them skill development training so that they can get some employment after their term with NYKS ends.

Normally, 2 NYC volunteers are deployed in every Block. They act as an extended arm of NYKS in the Block and play an active role in implementation of various programmes and initiatives of NYKS.

National Programme for Youth and Adolescent Development (NPYAD) provides financial assistance to Government/ non-Government organisations for taking up youth and adolescent activities. The assistance under NPYAD is provided under the 5 major components, namely,

- Youth Leadership and Personality Development Training
- Promotion of National Integration (National Integration Camps, Inter-State Youth Exchange Programmes, Youth Festivals, etc.)
- Promotion of Adventure; Tenzing Norgay National Adventure Awards
- Development and Empowerment of Adolescents (Life Skills Education, Counselling, Career Guidance, etc.)
- Technical and Resource Development (Research and Studies on Youth issues, Documentation, Seminars/ Workshops)

Some salient activities taken up under NYPAD, besides providing assistance to various organizations, are as follows:

- National Youth Festival and National Youth Awards
- Tenzing Norgay National Adventure Award
- UNFPA-assisted Adolescent Health & Development Project
- Celebration of first day of Pravashi Bhartiya Diwas (PBD) as Youth PBD.

International Cooperation Scheme aims to create an international perspective among youth in collaboration with other countries and international agencies/ organizations on various youth issues.

Youth Hostels are built to promote youth travel and to enable the young people to experience the rich cultural heritage of the country. The construction of the Youth Hostels is a joint venture of the Central and State Governments. While the Central Government bears the cost of construction, the State Governments provide fully developed land free-of-cost, with water supply, electricity connection and approach roads. Youth Hostels are located in areas of historical and cultural value, in educational centres, in tourist destinations, etc. Youth Hostels provide good accommodation for the youth at reasonable rates.

Assistance to Scouting and Guiding Organisation is being provided with a view to promote the Scouts and Guides movement in the country. This is an international movement aimed at building character, confidence, idealism and spirit of patriotism and service among young boys and girls. Scouting and Guiding also seeks to promote balanced physical and mental development among the boys and girls.

The financial assistance is provided to scouting and guiding organisations for various programmes such as organization of training camps, skill development programmes, holding of jamborees, etc. The activities, inter alia, include programmes related to adult literacy, environment conservation, community service, health awareness and promotion of hygiene and sanitation.

National Young Leaders Programme as a Central Sector Scheme was formulated with a view to develop leadership qualities among the youth to enable them to realise their full potential and in the process, to contribute to the nation-building process. The Programme aims at motivating the youth to strive for excellence in their respective fields and to bring them to the forefront of the development process. It seeks to harness the immense youth energy for national-building. The Programme beneficiaries are the youth in the age-group of 15-29 years.

The Programme has the following components:

- Neighbourhood Youth Parliament (NYP).
- Youth for Development Programme (YFDP).
- National Young Leaders Awards (NYLA).
- National Youth Advisory Council (NYAC).

- National Youth Development Fund (NYDF)

National Discipline Scheme (NDS) reimburses expenditure incurred by States in respect of NDS Instructors that had been transferred to them by Government of India.

### **3.5.3 National Service Scheme**

NSS was introduced in 1969 with the primary objective of developing the personality and character of the student youth through voluntary community service. 'Education through Service' is the purpose of the NSS. An NSS volunteer places the 'community' before 'self'.

NSS aims at developing the following qualities/ competencies among the volunteers:

- To understand the community in which the NSS volunteers work and to understand themselves in relation to their community;
- To identify the needs and problems of the community and involve themselves in problem-solving exercise;
- To develop among themselves a sense of social and civic responsibility;
- To utilize their knowledge in finding practical solutions to individual and community problems;
- To gain skills in mobilizing community participation;
- To acquire leadership qualities and democratic values;
- To develop capacity to meet emergencies and natural disasters; and
- To practice national integration and social harmony.

NSS attempts to establish meaningful linkages between 'Campus and Community', 'College and Village' and 'Knowledge and Action'.

NSS was launched in 1969 in 37 Universities involving about 40,000 volunteers. As on 31.03.2015, NSS had about 36.42 lakh volunteers on its rolls spread over 351 Universities, 16,056 Colleges/ Technical Institutions and 12,004 Senior Secondary Schools. Since inception, over 4.78 crore students have benefited from NSS.

### **3.5.4 Rajiv Gandhi National Institute of Youth Development**

Rajiv Gandhi National Institute of Youth Development (RGNIYD), Sriperumbudur, Tamil Nadu was set up as an 'Institute of National Importance' and

was conferred the status of 'Deemed to be University' under 'De-novo' category in 2008. RGNIYD functions as a vital resource centre with its multi-faceted functions of offering academic programmes at Post Graduate level encompassing various dimensions of youth development, engaging in seminal research in the vital areas of youth development and conducting Training/ Capacity Building Programmes in the area of youth development, besides the extension and outreach initiatives across the country. The Institute functions as a premier organization of youth-related activities in the country. As the apex institute at the national level, it works in close cooperation with the NSS, NYKS and other youth organizations in the country. It has a wide network with various organizations working for the welfare and development of young people and also serves as a mentor.

## Chapter 4: Gender Equality and Women Empowerment

Gender equality is not only a fundamental human right, but a necessary foundation for a peaceful and sustainable world. The rights of women to equal access to education, decent work, and representation in political and economic decision making processes have been framed to benefit humanity at large. Gender equality and women empowerment is integral to all dimensions of inclusive and sustainable development.



SDG 5 on women empowerment aims to eliminate all forms of discrimination and violence against women in the public and private spheres and to undertake reforms to give women equal rights to economic resources and access to ownership of property. Gender equality by 2030 requires urgent action to eliminate the many root causes of discrimination that still curtail women's rights in private and public spheres. The laws need and the legislation to adapt to proactively advance equality. Further, Women and girls must have equal rights and opportunity, and be able to live free of violence and discrimination.

Although India has achieved gender parity at the primary education level and is on track to achieve parity at all education levels, the proportion of seats in Parliament held by women had only reached 12% against the target of 50%. The country is also confronting the challenge of violence against women. The Government of India has identified ending violence against women as a key national priority, which resonates with the Sustainable Development targets of the United Nations on gender equality.

Gender equality is guaranteed under the Constitution of India which not only prohibits discrimination on grounds of sex, but also permits positive discrimination in favour of women. Further, India is a signatory to the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) under which we have an obligation to work towards ensuring gender equality. Several constitutional provisions reiterate India's commitment towards the socio-economic development of women and uphold their right of participation in economic, political and decision making processes.

## **4.1 Legislations and Policies relating to Women Welfare**

Various legislations and policy measures that have been put in place for addressing violence against women in both public and private sphere are as follows: -

### **4.1.2 Sexual harassment of women at Workplace (Prevention, Prohibition and Redressal) Act, 2013**

The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 seeks to provide a safe and secure environment to women at the workplace. The Act seeks to cover all women, irrespective of their age or employment status and protect them against sexual harassment at all workplaces both in public and private sector. The Act provides for a Redressal mechanism in the form of Internal Complaints Committee (ICC) and Local Complaints Committee (LCC). The Act mandates timely disposal of the complaint.

The Act casts a responsibility on every employer to create an environment which is free from sexual harassment. Under this Act, employers are required to organize workshops and awareness programmes at regular intervals for sensitizing the employees about the provision of this legislation and display notices regarding the constitution of Internal Committees, penal consequences of sexual harassment etc.

To help women report incidents of Sexual harassment at the workplace, an online complaint mechanism – SHe-Box – has been established. Any female employee in the country, whether employed by the government or private, can file an online complaint of sexual harassment through this portal.

### **4.1.2 Protection of Women from Domestic Violence Act, 2005**

Violence against women takes various forms, including physical, economic, social, and psychological. The act provides immediate support to women victims of domestic violence in the form of shelter, medical facility and relief in the nature of protection, residence, compensation, legal assistance, counselling, maintenance orders as well as orders for temporary custody of children. The law also widens the meaning of the word 'aggrieved woman' by including women who face domestic violence in relationships other than matrimonial relationships like daughters, mothers, sisters and those involved in marriage like relationships and provide a woman's right to reside in the shared household.

### **4.1.3 Indecent Representation of Women (Prohibition) Act, 1986**

The Act was enacted with the specific objective of prohibiting indecent representation of women in advertisement, publication, writing and painting or in any other manner and references that are derogatory to the dignity of women. Contravention of relevant provisions of the Act is punishable with imprisonment, of either description, for a term which may extend upto two years and with fine which may extend to two thousand rupees on first conviction and in the event of a second or subsequent conviction imprisonment for a term not less than six months, which may extend upto five years and with fine not less than ten thousand rupees, which may extend upto one lakh rupees.

### **4.1.4 Dowry Prohibition Act, 1961**

Recognizing the need to address the social evil of dowry, the Dowry Prohibition Act defines “dowry” and penalizes the giving, taking or abetting the giving and taking of dowry with imprisonment for a term which shall not be less than five years, and with the fine which shall not be less than fifteen thousand rupees. It also lays down a built-in implementation mechanism in the form of Dowry Prohibition Officers to ensure effective and efficacious enforcement of the law.

### **4.1.5 National Commission for Women**

The National Commission for Women (NCW), constituted in 1992 as a statutory body at the National level under the National Commission for Women Act, 1990, to safeguard and promote the rights and interests of women with mandate covering almost all aspects of women's development. The Commission investigates and examines the legal safeguards provided for women under the Constitution and other laws and recommends to the Government to take measures for their effective implementation. The Commission also reviews the existing provisions of the Constitution and other laws affecting women and recommends amendments to meet any lacunae, inadequacies or shortcomings in such laws. It looks into complaints and takes suo-moto cognizance on matters relating to deprivation of women's rights, etc. and take up issues with appropriate authorities. The commission is also empowered to participate and advice in the planning process for socio-economic development of women, inspects jails, remand / shelter homes etc. where women are kept under custody and seeks remedial action wherever necessary.

### **4.1.6 The National Policy for Women, 2017**

The drafted policy currently under consideration has been prepared keeping in view the socio economic changes that have occurred since the last policy of 2001. It

has taken into consideration multi-stakeholder feedback. The draft Policy addresses the diverse needs of women with regard to health including food security and nutrition; education; economy including agriculture, industry, labour, employment, NRI women, soft power, service sector, science and technology; governance and decision making; violence; creation of an enabling environment among others.

## **4.2 Schemes for Women Welfare**

The Government of India is promoting social and economic empowerment of women through cross-cutting policies and programmes, mainstreaming gender concerns, creating awareness about their rights and facilitating institutional and legislative support for enabling them to realise their human rights and develop to their full potential. The following Programmes/interventions have been framed to secure women's rights in the country :

- Mission for Protection and Empowerment of Women including
  - Beti Bachao Beti Padhao,
  - One Stop Centre,
  - Women Helpline,
  - Gender budgeting
- Support to Training and Employment Programme (STEP)
- PRAGATI (Providing Assistance for Girls' Advancement in Technical Education Initiative)

During the year 2017, several big initiatives were taken like Pan-India expansion of Beti Bachao Beti Padhao, launch of Pradhan Mantri Matru Vandana Yojana, Universal Scheme for Adolescent Girls, launch of Mahila Shakti Kendra scheme and a large number of measures for promotion of safety of women as well as leveraging ICT to ensure transparency, quick delivery of services as well as preventing leakages, among others.

### **4.2.2 National Mission for Empowerment of Women (NMEW)**

National Mission for Empowerment of Women (NMEW) was launched with a view to empowering women holistically. The Mission aims to achieve holistic empowerment of women by securing inter-sectorial convergence of schemes/programmes of different Ministries/Department of Government of India as well as State Governments. It has the mandate to strengthen and facilitate the process of co-ordinating all the women's welfare and socio-economic development programmes. NMEW is currently involved in the implementation and monitoring of

new initiatives like BetiBachaoBetiPadhao (BBBP Scheme), One Stop Centres, Women Helpline etc. and also facilitates convergence of schemes/ programmes of different Ministries/ Departments with focus on women. The scheme aims to strengthen the conceptual and programmatic basis of women-centric schemes/programmes with the mechanism for convergence.

Under the revised Scheme, domain experts provide technical support and also facilitate convergence of schemes/programmes of different Ministries/Departments with focus on women. At the national level experts engaged in the area of Poverty alleviation, economic empowerment, health and nutrition, gender budgeting & gender mainstreaming, gender rights, gender based violence & law enforcement, etc.

#### **4.2.3 Beti Bachao Beti Padhao**

This is the flagship programmes of the Government, launched in 2015 for three years to address the declining Child Sex Ratio (CSR) and address other related issues of disempowerment of women. It is a tri-ministerial, convergent effort with focus on Awareness and Advocacy Campaign; Multi-sectoral action in select 161 districts (low on CSR); Effective enforcement of Pre-Conception and Pre Natal Diagnostic Techniques (PC&PNDT) Act and enabling girls' education. The programme has been successful in establishing improvement in CSR as a National Agenda. Encouraging trends are visible as per the latest HMIS data of M/o HFW for 161 BBBP districts for the time period between April-March, 2015-16 & 2016-17 indicating that, an improving trend in Sex Ratio at Birth (SRB) is visible in 104 districts, 119 districts have reported progress in first trimester registration against the reported Anti Natal Care registrations and 146 districts have reported improvement in institutional deliveries. In addition, as per Unified District Information System for Education (U-DISE) 2015-16, the girl's enrolment in secondary education has increased to 80.97% against 76% in 2013-14. Construction of girl's toilets in every school in selected districts has been achieved.

Based on the successful implementation in 161 districts, expansion of BBBP has been approved which would include Multi-sectoral intervention in 244 districts in addition to existing 161 districts, where physical implementation of the scheme will happen under the leadership of Collector/DM/DC. 235 districts are to be covered through Alert District Media, Advocacy and Outreach, thus covering all the 640 districts of the Country to have a deeper positive impact on Child Sex Ratio.

#### **4.2.4 Pradhan Mantri Matru Vandana Yojana (PMMVY)**

Pan-India implementation of Maternity Benefit Programme to eligible pregnant women and lactating mothers had been launched as Pradhan Mantri Matru Vandana Yojana (PMMVY). Under PMMVY, a cash incentive of ` 5000/- would be provided

directly in the account of Pregnant Women and Lactating Mothers(PW&LM) for first living child of the family subject to their fulfilling specific conditions relating to Maternal and Child Health. The eligible beneficiaries would receive cash incentive of Rs 6000/- as per approved norms during pregnancy and after institutional delivery. The Scheme Implementation Guidelines, the software for roll out of the Scheme i.e. Pradhan Mantri Matru Vandana Yojana-Common Application Software (PMMVY-CAS) and its User Manual have been launched in September 2017.

#### **4.2.5 Maternity leave**

Government has increased the paid maternity leave to women employees from 12 weeks to 26 weeks for first two children. Passport rules have been amended in favour of single mothers. Now either mother or father's name can be provided in application form and do not have to provide certificate of marriage/divorce during application.

#### **4.2.6 Universal Scheme for Adolescent Girls:**

Scheme for Adolescent Girls was sanctioned in the year 2010 and is implemented in 205 districts across the country. Government expanded and universalised the Scheme for Adolescent Girls in a phased manner i.e. in additional 303 districts in 2017-18 and the remaining districts in 2018-19 with the simultaneous phasing out of Kishori Shakti Yojana(KSY). Thus at present, 508 districts in the country are covered under Scheme for Adolescent Girls. In the identified areas of remaining districts KSY is implemented. The Government approved implementation of the Scheme for Adolescent Girls for out of school girls in the age group of 11-14 years to provide them nutrition support and vocational /skill training under non-nutrition. The scheme has been extended to additional 303 districts in addition to existing 205 districts across the country in 2017-18.

#### **4.2.7 Pradhan Mantri Mahila Shakti Kendra scheme:**

The scheme aims at improvement in declining Child Sex Ratio; ensuring survival & protection of the girl child; ensuring her education, and empowering her to fulfil her potential. It will provide an interface for rural women to approach the government for availing their entitlements and for empowering them through training and capacity building. Student volunteers will encourage the spirit of voluntary community service and gender equality. These students will serve "agents of change" and have a lasting impact on their communities and the nation. Over 300 thousand student volunteers are being sent out in 115 most backward districts under this new scheme. These volunteers, mobilised through local colleges, NCC, NSS, NYK etc., will work with local

women to help them access government schemes for their benefit. District Level Centres for Women are also being set up in 640 districts under this scheme, which will provide convergence at the district level for all initiatives related to women. State Resource Centres for Women will be the state-level mechanism to ensure coordination between blocks, districts, state and centre.

#### **4.2.8 Universalisation of Women Helpline Scheme**

The Scheme for Universalisation of Women Helpline launched in 2015 is being implemented by States/UTs. During 2017-18, 10 new Women Helplines with the uniform code 181 have been started taking total coverage now in 28 States. Over 11 lakh calls of women have been handled in the past one year or so.

#### **4.2.9 Scheme for Setting up One Stop Centre**

The scheme for setting up One Stop Centre to support women-affected by violence, launched in 2015 aims to facilitate access to an integrated range of services including medical aid, police assistance, legal aid/case management, psychosocial counselling and temporary support services to women affected by violence. In the last one year, 117 new One Stop Centres (OSCs) have become operational in addition to previous 51 OSCs. These 168 centres have offered support to over 70,000 women. They offer a single window to a range of services including access to police, medical, legal and psychological support and temporary shelter in 32 States/UTs. A further 150 OSCs are planned to be set up by 2020.

#### **4.2.10 Swadhar Greh**

Swadhar Greh Scheme targets the women victims of difficult circumstances and envisages providing shelter, food, clothing and health as well as economic and social security for these women. At present total 561 Swadhar Greh are functioning in the country benefiting 17291 beneficiaries.

#### **4.2.11 Projects under Nirbhaya Fund**

A number of projects are being implemented under the Nirbhaya Fund for the safety and security of women. Proposals amounting to more than Rs. 2,000 Cr. have been appraised in the last one year. A robust online MIS has been developed to track implementation of all the projects under Nirbhaya.

- A focussed project for women's safety in 8 prominent cities is being prepared under the Nirbhaya Fund.

- A project for Integrated Emergency Response Management under Nirbhaya is run by Railways. CCTVs and monitoring rooms are being installed at 983 major Railway Stations to provide 24x7 security to women passengers at stations and in trains.
- Central Victim Compensation Fund has been created under Nirbhaya, which is a corpus fund to support States/UTs for their Victim Compensation Scheme. This is helping to ensure adequate and timely support for women survivors of crime and violence.
- New Taxi Policy Guidelines have been put in place which have much improved safety measures for women.
- Mahila Police Volunteers are being appointed to encourage women to report crime and are serving as role models in their communities. The scheme is currently operational in 5 States.

#### **4.2.12 Support to Training and Employment Programme (STEP)**

'Support to Training and Employment Programme (STEP) for Women', a 'Central Sector Scheme' aims to provide skills that give employability to women and to provide competencies and skill that enable women to become self-employed/ entrepreneurs. The Scheme is intended to benefit women who are in the age group of 16 years and above. The assistance under STEP Scheme will be available in any sector for imparting skills related to employability and entrepreneurship, including but not limited to the Agriculture, Horticulture, Food Processing, Handlooms, Tailoring, Stitching, Embroidery, Zari etc, Handicrafts, Computer & IT enable services along with soft skills and skills for the work place such as spoken English, Gems & Jewellery, Travel & Tourism, Hospitality.

#### **4.2.13 Pragati Scholarship Scheme for Girls Student**

Pragati Scholarship Scheme For Girls Student aim at providing assistance for Advancement of Girls pursuing Technical Education. Education is one of the most important means of empowering women with the knowledge, skill and self-confidence necessary to participate fully in the development process. This is an attempt to give young Women the opportunity to further her education and prepare for a successful future by “Empowering Women through Technical Education”

### **4.3 Gender Budgeting Scheme**

Gender Budgeting (GB) is a powerful tool for addressing gender based disparities and achieving women empowerment through mainstreaming gender

concerns across sectors. Gender Budgeting enables maintaining a gender perspective at all stages, including formulation of policies and schemes, allocations of resources, implementation, monitoring and review. It leads to translation of gender commitments into budgetary commitments. A Plan Scheme for Gender Budgeting was introduced in the year 2008 for conducting trainings/workshops, capacity building, research, surveys, impact analysis etc. The objective is to orient various stakeholders including officers across different levels of governance to the concepts and tools of Gender Budgeting in order to strengthen their capacities and build expertise to undertake gender mainstreaming of policies, programmes and schemes. For this, the Ministry of Women and Child has been engaged in conducting a number of trainings, workshops, one to one orientation/discussions and development of resource material. More than 1800 Central and State Government Officials and other stakeholders have been trained on GB so far. As a result of these capacity building efforts, many Ministries/ States have initiated the process of Gender Budgeting.

## Chapter 5: Promotion of Rights and Well-being of Child

India is home to the largest child population in the world. The Constitution of India guarantees Fundamental Rights to all children in the country and empowers the State to make special provisions for children. The Directive Principles of State Policy specifically guide the State in securing the tender age of children from abuse and ensuring that children are given



opportunities and facilities to develop in a healthy manner in conditions of freedom and dignity. The State is responsible for ensuring that childhood is protected from exploitation and moral and material abandonment.

The National Policy for Children, 2013 was adopted to affirm the Government's commitment to the rights based approach in addressing the continuing and emerging challenges in the situation of children. Considering that childhood is an integral part of life with a value of its own and that children are not a homogenous group and their different needs need different responses, especially the multi-dimensional vulnerabilities experienced by children in different circumstances, a need for long term, sustainable, multi-sectoral, integrated and inclusive approach has been felt necessary for the overall and harmonious development and protection of children.

### 5.1 Legislation and Policies for Children

The constitution and legal provisions in the country address to the various needs and the welfare of the children. Some of the important legislations in India to safeguard the rights of children are:

#### 5.1.1 National Policy for Children (NPC), 2013:

The Policy has identified survival, health, nutrition, education, development, protection and participation as the undeniable rights of every child, and has also declared these as key priority areas; and lays down the guiding principles that must be respected by the national, state and local Governments in their actions and initiatives affecting children. As children's needs are multi-sectoral, interconnected and require collective action, the policy aims at purposeful convergence and strong coordination across different sectors and levels of governance; active engagement and partnerships

with all stakeholders; setting up of a comprehensive and reliable knowledge base; provision of adequate resources, and sensitization and capacity development of all those who work for and with children.

#### **5.1.2 The Immoral Traffic (Prevention) Act, 1956**

The Immoral Traffic (Prevention) Act, 1956 [ITPA] is the premier legislation for prevention of trafficking for commercial sexual exploitation. It lays down stringent punishment for the perpetrators of the crime, such as, for keeping a brothel, living on the earnings of prostitution, procuring, inducing or taking persons for the sake of prostitution, detaining a person where prostitution is carried on etc. The Act also provides for setting up of Protective Homes by the State Governments.

#### **5.1.3 The Prohibition of Child Marriage Act 2006**

Child marriage is a violation of child rights which has serious health repercussion on girls, such as frequent pregnancies, miscarriages and early motherhood. To eliminate the social evil of child marriages, the Prohibition of Child Marriage Act 2006 was enacted which prohibits child marriages rather than only restraining them. The Act prohibits the solemnization of child marriages where a person who, if a female has not completed 18 years of age and if a male has not completed 21 years of age. According to the Act, child marriage is a cognizable and non-bailable offence. The Act makes it mandatory for all States/UTs except Jammu and Kashmir to notify rules and prescribes that the States shall appoint Child Marriage Prohibition Officers (CMPOs) having responsibility over areas for preventing solemnisation of child marriage/s.

#### **5.1.4 The National Commission for Protection of Child Rights (NCPCR),**

A statutory body, set up in 2007 under the Commission for Protection of Child Rights Act, 2005 with the mandate to ensure that all laws, policies, programmes and administrative mechanisms are in consonance with the child rights perspective as enshrined in the Constitution of India and also the UN Convention on the Rights of the Child.

#### **5.1.5 The Protection of Children from Sexual Offences (POCSO) Act, 2012**

The Protection of children from Sexual Offences (POCSO) Act, 2012 was enacted to deal with child abuse cases. The Act defines a child as any person below the age of 18 years and provides protection to all the children from the offences of sexual assault, sexual harassment and pornography. An offence is treated as aggravated when committed by a person in a position of trust or authority of child such as a member of

security forces, public officer, public servant etc. The Act provides for the establishment of Special Courts for trial of offences under the Act, keeping the best interest of the child as of paramount importance at every stage of the judicial process. The Act incorporates child friendly procedures for reporting, recording of evidence, investigation and trial of offences.

Further, Criminal Law (Amendment) Bill, 2018 has been passed which prescribes death penalty to the convicts of raping girls below age of 12 years.

#### **5.1.6 The Juvenile Justice (Care and Protection of Children) Act, 2015**

The act repealed the Juvenile Justice (Care and Protection of Children) Act, 2000 and the Juvenile Justice (Care and Protection of Children) Model Rules, 2016 have been framed which are based on the philosophy that children need to be reformed and reintegrated into society. The Rules are appreciative of the development needs of children and therefore best interest of the child along with child friendly procedures is incorporated across the provisions and is the primary objective of these Rules.

#### **5.1.7 National Early Childhood Care and Education (ECCE) policy, 2013**

The Policy lays down the way forward for a comprehensive approach towards ensuring a sound foundation for survival, growth and development of child with focus on care and early learning for every child. It recognizes the synergistic and interdependent relationship between the health, nutrition, psycho-social and emotional needs of the child. The first six years of life are considered critical of human life since the rate of development in these years is more rapid than at any other stage of development. Early Childhood Care and Education (ECCE) makes a positive contribution to children's long term development and learning by facilitating an enabling and stimulating environment in these foundation stages of lifelong learning. The National Curriculum Framework acknowledges the significance of involvement of parents, family and community. The National Early Childhood Care and Education (ECCE) Curriculum Framework for all children below six years of age is aligned with the Government's vision of ECCE as spelt out in the National Early Childhood Care and Education (ECCE) Policy.

### **5.2 Programmes and Schemes**

The Nation has implemented a number of Child centric policies addressing the issues of Child Survival, Child Development and Child Protection. The Government of India has been implementing policies and programmes to improve the health care, education status and protection of children in the country.

### 5.2.1 National Nutrition Mission (NNM)

The malnutrition indices have shown a decline as per National Family Health Survey (NFHS) – 4 in 2015-16 over NFHS (3) in 2005-06. In NFHS(4), 35.7% children under 5 years of age are underweight and 38.4% are stunted indicating a reduction from the previous NFHS – 3 which reported 42.5% children under 5 years of age as underweight and 48% stunted. Further, 22.9% women (15-49 years of age) have chronic energy deficiency (BMI less than 18.5) which is a decline from the previous NFHS-3 levels which reported 35.5% women having chronic energy deficiency.

The Government of India has setup of the National Nutrition Mission in November 2017 to deal with the problem of malnutrition on a war footing. It ensures convergence with various programmes i.e Anganwadi Services, Pradhan Mantri Matru Vandana Yojana, Scheme for Adolescent Girls, Janani Suraksha Yojana (JSY), National Health Mission (NHM), Swachh Bharat Mission, Public Distribution System (PDS), Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), Drinking Water & Toilets.

**5.2.2 The National Plan of Action for Children 2016** was launched in the pursuit of well-being of children to provide a roadmap that links the Policy objectives to actionable strategies under the 4 key priority areas. It aims at establishing effective coordination and convergence among all stakeholders, including Ministries and Departments of Government of India and civil society organisations to address key issues pertaining to rights of children.

It is an initiative to further strengthen and activate the implementation and monitoring of national, constitutional and policy commitments and the UN Convention on the Rights of the child. In alignment with the National Policy for Children 2013, the NPAC has following objectives:

- Ensure equitable access to comprehensive and essential preventive, promotive, curative and rehabilitative health care of the highest standard, for all children before, during and after birth, and throughout the period of their growth and development.
- Secure the right of every child to learning, knowledge, education, and development opportunity, with due regard for special needs, through access, provision and promotion of required environment, information, infrastructure, services and supports, for the development of the child's fullest potential.

- Create a caring, protective and safe environment for all children, to reduce their vulnerability in all situations and to keep them safe at all places, especially public spaces.
- Enable children to be actively involved in their own development and in all matters concerning and affecting them.

### 5.2.3 Integrated Child Development Services (ICDS)

The Scheme is one of the world's largest and unique programmes for early childhood care and development representing country's commitment to its children and nursing mothers towards providing pre-school non-formal education, breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. Integrated Child Development Services (ICDS) Umbrella Scheme includes:

- **Anganwadi Services** aims at holistic development of children under the age of six years and its beneficiaries are children of this age group and Pregnant Women & Lactating Mothers
- **Scheme for Adolescent Girls** aims to facilitate, educate and empower Adolescent Girls so as to enable them to become self-reliant and aware citizens through improved nutrition and health status, promoting awareness about health, hygiene, nutrition, mainstreaming out of school AGs into formal/non formal education and providing information/guidance about existing public services. The Scheme also provides support for out of school girls in the age group of 11-14 years.
- **Child Protection Services** are framed to provide safe and secure environment for children in conflict with law and children in need of care and protection, reduce vulnerabilities through a wide range of social protection measures, prevent actions that lead to abuse, neglect, exploitation, abandonment and separation of children from families etc., bring focus on non-institutional care, develop a platform for partnership between Government & Civil Society and establish convergence of child related social protection services.
- **National Creche Scheme** aims at providing a safe place for mothers to leave their children while they are at work, and thus, is a measure for empowering women as it enables them to take up employment. At the same time, it is also an intervention towards protection and development of children in the age group of 6 months to 6 years.

### **5.2.4 Supplementary Nutrition (under the ICDS) Rules, 2017**

In pursuance of the provisions contained in the National Food Security Act (NFSA), 2013, the Supplementary Nutrition (under Integrated Child Development Services Scheme) Rules, 2017 have been notified on 20<sup>th</sup> February 2017 to regulate the entitlement specified under provisions of said Act for every pregnant women and lactating mother till 6 months after child birth, and every child in the age group of 6 months to 6 years (including those suffering from malnutrition) for 300 days in a year, as per the nutritional standards specified in Schedule II of the said Act. The Government has also revised the cost norms for supplementary nutrition with annual indexation under the Anganwadi Services.

### **5.2.5 Integrated Child Protection Scheme (ICPS)**

An Integrated Child Protection Scheme for ensuring implementation of the JJ Act is present in the country. The scheme has been brought under the Umbrella ICDS as its sub-scheme with the nomenclature as Child Protection Services. The erstwhile ICPS got EFC approval for the FFC period 2017-18 & 2019-20. The financial norms under the scheme were enhanced with the following important changes:

- The maintenance grant for children of Rs.2000/- has been increased by 8 % annually in homes, open shelter and SAAs.
- Increase in programmatic allocation for CIF Head Office & its regional centers, by Rs.9.70 crore for protection services of CHILDLINE.

### **5.2.6 Celebration of Hausala 2017:**

The child rights week was celebrated by hosting an inter-Child Care Institution festival, “Hausla 2017” for the children who reside in child care institutions between 16-20<sup>th</sup> November 2017. During the week-long celebration Children participated in various events like Bal Sansad, painting competition, athletics meet, football, chess competition and speech writing. More than 400 children from child care institutions across the country are participated in the event.

### **5.2.7 Khoya-Paya Portal:**

Citizen friendly web portal for Khoya Paya for reporting and searching missing children was launched in June, 2015.

### **5.2.8 Railway CHILDLINE:**

Railway stations which serve as 'source' and 'destination' centres for child trafficking have been identified. The initiative is currently operating at 33 railway stations.

### **5.2.9 Construction of Anganwadi Centre (AWC) Buildings under MGNREGS in convergence with Anganwadi Services (under Umbrella ICDS Scheme):**

Joint guidelines have been issued for construction of 2 lakh Anganwadi Centre (AWC) buildings in most backward districts of 11 by 2019 under MGNREGS in convergence with ICDS Scheme. Taking into consideration the acute shortage of AWC buildings (around 4.5 lakhs) in the country, the convergence scheme for construction of AWC buildings has been extended to all districts across the country and the target for construction of AWCs has been enhanced from 2 lakh to 4 lakh in the four years (by 2019).

## Chapter 6: Welfare of Vulnerable Groups

The Constitution of India through its Preamble, inter-alia seeks to secure to all its citizens; Justice, social, economic and political; Liberty of thought, expression, belief, faith and worship; Equality of status and of opportunity. Part-III of the Constitution provides for a set of six Fundamental Rights to all the citizens (and in a few cases to non citizens also). These include – Right to Equality; Right to Freedom; Right against Exploitation; Right to Freedom of Religion; Cultural and Educational Rights and Right to Constitutional Remedies. The Directive Principles of State Policy have been incorporated in Part – IV of the Constitution. Even though non-justiciable, these have been declared as fundamental in the governance of the country. These principles are intended to be the imperative basis of State policy. These are really in the nature of instructions issued to future legislatures and executives for their guidance. The Fundamental rights and the Directive Principles enable the vulnerable segments of the society to lead dignified life.



Vulnerable groups are set of people which would be vulnerable under any circumstances and whose resource endowment is inadequate to provide sufficient income from any available source.

In India, there are multiple socio-economic disadvantages that members of particular groups experience which limits their access to health and healthcare. There are multiple and complex factors of vulnerability with different layers and more often than once it cannot be analysed in isolation. Some of the prominent factors on the basis of which individuals or members of groups are discriminated in India, i.e., structural factors, age, disability and discrimination that act as barriers to health and healthcare. The vulnerable groups that face discrimination include- Women, Scheduled Castes (SC), Scheduled Tribes (ST), Children, Aged, Disabled, Poor migrants, People living with HIV/AIDS, Drug addicts, etc. Sometimes each group faces multiple barriers due to their multiple identities. For example, in a patriarchal society, disabled women face double discrimination of being a women and being disabled. These people are particularly vulnerable when a disaster strikes, and take a relatively high share of the disease burden associated with emergencies. Poverty – and its common consequences such as malnutrition, homelessness, poor housing and destitution – is a major contributor to vulnerability.

A distinctive feature of the 2030 Agenda for Sustainable Development is its emphasis on reaching the poorest and most vulnerable, as expressed in the Preamble and Declaration. The Agenda refers to the empowerment of the most vulnerable and includes all children, youth, persons with disabilities, people living with HIV/AIDS, older persons, indigenous peoples, migrants, etc.

Access to education, adequate housing, basic services, social protection, jobs, financing, legal protection, protection from environmental hazards and natural disasters, and opportunities to participate in decision-making are often out of reach or prohibitively costly for precisely those groups that need them the most. These are issues that have also been addressed from the perspective of human rights.

To achieve reducing the inequalities, various targets have been set as following

- By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.
- Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard.
- Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality.
- Improve the regulation and monitoring of global financial markets and institutions and strengthen the implementation of such regulations.
- Ensure enhanced representation and voice for developing countries in decision-making in global international economic and financial institutions in order to deliver more effective, credible, accountable and legitimate institutions.
- Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies.
- Implement the principle of special and differential treatment for developing countries, in particular least developed countries, in accordance with World Trade Organization agreements.
- Encourage official development assistance and financial flows, including foreign direct investment, to states where the need is greatest, in particular least developed countries, African countries, small island developing states and land-locked developing countries, in accordance with their national plans and programmes.

- By 2030, reduce to less than 3% the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5%.

The following schemes are being implemented for reducing inequality and to enable them to lead productive, safe and dignified lives, with all their basic needs being fulfilled, and where equal opportunities are ensured for their growth and development.

- Multi Sectoral Development Programme for Minorities
- Scheme for Development of Scheduled Castes
- Scheme for Development of Other Backward Classes and Denotified, Nomadic and Semi-nomadic Tribes.

## 6.1 Minorities

The notified minority communities in India are- Muslim, Christian, Buddhist, Sikhs, Parsis and Jains. The Government of India is mandated to formulate overall policy and planning, coordination, evaluation and review of the regulatory framework and development programmes for the benefit of the minority communities.

The Government has accelerated the pace of welfare of six notified minorities including the implementation of the existing schemes. The thrust area of the Government is skilling of minority youth and their placement and also preservation of Heritage of Minorities including promotion of their traditional Arts and Crafts. The details of the steps being taken by the present Government for the welfare of the Minorities are-

For economic empowerment of the Minorities, minority youths are being oriented and involved in nation building process by equipping them with education and skills under the Skill India Mission. Various schemes/ programmes namely, 'Nai Manzil, USTTAD and Maulana Azad National Academy for Skills (MANAS) are being implemented.

- The scheme **Seekho Aur Kamao** (Learn and Earn) launched as a 100% Central Sector Scheme for Skill Development of minorities aimed to allow urban and rural livelihoods to improve for inclusive growth by providing skill to the minority communities who do not possess any skill. For those who already possess skills, the Scheme proposes to upgrade the same to enhance their employment opportunities and also provide credentials to allow such persons to gain access to credit to help them expand their enterprises. The scheme ensures employment of

minimum 75% trained candidates, and out of them 50% in organized sector. The scheme reserves minimum 33% seats for minority women.

- The scheme **Upgrading Skills and Training in Traditional Arts/Crafts for Development (USTTAD)** aims at upgrading Skills and Training in preservation of traditional Ancestral Arts/Crafts of minorities. The scheme attempts to conserve the rich heritage of the country and also to establish linkages with National and International market and ensure dignity of labour.
- **Nai Manzil** scheme had been launched with the objectives to engage constructively with the poor Minority youth and help them to obtain sustainable and gainful employment opportunities that can facilitate them to be integrated with mainstream economic activities, Under the scheme girls from minority communities are being imparted three-month skill development training in saffron processing, food processing, embroidery, computers IT (both software and hardware), Tourism/hospitality, electronics and plumbing.

The scheme also focus to mobilize youth from minority communities who are school dropouts and provide them formal education and certification upto 8th or 10th class through National Institute of Open Schooling (NIOS) or other state government open schooling. Integrated Skill training is provided to the youth in market driven skills with placements at least 70% of the trained youth in jobs which would earn them basic minimum wages and provide them other social protection entitlements like Provident Funds and ESI etc.

- **Scheme for Leadership development of minority Women** aims to ensure that the benefits of growth reach deprived women, such women are being provided with, leadership training and skill development so that they are emboldened to move out of the confines of their homes and community and begin to assume a leadership role in accessing services, skills and opportunities available to them under various programmes and schemes.
- **Nai Roshani** scheme is being implemented for Leadership Development of Minority Women with an aim to empower and install confidence in women by providing knowledge, tools and techniques for interacting with Government systems, banks and intermediaries at all levels. Issues relating to women viz. Leadership of Women through participation in decision making, Educational Programmes for women, Health and Hygiene, Legal rights of women, Financial

Literacy, Digital Literacy, Swachch Bharat, Life Skills and Advocacy for Social and Behavioural change.

- **Maulana Azad Sehat Scheme** aims to provide annual health check-up of students studying in institutions aided by Maulana Azad Education Foundation and also provides financial assistance upto Rs.2 lakhs for minority students for serious illnesses studying in institutions aided by Maulana Azad Education Foundation.
- **Jiyo Parsi** is a scheme for containing population decline of Parsis in India with the objective to reverse the declining trend of Parsi population by adopting a scientific protocol and structured interventions to stabilize their population and increase the population of Parsis in India.
- **Prime Minister's New 15 Point Programme for Welfare of Minorities** is an overarching programme which covers various schemes of concerned Ministries/Departments either by earmarking 15% of physical targets/financial outlays for the minorities or by specific monitoring of flow of benefits/funds to areas with substantial minority population.
- **Pre-matric and post matric scholarship** are provided for students, Merit-cum-means scholarships for professional & technical courses, free coaching, financial support for students clearing Prelims conducted by UPSC, SSC, State Public Service Commission's etc. and Interest subsidy on Educational Loans for Overseas studies. 30% of the Scholarships are earmarked for the girl students.
  - Pre-matric Scholarship Scheme are awarded to minority students up to class X, who have secured not less than 50% marks in the previous final examination and the annual income of their parents/ guardian from all sources does not exceed Rs. 1.00 lakh.
  - Post-matric Scholarship Scheme are awarded to minority students from class XI onwards who have secured not less than 50% marks or equivalent grade in the previous final examination and the annual income of whose parents/ guardian from all sources does not exceed Rs.2.00 lakh.
  - Maulana Azad National Fellowship for Minority Students provides integrated five year fellowships in the form of financial assistance to minority students to pursue higher studies such as M.Phil and Ph.D.
  - Merit-cum Means based Scholarship provides financial assistance to the poor and meritorious minority students pursuing professional studies at graduate and post-graduate levels.

- Free Coaching and Allied Scheme provides financial assistance for coaching in Government and the private sector institutes for imparting coaching/training for Competitive Exams, Information Technology and other employment oriented courses.

## 6.2 Differently Abled Person

As per the Rights of Persons with Disabilities Act, 2016 (RPwD Act) ‘person with disability’ means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders full and effective participation in society equally with others. As per the RPwD Act, 2016 a “person with benchmark disability” means a person with not less than forty per cent of a specified disability where specified disability has not been defined in measurable terms and includes a person with disability where specified disability has been defined in measurable terms, as certified by the certifying authority.

The Government, with a view to create an environment that provides such persons equal opportunities for protection of their rights and full participation in society, formulated and brought out the National Policy for Persons with Disabilities, 2006 with focus on prevention of disabilities and rehabilitation measures. The policy recognizes that the persons with disabilities constitute a valuable human resource for the country and that a majority of such persons can lead a better quality of life if they have equal opportunities and effective access to rehabilitation measures.

The following legislations govern different aspects of disability and welfare & empowerment of the persons with disabilities in the country:

- The Rehabilitation Council of India Act, 1992,
- The National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999; and
- The Rights of Persons with Disabilities Act, 2016
- The Rehabilitation Council of India regulates and monitors the training of rehabilitation professionals and personnel and promotes research in rehabilitation and special education.
- The National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 is a statutory body set up for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. The objectives of the National Trust are to enable and empower persons with disabilities to live as independently and as fully as possible within and as close to the community to which they belong; to strengthen facilities and to

extend support to registered organizations to provide need based services during period of crisis in the family of persons with disabilities, etc.

- The Rights of Persons with Disabilities Act, 2016 has been enacted with the twin objective of harmonising the provisions of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and also to ensure better implementation. The new law provides for various rights and entitlements for persons with disabilities. These rights and entitlements include equality and non-discrimination, community life, protection against cruelty and inhuman treatment, access to justice, legal capacity etc. The Act also mandates the appropriate Governments to frame schemes and programmes in the area of social security, health, rehabilitation, recreation, skill development etc. for effective empowerment and inclusion of persons with disabilities. The Act provides for penal provisions to ensure effective implementation of the Act.

Rights of Persons with Disabilities Rules, 2017 have been framed which provide for accessibility standards for built environment, passenger bus transport and website and content to be placed on website, procedure for applying and grant of certificate of disability, Mechanism for implementation of provision of non discrimination on the ground of disability, manner of utilization and management of National Fund, etc.

The guidelines for assessment of extend of specified disability have been notified in January, 2018 which provide the procedure for assessment and certification of all the specified disabilities mentioned in the Act except Autism including the composition of medical authority. 4% reservation in Central Government has been implemented in jobs and manner of computation of vacancies.

The Rights of Persons with Disabilities Act, 2016 which came into force from 19.4.2017 mandates the Government to frame schemes to promote Skill Development of Persons with Disabilities so as to enhance their scope of employability. The Department implements an umbrella scheme namely Scheme for Implementation of Rights of Persons with Disabilities Act (SIPDA) which has a component for Skill Development for PwDs.

The Government of India is implementing the following schemes for the welfare of persons with disability in the country:

- **Scheme of Assistance to Disabled Persons for Purchase/fitting of Aids and Appliances** is being implemented with objective to assist the needy disabled persons in procuring durable, sophisticated and scientifically manufactured, modern, standard aids and appliances to promote physical, social, psychological

rehabilitation of Persons with Disabilities by reducing the effects of disabilities and enhancing their economic potential. Assistive devices are given to PwDs with an aim to improve their independent functioning, and to arrest the extent of disability and occurrence of secondary disability.

- **Deen Dayal Rehabilitation Scheme** provides financial assistance to NGOs for projects relating to rehabilitation of PwDs which is aimed at enabling them to reach and maintain their optimal physical, sensory, intellectual, psychological and/or social function levels.
- **National Awards for People with Disabilities** are conferred on Individuals/ Institutions/ States/ Districts for their outstanding achievements for the empowerment of persons with disabilities on 14 broad categories. The awards are conferred on the occasion of 'International Day of Persons with Disability' i.e. 3<sup>rd</sup> of December every year. In the last four years, 239 National Awards have been distributed to persons with Disabilities in various fields for their performance.
- **National Action Plan for Skill Development of Person with Disabilities (PwDs)** was launched in March, 2015. The scheme is dedicated towards empanelment of training partners. Under NAP, 75640 PwDs have been trained since 2016-17.
- **Scholarship Schemes** are being implemented to provides cholarship in the form of financial assistance to the students with disabilities for studying in class IX & class X as Pre-Matric Scholarship; class XI and up to Post Graduation level as Post-Matric Scholarship; for Graduate/Post Graduate Degree or Diploma Courses in 240 institutes of excellence like IITs, IIITs, IIMs etc as Scholarship for Top Class Education; for pursuing M.Phil/Ph.D. courses in any University, recognized by University Grants Commission (UGC) as National Fellowship for Persons with Disabilities (NFPwD); for pursuing studies abroad at the level of Masters' Degree and Ph.D. as National Overseas Scholarship. Free Coaching for Students with Disabilities scheme has been launched to provide coaching for students with disabilities with a view to enable them to appear in competitive examinations, jobs in Govt./Public sector and for admission in technical & professional courses.
- **Incentives to Private Sector Employers for providing employment to persons with Disabilities scheme** envisages payment of employer's contribution to the EPF and ESI by the Government for the first 3 years.

### **6.3 Persons belonging to Scheduled Castes & Other Backward Classes**

Scheduled Castes are communities in the list of Scheduled Castes which are extremely socially, educationally and economically backward arising out of the traditional practice of untouchability.

The Government of India is aimed to build an inclusive society wherein members of the vulnerable groups can lead productive, safe and dignified lives with adequate support for their growth and development.

The Constitution of India, which came into effect on 26.01.1950, inter-alia, abolished “untouchability” and provided several special safeguards for the Scheduled Castes, so as to ensure that they are able to attain equality with the other social groups in the shortest possible time. These safeguards enabled reservation in elections to the Lok Sabha and State Legislative Assemblies and reservation in Government jobs.

Article 17 of the Constitution abolishes untouchability, forbids its practice in any form, and declares enforcement of any disability arising out of “untouchability” to be an offence punishable in accordance with law.

Article 338 provides for constitution of a National Commission for Scheduled Castes (NCSC), to, inter- alia, “investigate and monitor all matters relating to the safeguards provided for the Scheduled Castes” in the Constitution, any law, or order of the Government, and “to evaluate the working of such safeguards”.

Schemes of educational empowerment of Scheduled Castes include Scholarships Schemes, Schemes relating to Construction of Hostels, Schemes relating to Coaching of the students, etc. Schemes of economic empowerment of these groups include Loans at concessional rates of interest, Micro credit and Skill development. The schemes aiming towards social empowerment of the target group include curbing practice of untouchability, discrimination & atrocities, Support to NGOs working for target groups like SCs and OBCs, Recognition through National awards etc.

### **6.3 Persons belonging to Scheduled Tribes**

Article 366 (25) of the Constitution of India refers to Scheduled Tribes as those communities who are scheduled in accordance with Article 342 of the Constitution. The Scheduled Tribe communities live in various ecological and geo-climatic conditions ranging from plains and forests to hills. Tribal groups are at different stages of social, economic and educational development. While some tribal communities have adopted a mainstream way of life, at the other end of the spectrum, there are certain

Scheduled Tribes, 75 in number known as Particularly Vulnerable Tribal Groups. There are over 700 Scheduled Tribes notified under Article 342 of the Constitution of India, spread over different States and Union Territories of the country. Tribal development has been a challenge to the planners and the policy makers since independence. This is mainly on account of their traditional life styles, remoteness of habitations, dispersed population and displacement.

Tribal Strategy Plan (TSP) was adopted for accelerated development of tribal people. It envisages channelizing the flow of outlays & benefits from all sectors of development to ST population. TSP funds are dedicated source of fund for tribal development. TSP, now called as 'Scheduled Tribe Component' (STC) aims to bring out some improvements for tribals in terms of various indicators relating to literacy, health, livelihood, etc.

Special Central Assistance to Tribal Sub Scheme (SCA to TSS) is 100% grant from GOI is an additive to State Plan funds and efforts for Tribal Development. Objectives of SCA to TSS are:

- Human resource development by enhancing their access to education and health services.
- Enhanced quality of life by providing basic amenities in tribal areas / localities including housing .
- Substantial reduction in poverty and unemployment, creation of assets and income generating opportunities.
- Enhanced capacity to avail opportunities, gain rights and entitlements and improved facilities at par with other areas, and
- Protection against exploitation and oppression

Government of India launched an approach, namely, “**Vanbandhu Kalyan Yojana (VKY)**” with a view to ensure that funds and resources available under Tribal Sub-Plan (TSP) and other sources are utilized with outcome-based approach towards holistic development of tribal people by affecting appropriate convergence. VKY focuses on 14 thematic areas namely, qualitative and sustainable employment, quality education & higher education, accelerated economic development of tribal areas, health, housing, safe drinking water for all at doorstep, irrigation facilities suited to the terrain, all-weather roads with connectivity to the nearby town/ cities, universal availability of electricity, urban development, robust institutional mechanism to roll the vehicle of development with sustainability, promotion and conservation of tribal cultural heritage, promotion of sports in tribal areas, and security.

**Eklavya Model Residential School (EMRS)** with the capacity of 480 students in each school are set up in the States / UTs with the objective of to provide quality middle and high level education to Scheduled Tribe (ST) students in remote areas, not only to enable them to avail of reservation in high and professional educational courses and get jobs in government and public and private sectors, but also to have access to the best opportunities in education at par with the non ST population. 190 of the sanctioned 271 EMRSs are functional.

Programmes for Promotion Of Education have been implemented in form of scheme of Girls & Boys Hostels for STs, Scheme of Ashram Schools in Tribal Sub-Plan Area to provide residential schools for STs in an environment conducive to learning to increase the literacy rate among the tribal students and to bring them at par with other population of the country. Also, scheme of Vocational Training in Tribal Areas has been set up to develop the skills of the ST youth for a variety of jobs as well as self-employment and to improve their socioeconomic condition by enhancing their income.

Education for ST students in the age group of 5-16 is being made contextually relevant and culturally appropriate. While the curriculum is made culturally sensitive, focus is also given for the ST children to learn economically viable options for life and livelihood. Multi Lingual Education is being encouraged by developing and using primers in tribal languages in regional scripts for teaching and learning in the schools in tribal areas. Vacation timings are being aligned with the local tribal festivals and harvest seasons.

Pre-Matric Scholarship for needy Scheduled Tribe Students studying in Classes IX & X , Post - Matric Scholarship Scheme (PMS), Book Bank scheme, National Overseas Scholarship Scheme for Higher Studies Abroad, National Fellowship and Scholarship for Higher Education of ST Students, Vocational Training in Tribal Areas (VTC) also implemented to promote education among Scheduled Tribe population of the country.

The programmes and schemes of the Ministry are intended to support and supplement, through financial assistance, the efforts primarily of other Central Ministries, the State Governments and partly of voluntary organizations, and to fill critical gaps in institutions and programmes taking into account the situation of STs.

## **6.5 Senior Citizen**

“Senior Citizens” imply citizens of India who has attained the age of 60 years or above. The Government of India is supporting Senior Citizens by way of their maintenance, welfare, security, health care, productive and independent living.

**National Policy on Older Persons (NPOP), 1999** was formulated to reaffirm the commitment to ensure the wellbeing of the older persons. The Policy envisaged State support to ensure financial and food security, health care, shelter and other needs of older persons, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of their lives. The primary objectives were:

- to encourage individuals to make provision for their own as well as their spouse's old age;
- to encourage families to take care of their older family members;
- to enable and support voluntary and nongovernmental organizations to supplement the care provided by the family;
- to provide care and protection to the vulnerable elderly people;
- to provide adequate healthcare facility to the elderly;
- to promote research and training facilities to train geriatric care givers and organizers of services for the elderly; and
- to create awareness regarding elderly persons to help them lead productive and independent live.

Keeping in view the changing demographic pattern, socio-economic needs of the senior citizens, social value system and advancement in the field of science and technology over the last decade, a new National Policy for Senior Citizens is under finalization.

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 has been enacted to ensure need based maintenance for parents and senior citizens and their welfare which emphasise on Maintenance of Parents/ senior citizens by children/ relatives made obligatory and justiciable through Tribunals; Revocation of transfer of property by senior citizens in case of neglect by relatives; Penal provision for abandonment of senior citizens; Establishment of Old Age Homes for Indigent Senior Citizens and Adequate medical facilities and security for Senior Citizens.

National Council of Senior Citizens had been constituted to oversee implementation of the Policy. The NCOP is the highest body to advise the Government in the formulation and implementation of policy and programmes for the aged. In order to have a definite structure as well as regional representation, the National Council for Older Persons (NCOP) has been reconstituted and renamed as National Council of Senior Citizens (NCSrC). The NCSrC will advise Central and State Governments on the entire gamut of issues related to welfare of senior citizens and enhancement of their quality of life.

Continuous increase in life expectancy of population implies more people live longer which in turn require interventions for ensuring a secure, dignified and productive life for them. The following schemes for the welfare of the senior citizens of the country are being implemented:

- **Rashtirya Vayoshri Yojana (RVY)** launched in 2017 is meant for providing Physical Aids and Assisted Living Devices to the Senior Citizens belonging to BPL Category. The aids and assistive devices viz. walking sticks, elbow crutches, walkers/crutches, tripods/quadpods, hearing aids, wheelchairs, artificial dentures and spectacles are provided to eligible beneficiaries.
- **Central Sector Scheme of Integrated Programme for Older Persons (IPOP)** provides financial assistance up to 90% of the project cost to Government/ Non-Governmental Organizations/Panchayati Raj Institutions/ local bodies etc. for running and maintenance old age homes, day care centres and mobile medicare units. Some of the innovative projects under the Scheme are-
  - Maintenance of Respite Care Homes and Continuous Care Homes;
  - Running of Day Care Centres for Senior Citizens afflicted with Alzheimer's Disease/ Dementia;
  - Physiotherapy Clinics for Senior Citizens;
  - Helpline and Counselling Centres for Senior Citizens including Helpline for Senior Citizens at the National and District level;
  - Programme for Sensitisation of School/ College Students;
  - Regional Resource and Training Centres;
  - Awareness Generation Projects including those relating to the Maintenance and Welfare of Parents and Senior Citizens (MWPSA) Act, 2007 and the implementation of National Policy for Senior Citizens (NPSrC);
  - Formation of Vridha Sangh/Senior Citizens Associations/Self Help Groups.
- **National Award for Senior Citizens 'Vayoshreshtha Sammans'** are conferred to eminent and outstanding institutions or organizations and individuals from different categories. In order to recognize the efforts made by eminent senior citizens and Institutions involved in rendering distinguished services for the cause of elderly persons, especially indigent senior citizens

- **Senior Citizens Welfare Fund** has been constituted, which shall be utilized for such schemes for the promotion of the welfare of senior citizens, in line with the National Policy on Older Persons and the National Policy for Senior Citizens, including schemes for promoting financial security of senior citizens, healthcare and nutrition of senior citizens, welfare of elderly widows, schemes relating to Old Age Homes, Short Stay Homes and Day Care of senior citizens etc.

International Day of Older Persons (IDOP) is being celebrated on 2nd October every year.

## 6.6 Victims of Substance Abuse

A person who is addicted to / dependent on alcohol, narcotic drugs, psychotropic substances or any other addictive substances (other than tobacco), e.g. pharmaceutical drugs, etc., are called Victims of Substance Abuse. Drug and Alcohol abuse has become a major concern in India.

**The Narcotic Drugs and Psychotropic Substances Act, 1985** was enacted to curb drug abuse. Section 71 of the Act provides for establishment of centres for identification, treatment, education, after-care, rehabilitation and social reintegration of addicts.

Accordingly, Government of India is supporting Integrated Rehabilitation Centres for Addicts (IRCA), being run by voluntary organizations, under the Central Sector Scheme of Assistance for Prevention of Alcoholism and Substance (Drugs) Abuse and for Social Defence Services.

**Narcotic Drugs & Psychotropic Substances Policy (NDPS Policy), 2012** aims to spell out the policy of India towards narcotic drugs and psychotropic substances; serve as a guide to various Ministries and organisations in the Government of India and to the State Governments as well as International Organisations, NGOs, etc. and re-assert India's commitment to combat the drug menace in a holistic manner.

The Policy reaffirms the three pronged strategy for demand reduction of Narcotic Drugs & Psychotropic Substances by way of awareness building, community based intervention for motivational counselling, identification, treatment and rehabilitation of drug addicts, and training of volunteers/service providers and other stakeholders with a view to build up a committed and skilled cadre.

India is a signatory to three United Nations Conventions, namely:

- Single Convention on Narcotic Drugs, 1961, as amended by the Protocol of 1972 on Narcotic Drugs.
- Convention on Psychotropic Substances, 1971, and
- Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.

So, India also has an international obligation to curb drug abuse.

**National Policy on Drug Demand Reduction** has been drafted and is being finalized. It has the following features:

Education & Awareness Building at all levels.

- Treatment and Rehabilitation (Whole Person Recovery).
- Networking of Service Providers.
- Capacity Building & Training of service providers in the field of drug with a view to build up skilled manpower.
- Data Collection and Management.
- Inter-Sectoral Collaboration and International Cooperation

The policy also proposes a system of accreditation of de-addiction Centres in order to standardize the treatment / facilities provided in coordination with Ministry of Health and Family Welfare and other stakeholders

**Scheme of Assistance for the Prevention of Alcoholism & Substance (Drugs) Abuse and for Social Defence Services'** is the scheme in the field of drug demand reduction. The Scheme has two parts viz. (i) 'Assistance for Prevention of Alcoholism & Substance (Drugs) Abuse' (Part I) and (ii) 'Financial Assistance in the Field of Social Defence' (Part II).

**The Drug Abuse Monitoring System (DAMS)**, an online application to collect data pertaining to drug consumption, has been made operational since January, 2016. Presently, 300 de-addiction centres have been registered in DAMS and demographic/ drug consumption profile of about 65,000 persons who are seeking help from these centres have been fed in DAMS.

**A National Toll Free Drug De-addiction Helpline Number 1800-11-0031** has been set up to help the victims of drug abuse, their family and society at large.

**National Awards for outstanding services in the field of Prevention of Alcoholism and Substance (Drug) Abuse** Substance abuse being a psycho-socio-medical problem, community based intervention through Non-Government

Organisations (NGOs), Panchayat/Municipal bodies, Educational Institutions etc. has been considered as the best approach for treatment and rehabilitation of the addicts.

26th June is observed as “International Day against Drug Abuse and Illicit Trafficking”.

## Chapter 7: Management of Environment

Environment is everything that makes up our surroundings and affects our ability to live on the earth—the air we breathe, the water that covers most of the earth's surface, the plants and animals around us, and much more. The ecosystem can be categorised into abiotic and biotic components. Biotic factors include the organisms themselves, their food, and their interactions. Abiotic factors include such items as sunlight, soil, air, water, climate, and pollution. The environment provides



natural services for humans and all other species which are essential to our health, quality of life and survival. The forests remove carbon dioxide and other pollutants from the air and also cool air temperature. The trees reduce the ozone formation. The wetlands provide storage for pollutant free water and recharge our aquifers with these filtered waters. The dune systems on beaches form natural barriers to storm waves and provide important habitat and travel ways for wildlife.

It is important to conserve the environment for sustainable and holistic development of the society. Forests cover 30% of the Earth's surface which provide food security and shelter and are important in combating climate change, protecting biodiversity and are home to the indigenous population. Forests are home to more than 80% of all terrestrial species of animals, plants and insects. Similarly, oceans which cover three quarters of the Earth's surface, contains 97% of the Earth's water, and represent 99% of the living space on the planet by volume and contain nearly 200,000 identified species. Oceans absorb about 30% of the carbon dioxide produced by humans, buffering the impact of global warming and serve as the largest source of protein. The rainwater, drinking water, weather, climate, coastlines, much of our food, and even the oxygen in the air we breathe, are all ultimately provided and regulated by the sea. Clean water is critical to survival, and its absence can impact the health, food security, and livelihoods of families across the world. Although our planet has sufficient fresh water to achieve a regular and clean water supply for all, bad economics and poor infrastructure can skew supply unfavourably.

The Earth's climate is changing, with severe consequences for our daily lives and the resilience of our societies. Climate change is changing weather patterns, rising sea levels, and extreme weather events. Greenhouse gas emissions from human activities driving this change continue to rise.

India remains committed to protecting the environment. Under its nationally determined contributions, India has committed to reducing the emissions intensity per unit of GDP by 33%-35% by 2030 relative to its 2005 levels. Furthermore, it plans to create an additional carbon sink of 2.5-3 billion tonnes through additional tree cover.

## **7.1 Forest Life**

Preserving life on land requires concerted action not only to protect terrestrial ecosystems, but to restore them, and promote their sustainable use for the future. In India, forest cover is now 21% and protected areas cover nearly 5% of the country's total land area. As India is home to 8% of the world's biodiversity, which includes many species found nowhere else in the world, the country is committed to achieving the Aichi targets of the Convention on Biological Diversity.

To achieve the targets mentioned in the National Forest Policy to maintain 33% forest and tree cover in the country, two major afforestation/tree plantation schemes i.e. National Afforestation Programme (NAP) scheme and National Mission for a Green India (GIM) are being implemented.

While NAP is being implemented for afforestation of degraded forest lands, GIM aims at improving the quality of forest/increase in forest cover, besides cross-sectoral activities on landscape basis.

The National Mission for Green India (GIM) aims at protecting; restoring and enhancing India's diminishing forest cover and responding to climate change by a combination of adaptation and mitigation measures. It envisages a holistic view of greening and focuses on multiple ecosystem services, especially, biodiversity, water, biomass, preserving mangroves, wetlands, critical habitats etc. along with carbon sequestration as a co-benefit. This mission has adopted an integrated cross-sectoral approach as it will be implemented on both public as well as private lands with a key role of the local communities in planning, decision making, implementation and monitoring. The Mission Goals are to:

- To increase forest/tree cover to the extent of 5 million hectares (mha) and improve quality of forest/tree cover on another 5 mha of forest/non-forest lands;
- To improve/enhance eco-system services like carbon sequestration and storage (in forests and other ecosystems), hydrological services and biodiversity; along with provisioning services like fuel, fodder, and timber and non-timber forest produces (NTFPs); and
- To increase forest based livelihood income of about 3 million households.

An area of about 21 lakh ha has been approved for new afforestation under NAP since inception in 2000, till 2016-17.

The fund under Compensatory Afforestation Fund Management and Planning Authority (CAMPA), inter-alia, is also used in plantation activity including compensatory afforestation to give a massive thrust to afforestation activity in the country.

National programme on the Integrated Development of Wildlife Habitats is one of the core projects aimed at the conservation of land ecosystems. At present India has a network of 700 protected area 103 national parks 528 wildlife sanctuaries 65 conservation reserves and 4 community Reserves. Financial and Technical assistance is provided to state/UT Governments for activities aimed at wildlife conservation through the centrally sponsored scheme namely Integrated Development of Wildlife Habitats which has three components, viz., support to protected area, protection of wildlife outside protected area and recovery program for saving critically endangered species and habitat.

Management Effective Evaluation of 125 protected areas in 31 states and districts has been completed same has also been completed in 43 Tiger reserves of 17 tiger range States.

Two specific schemes – Project Tiger and Project Elephant – are being undertaken to conserve two of the country's most majestic species of animals. India had launched Project Tiger in 1973 to conserve tigers. Till now, the coverage of "Project Tiger" has increased from 9 reserves to 50 tiger reserves spread across 18 states. Tiger population has steadily increased from 1411 in 2006 to 2226 in 2014. The All-India Tiger Estimation, 2018 exercise has been commenced for collecting, archiving and analyzing data. The Tiger Estimation exercise is the world's largest wildlife survey effort in terms of coverage, intensity of sampling and quantum of camera trapping. An amount of Rs. 10.22 crore will be invested by the Government in the fourth cycle of All India Tiger Estimation. Financial assistance to the tune of Rs. 7 crore will be provided to the States through the ongoing Centrally Sponsored Scheme of Project Tiger.

Project elephant was launched to protect elephants their habitat and corridors, to address issues of man-elephant conflict and welfare of domesticated elephants. An All India synchronised Elephant census was conducted in 2017. Human elephant conflict is the most important issue and Guidelines for human elephant conflict had been notified in October 2017.

Elephant population estimated for India by direct block count methods during March-May, 2017 is 27312.

## 7.2 Water & Marine Life

Sustainable Development Goal 14 commits countries to unite over the protection of our oceans and the lives that depend on it. By 2020, the sustainable management of marine ecosystems has been committed, and in another five years, significant reduction of marine pollution of all kinds.

Over a third of India's population – 35% — lives along its vast coastline and nearly half of this coast experiences erosion. More than one million people in villages in India situated along the coast are employed in marine capture fisheries. India is the third largest producer of fish in the world and the second largest producer of inland fish. The Indian government's Blue Revolution, is working to improve the state of India's ports and coastlines. To conserve marine ecosystems, the government has undertaken a National Plan for the Conservation of Aquatic Eco-systems. Coastal and marine biodiversity protection is a key area of focus for India.

Realizing the immense scope for development of fisheries and aquaculture, the Government of India has restructured the Central Plan Scheme under an umbrella of **Blue Revolution**. The restructured Central Sector Scheme(CSS) on Blue Revolution: Integrated Development and Management of Fisheries (CSS) provides for a focused development and management of the fisheries sector to increase both fish production and fish productivity from aquaculture and fisheries resources of the inland and marine fisheries sector including deep sea fishing. The Blue Revolution is being implemented to achieve economic prosperity of fishermen and fish farmers and to contribute towards food and nutritional security through optimum utilization of water resources for fisheries development in a sustainable manner, keeping in view the bio-security and environmental concerns. Under the scheme, it has been targeted to enhance the fish production from 107.95 lakh tonnes in 2015-16 to about 150 lakh tonnes by the end of the financial year 2019-20. It is also expected to augment the export earnings with a focus on increased benefit flow to the fishers and fish farmers to attain the target of doubling their income. A detailed National Fisheries Action Plan-2020(NFAP) for the next 5 years has been prepared with an aim of enhancing fish production and productivity and to achieve the concept of Blue Revolution. The approach was initiated considering the various fisheries resources available in the country like ponds & tanks, wetlands, brackish water, cold water, lakes & reservoirs, rivers and canals and the marine sector.

**7.2.1 National Plan for Conservation of Aquatic Eco-systems (NPCA)** was launched as an integrated scheme by merging the erstwhile two separate Centrally Sponsored Schemes (CSS), namely the National Wetlands Conservation Programme (NWCP) and the National Lake Conservation Plan (NLCP). The principal objective of the new scheme is holistic conservation and restoration of lakes and wetlands for achieving desired water quality enhancement besides improvement in biodiversity and ecosystem through an integrated and multidisciplinary approach with a common regulatory framework. The scheme would contribute to reduction of pollution loads and improvement in biodiversity as also the goods and services provided by these water bodies to the stakeholders.

**7.2.2 Conservation of lakes & wetlands:** Total of 46 projects for conservation of 63 lakes has been sanctioned and 14 States. Conservation work for 36 lakes has been completed. Wetlands are lifelines for a very large number of people and an important source of freshwater to mankind. They provide a host of ecosystem services to humanity in addition to being host to rich biodiversity. Due to anthropogenic activities, wetlands are getting degraded. Major pressures on wetlands include fragmentation of hydrological regions, siltation from degraded catchments, pollution, spread of invasive species and overharvesting of resources.

### 7.2.3 National River Conservation Programme (NRCP)

The objective of National River Conservation Programme (NRCP) is to improve water quality of a rivers which are major water sources in the country through implementation of pollution abatement works in various towns along identified polluted stretches of rivers on cost sharing basis between the Central and state governments. Presently, NRCP (excluding Ganga and its tributaries) has covered polluted stretch of 31 rivers in 75 towns spread over 14 States. The following rivers are covered under NRCP:

S. No	River	S. No	River	S. No	River	S. No	River
1	Adyar	10	Krishna	19	Panchganga	28	Tamrabarani
2	Beas	11	Mahanadi	20	Rani Chu	29	Vaigai
3	Bhadra	12	Mandovi	21	Sabarmati	30	Vennar
4	Brahmani	13	Mindhola	22	Satluj	31	Wainganga
5.	Cauvery	14	MulaMutha	23	Subarnarekha		
6	Cooum	15	Musi	24	Tapti		
7	Diphu & Dhansiri	16	Narmada	25	Tapi		
8	Ghaggar	17	Pennar	26	Tunga		
9	Godavari	18	Pamba	27	Tungabadra		

#### **7.2.4 National Mission for Clean Ganga (NMCG) and Namami Gange - Integrated Ganga Conservation Mission**

National Mission for Clean Ganga (NMCG) is aimed to ensure effective abatement of pollution and rejuvenation of the river Ganga by adopting a river basin approach to promote inter-sectoral co-ordination for comprehensive planning and management and to maintain minimum ecological flows in the river Ganga with the aim of ensuring water quality and environmentally sustainable development.

‘Namami Gange Programme’, is an Integrated Conservation Mission accomplish the twin objectives of effective abatement of pollution, conservation and rejuvenation of National River Ganga.

#### **7.2.5 Inter-linking of rivers**

Interlinking of River (ILR) programme had been launched with the mission to ensure greater equity in the distribution of water by enhancing the availability of water in drought prone and rain-fed area. The overall implementation of Interlinking of Rivers programme under National Perspective Plan would give benefits of 35 million hectares of irrigation, raising the ultimate irrigation potential from 140 million hectare to 175 million hectare and generation of 34000 megawatt of power, apart from the incidental benefits of flood control, navigation, water supply, fisheries, salinity and pollution control etc.

### **7.3 Climate Change**

India is faced with the challenge of sustaining its rapid economic growth while dealing with the global threat of climate change. This threat emanates from accumulated greenhouse gas emissions in the atmosphere, anthropogenically generated through long-term and intensive industrial growth and high consumption lifestyles in developed countries. While engaged with the international community to collectively and cooperatively deal with this threat, India needs a national strategy to firstly, adapt to climate change and secondly, to further enhance the ecological sustainability of India's development path.

Climate change may alter the distribution and quality of India's natural resources and adversely affect the livelihood of its people. India may face a major threat as its economy is closely tied to its natural resource base and climate-sensitive sectors such as agriculture, water and forestry.

Recognizing climate change as a global challenge, the country has planned to engage actively in multilateral negotiations in the UN Framework Convention on Climate Change, in a positive, constructive and forward-looking manner with an objective to establish an effective, cooperative and equitable global approach based on the principle of common but differentiated responsibilities and respective capabilities.

India is determined that its per capita greenhouse gas emissions will at no point exceed that of developed countries even as we pursue our development objectives.

The National Action Plan on Climate Change identifies measures that promote our development objectives while also yielding co-benefits for addressing climate change effectively. It outlines a number of steps to simultaneously advance India's development and climate change-related objectives of adaptation and mitigation.

In dealing with the challenge of climate change we must act on several fronts in a focused manner simultaneously. The National Action Plan hinges on the development and use of new technologies. The implementation of the Plan would be through appropriate institutional mechanisms suited for effective delivery of each individual Mission's objectives and include public private partnerships and civil society action. The focus will be on promoting understanding of climate change, adaptation and mitigation, energy efficiency and natural resource conservation.

India is a party to the United Nations Framework Convention on Climate Change (UNFCCC). The convention requires all the parties to furnish information and implementation of the convention in the form of periodic National Communications. Biennial Update Report (BUR) is to be submitted containing information on national circumstances, National Greenhouse Gas Inventory, Mitigation actions, Domestic Monitoring Reporting and Verification (MRV) arrangements, Finance, technology. As per the report, 12% of India's GHG emissions were offset by carbon sink action of forests and croplands.

Government of India is implementing the National Action Plan on Climate Change (NAPCC) with a focus on promoting understanding of Climate Change and establishing linkage between adaptation and mitigation consistent with the national priority for achieving sustainable development. There are Eight National Missions which form the

core of the National Action Plan, representing multi-pronged, long-term and integrated strategies for achieving key goals in the context of climate change.

### **7.3.1 National Solar Mission**

The National Solar Mission aims to promote the development and use of solar energy for power generation and other uses, with the ultimate objective of making solar energy compete with fossil-based energy options. The objective of the National Solar Mission is to reduce the cost of solar power generation in the country through long-term policy, large scale deployment goals, aggressive R&D and the domestic production of critical raw materials, components and products.

India is a tropical country, where sunshine is available for longer hours per day and in great intensity. Solar energy, therefore, has great potential as future energy source. It also has the advantage of permitting a decentralized distribution of energy, thereby empowering people at the grassroots level. Another objective of the Solar Mission is to launch a major R&D programme to enable the creation of more affordable, more convenient solar power systems, and to promote innovations that enable the storage of solar power for sustained, long-term use.

The government is playing an active role in promoting the adoption of renewable energy resources by offering various incentives, such as generation-based incentives (GBIs), capital and interest subsidies, viability gap funding, concessional finance, fiscal incentives etc. The National Solar Mission aims to promote the development and use of solar energy for power generation and other uses, with the ultimate objective of making solar energy compete with fossil-based energy options. The objective of the National Solar Mission is to reduce the cost of solar power generation in the country through long-term policy, large scale deployment goals, aggressive R&D and the domestic production of critical raw materials, components and products. Renewable energy is becoming increasingly cost-competitive as compared to fossil fuel-based generation.

In order to achieve the renewable energy target of 175 GW by the year 2022, the major programmes/ schemes on implementation of Solar Park, Solar Roof Top Scheme, Solar Defence Scheme, Solar scheme for CPUs Solar PV power plants on Canal Bank and Canal Tops, Solar Pump, Solar Rooftop etc have been launched during the last two years.

### **7.3.2 National Mission for Enhanced Energy Efficiency**

The Energy Conservation Act of 2001 provides a legal mandate for the implementation of the energy efficiency measures through the institutional mechanism of the Bureau of Energy Efficiency (BEE) in the Central Government and designated agencies in each state. NMEEE aims to strengthen the market for energy efficiency through implementation of innovative business models in the energy efficiency sector. To enhance energy efficiency, the following four initiatives have been taken:

- A market based mechanism to enhance cost effectiveness of improvements in energy efficiency in energy-intensive large industries and facilities, through certification of energy savings that could be traded.
- Accelerating the shift to energy efficient appliances in designated sectors through innovative measures to make the products more affordable.
- Creation of mechanisms that would help finance demand side management programmes in all sectors by capturing future energy savings.
- Developing fiscal instruments to promote energy efficiency

### **7.3.3 National Mission on Sustainable Habitat**

A National Mission on Sustainable Habitat aimed to make habitat sustainable through improvements in energy efficiency in buildings, management of solid waste and modal shift to public transport. The objective of the Mission is to promote energy efficiency as an integral component of urban planning and urban renewal.

### **7.3.4 National Water Mission**

The main objective of NWM is conservation of water, minimizing wastage and ensuring its more equitable distribution both across and within States through integrated water resources development and management". NWM has identified five goals as under:-

1. Comprehensive water data base in public domain and assessment of the impact of climate change on water resource,
2. Promotion of citizen and state actions for water conservation, augmentation and preservation,
3. Focused attention to vulnerable areas including over-exploited areas,
4. Increasing water use efficiency by 20%, and

## 5. Promotion of basin level integrated water resources management.

Various strategies for achieving the goals have been identified which lead to integrated planning for sustainable development with active participation of the stakeholders.

### 7.3.5 National Mission for Sustaining the Himalayan Ecosystem

The primary objective of the Mission is to develop in a time bound manner a sustainable national capacity to continuously assess the health status of the Himalayan Ecosystem and enable policy bodies in their policy-formulation functions as also to assist States in the Indian Himalayan Region with implementation of actions selected for sustainable development. The Mission aims to scientifically assess the vulnerability of the Himalayan region to climate change in all dimensions of physical, biological and socio-cultural aspects. It would lead to formulation of appropriate policy measures and a time bound action programme to sustain its ecological resilience and ensure the continued provisions of key ecosystem services. The Mission also aims to build and support capacities at the Central and State levels to assess climate change and formulate adequate response measures to challenges in the Himalayan region.

The Mission also seeks to safeguard communities in the Himalayas from the impacts of climate change through evidence based policy formulation and enhanced research and capacity. The marginalized and vulnerable communities of the Himalayan region will be the major beneficiaries of the Mission. The Mission covers all 12 Himalayan States of India in the Indian Himalayan region (IHR).

### 7.3.6 National Mission for a Green India

National Mission launched with the aim to enhance ecosystem services including carbon sinks to be called Green India. Forests play an indispensable role in the preservation of ecological balance and maintenance of bio-diversity. Forests also constitute one of the most effective carbon-sinks.

The objectives of the Mission are:

- a) Increased forest/tree cover on 5 m ha of forest/non-forest lands and improved quality of forest cover on another 5 m ha (a total of 10 m ha).
- b) Improved ecosystem services including biodiversity, hydrological services and carbon sequestration as a result of treatment of 10 m ha.
- c) Increased forest-based livelihood income of about 3 million households living in and around the forests.

d) Enhanced annual CO<sub>2</sub> sequestration by 50 to 60 million tonnes in the year 2020.

### **7.3.7 National Mission for Sustainable Agriculture**

The Mission aims to devise strategies to make Indian agriculture more resilient to climate change. It would identify and develop new varieties of crops and especially thermal resistant crops and alternative cropping patterns, capable of withstanding extremes of weather, long dry spells, flooding, and variable moisture availability.

The mission aim at promoting sustainable agriculture through a series of adaptation measures focusing on ten key dimensions encompassing Indian agriculture namely; 'Improved crop seeds, livestock and fish cultures', 'Water Use Efficiency', 'Pest Management', 'Improved Farm Practices', 'Nutrient Management', 'Agricultural insurance', 'Credit support', 'Markets', 'Access to Information' and 'Livelihood diversification'.

### **7.3.8 National Mission on Strategic Knowledge for Climate Change**

The National Mission on Strategic Knowledge for Climate Change is intended to identify the challenges of, and the responses to, climate change through research and technology development and ensure funding of high quality and focused research into various aspects of climate change.

The Mission also has on its research agenda, socio-economic impacts of climate change including impact on health, demography, migration patterns and livelihoods of coastal communities. It would also support the establishment of dedicated climate change related academic units in Universities and other academic and scientific research institutions in the country which would be networked.

Apart from the eight National Missions, the National Action Plan also envisages other initiatives aimed at enhancing mitigation and adaptation. These include research & development in the area of ultra super critical boilers in coal-based thermal plants; integrated gasification combined cycle technology to make coal based power generation efficient; setting up more combined cycle natural gas plants; promotion of nuclear energy through adoption of fast breeder and thorium-based thermal reactor technology in nuclear power generation; adoption of high-voltage AC and high-voltage DC transmission to reduce technical losses during transmission and distribution; development of small and large scale hydro power; promotion of renewable energy technologies such as bio-mass combustion and gasification-based power generation; enhancements in the regulatory/tariff regimes to help mainstream renewable-based

sources in the national power system; and renewable energy technologies for transportation and industrial fuels. In addition, the Action Plan envisages effective disaster management strategies that include mainstreaming disaster risk reduction into infrastructure project design, strengthening communication networks and disaster management facilities at all levels, protection of coastal areas, provision of enhanced public health care services, and assessment of increased burden of vector-borne diseases due to climate change.

#### **7.3.9 National Adaptation Fund on Climate Change (NAFCC)**

It has been launched in 2015 to meet the cost of adaptation to climate change for the states and union territories of the country that are particularly vulnerable to the adverse effect of climate change. The overall aim of the fund is to support concrete adaptation activities which are not covered under the on-going activities to the schemes of Central and state Government that reduce the adverse effect of climate change.

Climate Change Action Program (CCAP) is a central scheme to create and strengthen the scientific and analytical capacity for assessment of Climate Change in the country, putting in place appropriate institutional Framework for scientific and policy initiatives and implementation of Climate Change related actions in the context of sustainable development.

In dealing with the challenge of climate change action on several fronts in a focused manner needs to be taken simultaneously. The National Action Plan hinges on the development and use of new technologies. The implementation of the Plan would be through appropriate institutional mechanisms suited for effective delivery of each individual Mission's objectives and include public private partnerships and civil society action. The focus will be on promoting understanding of climate change, adaptation and mitigation, energy efficiency and natural resource conservation.

### **7.4 Pollution control**

Rising level of air pollution has increasingly becoming a serious concern particularly in metro cities. A large number of cities and towns do not meet the standards for pollutants specifically for particulate matter. The ambient particulate matter concentrations are much above the standards i.e. 3 to 4 times or even higher. Air quality Regulation and actions for abatement of air pollution is undertaken under various provisions of Air (Prevention and Control of Pollution) Act, 1981 and Environment (Protection) Act, 1986 which prescribes the mechanism and authorities

for handling the issue. The major impact is highlighted with the reference of to health of people.

Air pollution is one of the triggering factors for respiratory associated ailments and diseases and it is acknowledged that higher the level of air pollution higher is the risk to lungs.

National Ambient Air Quality Standards envisaging 12 pollutants have been notified under EPA 1986 and 115 emission/effluent standards for 104 different sectors of industries, besides 32 general standards for ambient air have also been notified. A nation-wide program for ambient air quality monitoring known as National Air Quality Monitoring Programme (NAMP) consists of 691 manual operating stations covering 303 cities/towns in 29 states and 6 union territories of the country. CPCB, SPCBs and PCCs are monitoring Ambient Air Quality of different cities and publish real time data on public domain for taking corrective measures in time. Presently, about 90 Continuous Ambient Air Quality Monitoring Stations (CAAQMS) are operating in the country. CPCB network has increased from 58 stations in 35 cities of 13 States to 90 stations in 53 cities of 16 States. National Air Quality Index, which combines the effect of all air quality parameters and generate a single number has been developed by CPCB. National air quality index AI launched in April 2015 starting from 14 cities has been extended to 34 cities

With reference to vehicle air pollution the steps taken includes introduction of cleaner alternate fuels like gaseous fuels CNG LPG extra ethanol blending, universalisation of BS4, leapfrogging from BS4 to bs6 fuel standards by April 2020, ongoing promotion of public transport network of metro buses cause and promotion of carpooling, streamlining granting of pollution under control certificate, Lane discipline, vehicle maintenance, etc.

Central pollution control board has issued comprehensive set of directions under Section 18 1b of Air (Prevention and control of pollution) Act, 1986 for implementation of 42 measures to mitigate air pollution in major cities comprising of action points to counter air pollution in major cities.

Noise pollution as a follow up of Section 5.2.8 4 of National Environmental Policy in EPA 2006 and noise has been included as a regular parameter for monitoring in specified urban areas Central pollution control board in Association with us state pollution control board was established real-time National ambient noise monitoring network in 7 Metropolitan cities of the country.70 National Ambient Noise Monitoring Network stations have been installed spreading over 10 cities. The average level of

noise pollution in respect of these metro cities has been analysed which indicates fluctuating trend in the noise levels. Scheme for assistance for abatement of pollution was conceptualised in 1992 to strengthen the CPCB and SPCBs / PCCs for enforcing structural provisions for pollution abatement.

## **7.5 Other schemes and Programmes**

For better management of environment in the country, various schemes are being implemented which are indirectly working for the betterment of the environment.

- National Rural Drinking Water Programme
- Swachh Bharat Abhiyan (Rural and Urban)
- Pradhan Mantri Ujjwala Yojana (LPG connection to poor households)
- Deen Dayal Upadhyaya Gram Jyoti Yojana
- Integrated Power Development Scheme
- National Offshore Wind Energy Policy

### **7.5.1 National Rural Drinking Water Programme**

The National Rural Drinking Water Programme (NRDWP) is a Centrally Sponsored Scheme aimed at providing every person in rural India with adequate safe water for drinking, cooking and other domestic basic needs on a sustainable basis. Safe water is to be readily and conveniently accessible at all times and in all situations and therefore, the scheme focuses on the creation of the infrastructure. This has resulted in the provision of significant additional resources to the sector and for the development of infrastructure and capacities for the successful operation of drinking water supply schemes in rural areas.

### **7.5.2 Swachh Bharat Mission**

To accelerate the efforts to achieve universal sanitation coverage and to put focus on safe sanitation, the Swachh Bharat Mission was launched on 2nd October, 2014. The Mission aims to achieve a Swachh Bharat by 2nd October, 2019, as a fitting tribute to Mahatma Gandhi on his 150th birth anniversary.

Swachh Bharat, in rural areas mean improving the levels of cleanliness through Solid and Liquid Waste Management activities and making Gram Panchayats Open Defecation Free (ODF), clean and sanitised. ODF would mean the termination of faecal-oral transmission, defined by,

- no visible faeces found in the environment/village and,
- every household as well as public/community institution(s) using safe technology option for disposal of faeces.

So far, 19 States/UTs , 447 Districts and around 4.4 lakh villages have been declared ODF.

Swatch Bharat Mission (Urban) has the objective of Elimination of open defecation, Eradication of Manual Scavenging, Modern and Scientific Municipal Solid Waste Management, to effect behavioral change regarding healthy sanitation practices, generate awareness about sanitation and its linkage with public health, capacity Augmentation for ULBs to create an enabling environment for private sector participation in Capex (capital expenditure) and Opex (operation and maintenance).

### **7.5.3 Pradhan Mantri Ujjwala Yojana**

Pradhan Mantri Ujjwala Yojana (PMUY) launched in 2016 aims to safeguard the health of women & children by providing them with a clean cooking fuel – LPG, so that they don't have to compromise their health in smoky kitchens or wander in unsafe areas collecting firewood.

Under this scheme, 5 Cr LPG connections were aimed to be provided to BPL families with a support of Rs.1600 per connection. Ensuring women's empowerment, especially in rural India, the connections will be issued in the name of women of the households.

As per an estimate, about one third households were deprived of LPG as cooking fuel and had to rely on firewood, coal, dung – cakes etc. as primary source of cooking. The smoke from burning such fuels causes alarming household pollution and adversely affects the health of Women & children causing several respiratory diseases/ disorders. The smoke inhaled by women from unclean fuel is likely equivalent to burning 400 cigarettes in an hour. In addition, women and children have to go through the drudgery of collecting firewood. As of latest available reports, around 5.43 crore PMUY connections have been released in 715 districts of the country.

### **7.5.4 Deen Dayal Upadhyaya Gram Jyoti Yojana**

In rural areas of the country, the agricultural and non-agricultural load (domestic and non-domestic) are typically catered through common distribution network. The availability of power supply in rural areas is inadequate and unreliable in many parts of the country. The distribution utilities resort to frequent load shedding in rural areas to mitigate the gap between supply and demand, which affects power

supply to agricultural consumers as well as non-agricultural consumers owing to common distribution network.

Government of India has launched Deen Dayal Upadhyaya Gram Jyoti Yojana for rural areas having following objectives:

- To provide electrification to all villages
- Feeder separation to ensure sufficient power to farmers and regular supply to other consumers
- Improvement of Sub-transmission and distribution network to improve the quality and reliability of the supply
- Metering to reduce the losses

### **7.5.5 Integrated Power Development Scheme**

Government of India notified "Integrated Power Development Scheme" (IPDS) with following components:

- Strengthening of sub-transmission and distribution networks in the urban areas.
- Metering of distribution transformers / feeders / consumers in the urban areas.
- IT enablement of distribution sector and strengthening of distribution network under R-APDRP for 12th and 13th Plans by carrying forward the approved outlay for R-APDRP to IPDS.
- Schemes for Enterprise Resource Planning (ERP) and IT enablement of balance urban towns are also included under IPDS. Scope of IT enablement has been extended to all 4041 towns as per Census 2011.
- Underground cabling to include additional demand of States and smart metering solution for performing UDAY States and Solar panels on Govt. buildings with net-metering are also permissible under the scheme.

### **7.5.6 National Offshore Wind Energy Policy**

Worldwide, wind energy is accepted as one of the most developed, cost-effective and proven renewable energy technologies to meet increasing electricity demands in a sustainable manner. While onshore wind energy technologies have reached a stage of large scale deployment and have become competitive with fossil fuel based electricity generation, with supportive policy regimes across the world, exploitation of offshore wind energy is yet to reach a comparable scale. India has

achieved significant success in the onshore wind power development, with over 23 GW of wind energy capacity already installed and generating power.

## **7.6 Waste Management**

### **7.6.1 Hazardous and Other Wastes Management**

Hazardous and Other Wastes [Management and Transboundary Movement] Amendment Rules, 2016 are notified to ensure safe handling, generation, processing, treatment, package, storage, transportation, use reprocessing, collection, conversion, and offering for sale, destruction and disposal of Hazardous Waste. The provisions of new Rules are in line with this Government's priority for Ease of Doing Business and Make in India, but with responsible concerns for sustainable development. Rules have been made to distinguish between Hazardous Waste and other wastes. Other wastes include waste tyre, paper waste, metal scrap, used electronic items, etc. and are recognized as a resource for recycling and reuse. These resources supplement the industrial processes and reduce the load on the virgin resource of the country. Waste Management hierarchy in the sequence of priority of prevention, minimization, reuse, recycling, recovery, co-processing; and safe disposal has been incorporated. The basic necessity of infrastructure to safeguard the health and environment from waste processing industry has been prescribed as Standard Operating Procedure (SOPs), specific to waste type, which has to be complied by the stakeholders and ensured by SPCB/PCC while granting such authorisation.

### **7.6.2 Solid Waste Management**

Solid Waste Management Rules, 2016 shall apply to every urban local body, outgrowths in urban agglomerations, census towns as declared by the Registrar General and Census Commissioner of India, notified areas, notified industrial townships, areas under the control of Indian Railways, airports, airbases, Ports and harbours, defence establishments, special economic zones, State and Central government organisations, places of pilgrims, religious and historical importance as may be notified by respective State government from time to time and to every domestic, institutional, commercial and any other non-residential solid waste generator situated in the areas except industrial waste, hazardous waste, hazardous chemicals, bio medical wastes, e-waste, lead acid batteries and radio-active waste, that are covered under separate rules framed under the Environment (Protection) Act, 1986.

### **7.6.3 Construction and Demolition Waste**

Construction and Demolition Waste Management Rules, 2016 The rules shall apply to every waste resulting from construction, re-modeling, repair and demolition of any civil structure of individual or organisation or authority who generates construction and demolition waste such as building materials, debris, rubble. Every waste generator shall prima-facie be responsible for collection, segregation of concrete, soil and others and storage of construction and demolition waste generated, as directed or notified by the concerned local authority in consonance with these rules. The generator shall ensure that other waste (such as solid waste) does not get mixed with this waste and is stored and disposed separately. Waste generators who generate more than 20 tons or more in one day or 300 tons per project in a month shall segregate the waste into four streams such as concrete, soil, steel, wood and plastics, bricks and mortar and shall submit waste management plan and get appropriate approvals from the local authority before starting construction or demolition or remodeling work and keep the concerned authorities informed regarding the relevant activities from the planning stage to the implementation stage and this should be on project to project basis. Every waste generator shall keep the construction and demolition waste within the premise or get the waste deposited at collection centre so made by the local body or handover it to the authorised processing facilities of construction and demolition waste; and ensure that there is no littering or deposition of construction and demolition waste so as to prevent obstruction to the traffic or the public or drains. (5) Every waste generator shall pay relevant charges for collection, transportation, processing and disposal as notified by the concerned authorities; Waste generators who generate more than 20 tons or more in one day or 300 tons per project in a month shall have to pay for the processing and disposal of construction and demolition waste generated by them, apart from the payment for storage, collection and transportation. The rate shall be fixed by the concerned local authority or any other authority designated by the State Government.

### **7.6.4 Bio-medical Waste Management**

Bio-medical Waste Management Rules, 2016 apply to all persons who generate, collect, receive, store, transport, treat, dispose, or handle bio medical waste in any form including hospitals, nursing homes, clinics, dispensaries, veterinary institutions, animal houses, pathological laboratories, blood banks, ayush hospitals, clinical establishments, research or educational institutions, health camps, medical or surgical camps, vaccination camps, blood donation camps, first aid rooms of schools, forensic laboratories and research labs.

These rules stipulate duties of the Occupier or Operator of a Common Bio-medical Waste Treatment Facility as well as the identified authorities. According to these rules, every occupier or operator handling bio-medical waste, irrespective of the quantity is required to obtain authorisation from the respective prescribed authority i.e. State Pollution Control Board and Pollution Control Committee, as the case may be.

#### **7.6.5 Plastic Waste Management**

Plastic Waste Management (Amendment) Rules, 2018 shall apply to every waste generator, local body, Gram Panchayat, manufacturer, Importers and producer. The amended Rules lay down that the phasing out of Multilayered Plastic (MLP) which are “non-recyclable, or non-energy recoverable, or with no alternate use. The amended Rules also prescribe a central registration system for the registration of the producer/importer/brand owner. The Rules also lay down that any mechanism for the registration should be automated and should take into account ease of doing business for producers, recyclers and manufacturers. The centralised registration system will be evolved by Central Pollution Control Board (CPCB) for the registration of the producer/importer/brand owner. While a national registry has been prescribed for producers with presence in more than two states, a state-level registration has been prescribed for smaller producers/brand owners operating within one or two states.

#### **7.6.6 E-waste Management**

E-waste (Management) Rules, 2016 had made the norms more stringent and reflect the government’s commitment to environmental governance. E-waste rules include Compact Fluorescent Lamp (CFL) and other mercury containing lamps, as well as other such equipment. The Rules bring the producers under Extended Producer Responsibility (EPR), along with targets. The producers have been made responsible for collection of E-waste and for its exchange. The producers have a separate Producer Responsibility Organisation (PRO) and ensure collection of E-waste, as well as its disposal in an environmentally sound manner. The process of dismantling and recycling has been simplified through one system of authorization and that the Central Pollution Control Board will give the single authorization throughout the country. Toxic constituents present in E-waste and their disposal mechanism affect human health and lead to various diseases, the transportation of E-waste has been made more stringent. 17 lakh tonnes of E-waste is generated every year, with an annual increase of 5 per cent of generation of E-waste.

## SAARC SOCIAL CHARTER

Re-affirming that the principal goal of saarc is to promote the welfare of the peoples of south asia, to improve their quality of life, to accelerate economic growth, social progress and cultural development and to provide all individuals the opportunity to live in dignity and to realize their full potential.

Recognising that the countries of south asia have been linked by age-old cultural, social and historical traditions and that these have enriched the interaction of ideas, values, cultures and philosophies among the people and the states and that these commonalities constitute solid foundations for regional cooperation for addressing more effectively the economic and social needs of people.

Recalling that all member states attach high importance to the imperative of social development and economic growth and that their national legislative, executive and administrative frameworks provide, in varying degrees, for the progressive realization of social and economic goals, with specific provisions, where appropriate, for the principles of equity, affirmative action and public interest.

Observing that regional cooperation in the social sector has received the focused attention of the member states and that specific areas such as health, nutrition, food security, safe drinking water and sanitation, population activities, and child development and rights along with gender equality, participation of women in development, welfare of the elderly people, youth mobilization and human resources development continue to remain on the agenda of regional cooperation.

Noting that high level meetings convened since the inception of saarc on the subjects of children, women, human resettlements, sustainable developments, agriculture and food, poverty alleviation etc. Have contributed immensely to the enrichment of the social agenda in the region and that several directives of the heads of state or government of saarc countries at their summit meetings have imparted dynamism and urgency to adopting regional programmes to fully and effectively realize social goals.

Reiterating that the saarc charter and the saarc conventions, respectively on narcotic drugs and psychotropic substances, preventing and combating trafficking in women and children for prostitution, regional arrangements for the promotion of child welfare in south asia and the saarc agreement on food security reserve provide regional frameworks for addressing specific social issues, which require concerted and coordinated actions and strategies for the effective realization of their objectives.

Realizing that the health of the population of the countries of the region is closely interlinked and can be sustained only by putting in place coordinated surveillance mechanisms and prevention and management strategies.

Noting, in particular, that heads of state or government of saarc countries, at their tenth summit in colombo in july 1998, re-affirmed the need to develop, beyond national plans of action, a regional dimension of cooperation in the social sector and that the eleventh saarc summit in kathmandu in january 2002 directed that a saarc social charter be concluded as early as possible.

Convinced that it was timely to develop a regional instrument which consolidated the multifarious commitments of saarc member states in the social sector and provided a practical platform for concerted, coherent and complementary action in determining social priorities, improving the structure and content of social policies and programmes, ensuring greater efficiency in the utilization of national, regional and external resources and in enhancing the equity and sustainability of social programmes and the quality of living conditions of their beneficiaries.

The member states of the south asian association for regional cooperation hereby agree to adopt this charter:

#### ARTICLE I : GENERAL PROVISIONS

1. States parties shall maintain a social policy and strategy in order to ensure an overall and balanced social development of their peoples. The salient features of individual social policy and programme shall be determined, taking into account the broader national development goals and specific historic and political contexts of each state party.
2. States parties agree that the obligations under the social charter shall be respected, protected and fulfilled without reservation and that the enforcement thereof at the national level shall be continuously reviewed through agreed regional arrangements and mechanisms.
3. States parties shall establish a people-centered framework for social development to guide their work and in the future, to build a culture of cooperation and partnership and to respond to the immediate needs of those who are most affected by human distress. States parties are determined to meet this challenge and promote social development throughout the region.

#### ARTICLE II : PRINCIPLES, GOALS AND OBJECTIVES

1. The provisions made herein shall complement the national processes of policy-making, policy-implementation and policy-evaluation, while providing broad parameters and principles for addressing common social issues and developing and implementing result-oriented programmes in specific social areas.

2. In the light of the commitments made in this charter, states parties agree to:
  - I. Place people at the center of development and direct their economies to meet human needs more effectively;
  - II. Fulfill the responsibility towards present and future generations by ensuring equity among generations, and protecting the integrity and sustainable use of the environment;
  - III. Recognize that, while social development is a national responsibility, its successful achievement requires the collective commitment and cooperation of the international community;
  - IV. Integrate economic, cultural and social policies so that they become mutually supportive, and acknowledge the interdependence of public and private spheres of activity;
  - V. Recognize that the achievement of sustained social development requires sound, equitable and broad-based economic policies;
  - VI. Promote participatory governance, human dignity, social justice and solidarity at the national, regional and international levels;
  - VII. Ensure tolerance, non-violence, pluralism and non-discrimination in respect of diversity within and among societies;
  - VIII. Promote the equitable distribution of income and greater access to resources through equity and equality of opportunity for all;
  - IX. Recognize the family as the basic unit of society, and acknowledge that it plays a key role in social development and as such should be strengthened, with attention to the rights, capabilities and responsibilities of its members including children, youth and the elderly;
  - X. Affirm that while state, society, community and family have obligations towards children, these must be viewed in the context of inculcating in children intrinsic and attendant sense of duty and set of values directed towards preserving and strengthening the family, community, society and nation;
  - XI. Ensure that disadvantaged, marginalized and vulnerable persons and groups are included in social development, and that society acknowledges and responds to the consequences of disability by securing the legal rights of the individual and by making the physical and social environment accessible;
  - XII. Promote universal respect for and observance and protection of human rights and fundamental freedoms for all, in particular the right to development; promote the effective exercise of rights and the discharge of responsibilities in a balanced manner at all levels of society; promote gender equity; promote

the welfare and interest of children and youth; promote social integration and strengthen civil society;

- Xiii. Recognize the promotion of health as a regional objective and strive to enhance it by responding to urgent health issues and outbreak of any communicable disease in the region through sharing information with each other, imparting public health and curative skills to professionals in the region; and adopting a coordinated approach to health related issues in international fora;
- Xiv. Support progress and protect people and communities whereby every member of society is enabled to satisfy basic human needs and to realize his or her personal dignity, safety and creativity;
- Xv. Recognize and support people with diverse cultures, beliefs and traditions in their pursuit of economic and social development with full respect for their identity, traditions, forms of social organization and cultural values;
- Xvi. Underline the importance of transparent and accountable conduct of administration in public and private, national and international institutions;
- Xvii. Recognize that empowering people, particularly women, to strengthen their own capacities is an important objective of development and its principal resource. Empowerment requires the full participation of people in the formulation, implementation and evaluation of decisions and sharing the results equitably;
- Xviii. Accept the universality of social development, and outline an effective approach to it, with a renewed call for international cooperation and partnership;
- Xix. Ensure that the elderly persons lead meaningful and fulfilling lives while enjoying all rights without discrimination and facilitate the creation of an environment in which they continue to utilize their knowledge, experience and skills;
- Xx. Recognize that information communication technology can help in fulfilling social development goals and emphasize the need to facilitate easy access to this technology;
- Xxi. Strengthen policies and programmes that improve, broaden and ensure the participation of women in all spheres of political, economic, social and cultural life, as equal partners, and improve their access to all resources needed for the full enjoyment of their fundamental freedoms and other entitlements.

### ARTICLE III : POVERTY ALLEVIATION

1. States parties affirm that highest priority shall be accorded to the alleviation of poverty in all south asian countries. Recognising that south asia's poor could constitute a huge and potential resource, provided their basic needs are met and they are mobilized to create economic growth, states parties reaffirm that the poor should be empowered and irreversibly linked to the mainstream of development. They also agree to take appropriate measures to create income-generating activities for the poor.
2. Noting that a large number of the people remain below the poverty line, states parties re-affirm their commitment to implement an assured nutritional standards approach towards the satisfaction of basic needs of the south asian poor.
3. Noting the vital importance of biotechnology for the long-term food security of developing countries as well as for medicinal purposes, states parties resolve that cooperation should be extended to the exchange of expertise in genetic conservation and maintenance of germplasm banks. They stress the importance of the role of training facilities in this area and agree that cooperation in the cataloguing of genetic resources in different saarc countries would be mutually beneficial.
4. States parties agree that access to basic education, adequate housing, safe drinking water and sanitation, and primary health care should be guaranteed in legislation, executive and administrative provisions, in addition to ensuring of adequate standard of living, including adequate shelter, food and clothing.
5. States parties underline the imperative for providing a better habitat to the people of south asia as part of addressing the problems of the homeless. They agree that each country share the experiences gained in their efforts to provide shelter, and exchange expertise for effectively alleviating the problem.

### ARTICLE IV : HEALTH

1. States parties re-affirm that they will strive to protect and promote the health of the population in the region. Recognizing that it is not possible to achieve good health in any country without addressing the problems of primary health issues and communicable diseases in the region, the states parties agree to share information regarding the outbreak of any communicable disease among their populations.
2. Conscious that considerable expertise has been built up within the saarc countries on disease prevention, management and treatment, states parties affirm their willingness to share knowledge and expertise with other countries in the region.
3. Noting that the capacity for manufacture of drugs and other chemicals exists in different countries, states parties agree to share such capacity and products when sought by any other state party.

4. Realizing that health issues are related to livelihood and trade issues which are influenced by international agreements and conventions, the states parties agree to hold prior consultation on such issues and to make an effort to arrive at a coordinated stand on issues that relate to the health of their population.

5. States parties also agree to strive at adopting regional standards on drugs and pharmaceutical products.

#### ARTICLE V : EDUCATION, HUMAN RESOURCE DEVELOPMENT AND YOUTH MOBILIZATION

1. Deeply conscious that education is the cutting edge in the struggle against poverty and the promotion of development, states parties re-affirm the importance of attaining the target of providing free education to all children between the ages of 6 – 14 years. They agree to share their respective experiences and technical expertise to achieve this goal.

2. States parties agree that broad-based growth should create productive employment opportunities for all groups of people, including young people.

3. States parties agree to provide enhanced job opportunities for young people through increased investment in education and vocational training.

4. States parties agree to provide adequate employment opportunities and leisure time activities for youth to make them economically and socially productive.

5. States parties shall find ways and means to provide youth with access to education, create awareness on family planning, hiv/aids and other sexually-transmitted diseases, and risks of consumption of tobacco, alcohol and drugs.

6. States parties stress the idealism of youth must be harnessed for regional cooperative programmes. They further stress the imperative of the resurgence of south asian consciousness in the youth of each country through participation in the development programmes and through greater understanding and appreciation of each other's country. The organized volunteers programme under which volunteers from one country would be able to work in other countries in the social fields shall be revitalized.

7. States parties recognize that it is essential to promote increased cross-fertilization of ideas through greater interaction among students, scholars and academics in the saarc countries. They express the resolve that a concerted programme of exchange of scholars among member states should be strengthened.

#### ARTICLE VI : PROMOTION OF THE STATUS OF WOMEN

1. States parties reaffirm their belief that discrimination against women is incompatible with human rights and dignity and with the welfare of the family and society; that it prevents women realizing their social and economic potential and

their participation on equal terms with men, in the political, social, economic and cultural life of the country, and is a serious obstacle to the full development of their personality and in their contribution to the social and economic development of their countries.

2. States parties agree that all appropriate measures shall be taken to educate public opinion and to direct national aspirations towards the eradication of prejudice and the abolition of customary and all other practices, which are based on discrimination against women. States parties further declare that all forms of discrimination and violence against women are offences against human rights and dignity and that such offences must be prohibited through legislative, administrative and judicial actions.

3. States parties shall take all appropriate measures to ensure to women on equal terms with men, an enabling environment for their effective participation in the local, regional and national development processes and for the enjoyment of their fundamental freedoms and legitimate entitlements.

4. States parties also affirm the need to empower women through literacy and education recognizing the fact that such empowerment paves the way for faster economic and social development. They particularly stress the need to reduce, and eventually eliminate, the gender gap in literacy that currently exists in the saarc nations, within a time-bound period.

5. States parties re-affirm their commitment to effectively implement the saarc convention on combating the trafficking of women and children for prostitution and to combat and suppress all forms of traffic in women and exploitation of women, including through the cooperation of appropriate sections of the civil society.

6. States parties are of the firm view that at the regional level, mechanisms and institutions, to promote the advancement of women as an integral part of mainstream political, economic, social and cultural development be established.

#### ARTICLE VII : PROMOTION OF THE RIGHTS AND WELL-BEING OF THE CHILD

1. States parties are convinced that the child, by reason of his or her physical and mental dependence, needs special safeguards and care, including appropriate legal protection, before as well as after birth.

2. The child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding.

3. States parties shall protect the child against all forms of abuse and exploitation prejudicial to any aspects of the child's well-being.

4. States parties shall take necessary actions to implement effectively the saarc convention on regional arrangements for the promotion of child welfare and to combat and suppress all offences against the person, dignity and the life of the child.

5. States parties are resolved that the child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him or her to develop its full potential physically, mentally, emotionally, morally, spiritually, socially and culturally in a healthy and normal manner and in conditions of freedom and dignity. The best interests and welfare of the child shall be the paramount consideration and the guiding principle in all matters involving his or her life.

6. States parties agree to extend to the child all possible support from government, society and the community. The child shall be entitled to grow and develop in healthwith due protection. To this end, special services shall be provided for the child and its mother, including pre-natal, natal (especially delivery by trained birth attendant) and post-natal care, immunization, early childhood care, timely and appropriate nutrition, education and recreation. States parties shall undertake specific steps to reduce low birth weight, malnutrition, anemia amongst women and children, infant, child and maternal morbidity and mortality rates, through the inter-generational life cycle approach, increase education, literacy, and skill development amongst adolescents and youth, especially of girls and elimination of child/early marriage.

7. States parties shall take effective measures for the rehabilitation and re-integration of children in conflict with the law.

8. State parties shall take appropriate measures for the re-habilitation of street children, orphaned, displaced and abandoned children, and children affected by armed conflict.

9. States parties pledge that a physically, mentally, emotionally or socially disadvantaged child shall be given the special treatment, education and care required by his or her particular condition.

10. States parties shall ensure that a child of tender years shall not, save in exceptional circumstances, be separated from his or her mother and that society and the public authorities shall be required to extend particular care to children without a family and to those without adequate means of support, including where desirable, provision of state and other assistance towards his or her maintenance.

11. States parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and

trafficking of such substances. In this respect, states parties shall expedite the implementation of the saarc convention on narcotic drugs and psychotropic substances at the national and regional levels.

#### ARTICLE VIII : POPULATION STABILISATION

1. States parties underscore the vital importance of enhanced cooperation in the social development and well-being of the people of south asia. They agree that national programmes evolved through stakeholder partnership, with enhancement of allocation of requisite resources and well-coordinated regional programmes will contribute to a positive atmosphere for the development of a socially content, healthy and sustainable population in the region.

2. States parties are of the view that population policies should provide for human-centered approach to population and development and aim towards human survival and well-being. In this regard, they affirm that national, local or provincial policies and strategies should aim to bring stabilization in the growth of population in each country, through voluntary sustainable family planning and contraceptive methods, which do not affect the health of women.

3. States parties shall endeavour to inculcate a culture of self-contentment and regulation where unsustainable consumption and production patterns would have no place in the society and unsustainable population changes, internal migration resulting in excessive population concentration, homelessness, increasing poverty, unemployment, growing insecurity and violence, environmental degradation and increased vulnerability to disasters would be carefully, diligently and effectively managed.

4. States parties shall take action to ensure reproductive health, reduction of maternal and infant mortality rates as also provision of adequate facilities to enable an infant to enjoy the warmth of love and support of his/her parents.

5. States parties also agree to set up a saarc network of focal institutions on population activities for facilitating the sharing of information, experiences and resources within the region.

#### ARTICLE IX : DRUG DE-ADDICTION, REHABILITATION AND REINTEGRATION

1. States parties agree that regional cooperation should be enhanced through exchange of information, sharing of national experiences and common programmes in the specific areas, which should receive the priority consideration of the appropriate mechanisms both at the national and regional levels.

2. States parties identify for intensive cooperation, the strengthening of legal systems to enhance collaboration in terms of financial investigation; asset forfeiture; money laundering; countering criminal conspiracies and organized crime; mutual legal assistance; controlled deliveries; extradition; the updating of laws and other

relevant structures to meet the obligations of the saarc convention and other related international obligations, and developing of measures to counter drug trafficking through exchange of information; inter-country cooperation; controlled deliveries; strengthened sdomd; regional training; frequent meetings at both policy and operational levels; strengthening the enforcement capabilities in the saarc countries; enhanced control of production and use of licit drugs, and precursors and their essential chemicals.

3. Keeping in view the complementarities between demand reduction activities and supply control programmes, states parties agree that all aspects of demand reduction, supply control, de-addiction and rehabilitation should be addressed by regional mechanisms.

#### ARTICLE X : IMPLEMENTATION

1. The implementation of the social charter shall be facilitated by a national coordination committee or any appropriate national mechanism as may be decided in each country. Information on such mechanism will be exchanged between states parties through the saarc secretariat. Appropriate saarc bodies shall review the implementation of the social charter at the regional level.

2. Member states shall formulate a national plan of action or modify the existing one, if any, in order to operationalise the provisions of the social charter. This shall be done through a transparent and broad-based participatory process. Stakeholder approach shall also be followed in respect of implementation and evaluation of the programmes under national plans of action.

#### ARTICLE XI : ENTRY INTO FORCE

The social charter shall come into force upon the signature thereof by all states parties.

#### ARTICLE XII : AMENDMENT

The social charter may be amended through agreement among all states parties.

In faith whereof we have set our hands and seals hereunto done in Islamabad, Pakistan, on this the Sixth day of January of the year Two Thousand Four, in nine originals, in the english language, all texts being equally authentic.

**Begum Khaleda Zia**

PRIME MINISTER OF THE PEOPLE'S  
REPUBLIC OF BANGLADESH

**Maumoon Abdul Gayoom**

PRESIDENT OF THE  
REPUBLIC OF MALDIVES

**Jigmi Yoezer Thinley**

PRIME MINISTER OF THE  
KINGDOM OF BHUTAN

**Surya Bahadur Thapa**

PRIME MINISTER OF THE  
KINGDOM OF NEPAL

**Atal Bihari Vajpayee**

PRIME MINISTER OF THE  
REPUBLIC OF INDIA

**Mir Zafarullah Khan Jamali**

PRIME MINISTER OF THE  
ISLAMIC REPUBLIC OF PAKISTAN

Chandrika Bandaranaike Kumaratunga

PRESIDENT OF THE DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA

## SAARC DEVELOPMENT GOALS

### Livelihood

#### **Goal 1      Eradication of Hunger Poverty**

*Indicator 1    Malnutrition in children under five years*

*Indicator 2    Malnutrition for overall population (in average intake)*

#### **Goal 2      Halve proportion of people in poverty by 2012**

*Indicator 3    Percentage of people living on less than 1\$ per day (PPP terms)*

*Indicator 4    Head count poverty ratio based on nationally determined poverty line(s)*

#### **Goal 3      Ensure adequate nutrition and dietary improvement for the poor**

*Indicator 5    Percentage of the poor covered by various food support programmes*

*Indicator 6    Micro-nutrient supplements e.g. % of people having access to Vitamin A, iodized salt, etc.*

#### **Goal 4      Ensure a robust pro-poor growth process**

*Indicator 7    Budgetary/ fiscal expenditure for pro-poor growth sectors as % of GDP, and as % of total government expenditures*

*Indicator 8    % of poor covered by micro-credit and similar programmes*

*Indicator 9    Reduction of income/consumption inequality (Gini Coefficient)*

*Indicator 10    Rate of growth of employment (disaggregated)*

*Indicator 11 Assets ownership by poor (quantifiable indicators to be developed)*

*Additional indicators Rate of increase of income/consumption of bottom 20% of the population compared to top 20% of the population*

## **Goal 5 Strengthen connectivity of poorer regions and of poor as social group**

*Indicator 12 Transport connectivity for the poor in rural areas (e.g., length of rural roads, availability of boats per 1000 population, average time/distance to reach nearest road/major population centre)*

*Indicator 13 Communications connectivity : % of people using telephone/cell Phone*

*Indicator 14 % of rural population having access to electricity*

*Indicator 15 Representation of the excluded groups (dalits/tribals/indigenous groups) in local government*

*Indicator 16 Mass media connectivity : percentage of people using TV and radio*

## **Goal 6 Reduce social and institutional vulnerability of the poor, women and children**

*Indicator 17 % of children who are working*

*Indicator 18 Share of women in employment (wage/self/organized/unorganized)*

*Indicator 19 Coverage or amount of public expenditure as % of GDP on Social Protection for the Vulnerable Groups*

*Indicator 20 Early marriage (average age at marriage, % of girls married before legal age)*

*Indicator 21 Birth registration (% of children registered)*

*Indicator 22 Sex ratio at birth*

## **Goal 7      Ensure access to affordable justice**

*Indicator 23    Average time required in disposal of legal disputes*

*Indicator 24    Access to alternate disputes resolution*

*Indicator 25    Access to free legal aid for the poor (marginalized group)*

## **Goal 8      Ensure effective participation of poor and of women in anti-poverty policies and programmes**

*Indicator 26    Percentage of women in local governments/ parliament/ civil services, etc.*

*Indicator 27    Gender Budgeting : Budgetary expenditures for women/ poor as % of total budgetary amount*

## **Health**

## **Goal 9      Maternal health**

*Indicator 28    Maternal Mortality Ratio (MMR)*

*Indicator 29    Percentage of births covered by the skilled birth attendants*

*Indicator 30    Life expectancy of women as a ratio of life expectancy of men*

*Indicator 31    Age specific fertility rate of 15 to 24 years girls*

## **Goal 10    Child health**

*Indicator 32    Immunisation coverage (measles can be a proxy)*

*Indicator 33    Under 5 mortality rate (CMR)*

*Indicator 34    IMR*

*Indicator 35 Neo-natal mortality rate*

## **Goal 11 Affordable health care**

*Indicator 36 Out of pocket expenditure on health as % of total household expenditure*

*Indicator 37 Total government expenditure on health as a % of GDP*

*Indicator 38 % of budget allocated to primary health care vis-à-vis total health budget*

*Indicator 39 Number of doctors per 1000 population*

## **Goal 12 Improved hygiene and public health**

*Indicator 40 % of population with access to safe drinking water*

*Indicator 41 % of population having access to sanitation*

*Indicator 42 Policies on health education (number of programmes, preventing and health promoting, on communicable diseases e.g. HIV/AIDS, TB and malaria)*

*Indicator 43 Prevalence rate of HIV/AIDS, TB, Malaria*

## **Education**

### **Goal 13 Access to primary/community schools for all children, boys and girls**

*Indicator 44 % of children having access to primary schools by distance*

*Indicator 45 Gross Enrolment Rate/Net Enrolment Rate*

*Indicator 46 Public expenditure on education in terms of GDP*

*Indicator 47 Gender parity at primary and secondary level*

## **Goal 14      Completion of primary education cycle**

*Indicator 48    Survival rates (along with drop-out)*

## **Goal 15      Universal functional literacy**

*Indicator 49    Adult literacy rate*

## **Goal 16      Quality education at primary, secondary and vocational levels**

*Indicator 50    Percentage of trained teachers*

*Indicator 51    Students teacher ratio*

*Indicator 52    Percentage of schools with toilets for girls*

## **Environment**

## **Goal 17      Acceptable level of forest cover**

*Indicator 53    Percentage of forest cover*

*Indicator 54    Percentage or extent of community/social forest*

## **Goal 18      Acceptable level of water and soil quality**

*Indicator 55    Chemical fertilizers/ pesticides consumption per ha of arable land*

*Indicator 56    Percentage of contaminated wells/water sources*

## **Goal 19      Acceptable level of air quality**

*Indicator 57    Carbon dioxide emissions (metric tons per capita)*

*Indicator 58    Particulate matter (PM 2.5/10) in the major metropolitan centres*

*Indicator 59    Percentage of firewood in total energy mix*

## **Goal 20    Conservation of bio-diversity**

*Indicator 60    % and number of protected areas out of the total land area (with management plan)*

*Indicator 61    Number of protected species*

## **Goal 21    Wetland conservation**

*Indicator 62    Number and % of protected wetland/Ramsar sites*

## **Goal 22    Ban on dumping of hazardous waste, including radio-active waste**

*Indicator 63    Solid waste generation per capita (kg p.a.)*

*Indicator 64    % of waste treated*

*Indicator 65    Regulatory framework for hazardous waste treatment in place*