

SOCIAL JUSTICE

VALUE ADDED MATERIAL MAINS 2025

Key Features:

Complete Syllabus

Coverage: All essential Social Justice topics, from Vulnerable Sections to Malnutrition, in one resource!

PYQ Insights

(2013–2024): Unlock the pattern of Past Year Questions to spot high-frequency topics

Impactful Case Studies:

Elevate your answers with real-world examples and case studies

Smart Revision Tools:

Use interactive revision tables and infographics for quick revision



SOCIAL JUSTICE

Student Notes:

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Student Notes:

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HYDERABAD: 30 JULY

JAIPUR: 24 JUNE

JODHPUR: 2 JULY

LUCKNOW: 22 JULY

PUNE: 14 JULY

Preface

Dear Aspirant,

Congratulations on clearing the Prelims stage of the **Civil Services Examination 2025**. The journey to Mains demands not only a robust knowledge base but also a nuanced understanding of interconnected subjects, especially in a crucial area of GS Paper 2 like Social Justice.

We recognize that this critical period can be daunting. With a syllabus including topics that constantly evolve and are associated with welfare policies, and emerging societal challenges, you might find yourself grappling with questions like: **How do I cover the vast spectrum of vulnerable sections and the issues they face? How do I effectively analyse current developments in welfare schemes and social sector to write answers?**

It is with a **deep appreciation** for these challenges that we, the **team at VISIONIAS**, have meticulously prepared this **Social Justice Value Added Material (VAM)** for **Mains 2025**. This document is not merely a compilation; it is a **strategic guide** designed to **empower your preparation for the GS Paper 2**.

The Philosophy: Precision and Relevance of Content

The cornerstone of this VAM is a **thorough and objective analysis of UPSC Mains questions** from recent years. This rigorous PYQ analysis serves as the guiding principle of picking themes and topics to discuss in this document, ensuring that every aspect of the document is aligned with the examination's demands.

How Will This Document Empower Your Mains Preparation?

Our **primary objective** is to equip you with the **comprehensive content and the analytical acumen necessary to excel in UPSC CSE Mains**. This VAM is structured to achieve several key objectives:

- **Comprehensive Coverage of Vulnerable Sections:** We have meticulously covered all major vulnerable sections in India, including **Women, Children, Youth, Elderly, SCs, STs, OBCs, Minorities, Differently-Abled Persons, and Transgender Persons**, detailing the unique challenges they face.
- **Integrated Welfare Schemes and Policies:** Recognizing the **dynamic nature of this subject**, key **government schemes, acts, and constitutional safeguards** pertinent to the protection and empowerment of these vulnerable groups are **seamlessly integrated** throughout the document, ensuring your preparation is always up-to-date.
- **Focus on Analytical data for Themes of Social Justice:** This material delves into critical issues relating to the vital social sectors such as Health and Education, providing **data driven insights** into their infrastructure, challenges, and government initiatives.
- **One-Stop Solution:** This comprehensive document **addresses the entirety of the syllabus**, consolidating all necessary topics into a single, accessible resource, thereby saving your valuable time and effort in navigating multiple sources.

Our Commitment to Your Success

This document is a culmination of dedicated effort aimed at **simplifying your preparation and maximizing your output for Mains 2025**. We firmly believe that with a clear strategy and the right resources, your diligent efforts will translate into commendable success.

Trust this process, utilize this material to its fullest potential, and approach the examination hall with the confidence that you are thoroughly prepared.

Your Trusted Partner in Success
Vision IAS

Student Notes:

UNIT 1: VULNERABLE SECTIONS AND WELFARE SCHEMES FOR THEIR PROTECTION

Student Notes:

PYQ Analysis and Insights

Unit 1 of **Social Justice** focuses on **Vulnerable Sections** and the measures taken for their **welfare**. Based on our analysis of **Previous Year Questions (PYQs)** from 2013 to 2024, we've gathered key **insights** for **Mains 2025**. These insights help you understand the types of questions commonly asked about **welfare schemes** for vulnerable groups. We've categorized the questions to guide you on how to approach each type, from understanding the schemes to critically evaluating their **impact** and **policy implications**.

We recommend using these insights along with the specially curated **VAM content**. Together, they'll help you write focused and comprehensive answers, boosting your score in **GS Paper 2**.

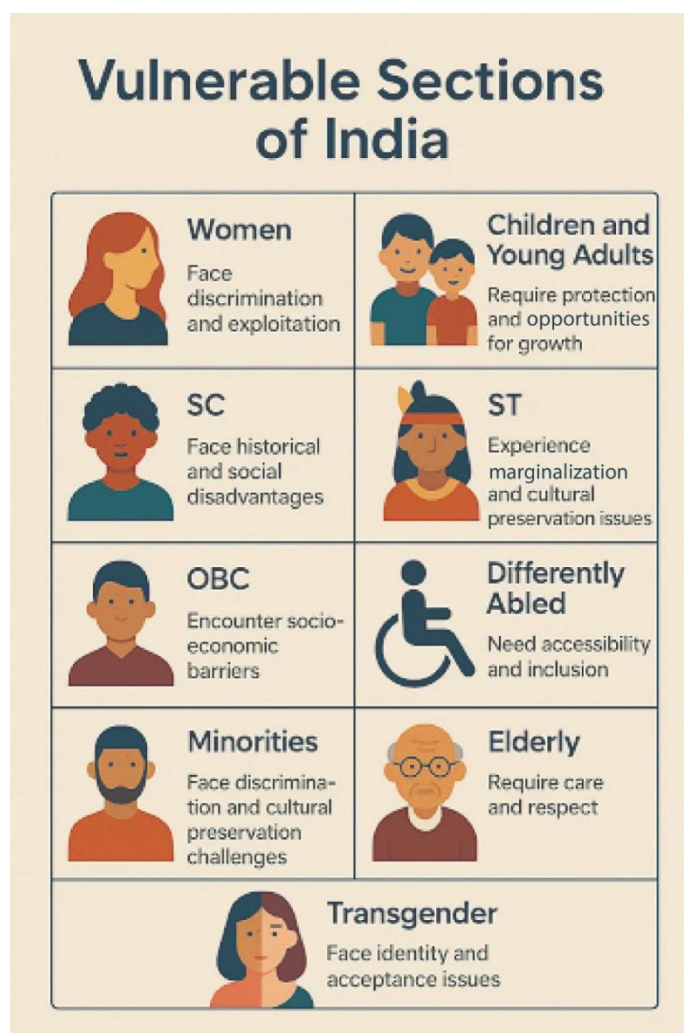
Question Type	PYQs	Insights for Mains 2025
Understanding of the Scheme(s) - Objectives of welfare schemes. - Target Groups (women, SC/ST, minorities). - Components and Design of the scheme (funding, coverage, implementation).	2017: 'To ensure effective implementation of policies addressing water, sanitation and hygiene needs, the identification of beneficiary segments is to be synchronized with the anticipated outcomes'. Examine the statement in the context of the WASH scheme. 2017: Does the Rights of Persons with Disabilities Act, 2016 ensure effective mechanism for empowerment and inclusion of the intended beneficiaries in society? Discuss. 2013: The concept of Mid Day Meal (MDM) scheme is almost a century old in India. Critically examine its twin objectives, latest mandates, and success.	What to focus on: - Understand who the scheme targets and why it was introduced, focusing on its macro-level goals such as poverty alleviation, education, healthcare, or social equity. - Break down the objectives, components, and design of the scheme, and assess how it aligns with national policies aimed at vulnerable groups. - Analyze the scheme's impact using real-world data, and identify gaps or inefficiencies in coverage or implementation. - Discuss potential policy reforms to strengthen the scheme and improve its targeting of marginalized communities.
Critical Evaluation of Welfare Measures - Effectiveness and Impact of schemes. - Challenges (e.g., corruption, infrastructure, implementation). - Sustainability of schemes and outcomes.	2023: "Development and welfare schemes for the vulnerable, by its nature, are discriminatory in approach." Do you agree? Give reasons for your answer. 2016: Examine the main provisions of the National Child Policy and throw light on the status of its implementation. 2014: Do government schemes for uplifting vulnerable and	What to focus on: - Discuss institutions responsible for implementing the schemes/ measures (e.g., state-level committees for PMAY). Focus on governance challenges. - Focus on implementation gaps (e.g., PMJAY hospital reimbursements, corruption in scheme execution).

	backward communities by protecting required social resources for them, lead to their exclusion in establishing businesses in urban economies?	Point out governance failures, bureaucratic inefficiencies, and poor accountability. Suggest solutions like better enforcement or streamlining processes.
Dimensions of Social Justice - Equity in welfare schemes. - Social Exclusion: Barriers for marginalized groups. - Gender Justice: Empowerment of women and girls in schemes.	2021: Though women in post-Independent India have excelled in various fields, the social attitude towards women and feminist movement has been patriarchal. What interventions can help change this milieu? 2017: Does the Rights of Persons with Disabilities Act, 2016 ensure effective mechanism for empowerment and inclusion of the intended beneficiaries in society? Discuss.	What to focus on: Analyze how the scheme benefits marginalized groups and show their empowerment through real-life examples or case studies. Gender and social exclusion issues should be your focus. Look at whether rural women, minorities, or Dalits are benefiting equally. Critically assess any discrimination present.

1. Vulnerable Sections in India

Vulnerable sections refer to groups of **people** who face **higher risks and disadvantages** due to various socio-economic, cultural, and environmental factors. These populations experience **systemic exclusion, marginalization**, and **inequitable access to resources, rights, and opportunities**.

Vulnerability is often influenced by the **intersectionality** of **factors** such as **economic status, gender, caste, disability, age, and ethnicity**. Vulnerable groups **typically lack the power to influence** social, political, and economic decisions and are **subject to discrimination, neglect, or abuse**.



Rationale of Welfare Schemes for Vulnerable Sections

- **Constitutional Basis**
 - The **Preamble of the Constitution** promotes **justice, equality, and dignity**.
 - Fundamental Rights protect and promote the idea of **equality**, the **right to live with dignity**, and rights **against untouchability and exploitation**.
 - **Directive Principles** emphasize the **state's responsibility** for **citizens' welfare**, helping India become a **Welfare State**.
- **Economic Reasons**
 - The Idea of **Inclusive growth** is considered vital for **sustained economic progress** of any nation.
 - Welfare schemes for vulnerable sections help **reduce poverty, support the labor force, and facilitate active participation of Vulnerables** in economic development.
- **Nation Building**
 - **Excluding vulnerable groups** leads to **social resentment and inequality**, hindering **nation-building** efforts.
 - Ensuring equitable access improves **societal harmony**, fostering a sense of **unity and inclusion**.

1.1. Women in India

"When one woman is empowered, she becomes a catalyst for change" - Michelle Bachelet (Former Chilean President)

Women in India are recognized as a **vulnerable section of the population**, facing **systemic disadvantages** due to socio-cultural, economic, and political factors. This vulnerability is often **structured**, stemming from **imperfect or unjust societal systems**. Women specifically face significant barriers in terms of **access to education, economic independence, legal justice, and healthcare**.

Key Data Regarding Women's Vulnerabilities

Health & Social Vulnerabilities

- **Child Marriage (2019-21)**: 23.3% of women aged 20-24 were married before reaching the legal age of 18.
- **Sex Ratio at Birth (2018-20)**: The ratio remains unfavorably low at **907 female births for every 1,000 male births**, pointing to the persistence of son preference.
- **Maternal Mortality (2018-20)**: The Maternal Mortality Ratio (MMR) stood at 97 deaths per 100,000 live births, compared to the **SDG benchmark of 70**.
- **Malnutrition (2019-21)**: 18.7% of women between the ages of 15-49 have a Body Mass Index (BMI) that is below normal.
- **Health Awareness (2019-21)**: Only 21.6% of women have comprehensive knowledge of HIV/AIDS.

Economic Vulnerabilities

- **Labour Force Participation (2023-24)**: The Labour Force Participation Rate for females aged 15 and above is only 41.7%.
- **Wage Gap (Jan-Mar 2024)**: In casual labour, women earned significantly less than men.
 - **Rural**: Women earned an average of ₹286 per day compared to men's ₹407.
 - **Urban**: Women earned an average of ₹358 per day compared to men's ₹529.
- **Burden of Unpaid Work (2024)**: On an average day, female participants spend 330 minutes on unpaid domestic services, while male participants spend only 101 minutes on the same.

Educational Disadvantages

- **Gender Gap in Literacy (2017-18):** A significant literacy gap of 14.4 percentage points persists between men and women aged 7 and above.
- **Dropout Rate (2023-24):** The dropout rate for girls increases significantly with the level of education, reaching 12.60% at the secondary level (Class IX-X).

Crime and Violence

- **Domestic Violence (2019-21):** 29.3% of ever-married women aged 18-49 have experienced physical, sexual, or emotional violence committed by their husband.
- **Major Crimes (2022):** "Cruelty by Husband or his Relatives" was the most reported major crime against women, with 140,546 cases filed.
- **Rape (2022):** There were 31,516 reported victims of rape.
- **Cyber Crimes (2022):** 15,969 cases of cybercrimes targeting women were reported.

1.1.1. Key Challenges Faced by Women in India

1. Deep-Rooted Patriarchy & Social Discrimination

- **From Birth to Adulthood:** Discrimination starts early—**female foeticide**, **child marriage**, and **dowry practices** reinforce inequality.
- **Restricted Roles:** **Patriarchal norms** confine women to household duties, limiting **education** and **career growth**.
- **Stigma & Shame:** **Menstruation** remains taboo, forcing many girls to drop out of school, while **working women** lack **menstrual leave policies**.
- **Honor & Control:** Practices like **honor killings** and **acid attacks** suppress women's freedom under the guise of "family reputation."

2. Violence & Exploitation – A Daily Battle

- **Rising Crimes:** **87 rape cases** are reported daily (NCRB), and **domestic abuse** remains widespread.
- **Unsafe Public Spaces:** Fear of **harassment** restricts **mobility** and **independence**.

3. Economic Inequality – The Invisible Struggle

- **Low Workforce Participation:** Only **36.9%** of women are in formal jobs (2025), far below global averages.

The Shadow Pandemic: Gender Violence and Mental Health Crisis

The **Shadow Pandemic** refers to the rise in **gender-based violence (GBV)**, especially **domestic violence**, during the COVID-19 lockdowns (UN Women).

Factors like **isolation**, **economic stress**, and **social unrest** worsened violence, impacting women, children, and vulnerable groups.

Simultaneously, **mental health issues** like stress, **depression**, and **anxiety** increased due to the lockdown.

Policy responses included **emergency helplines**, **shelters**, and **mental health services** to support affected individuals.



Invisible Labor: The Unacknowledged Tax

The "**Invisible Labor Tax**" highlights the disproportionate burden of **unpaid care work** on women. This **unacknowledged "tax"** consumes time and energy, limiting women's economic participation and well-being.

Addressing this requires **re-engineering societal structures**. Investing in **universal care infrastructure** (like childcare) and promoting **shared responsibilities** can reduce this burden.

- **Gender Pay Gap:** Women earn just **39.8%** of men's wages for the same work. Most working women are in **low-paying**, unstable jobs with no **social security**.

- **Unpaid Labor Burden:** Women spend **5.6 hours daily** on unpaid care work—equivalent to an invisible tax, draining their potential.

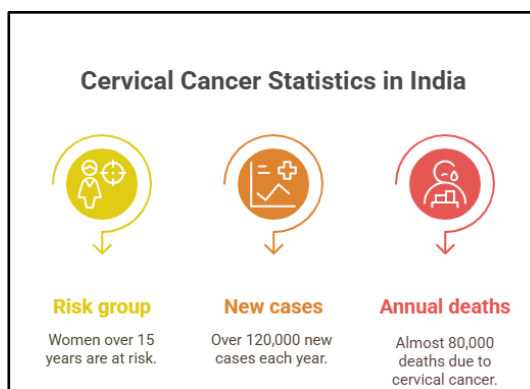
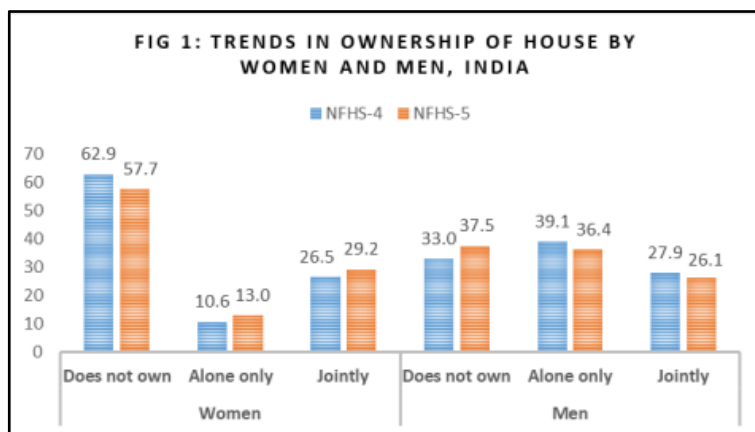
- **Unequal Ownership of Assets:** Women in India consistently have lower ownership levels than men across key assets, including **houses** (42.3% for women vs. 62.5% for men), **land** (31.7% vs. 43.9%), **mobile phones** (54% vs. 91%), and **bank accounts** (79% vs. 86%).

4. Health & Nutrition – Ignored & Underserved

- **Anemia & Malnutrition:** Half of Indian women suffer from **anemia** (NFHS-5).
- **Maternal Health Risks:** High **maternal mortality** and lack of proper healthcare endanger mothers.
- **Cancer & Neglect:** **Cervical cancer** (2nd most common among women) lacks awareness and **HPV vaccine** access.
- **Aging Without Care:** **Widows** and elderly women face neglect, with little support for their **health needs**.

5. Lack of Representation & Power

- **Political Marginalization:** Only **14.4%** of **Lok Sabha MPs** are women.
- **Sarpanch Pati Culture:** Often husbands take oaths for elected women leaders, mocking grassroots empowerment.
- **Limited Access to Rights:** Many women lack **property ownership**, **legal aid**, and **digital literacy**, keeping them dependent.



Support for Working Women and Survivors of Violence

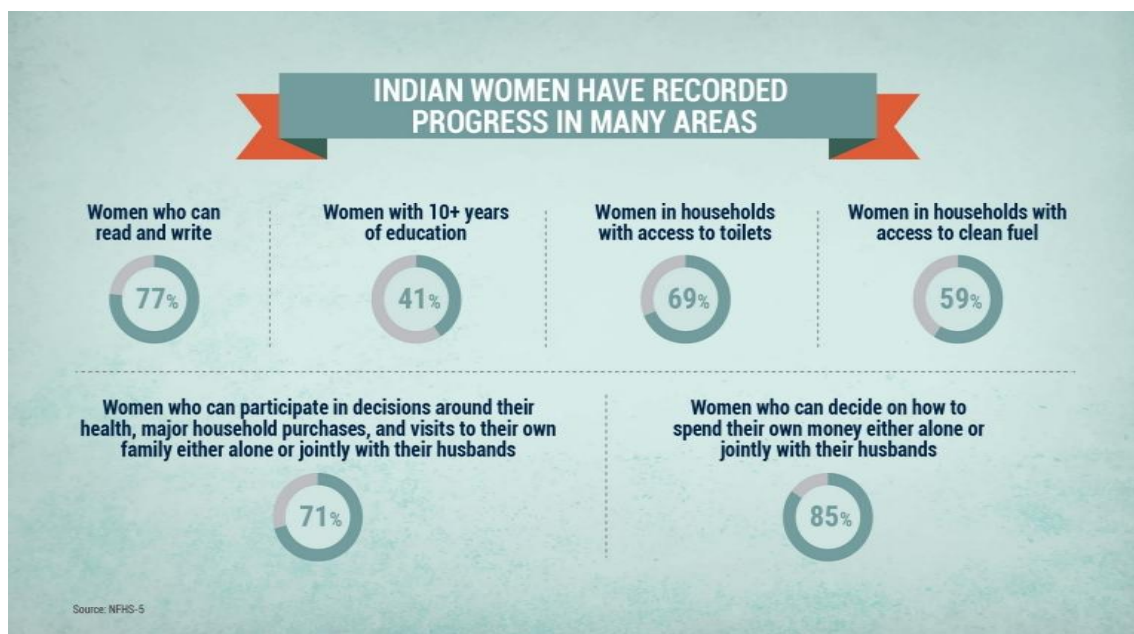
Sakhi Niwas: Provides safe, affordable housing for working women and job seekers. These hostels offer **daycare facilities** for children, helping women maintain economic independence. **States receive financial aid** to run these centers.

Sakhi Centres (OSCs): Over **800 operational centres** provide essential services like **medical**, **legal**, and **psycho-social** support to women affected by violence. These centres have assisted over **1.1 million beneficiaries**, offering crucial relief and safety.

1.1.2. Government Schemes and Policies for Women's Protection and Empowerment

Category	Scheme/Act/Article	Details
Constitutional Safeguards	Fundamental Rights (Articles 14, 15, 21, 23)	Guarantee equality , protection from discrimination , and the right to live with dignity.

	Article 42	Ensures humane conditions for women in workplaces .
	73rd Constitutional Amendment (Article 243D)	Mandates one-third reservation for women in Panchayati Raj Institutions.
Legislative Interventions	Prohibition of Child Marriage Act (2006)	Aims to protect women from child marriage .
	Domestic Violence Act (2005)	Aims to protect women from domestic violence .
	Sexual Harassment of Women at Workplace Act (2013)	Mandates mechanisms to combat workplace harassment .
	Maternity Benefit Act (2017)	Provides 26 weeks of paid maternity leave .
Welfare Schemes for Girls	Beti Bachao Beti Padhao (BBBP)	Addresses gender-biased sex selection and promotes girls' education.
	Sukanya Samridhi Yojna	Encourages saving for girls' education and marriage.
	Udaan Scheme	Provides scholarships for girls from minority communities for higher education .
Welfare Schemes for Women's Safety	One Stop Centre Scheme	Provides support to women affected by violence.
	Swadhar and Short Stay Homes	Offer shelter and rehabilitation for destitute women.
	Nirbhaya Fund	Finances initiatives for women's safety and dignity .
Economic Empowerment of Women	Pradhan Mantri Mudra Yojana (PMMY)	Facilitates collateral-free loans for women entrepreneurs .
	Deendayal Antyodaya Yojana	Empowers rural women through Self-Help Groups (SHGs).
	Rashtriya Mahila Kosh (RMK)	Provides micro-financing to poor women for income-generating activities.
	Stand Up India Scheme	Supports SC/ST and women entrepreneurs with bank loans for greenfield enterprises.
Health and Social Security	Pradhan Mantri Jan Arogya Yojana (PMJAY)	Provides health insurance to vulnerable women , including Anganwadi workers and their families.
	Pradhan Mantri Ujjwala Yojana	Ensures free LPG connections for BPL women to safeguard their health and well-being.



Nari Shakti Vandan Adhiniyam (Women's Reservation Act)

The **Nari Shakti Vandan Adhiniyam**, passed in **2023**, is a **landmark constitutional amendment** aimed at improving women's participation in Indian politics.

- It mandates the **reservation of one-third of seats for women in the Lok Sabha, State Legislative Assemblies, and the Delhi Assembly.**
- Though hailed as a **long-pending reform**, its full implementation depends on future census and delimitation exercises.

Implementation Challenges

- The rotational nature of reserved seats may discourage long-term investment by elected women.
- There is also concern over
 - proxy representation by male relatives,
 - limited inclusion of OBC and minority women,
 - lack of broader electoral reforms to support genuine empowerment.

Features of Women's Reservation Act

Characteristic	Description
Percentage of Reservation	33% of seats guaranteed for women
Sub-reservation	For SC/ST women included
Constitutional Amendments	Introduces new articles, amends existing ones
Implementation Timeline	After delimitation post next census
Reservation Duration	15 years, seat allocation on rotation

Learning from an Example: Women Empowerment in Norway

Norway offers a powerful case study in using **policy reform to accelerate women's representation** in leadership. In 2003, it mandated a **40 percent quota for women on corporate boards**, raising female representation from just 9 percent to over 40 percent in a few years. This is a clear example of how **strong legal mandates** can drive visible change.

However, the move also revealed a crucial lesson.



While quotas can open doors at the top, they do not automatically dismantle deeper **structural and cultural barriers** that prevent women from becoming CEOs or holding key executive roles.

Key takeaway: True empowerment requires a **two-pronged approach**.

- First, there must be **affirmative policies** to ensure women get a seat at the table.
- Second, there must be **long-term investment in equality of opportunity** through mentorship, skill development, inclusive work cultures, and access to leadership pipelines. Empowerment must reach **every level**, not just the boardroom

1.2. Children

Every child comes with the message that God is not yet discouraged of man" - Rabindranath Tagore

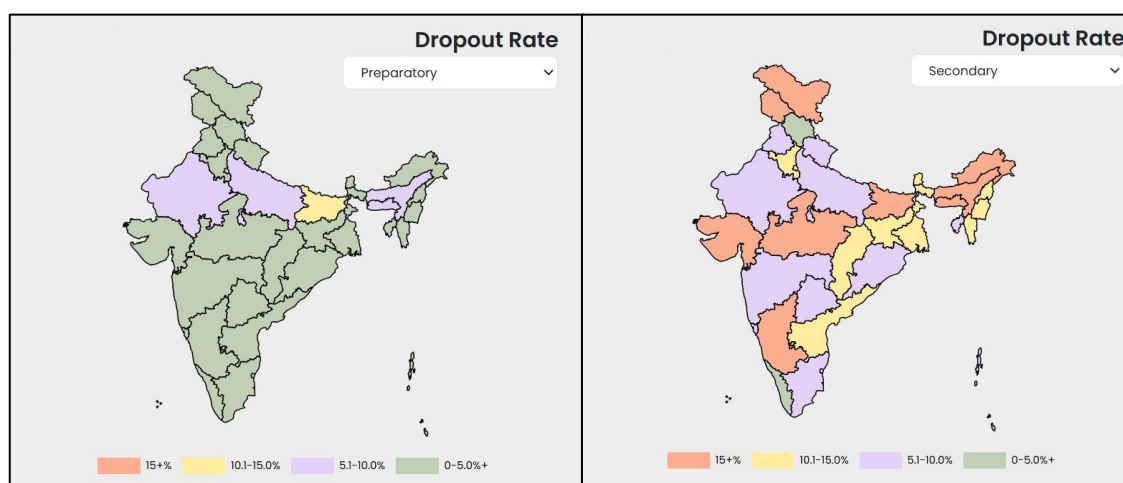
In India, **children** are defined as **individuals** under the age of **18 years**, unless they reach adulthood earlier by applicable law. Children account for **39% of the population of India** according to **Census 2011**.

- Children represent one of the most **vulnerable** sections of society, and are highly susceptible to **exploitation, abuse, and neglect**.
- Their vulnerability is further heightened in **difficult circumstances** such as being **orphans, refugees, child laborers**, or victims of **abuse**.

1.2.1. Key Challenges Faced by Children

1. Education

- **Learning Gaps and Dropout Rates:** Malnutrition and inadequate early childhood education contribute to **learning gaps**.
 - **1.72 crore** children **dropped out**, and school enrolment fell from 26.5 crore in 2021-22 to 24.8 crore in 2023-24.
- **Access to Pre-Primary Education:** Children from **economically weaker sections** are less likely to access **pre-primary education**, which impedes their learning journey.



UDISE Dashboard Data on School Dropout rates: Preparatory and Secondary

Best Practices:

- **Shala Praveshotsav:** Gujarat's annual school enrollment drive has **reduced dropout rates from 35% in 2003 to just 0.85% in 2024**, enrolling children in kindergarten and Classes 1, 9, and 11.

- **Thalliki Vandanam Scheme:** Andhra Pradesh's initiative provides ₹13,000 per student to mothers of 42.69 lakh school-going children, aiming to support education costs and reduce dropout rates

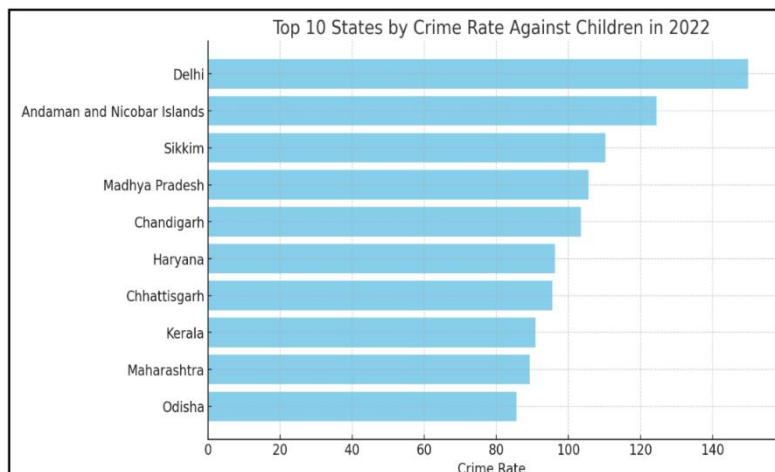
2. Child Abuse and Exploitation

• Child Marriage:

Driven by poverty and patriarchal norms, **child marriage** forces early pregnancies and limits education, perpetuating the poverty cycle.

• Crimes Against Children:

According to the **NCRB 2022**, **18 crimes against children** occur every hour, with **one-third** under the **POCSO Act**. Family members or acquaintances are often perpetrators.

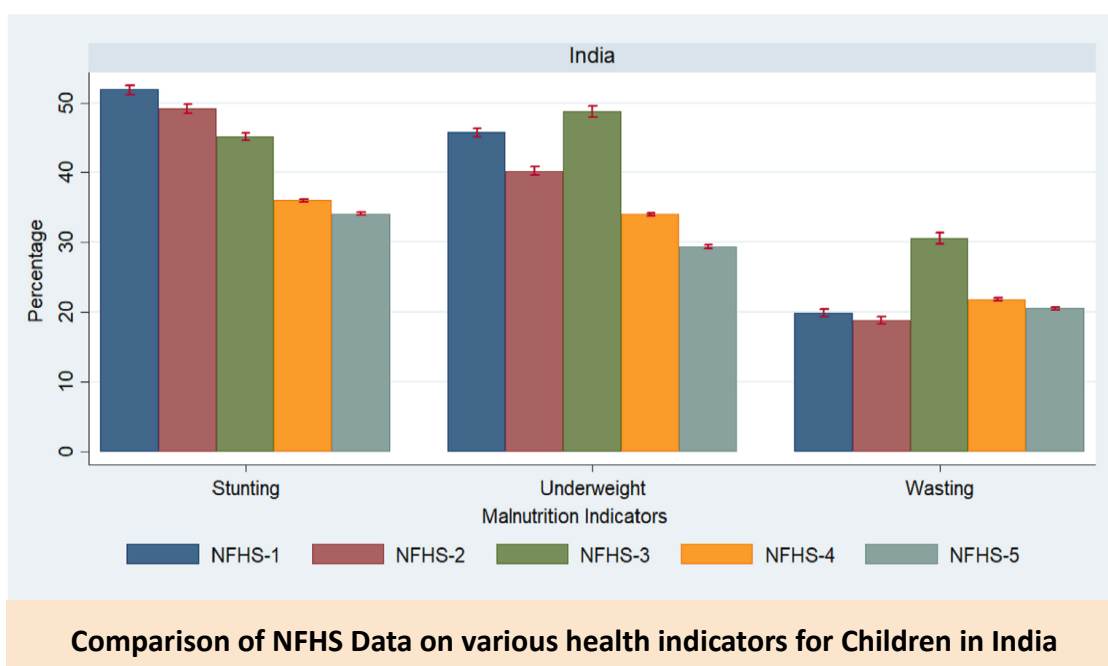


Top 10 States Reporting Increase in Crime Rate against Children: NCRB Data 2022

- **Child Labor:** India has the largest number of **working children globally**, with **over 10 million children aged 5-14** involved in **child labor**.

3. Health and Nutrition

- **Malnutrition:** India faces a high rate of malnutrition, with **32.1% underweight**, **35.5% stunted**, and **19.3% wasted** children. This, along with poor early childhood education, exacerbates learning difficulties.
- **Mortality and Health Indicators:** India has one of the highest **Infant Mortality Rates (IMR)** at **34 per 1,000 live births**. **Diarrhea** and **malnutrition** are primary causes of death for children under five.



Comparison of NFHS Data on various health indicators for Children in India

Best Practices:

- **Rajiv Aarogyasri Scheme: Telangana** has extended health insurance coverage to 2,215 orphans and BPL children in Child Care Institutions, offering cashless treatment up to ₹10 lakh for over 1,835 procedures.
- **ICDS and Bharat Ratna Dr APJ Abdul Kalam Amrut Aahar Yojana: Maharashtra** reported a 51,141 decrease in severely malnourished children from 2023 to 2025, attributed to initiatives like ICDS and the 'Bharat Ratna Dr APJ Abdul Kalam Amrut Aahar Yojana'.

4. Gender Discrimination

- **Child Marriage and Violence:** Female children face **infanticide**, neglect of **nutritional needs**, **lack of education**, and **gender-based violence**. **7% of girls aged 15 or younger** were married between 2014-2020.
- **Child Sex Ratio:** The **child sex ratio (0-6 years)** was **919 girls per 1,000 boys** in 2011, reflecting ongoing gender imbalances.

5. Other Vulnerabilities

- The **digital well-being** of children in India is a growing concern, with **60% of children** at risk of **digital addiction**.
 - **70-80%** of children exceed recommended screen time, leading to issues like **cyberbullying**, **mental health concerns**, and **behavioral changes**.
- Children are disproportionately affected by **natural disasters** and **climate change**, exacerbating their vulnerabilities.
 - In 2023, approximately **24.1 million children** in India were impacted annually by climate-related disasters such as floods, cyclones, and heatwaves.

Digital Well-being Frameworks

The "Digital Well-being Frameworks" are crucial for children with pervasive online access. This involves ensuring their **privacy**, protecting them from **harmful content** and **exploitation**, and promoting **mindful screen time** for healthy development.

**Learning through Example: A Special Start: Finland's Baby Box**

Finland's **Baby Box policy** is a powerful example of how governments can promote **equal opportunity from birth**. Since 1949, every new mother has received a free "Baby Box" containing essential items for newborn care.

This initiative does more than offer material support. It **encourages prenatal care**, fosters early child well-being, and has played a role in significantly **reducing infant mortality rates** in Finland.

Key takeaway: Social policies that provide **universal access to early life resources** can have lasting impacts. The Baby Box illustrates how **state-led interventions** can bridge gaps in healthcare, reduce inequality, and promote a **strong, healthy start for every child**, regardless of background.

**1.2.2. Government Schemes and Policies for Children**

Category	Scheme/Act/Article	Details
Constitutional Safeguards	Article 39(f)	Ensures children's development in a healthy and dignified environment, protecting them from exploitation.

	Article 21A	Guarantees free and compulsory education for children aged 6-14 years.
	Articles 23 & 24	Prohibit child trafficking and forced labor , with specific restrictions on hazardous labor.
	Article 45	Directs the provision of early childhood care and education for children up to six years.
Welfare and Development Schemes	Integrated Child Development Services (ICDS)	Focuses on the nutritional and health development of children under six.
	POSHAN Abhiyaan	Targets reduction of malnutrition in children.
	Samagra Shiksha Abhiyan	Aims to improve learning outcomes for disadvantaged children, focusing on quality education.
	National Education Policy (NEP) 2020	Prioritizes Early Childhood Care and Education (ECCE) for foundational literacy and numeracy.
	Childline-1098	A 24-hour Emergency helpline for children in distress.
	Mission Vatsalya	The scheme has supported 1.7 lakh children under non-institutional care programs in 2024–25, aiming to provide family-based care and rehabilitation .
Protection and Legal Frameworks	Juvenile Justice (Care and Protection of Children) Act, 2015	Focuses on the care, protection, and rehabilitation of children in need.
	Protection of Children from Sexual Offences (POCSO) Act, 2012	Provides strict protection against child sexual abuse .
	Prohibition of Child Marriage Act, 2006	Criminalizes child marriage.

1.3. Young Adults (Youth)

"The youth are the living messages we send to a future we will never see." – John F. Kennedy

In India, the **National Youth Policy 2014** defines **youth** as individuals between the ages of **15 and 29 years**.

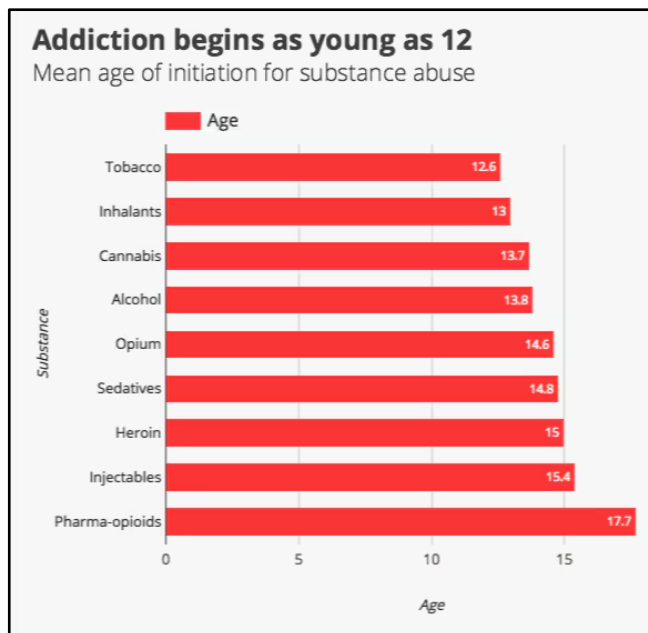
- Youth is considered a period of transition from **dependence to independence**, encompassing the age groups of **adolescents (10-19 years)** and **young adults (15-24 years)**.
- With **65% of India's population under 35 years**, youth form a **critical demographic** for national development.

1.3.1. Key Challenges Faced by Young Adults

Student Notes:

1. Employment Crisis and Skill Mismatch

- **High Unemployment:** Youth unemployment remains **high**, with a significant portion of the youth population either **underemployed** or **disengaged** from both employment and learning.
 - **Youth unemployment Rate:** **17.9%** in Urban areas and **13.7%** in Rural regions as of **May 2025**
- **Skill Gap:** A **substantial mismatch** exists between available talent and the needs of the industry.
 - Only **4.4%** of the workforce **aged 15-29** has received formal skills training, contributing to a high **unemployment rate**.
 - **Informalization:** An increasing trend toward informal, **short-term contracts** in the job market pushes youth into the **informal economy**, where social security benefits are absent.
 - **Exploitation under Gig Economy:** **Precarious Working Conditions** in the gig economy leads to exploitation of Youth. Key factors for such conditions include **poor pay**, lack of **social security**, and absence of **worker protection** regulations.



2. Mental Health Crisis, Drug Abuse and Suicide Epidemic

- **Drug Abuse:** Around **13%** of drug users in India are under **20 years old**, exacerbating physical and mental health issues.
- **Mental Health Issues:** A growing crisis of **mental health** problems, including **depression** and **suicidal tendencies**, especially among **LGBTQIA+ youth**, calls for urgent attention.
- **Suicide Epidemic:** Student suicides highlight the immense social and psychological pressures faced by youth mainly due to mental health issues, social pressures as well as drug abuse.
 - India reported **13,044 student suicides in 2022** (NCRB data), nearly doubling in a decade.

Learning through Example: Switzerland's Secret to Youth Success

Switzerland offers a strong example of how **practical education** can prepare youth for meaningful careers. Around **70% of Swiss teenagers** choose **vocational apprenticeships** after school rather than traditional academic routes.

These apprenticeships combine classroom learning with **on-the-job training**. Companies like Nestlé pay students as they work and learn, ensuring they **gain real-world skills and income** at the same time. As a result, Switzerland enjoys one of the **lowest youth unemployment rates** in the world.



Key takeaway: A well-designed **vocational training system** equips youth with job-ready skills, reduces unemployment, and bridges the gap between education and industry. It highlights the importance of aligning education with **practical experience and market needs**.

1.3.2. Government Schemes and Policies for Youth

Category	Scheme/Program	Details
Youth Development and Engagement	National Youth Policy 2014	Aims for holistic youth development to empower youth for nation-building.
	Nehru Yuva Kendra Sangathan	Provides rural youth with opportunities for nation-building and skill development.
	National Service Scheme (NSS)	Promotes volunteerism and social service.
	Life Skill Training for Adolescents	Equips youth with skills to cope with pressures and make healthy life choices.
	Mera Yuva Bharat (MY Bharat)	A platform launched in 2023 to engage youth in volunteerism and nation-building activities .
Skill Development and Employment Generation	National Skill Development Mission (NSDM)	Framework to coordinate skill development efforts across India.
	Pradhan Mantri Kaushal Vikas Yojana (PMKVY)	Provides skill training to improve youth employability.
	Employment-Linked Incentive (ELI) scheme	The Indian government approved an ₹1 trillion Employment-Linked Incentive (ELI) scheme , aiming to create approximately 35 million jobs between August 2025 and July 2027
	Start-Up India and Stand Up India	Facilitates entrepreneurship by providing financial support to youth entrepreneurs, especially from SC/ST backgrounds.
Social Security and Health	Code on Social Security (2020)	Expands social security benefits to include gig and platform workers, where majority of those employed are youth.
	Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY)	Affordable insurance schemes for underprivileged youth.
	Mental Health Care Act (2017)	Aims to reduce stigmatization and improve access to mental health care for youth .

National Youth Policy

The **National Youth Policy (NYP)** provides a **structured approach to youth development** in India. The last finalized version, **NYP 2014**, focused on empowering individuals aged **15–29** to achieve their full potential.

- It aimed to align youth energy with the goals of national development through five key priority areas: **education, employment and entrepreneurship, health and sports, youth leadership, and social justice**.
- The policy emphasized inclusion, skill-building, and active participation in civic life, and was aligned with national policies like NEP 2020 and international frameworks such as the Sustainable Development Goals.



Over time, the **need for an updated framework became clear** due to **changing economic realities, rapid technological shifts, and rising mental health concerns** among youth. Responding to this, the government released the **Draft National Youth Policy 2024**, building on past learnings and **aiming for deeper impact during the Amrit Kaal period**.

Key Features Draft National Youth Policy 2024:

- Tackling NEET Crisis:** Aims to reduce the NEET (Not in Education, Employment or Training) rate, which is **32.9%** of youth aged 15–29 (NSSO 2020–21).
- Focus on Youth Demographic:** Targets individuals aged **15–29 years**, who constitute India's **largest working-age population segment**.
- Skill, Up-skill, Re-skill Model:** Emphasizes readiness for **Industry 4.0** through continuous skill enhancement aligned with market needs.
- Digital Empowerment via YUVA Portal:** Introduces a one-stop **online platform** for internships, job opportunities, mentoring, and career counseling.
- Entrepreneurship and Job Creation:** Encourages youth to become **job creators** by promoting innovation, startup ecosystems, and e-commerce access.
- Leadership Development:** Proposes a **School of Leadership** at RGNID and platforms like **Youth Parliament Festival** to shape future leaders.
- Inclusion of Vulnerable Groups:** Prioritizes outreach to **dropouts, rural, disabled, and disadvantaged youth** through tailored programs.
- Mental Health and Well-being:** Integrates **counseling, stress management**, and awareness around substance abuse into youth health strategy.
- Fitness as Daily Culture:** Promotes **"Fitness ki Dose, Aadha Ghanta Roz"** and strengthens youth engagement in sports and adventure activities.
- Data-Driven Governance:** Recommends **District Youth Information & Resource Centers** and analytics for real-time youth tracking and support.

The draft aims to **create a youth ecosystem that not only supports individuals but positions them as leaders of change** in a rapidly evolving India.

1.4. Elderly (Senior Citizens) in India

"A society that abandons its elders cuts its own roots." - Confucius

In India, **"elderly"** refers to citizens **aged 60 and above**. According to the **2011 Census**, there were nearly **104 million senior citizens**, constituting **8.6%** of the population.

This number is **projected to triple by 2050**, reaching **300 million** (18%), with a rising proportion of elderly women, particularly in rural areas, facing issues like **poverty, dependency, and loneliness**.

1.4.1. Key Challenges Faced by the Elderly

- **Health Concerns:**

- High prevalence of **chronic illnesses** like **diabetes, heart diseases, and cataracts**.
- Limited access to **geriatric care**, with few healthcare providers trained for elderly-specific health needs.
- **Rising treatment costs** for conditions like **cancer**, leading families into financial distress.
- **Mental health issues**, including **depression, loneliness, and identity crises**, are common, as they face emotional neglect.
 - > Approximately **18% of elderly** individuals experience **depression**, with **loneliness** affecting about **35% of seniors**, particularly in urban areas.

- **Social Challenges:**

- **Changing family structures:** The rise of nuclear families has led to a **lack of companionship and caregiving**. Many elderly thus suffer from **social isolation**, especially those living alone.

> A study indicates that **34% of seniors experience social isolation**, with 55.4% reporting feelings of loneliness.

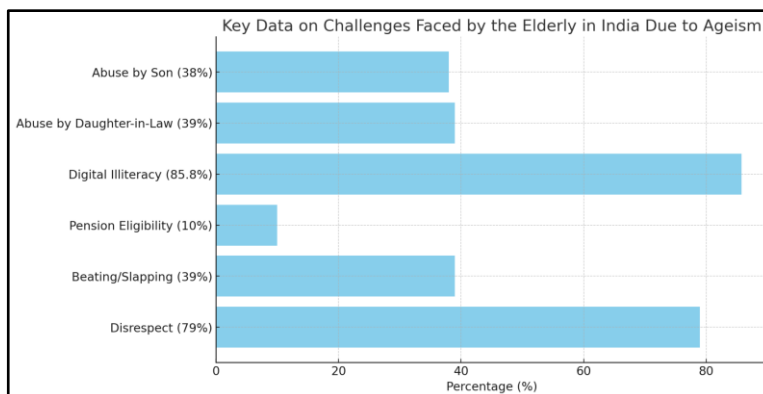
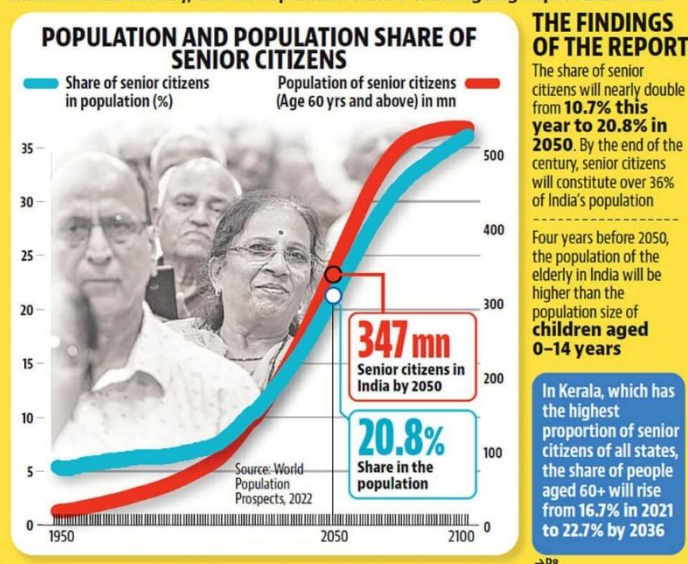
- **Elder abuse** is rampant, with incidents of **physical, verbal, and emotional abuse**, particularly by family members.
 - > Elder abuse remains a significant issue, with prevalence rates varying from 9.6% to 61.7% across different states

- **Economic Challenges:**

- **Limited Pension Coverage:** Only **10%** of India's workforce has **access to pensions**. Even through government schemes, the amount paid is a meagre Rs 200-500 per month, which is **insufficient** to meet basic needs.
- **Dependence on Children:** Due to limited pension access, many elderly individuals rely on their children for financial support.
- **Lack of Health Insurance:** A large portion of elderly individuals work in the **informal sector**, leaving them without **health insurance**. This leads to high medical costs and inadequate healthcare
- **Housing Challenges:** Many elderly individuals struggle to access **adequate housing** due to limited financial resources.

AN AGEING DEMOGRAPHIC?

The number of Indians aged above 60 will comprise 1/5th of the population by the middle of the century, the UN Population Fund's 'India Ageing Report 2023' said



- **Challenges Faced by Elderly Women:**
 - **Widowhood** is more prevalent among elderly women, leading to increased **financial vulnerability**.
 - Older women are more likely to face **abuse** and **denied property rights** due to **gender discrimination** and traditional societal norms.
- **Technology Barriers:**
 - Many elderly face challenges with **digital literacy**, hindering their ability to access services that are increasingly digitalized.
 - **Aadhaar exclusions:** Elderly individuals' **fingerprint degradation** can lead to exclusion from welfare schemes that require Aadhaar verification.

Learning through Example: The Graying Globe

As the world sees a rapid rise in the elderly population, **Japan's experience offers valuable lessons**. Often called a "**Silver Democracy**", Japan's political landscape is increasingly shaped by its ageing voters, with policy focus shifting toward **pensions, healthcare, and elderly welfare**.

One major issue Japan faces is the **growing burden of elderly care**. To tackle this, it has turned to **technological solutions**, such as the **Robear Care Robot** (shown in picture), which assists caregivers and showcases how innovation can ease care responsibilities.



Key takeaway: Preparing for an aging society requires more than just policy—it demands **foresight, welfare planning, and the use of technology**. Japan's approach reminds us that ensuring dignity, inclusion, and support for the elderly is not optional, but essential for **social justice in aging democracies**.

1.4.2. Government Schemes and Policies for the Elderly

Category	Scheme/Act/Policy	Details
Constitutional and Legal Framework	Article 41	Ensures the right to public assistance for old age.
	Maintenance and Welfare of Parents and Senior Citizens Act, 2007 (Amended 2019)	Mandates children to provide maintenance to elderly parents and ensures protection of life and property.
Welfare Schemes for the Elderly	Indira Gandhi National Old Age Pension Scheme (IGNOAPS)	Provides monthly pensions to BPL elderly citizens.
	Pradhan Mantri Vaya Vandana Yojana (PMVVY)	Ensures a pension for senior citizens with an 8% return on lump sum investments.
	National Programme for the Health Care for the Elderly (NPHCE)	Provides preventive and curative healthcare for the elderly.
	Rashtriya Vayoshri Yojana (RVY)	Distributes assistive devices (e.g., wheelchairs, hearing aids) to BPL senior citizens.
	Senior Citizens Health Insurance Scheme (SCHIS)	Offers health insurance coverage to elderly people in BPL families.

	SAGE Initiative	Promotes startups in the senior care sector .
Specific Government Policies and Schemes	National Policy for Senior Citizens, 2011	Focuses on welfare, promoting preventive care, income security, and social participation .
	Elder Line	A helpline that provides assistance to senior citizens in distress.
	Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)	Extended to include all citizens aged 70 and above , covering healthcare costs up to ₹5 lakh.

The Second Demographic Dividend

The **second demographic dividend** occurs when a large working-age population enters their highest **income-earning** years, typically between **40-49 years**. During this period, individuals focus more on **saving** for retirement and are at their most productive, contributing to economic growth.

- **India's Case:** India should focus on the **second demographic dividend** by addressing challenges like **skill deficits** (NEP 2020's goal to improve **GER**), **employment issues** (underemployment, especially in the **informal sector**), and promoting **savings, investment, and social security** to support future growth. Empowering **women** and managing **urbanization** challenges are also critical.

Maximizing Benefits from India's Second Demographic Dividend

- **Investing in Human Capital:** South Korea fueled growth by investing in **universal education** and **vocational training**, creating a skilled workforce.
- **Generating Productive Employment:** China absorbed rural workers into **urban industrial jobs** using **SEZs** and **export-oriented policies** during its demographic dividend peak.
- **Promoting Savings and Investment:** Singapore mobilized savings through **CPF**, supporting **infrastructure development** and **economic diversification**.
- **Strengthening Social Security and Healthcare Systems:** Japan supported its aging population with **universal healthcare** and **pension systems**.
- **Empowering Women:** Vietnam boosted **female labor force participation** through investments in **education, childcare, and gender equality** policies.

1.5. Scheduled Castes (SCs) in India

"The caste system is like an elevator that stopped working centuries ago - some are trapped in the basement while others enjoy the penthouse."

Dr. B.R. Ambedkar (Reservation policy debates)

Scheduled Castes (SCs) are communities identified under **Article 341** of the Indian Constitution as facing **historical discrimination and deserving special protection**. Initially, this status applied to marginalized Hindu communities, later it was expanded to include **Sikhs** (1956) and **Buddhists** (1990). The term **Dalit** is often used to refer to this group.

1.5.1. Key Challenges Faced by Scheduled Castes

1. Social Exclusion:

- SCs face **social ostracism** due to the entrenched caste system.

SCs in India - Key Demographic Data	
Characteristic	Value
Population	16.6% (16.6 crore)
Literacy Rate	65%
Work Participation	40.9%
Sex Ratio	945/1000

- **Discrimination** persists in **public spaces**, restricting access to resources, including basic necessities.
- Social practices like **honour killing**, **female foeticide**, **child marriage**, and **manual scavenging** continue to affect them.

2. Economic Disadvantage:

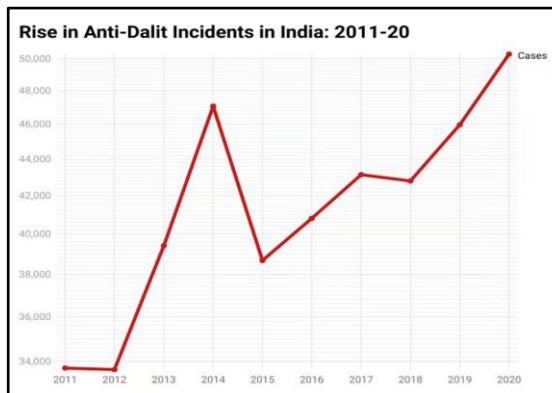
- **Poverty:** As per Census 2011, **34%** of SCs lived below the poverty line, much higher than the national average of **9%**.
- **Landlessness:** Approximately **45%** of SC households are landless.
- **Wealth Distribution:** SCs own only **7%** of India's wealth, despite comprising **25.2%** of the population.
- Many SCs work in **low-skilled, informal sectors**, facing job insecurity and earning lower wages than other castes.

3. Political Underrepresentation:

- Despite **constitutional provisions** for reservations, SCs remain underrepresented in **decision-making bodies**, holding only **4%** of senior positions in the government.

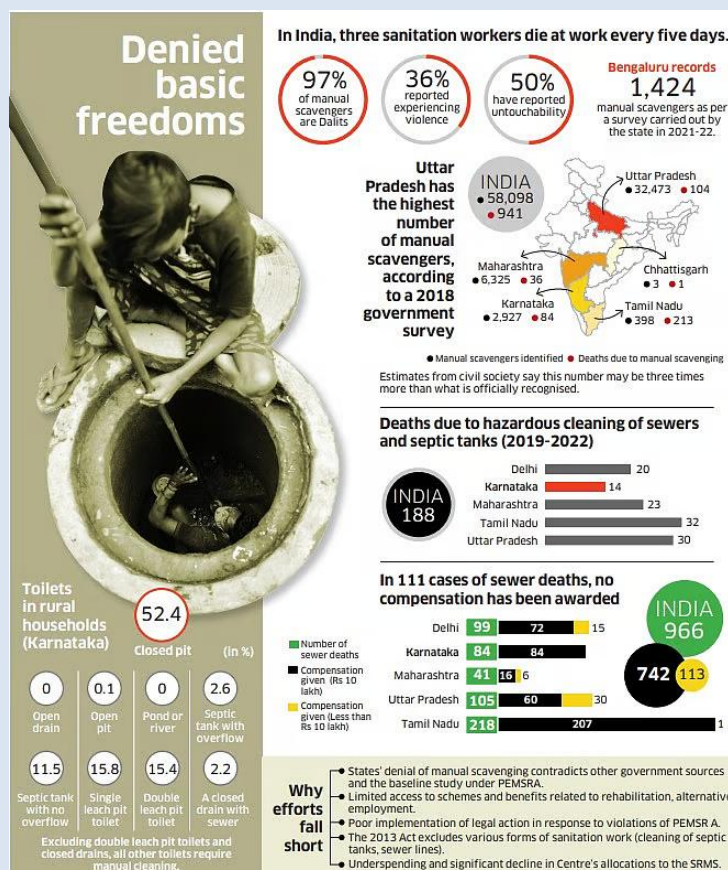
4. Vulnerability and Exploitation:

- SCs are **disproportionately** affected by **violence** and **human rights violations**. In 2022, **57,582 crimes** were reported against SCs.
- **Manual scavenging**, primarily undertaken by **Dalit women**, remains a practice of exploitation.
- SCs are overrepresented in **prisons**, constituting **20.74%** of the prison population.



Manual Scavenging in India: Persistence of a Grave Injustice

Manual scavenging remains one of India's most pressing social and human rights challenges, disproportionately impacting **Dalits**, especially **Dalit women**. Although outlawed under the **Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993**, and further criminalized by the **Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013**, the practice continues due to a nexus of caste hierarchies, economic deprivation, and poor enforcement.



Scale and Impact

- **Caste and Gender:** An estimated **98% of manual scavengers are Dalits**, and **95% are women** (Shah et al., 2015; UN Women, 2014), indicating **intersectional marginalisation** rooted in caste and patriarchy.
- **Deaths and Lack of Justice:** Over **40 deaths** were reported in **just six months of 2024** (Safai Karmachari Andolan).
 - From **1993 to 2020, 1,013 deaths** were officially recorded, yet **convictions remain rare**.
 - Most cases are labelled as "accidents," and affected families often do not receive compensation or meaningful rehabilitation.

Structural Reasons for Persistence of Manual Scavenging

- **Entrenched Caste System** and social stigma
- **Lack of alternative livelihoods**, education, or land
- **Poor sanitation infrastructure** and slow mechanization
- **Weak implementation** of laws and accountability mechanisms
- **Apathy from authorities** and wider society

Way Forward

- **Strict enforcement** of existing laws with accountability mechanisms
- **Full mechanization** of sanitation work and modern sewage systems
- **Robust rehabilitation programs**, including land, education, and employment
- **Skill development** and financial inclusion for liberated manual scavengers
- **Societal change** through education, media, and sustained public discourse to end caste-based occupational segregation

5. Access to Basic Services:

- **Education:** Malnutrition and lack of early childhood education hamper SC children's learning.
- **Health:** IMR among SCs is **83 per 1,000 live births**, significantly higher than the national average of **61.8**.
- **Basic Amenities:** Only **28%** of SCs had access to electricity in 2011, compared to the national average of **48%**.

6. Internal Disparities:

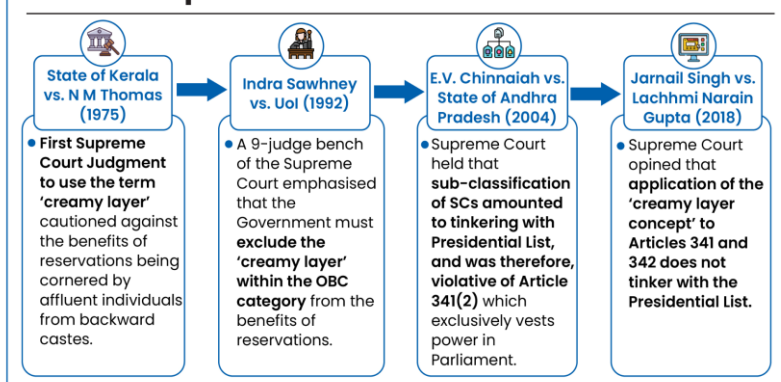
There are significant inequalities within SC communities, with **advanced SC sub-groups** benefiting more from reservations than marginalized sub-groups.

Sub-Classification of Scheduled Castes (SCs)

The **Supreme Court of India**, in the **State of Punjab & Others v Davinder Singh & Others** case, has ruled that **sub-classification of Scheduled Castes (SCs)** is **permissible**.

- This landmark judgment allows for creating separate quotas for **more backward groups** within the SC category, addressing **specific needs** and ensuring better **representation** in education and employment.

Other Important Judicial Pronouncements



Key Highlights of the Judgment

- **Constitutional Clarity:** The **Supreme Court** affirmed that **sub-classification** within SCs does not violate **Article 341(2)**, as the reservation list is flexible.
- **State's Responsibility and Data Collection:** States are allowed to **sub-classify SCs** based on **inadequate representation** in **public services**. However, the state must provide **empirical data** supporting the claim of backwardness in these groups.
- **Creamy Layer Principle:** The debate on extending the "**creamy layer**" concept to **SCs and STs** was discussed, but the judgment does not mandate its implementation.

Arguments Supporting Sub-Classification of SCs:	Arguments Opposing Sub-Classification of SCs:
• Substantive Equality: The approach ensures the most marginalized within SCs are given targeted support. • Efficient Governance: Sub-classification can improve governance efficiency by addressing the unique challenges faced by various SC groups. • Recognition of Diversity: Acknowledges the heterogeneity of SCs, with some groups facing more severe discrimination and social exclusion than others.	• Risk of Division: Critics fear that it could lead to fragmentation within the SC community, weakening their collective voice in socio-political matters. • Potential for Political Exploitation: There are concerns about the manipulation of sub-classification for vote bank politics. • Data Limitations: Lack of accurate caste data makes it difficult to substantiate claims of underrepresentation within specific SC subgroups.

The **Supreme Court's** ruling on sub-classification marks a significant shift in India's **reservation policies** for SCs. However, the **government** has **clarified** on multiple occasions that **subclassification shall not be done for SCs**.

Learning through Example: Japan- Dowa Education Movement

Japan's **Burakumin community**, once treated as social outcasts, faced generations of systemic discrimination. In response, they initiated the **Dowa Education Movement**, using **education as a transformative tool**.

Schools were encouraged to teach about Burakumin history and human rights, aiming to **challenge prejudice early in life**. By raising awareness among children, this approach helped shift mindsets and **promote dignity and equality**.

Key takeaway: Long-term social change often begins in the classroom. **Curriculum reform and inclusive education** are powerful means to challenge stereotypes and build a more equitable society from the ground up



1.5.2. Government Schemes and Policies for Scheduled Castes

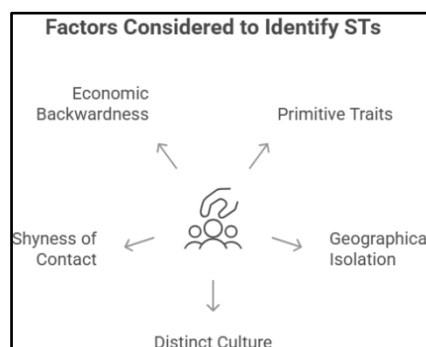
Category	Scheme/Act/Initiative	Details
Constitutional and Legal Safeguards	Article 14	Ensures equality before the law for SCs.
	Article 15(4) & 15(5)	Enables the State to make provisions for the advancement of SCs in education and public services .
	Article 17	Abolishes untouchability and prohibits its

		practice in any form.
	Article 46	Directs the State to promote the welfare and protect SCs from social injustice and exploitation.
Key Acts for Protection	Protection of Civil Rights Act, 1955	Legal safeguards against caste-based discrimination.
	Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989	Prevents atrocities and provides financial assistance to victims.
	Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013	Bans manual scavenging and mandates rehabilitation.
Government Initiatives and Schemes	SC Sub-Plan (SCSP)	Allocates funds specifically for the development of SCs across various sectors.
	Post-Matric Scholarships	Financial assistance for SC students pursuing higher education.
	Mahila Adhikarita Yojana	Financial assistance for SC women to promote income generation.
	National Safai Karamchari Finance and Development Corporation (NSKFDC)	Provides financial assistance for income-generating schemes for SCs.
Health and Social Welfare	NAMASTE Scheme	Aims to train sewer/septic tank workers and provide PPE kits .
	Rashtriya Swasthya Bima Yojana (RSBY)	Health insurance component for SCs and other vulnerable groups.
Economic Empowerment	Stand Up India	Facilitates bank loans for SC/ST and women entrepreneurs to promote self-employment.
	PM Mudra Yojana	Collateral-free loans to promote micro-enterprises, including those owned by SCs.
Institutional Support	National Commission for Scheduled Castes (NCSC)	Monitors and safeguards the socio-economic interests of SCs.
	National Commission for Safai Karamcharis (NCSK)	Focuses on the welfare of manual scavengers.

1.6. Scheduled Tribes (STs) in India

"The land does not belong to us; we belong to the land."
- Gond proverb (Tribal Wisdom)

Scheduled Tribes (STs) in India are social groups identified by the **Constitution** as suffering from poverty, powerlessness, and social stigma. The Constitution of India defines **Scheduled Tribes** under **Article 366 (25)**, which designates them for special treatment and ensures their protection and welfare.



According to the **2011 Census**, **STs** constitute approximately **8%** of India's total population, with a **literacy rate of 60%**, lower than the national average of **75%**. They also face **high levels of poverty, unemployment, and social exclusion**.

1.6.1. Key Challenges Faced by Scheduled Tribes

1. Poverty and Economic Disadvantage:

- **45.3%** of rural ST populations live **below the poverty line**, a significantly higher proportion compared to other social groups.
- Many ST households are **landless** or have limited access to **economic opportunities**, contributing to their **economic disadvantage**.

2. Land Alienation and Resource Depletion:

- Development projects, such as **mining** and **dam constructions**, have led to **land alienation**, depriving STs of their traditional land and natural resources, thereby impacting their livelihood and culture.

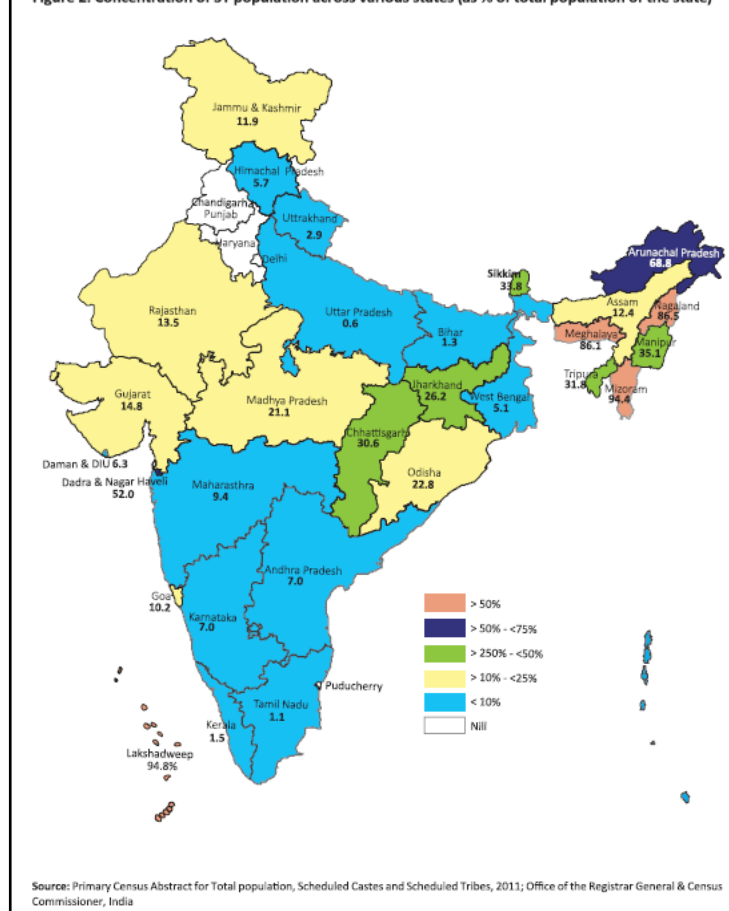
3. Educational and Health Disadvantages:

- STs face **poor health outcomes**, including higher **infant mortality rates (IMR)**, **under-five mortality rates (U5MR)**, and high levels of **anemia** among women. They also suffer from **low literacy rates (59% in 2011)** and **high dropout rates**, hindering educational progress.

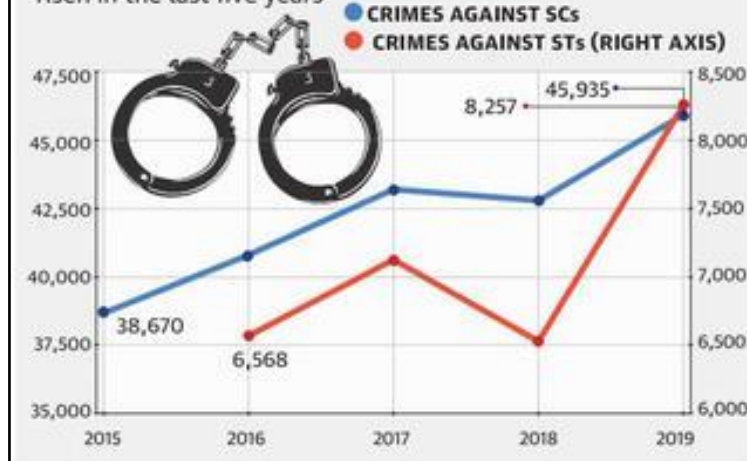
4. Crime and Violence:

- Tribal communities, particularly **tribal women**, are disproportionately affected by **violence**. In 2022, there were **1,347 rape cases** and **1,022 assault cases** reported against tribal women, highlighting their vulnerability and lack of protection.

Figure 2: Concentration of ST population across various states (as % of total population of the state)



Rising hate | Crimes against persons belonging to the Scheduled Castes and the Scheduled Tribes have sharply risen in the last five years



How the Forest Rights Act (FRA) Gives Power Back to Forest-Dwelling Tribes

For generations, **STs** living in forests faced injustice, with governments taking away their land and rights. The **Forest Rights Act (FRA)**, passed in 2006, aims to correct these wrongs and give **STs** and other traditional forest dwellers legal control over their ancestral forests.

1. Fixing Past Injustices: Recognizing Land & Resource Rights

- **Legal Ownership:** The FRA gives **STs** legal recognition of their rights over the forest land they've lived on for generations.

Types of Rights Granted:

- **Individual Forest Rights (IFR):** The right for families to live on and use forest land for their livelihood.
- **Community Forest Rights (CFR):** The right for entire villages to manage common resources like grazing land, water sources, and Minor Forest Produce (MFP) such as bamboo and herbs.
- **Community Forest Resource Rights (CFRR):** The right and responsibility to protect, regenerate, and manage local forests sustainably.

2. Empowering Tribal Communities: Putting Decisions in Local Hands

- **Gram Sabha is Key:** The **Gram Sabha** (village assembly) has the power to decide on forest rights, giving **STs** authority over local governance.
- **Protection from Forced Removal:** The Act protects **STs** from illegal evictions and ensures proper **rehabilitation** and **resettlement** if land is taken for important projects.
- **Securing Tribal Homelands:** For **Particularly Vulnerable Tribal Groups (PVTGs)**, the FRA secures their rights to their entire traditional habitat, even if some parts are classified as revenue land.

3. Building Better Livelihoods & Economic Security

- **Access to Forest Bounty:** Legal rights to collect, use, and sell **Minor Forest Produce (MFP)** help create sustainable livelihoods and improve food security.
- **Development Needs Met:** The Act allows the use of small amounts of forest land for building essential community services like **schools, health clinics, and roads**.

4. Protecting Culture & Conserving Forests Together

- **Valuing Traditional Knowledge:** The FRA protects the traditional knowledge of **STs** about biodiversity and conservation.
- **Community-Led Conservation:** The Act empowers **STs** to manage forests sustainably, helping preserve **biodiversity**, combat **climate change**, and protect cultural heritage.

Changes to the Act: Steps Forward & Concerns

- **Positive Change (2017):** Reclassifying bamboo as **Minor Forest Produce (MFP)** allowed **STs** to harvest and sell bamboo freely, boosting incomes.
- **Recent Concerns (2023 Amendments):** Amendments to the **Forest Conservation Act (FCAA 2023)** raised concerns that changes could weaken the requirement for **Gram Sabha consent** and FRA compliance before diverting forest land for projects, threatening **ST rights**.
- **Implementation Problems:** Despite positive changes, slow and inconsistent **FRA implementation** across many states remains a challenge.

Particularly Vulnerable Tribal Groups (PVTGs)

PVTGs are a **sub-class of Scheduled Tribes** recognized by the **Government of India** as the most socio-economically marginalized tribal communities. There are currently **75 PVTGs** spread across **18 states and the Andaman & Nicobar Islands**.

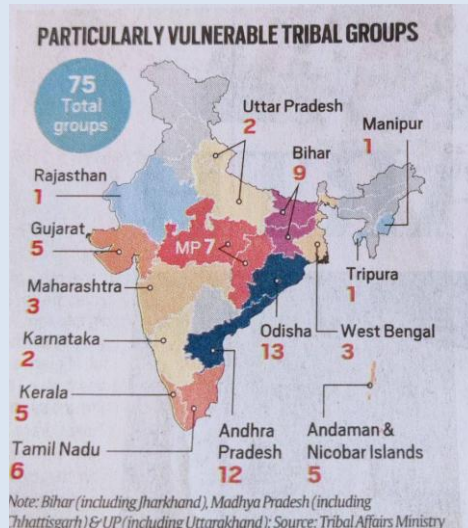
Identification Criteria for PVTGs

- Pre-agricultural level of technology

- Stagnant or declining population
- Extremely low literacy levels
- Subsistence-level economy

Key Issues faced by PVTGs

- **Displacement and Loss of Livelihoods:** Displaced by development, conservation, and infrastructure projects with poor rehabilitation support.
- **Denial of Land and Habitat Rights:** Despite laws like the Forest Rights Act, many remain alienated from ancestral lands and resources.
- **Extreme Poverty and Malnutrition:** High levels of hunger, health issues, and literacy rates around only 30–40%.
- **Exploitation and Market Exclusion:** Limited access to markets for forest produce and vulnerability during health or climate crises.
- **Data Gaps and Outdated Lists:** Inadequate surveys and demographic data result in ineffective targeting of welfare programs.



Government Initiatives

- **PM-JANMAN Scheme:** It is a **new scheme** launched by **Government of India**, especially focused on saturating PVTG habitations with basic amenities such as:
 - Housing
 - Drinking water
 - Healthcare and nutrition
 - Road connectivity
 - Education and skill development
 - ₹24,000 crore allocated for implementation.



Salient Features

- **Background:** PM JANMAN was launched on **15th November 2023**, which is celebrated as **Janjatiya Gaurav Divas** and happens to be **birth Anniversary of Bhagwan Birsa Munda**.
- **Inter-ministerial convergence:** Ministry of Tribal Affairs is the nodal Ministry and each of the 9 Ministries are responsible for implementation of their respective scheme.

Ministry	Schemes
Individual based interventions	
M/o Rural Development	Pucca houses: Pradhan Mantri Awas Yojna Gramin Connecting roads: Pradhan Mantri Gram Sadak Yojna
M/o Jal Shakti	Piped water supply/Community water supply: Jal Jeewan Mission (JJM)
M/o Power	Energization of unelectrified HHs: Revamped Distribution Sector Scheme (RDSS) or through MNRE scheme
Community based interventions	
M/o Health and Family Welfare	Mobile Medical Units with medicine cost(MMU): National Health Mission
Ministry of Education	Construction and running of hostels: Samagra Shiksha (hostels)
M/o Women and Child Development	Construction and running of Anganwadi Centers: Anganwadi Services (AWCs)
M/o Tribal Affairs	Setting up of VDVks: PM Janjatiya Vikas Mission Construction of Multipurpose Centers (MPC): Development of PVTG
Ministry of Communication	Installation of mobile towers: DoT (USOF)
M/o Skill Development and Entrepreneur	Vocational Education and skilling: Samagra Shiksha Abhiyan & PM Kaushal Vikas

Way Forward

- Ensure **community-led planning** and culturally sensitive development.
- Improve **infrastructure and access to public services**.
- Guarantee **legal and land rights**, with effective implementation of the Forest Rights Act.
- Promote **livelihood diversification** through skill training and forest-based enterprises.
- Strengthen **data collection** and regularize PVTG lists to enable targeted delivery.

Learning through Example: First Nations Education Stewardship" (Canada)

In Canada, **First Nations communities** have reclaimed control over their children's education through a model called **Education Stewardship**. Instead of following externally imposed curricula, tribal councils now design their own content—teaching **indigenous languages, traditional skills** like hunting, and **land-based knowledge**.



This model moves beyond colonial systems to build **cultural pride, relevance, and resilience**. Children learn in ways that affirm their identity, heritage, and community values, fostering both **educational engagement** and **strong self-worth**.

Key Takeaway:

When communities shape their own education:

- Learning becomes **culturally rooted** and **contextually meaningful**
- It strengthens **identity, dignity, and participation**
- **Bridges trust gaps** between learners and institutions
- Empowers the next generation to **preserve heritage while progressing**

Empowering marginalized groups to steer their educational journey can drive **lasting inclusion and development**.

1.6.2. Government Schemes and Policies for Protection and Welfare of STs

Category	Scheme/Act/Provision	Details
Constitutional Provisions	Article 15(5)	Allows the state to make special provisions for the advancement of STs in educational institutions .
	Article 16(4)	Permits the reservation of vacancies for STs in public services.
	Article 17	Abolishes untouchability , ensuring STs are not discriminated against.
	Article 46	Directs the State to promote the educational and economic interests of STs .
	Article 338A	Establishes the National Commission for Scheduled Tribes (NCST) to monitor and

		safeguard STs' rights.
Legal Safeguards	Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989	Provides legal protection and punitive measures for atrocities committed against STs.
	Forest Rights Act, 2006	Grants STs and other forest-dwelling communities the right to access and manage forest resources.
Welfare Schemes and Initiatives	Kasturba Gandhi Balika Vidyalayas	Residential schools for tribal girls to improve their education.
Educational Initiatives	Eklavya Model Residential Schools (EMRS)	Provides quality education with a focus on tribal culture and heritage.
	Post-Matric Scholarships	Financial aid for ST students pursuing higher education.
Healthcare Initiatives	National Tribal Health Care Plan	Focuses on improving healthcare accessibility for tribal populations.
	Pradhan Mantri Jan Arogya Yojana (PMJAY)	Extends health insurance benefits to vulnerable tribal populations.
Economic Empowerment	Mahila Adhikarita Yojana	Offers financial assistance to ST women for income-generating activities.
	Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DAJGUA),	Initiatives like the Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DAJGUA) , with an outlay of ₹80,000 crore over five years, aim to enhance the socio-economic conditions of tribal communities



फाउंडेशन कोर्स सामान्य अध्ययन

प्रारंभिक एवं मुख्य परीक्षा 2026

इनोवेटिव क्लासरूम प्रोग्राम

- प्रारंभिक परीक्षा, मुख्य परीक्षा और निबंध के लिए महत्वपूर्ण सभी टॉपिक का विस्तृत कवरेज
- मौखिक अवधारणाओं की समझ के विकास एवं विश्लेषणात्मक क्षमता निर्माण पर विशेष ध्यान
- एनीमेशन, पॉवर प्वाइंट, वीडियो जैसी तकनीकी सुविधाओं का प्रयोग
- अंतर - विषयक समझ विकसित करने का प्रयास
- योजनाबद्ध तैयारी हेतु करंट ओरिएंटेड अप्रोच
- नियमित क्लास टेस्ट एवं व्यक्तिगत मूल्यांकन
- प्री फाउंडेशन कक्षाएं
- सीसेट कक्षाएं
- PT 365 कक्षाएं
- MAINS 365 कक्षाएं
- PT टेस्ट सीरीज
- मुख्य परीक्षा टेस्ट सीरीज
- निबंध टेस्ट सीरीज
- सीसेट टेस्ट सीरीज
- निबंध लेखन - शैली की कक्षाएं
- करंट अफेयर्स मैगजीन

नोट: ऑनलाइन छात्र हमारे पाठ्यक्रम की लाइव वीडियो कक्षाएं अपने घर पर ऑनलाइन प्लेटफॉर्म पर देख सकते हैं। छात्र लाइव चैट विकल्प के माध्यम से कक्षा के दौरान अपने संदेह और विषय संबंधी प्रश्न पूछ सकते हैं। वे अपने संदेह और प्रश्न नोट भी कर सकते हैं और दिल्ली केंद्र में हमारे कक्षा सलाहकार को बता सकते हैं और हम फोन/मेल के माध्यम से प्रश्नों का उत्तर देंगे।

DELHI : 15 जुलाई, 2 PM

JAIPUR : 24 जून

JODHPUR : 2 जुलाई

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1.7. Other Backward Classes (OBCs) in India

An OBC student doesn't need lowered cutoffs - she needs the childhood nutrition you had." - Savitribai Phule Study Circle pamphlet

Other Backward Classes (OBCs) in India refer to a group of communities that are **educationally or socially disadvantaged** but do not fall under the categories of **Scheduled Castes (SCs)** or **Scheduled Tribes (STs)**.

Although the term "OBC" is not directly defined in the Constitution, it allows the State to make **special provisions** for the advancement of these classes. The **Mandal Commission** report, 1980, recommended identifying backward communities based on certain social and educational criteria, leading to the establishment of a list for OBCs. As per the **2004-05 NSSO round**, OBCs make up about **41% of India's population**.

1.7.1. Key Challenges Faced by OBCs

- **Socioeconomic Disparities:**
 - **Poverty and Inequality:** A significant proportion of OBCs live below the poverty line, with limited access to essential services like education and healthcare.
 - **Concentration in Rural:** OBCs are often concentrated in rural areas, where they are primarily engaged in **agriculture** or **low-skilled informal jobs**, leading to low incomes and limited job security. Many are **landless** or marginal farmers.
- **Educational Challenges:**
 - **High Dropout Rates:** Economic pressures and lack of support often lead to **high dropout rates** among OBC students, particularly in rural areas.
 - **Low Literacy Levels:** OBCs typically exhibit **lower literacy rates** than other social groups, which limits their opportunities for skilled employment.
- **Political Underrepresentation:**
 - Despite various **constitutional provisions**, OBCs have **limited representation** in decision-making bodies, which means their issues are often inadequately addressed in the policy-making process.
- **Social Discrimination:**
 - OBCs continue to face **discrimination and exclusion**, despite constitutional safeguards aimed at promoting their welfare and integration.
- **Internal Disparities:**
 - The OBC category is diverse, and some dominant landowning groups within OBCs have **disproportionately benefited** from reservation policies, which leaves marginalized sub-groups without adequate support.

Learning through Example: Affirmative Action: Divergent Paths for Backward Classes

Malaysia's **Bumiputera Policy** (since 1971) offers a bold model of affirmative action. It grants significant preferences—like **university seat quotas** and **business licenses**—to the Malay majority, aiming to **bridge economic gaps** and promote social cohesion through **state-led redistribution**.

In contrast, India introduced **27% reservations for OBCs** in 1990. Though met with public backlash during the **Mandal protests**, it led to a **quiet transformation**: by 2022, **OBCs made up nearly 23.5% of new IAS officers**, reflecting the power of sustained inclusion policies.

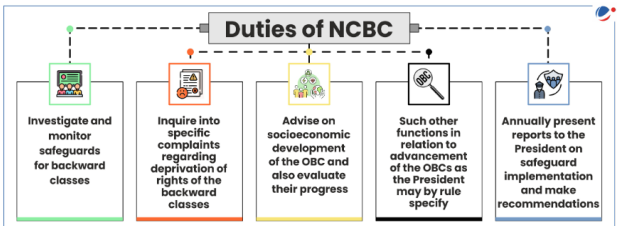
Key Takeaway:

- Affirmative action can take **radical or incremental forms**, depending on historical context



- Both models—Malaysia's **majority-targeted upliftment** and India's **backward-class empowerment**—aim to **level the playing field**
- Political will and public support** are crucial to balance social justice with cohesion
- Long-term, well-structured policies can lead to **real representation and equity** even if social resistance is high initially

1.7.2. Government Schemes and Policies for OBC Protection and Welfare

Category	Scheme/Act/Provision	Details
Constitutional Provisions	Article 15(4) & Article 16(4)	Empowers the State to make special provisions for the advancement of OBCs , including reservations in educational institutions and public employment.
	Article 340	Allows the President to appoint commissions to investigate the conditions of OBCs.
	National Commission for Backward Classes (NCBC)	Established under the 102nd Constitutional Amendment Act, 2018 , granting constitutional status to the NCBC.  The diagram titled 'Duties of NCBC' shows five key functions: 1. Investigate and monitor safeguards for backward classes (with a laptop icon). 2. Inquire into specific complaints regarding deprivation of rights of the backward classes (with a document icon). 3. Advise on socioeconomic development of the OBC and also evaluate their progress (with a group of people icon). 4. Such other functions in relation to advancement of the OBCs as the President may by rule specify (with a magnifying glass icon). 5. Annually present reports to the President on safeguard implementation and make recommendations (with a person icon).
Welfare Schemes and Initiatives	Pre and Post-Matric Scholarships	Provides financial support to OBC students for primary, secondary, and higher education.
	National Fellowship for OBCs	Financial support for OBC students pursuing M.Phil. and Ph.D. studies .
	Shilp Sampada Scheme	Enhances technical skills of OBC communities , especially in traditional crafts.
	PM-DAKSH (Pradhan Mantri Dakshta Aur Kushalta Sampann Hitgrahi)	Provides skill development opportunities for OBC communities via a portal and mobile app.
	New Swarnima Scheme for Women	Provides loans up to ₹1,00,000 to OBC women for self-reliance without requiring personal investment.
	Saksham Scheme	Offers term loans for young professionals from OBC backgrounds.
	Stand Up India	Facilitates bank loans for SC/ST and OBC women entrepreneurs to promote greenfield enterprises.
	PM-YASASVI	The PM-YASASVI scheme provides scholarships for OBC, EBC, and DNT students pursuing higher education In Uttar Pradesh , the government allocated ₹2 crore to improve hostel facilities for OBC students,

		benefiting over 30 lakh students through scholarships and fee reimbursements.
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Student Notes:

Subcategorisation of Backward Classes

Subcategorisation refers to dividing the broader **OBC, SC, and ST categories** into smaller sub-groups to ensure a fairer **distribution** of reservation benefits. It stems from evidence showing that dominant sub-castes often corner most benefits, leaving the **most marginalized** underrepresented. The move aims to make affirmative action more **inclusive, equitable, and effective**.

Key Arguments and Recent Developments:

- **Supports Social Justice:** Aligns with **Articles 14, 16(4), and 46** of the Constitution, ensuring *adequate representation* for all deprived groups.
- **Empirical Backing:** Supported by data from the **Rohini Commission** and **state-level studies**, showing intra-group disparities.
- **Legal Shift:** The **2024 Supreme Court verdict** overruled *Chinnaiah (2004)*, allowing **data-based subcategorisation** within SCs and STs without excluding any group.
- **State Initiatives:** States like **Telangana, Karnataka, and Bihar** have already piloted sub-group quotas or rationalised reservation structures.
- **Concerns Raised:** Critics warn of **political misuse, administrative complexity**, and the risk of *excluding deserving castes* if not carefully implemented.
- **Implementation Needs:** Relies on robust data from sources like the **2025 caste census** and regular policy **reviews** to ensure impact and fairness.

The move towards subcategorisation represents a critical evolution in India's reservation system. If **implemented transparently and backed by strong data**, it can deepen **social justice** by ensuring that benefits reach the **most deprived within deprived groups**, fulfilling the true spirit of **affirmative action**.

1.8. Minorities in India

"The essence of democracy is minority protection."-Gandhian Insight

In India, **minorities** are those social groups that face specific challenges due to social, political, and economic systems that create disparities. The **Constitution of India uses** the term 'minority' in several articles, but **does not provide a direct definition**.

The **National Commission for Minorities Act, 1992** identifies **religious minorities** such as **Muslims, Sikhs, Christians, Buddhists, Zoroastrians (Parsis), and Jains**, and **linguistic minorities** at the state level. According to the 2011 Census, religious minorities make up approximately **19.3% of India's population**, with **Muslims** being the largest group at **14.2%**.

1.8.1. Key Challenges Faced by Minorities

Minorities in India face various challenges that hinder their social, economic, and political integration:

1. Socio-Economic Disparities:

- **Poverty and Inequality:** Minorities often face lower literacy rates, poorer health indicators, and limited access to basic services. For instance, the **66th round NSSO survey** indicated that Muslims generally had lower literacy and education rates than other communities.
- **Employment Barriers:** Many minorities face underrepresentation in formal

The Waqf (Amendment) Act, 2025

Enhance **transparency and accountability** in the administration of **waqf properties**.

Ensure **representation of Muslim women** on waqf boards and protect **inheritance rights**.

Promote **sectarian inclusivity** by mandating representation from various Muslim sects on waqf boards.

employment and high-paying jobs. The **Sachar Committee report** highlighted Muslims' overrepresentation in informal sectors like street vending and underrepresentation in public services.

Student Notes:

2. Social Discrimination and Exclusion:

- **Prejudice and Marginalization:** Minorities face societal prejudice, leading to **social exclusion** and identity-based discrimination.
- **Communal Tensions:** The persistence of **communal riots** and violence affects the security and well-being of minority groups.

3. Political Underrepresentation:

- Minorities often have limited representation in key political and civil service bodies, preventing their issues from being adequately addressed in policy formulation.

4. Challenges for Minority Women:

- Minority women face **intersectional disadvantages** related to gender and community, which compound their vulnerability and inequality.

5. Threats to Culture and Identity:

- Rapid socio-economic changes and urbanization pose risks to the **traditional cultures** of minority groups, sometimes leading to the erosion of unique practices.

Ensuring Minority Voice: A New Zealand Model

New Zealand offers a powerful model of minority empowerment. Since **1867**, the **Māori people**—its indigenous population—have had **reserved seats in Parliament**. Today, **7 out of 120 seats** are guaranteed, and Māori voters can choose whether to vote on the general or Māori electoral roll.



This system has worked: **Māori now hold 21% of Parliament seats**, exceeding their **17% population share**, with many leaders in prominent positions.

Key Takeaway:

- **Dedicated political pathways** can ensure real representation for minority communities
- Such inclusion builds **trust in democratic institutions** and reflects the nation's diversity
- India can explore **inclusive electoral reforms** to uplift underrepresented groups, ensuring equity goes beyond social schemes and into the **heart of decision-making**

1.8.2. Government Schemes and Policies for Minority Welfare

Category	Scheme/Act/Provision	Details
Constitutional Safeguards and Institutional Frameworks	Article 15	Prohibits discrimination based on religion, race, caste, sex, or place of birth.
	Article 29 & 30	Protects the rights of minorities to preserve their distinct culture and establish educational institutions.
	National Commission for Minorities (NCM)	Established to safeguard and protect the interests of notified minority communities .
	Ministry of Minority Affairs	Formed in 2006, oversees policies, plans, and programs for the development of minority communities.
Welfare Schemes and Initiatives	Educational Empowerment	Scholarships for minority students through Pre-Matric, Post-Matric, and Merit-cum-Means Scholarships.
	Maulana Azad National	Provides support for higher education for

	Fellowship (MANF)	minority students.
	Nai Udaan & Naya Savera	Free coaching for competitive exams and skill development for minorities.
	Madrasa Modernization	Includes schemes like Nai Manzil to bridge the gap between madrasa education and the mainstream education system.
Economic Empowerment	Skill Development	Seekho Aur Kamao and USTTAD focus on imparting employable skills and preserving traditional crafts for minorities.
	Entrepreneurship Support	NMDFC provides microfinance and loans to minorities for economic empowerment.
	Nai Roshni	Empowers minority women through leadership programs.
Social and Cultural Protection	Hamari Dharohar	Preserves the cultural heritage of minorities .
	Jiyo Parsi Scheme	Addresses the declining population of Parsis .
	Waqf Management	Includes initiatives for computerization and financial support for waqf properties.
	Pradhan Mantri Jan Vikas Karyakram (PMJVK)	Focuses on infrastructure development in districts with significant minority populations.

1.9. Differently-Abled Persons (PwDs) in India

Disability is a matter of perception" - Sudha Chandran (Indian classical dancer with prosthetic leg)

In India, **Differently-Abled Persons** (PwDs), also known as **Persons with Disabilities**, are recognized as a vulnerable section of the population facing systemic disadvantages due to various physical, social, and economic factors.

- The **United Nations Declaration on the Rights of Disabled Persons (1975)** defines a disabled person as someone unable to ensure, wholly or partly, the necessities of normal life due to deficiencies in physical or mental abilities.
- **Globally, 1.3 billion people live with disabilities**, with a significant portion residing in developing countries and rural areas.
- As per the **2011 Census**, approximately **2.21% of India's population** is affected by one or more disabilities, the majority of whom live in rural areas.

1.9.1. Key Challenges Faced by Differently-Abled Persons

PwDs in India face numerous challenges due to societal stigma, physical barriers, and systemic issues:

1. Health Challenges:

- Many disabilities are preventable, resulting from issues like **birth complications, maternal conditions, malnutrition, and accidents**.
- PwDs face **limited access to affordable healthcare services** and essential aids such as wheelchairs, hearing aids, and prosthetics.

2. Educational Barriers:

- The education system in India often lacks **inclusivity**, with less than 1% of institutions being **disabled-friendly**.
- **Special schools** are scarce, and there is a lack of trained teachers and suitable educational materials, leading to **low literacy rates** among PwDs, with **45% of PwDs being illiterate**.
- For example, only **5% of deaf children** attend school, and their course structure often does not accommodate their needs.

Universal Design: From Barriers to Inclusion

Universal Design Thinking is an approach that asserts disability stems from the **environment**, not the individual.

It advocates designing everything to be inherently **usable by all**, moving beyond mere compliance (like ramps) towards truly **inclusive solutions** from inception.

Policies must mandate these principles across infrastructure, digital platforms, and education.

This cultivates designers who instinctively create **accessible environments**, ensuring future spaces and technologies are built for **everyone's equitable use**.

3. Employment Disparities:

- PwDs face significant **employment discrimination**, with a **lower employment rate** compared to the general population.
- Among the Nifty 50 companies, only **five have more than 1% PwDs** on their payrolls. This contributes to their higher incidence of poverty and informality in the workforce.

4. Accessibility Hurdles:

- There are **physical barriers** in public infrastructure such as **buildings, public transport, and essential services**, making it difficult for PwDs to navigate daily life.
- Many **services and communications** (such as public transport announcements and TV shows) are inaccessible for **Deaf and Hard of Hearing (DHH)** individuals due to the lack of sign language interpreters and other support services.

5. Discrimination and Social Exclusion:

- PwDs face **stigma** and **discrimination**, particularly for those with **mental illness** or **intellectual disabilities**. This leads to social exclusion and negative self-perception among PwDs, further exacerbating their isolation.

6. Lack of Data and Coordination:

- Inconsistencies in disability data across different censuses and lack of standard reporting mechanisms hinder effective policymaking.
- Moreover, poor coordination between various sectors, ministries, and NGOs impedes access to relevant data for planning and implementation.

Learning through Example: Empowering the Differently-Abled: A Global Ripple

The **Americans with Disabilities Act (ADA)** of 1990 was a game-changer in treating disability as a **societal issue**, not just a personal challenge. It mandated **equal rights and accessibility** in public spaces, jobs, education, and transport.



India took cues from this progressive approach. The **Rights of Persons with Disabilities (RPwD) Act, 2016** reflects similar principles, emphasizing **dignity, inclusion, and non-discrimination**.

Key Takeaway:

- Strong legal frameworks can shift societal mindsets and infrastructure toward true inclusion
- Global examples like the ADA show how **legislation can lead to awareness, accountability, and accessibility**
- India must keep strengthening implementation to ensure the law translates into lived reality for all differently-abled citizens

1.9.2. Government Schemes and Policies for Their Protection

Student Notes:

Category	Scheme/Act/Provision	Details
Constitutional Safeguards and Institutional Frameworks	Preamble	Secures justice, liberty, and equality for all citizens , including PwDs.
	Article 14	Right to Equality , extends to PwDs.
	Article 15	Prohibits discrimination on grounds of disability.
	Article 41	Mandates the provision of right to work, education, and assistance for PwDs .
	Article 46	Directs the State to promote the educational and economic interests of weaker sections, including PwDs.
	Department of Empowerment of Persons with Disabilities (DEPwD)	Formed in 2012, focuses on policies and support for PwDs.
Legal Frameworks	Rights of Persons with Disabilities Act, 2016 (RPwD Act)	Expands definition of disability , provides reservations and ensures accessibility.
	Mental Healthcare Act, 2017	Provides rights and mental healthcare services for persons with mental illness.
	Marrakesh Treaty	Facilitates the production and international exchange of accessible books for the visually impaired.
Welfare Programs and Initiatives	National Policy for Persons with Disabilities, 2006	Aims to create an inclusive environment for PwDs by ensuring equal opportunities.
	Accessible India Campaign (Sugamya Bharat Abhiyan)	Aims to build a barrier-free environment in public spaces , transport, and ICT.
	Assistance to Disabled Persons for Purchase of Aids and Appliances (ADIP)	Provides financial assistance for aids like wheelchairs and hearing aids.
	Deendayal Disabled Rehabilitation Scheme	Promotes social justice and empowerment by creating an enabling environment.
	Rajiv Gandhi Fellowship Scheme/National Fellowship for Students with Disabilities (RGMF)	Scholarships for PwDs pursuing higher education like M.Phil. and Ph.D.
	SMILE-75 Initiative	Focuses on rehabilitating persons engaged in begging, providing medical aid, counseling, education, and skill development .

Global Measures India Supports	UN Convention on the Rights of Persons with Disabilities (UNCRPD)	India ratified the UNCRPD in 2007, aligning its national legislation on rights of disabled persons with these international principles.
	Biwako Millennium Framework	A framework for ensuring a barrier-free and inclusive society for PwDs in Asia.
	Incheon Strategy	An initiative to realize the rights of PwDs across Asia and the Pacific .
	International Day of Persons with Disabilities	Promotes awareness and understanding of disability issues globally.

1.10. Transgender Persons in India

"I don't want to be tolerated; I want to be celebrated." - Laxmi Narayan Tripathi

In India, **transgender** is an umbrella term which is defined under the Transgender Persons (Protection of Rights) Act, 2019 as

A "**transgender person**" refers to an individual whose **gender** does not align with the **gender assigned at birth**.

- This includes **trans-men** and **trans-women**, whether or not they have undergone **sex reassignment surgery, hormone therapy**, or other treatments.
- It also includes people with **intersex variations, gender-queer** individuals, and those with **socio-cultural identities** such as **kinner, hijra, aravani, and jogta**.

India's transgender population, as per the **2011 Census**, is approximately **4.9 lakh (490,000)**.

1.10.1. Key Challenges Faced by Transgender Persons in India

Transgender individuals face widespread **social stigma, marginalization**, and **discrimination** in several aspects of life, with challenges that are often compounded by caste and gender intersections.

1. Discrimination and Social Exclusion:

- Transgender people encounter prejudice in **employment, housing, healthcare**, and **education**. **99%** of transgender individuals have faced **repeated instances of social rejection**, according to a study by the **National Human Rights Commission (NHRC)**.
- Social stigma, **homophobia**, and **transphobia** frequently lead to **marginalization**, contributing to **mental health issues**.
- Under-Representation:** Given the social stigma and injustice they face, **their participation as an electorate has remained abysmal**. They have remained



underrepresented in decision-making bodies like assembly, Parliament and urban local bodies.

- > **Till 2019**, only about eight percent of transgender population have registered as 'Other' voters and only one percent have exercised their voting right.
- > **During 2019 polls**, 'Others' voter count increased by 73 percent, however only 14.6 percent of registered third genders voted.

2. Violence and Abuse:

- High prevalence of **violence**, including **rape, sexual abuse, harassment, and exploitation**.
- Transgender individuals often face **family rejection**, leading to homelessness.

3. Educational Barriers:

- The education system is **unequipped** to handle transgender students, leading to **high dropout rates**.
- > **Almost 60% of transgender persons** never attended school due to **harassment** from both peers and teachers.

Transgender Employment: A Harsh Paradox	Best Practises- State initiatives
A 2018 survey by National Human Rights Commission (NHRC) revealed that 92% of transgender persons in India are denied jobs due to their gender identity. This severe discrimination forces a vast majority into undignified livelihoods, including begging and sex work, highlighting profound societal exclusion. This job paradox shows a huge gap between legal affirmative action and lived experiences. Only 6% are formally employed. In this context, for real economic empowerment for trans folks and to create truly inclusive employment opportunities beyond mere quotas, various states have led some key initiatives as shown alongside.	Various states have taken initiatives for betterment of the lives of transgender population like: • Odisha: Draft Odisha Transgender Policy 2017 seeks to protect rights of gender non-conforming child. ◦ Also, Odisha has become the first state in country to provide food grains, pension, health, education and housing benefits to the transgender community, thus including them in the Below Poverty Line category. • Karnataka: It becomes India's first state to provide one percent reservation for 'transgender' community in all government services. • Kerala: It is the first State to establish a Policy for Transgenders in India. Kerala's Transgender Policy, 2015 covers all categories of Transgenders, including male, female and intersex people. ◦ Sakaalyam scheme: In order to mainstream and uplift Transgender community, this scheme imparts vocational training to Transgenders. It aims to create employment opportunities for deprived Transgender community. • Further, states like Kerala, Maharashtra, Tamil Nadu have set up a transgender justice board to deal with their complaints and providing welfare schemes for socio-economic upliftment of the community.

4. Employment Disparities:

- Transgender individuals experience **widespread unemployment** despite qualifications, with **89%** facing employment challenges.
- Many are pushed into professions such as **prostitution** or **begging** for survival.

5. Health Challenges:

- Transgenders face **discrimination in healthcare**, making it difficult to access essential medical care.
- They are more susceptible to **HIV/AIDS**, with a prevalence rate of **3.1%** among transgenders in India (2017).
- **Mental health** issues such as **depression, anxiety**, and **suicidal tendencies** are prevalent.

6. Accessibility Barriers:

- **Lack of gender-neutral or separate transgender toilets** and barriers to **public transport** and **healthcare facilities** prevent full societal participation.

7. Legal and Policy Gaps:

- Enforcement of the Transgender Persons(Protection of Rights)Act, 2019 has not been adequate.
- Transgender Persons often face challenges with obtaining consistent identification documents, leading to Legal Identification concerns.

Learning through Example: Lessons for Transgender Inclusion

In **2012**, Argentina became a global pioneer with its **Gender Identity Law**, allowing individuals to legally change their gender based on **self-identification**—without medical or psychological requirements. This marked a major victory for **transgender rights and dignity**.



But the story didn't end there. Despite the progressive law, **trans persons in Argentina continue to struggle for formal employment**, revealing a gap between **legal recognition and economic inclusion**.

Key Takeaway:

- Legal reforms are vital, but **economic and social integration must follow**
- India's similar challenge is stark—**over 92% of transgender people remain in informal work**
- The next step in empowerment must include **affirmative hiring, education access, and skill development**, so rights on paper translate into **real opportunity and dignity**




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Performance and Progress Analysis

1.10.2. Government Schemes and Policies for Protection and Welfare

Student Notes:

Category	Scheme/Act/Provision	Details
Constitutional Safeguards	Preamble	Ensures justice, liberty, and equality for all citizens , including transgender individuals.
	Article 14	Guarantees equality before the law for all citizens.
	Article 15 & 16	Prohibits discrimination based on sex, caste, creed, or religion.
	Article 21	Right to life and personal liberty for all citizens, including transgender persons.
	Article 23	Prohibits forced labor and human trafficking , ensuring personal dignity.
Legal Frameworks and Judicial Interventions	NALSA v. Union of India Judgment (2014)	Recognized the third gender and affirmed constitutional rights of transgender persons.
	Navtej Singh Johar v. Union of India (2018)	Decriminalized same-sex relationships , striking down part of Section 377 of the IPC.
	Transgender Persons (Protection of Rights) Act, 2019	Prohibits discrimination in education, employment, healthcare, and access to public goods.
		Recognizes self-perceived gender identity , allowing transgender persons to self-identify.
		Establishes the National Council for Transgender Persons (NCTP) to address grievances.
	National Council for Transgender (NCT) Persons:	Constituted by MoSJE under Transgender Persons (Protection of Rights) Act, 2019. It consists of Chairperson (Union Minister of MoSJE- ex-officio), Vice- Chairperson (Union Minister of State for SJE- ex-officio). Functions of National Council for Transgender Persons <pre> graph TD A[Advise Central Government on formulation of policies, programmes, legislation and projects with respect to transgender persons] --- B[Monitor and evaluate impact of policies and programmes designed for achieving equality and full participation of transgender persons] A --- C[Review and coordinate activities of all Government departments and NGOs which are dealing with matters relating to transgender persons] B --- C C --- D[Redress grievances of transgender persons] C --- E[Perform such other functions as may be prescribed by Central Government] D --- E </pre>
	National Portal for Transgender Persons	Launched in consonance with Transgender Persons (Protection of Rights) Rules, 2020 , it would help transgender community in digitally applying for a certificate and identity card from anywhere in the country.

Welfare Programs and Initiatives	Department of Empowerment of Persons with Disabilities (Divyangjan)	Coordinates policy formulation and support for PwDs and transgender persons.
	Garima Greh	Shelter homes provide food, clothing, recreation, and skill development for transgender persons.
	SMILE Scheme	Comprehensive rehabilitation for transgender persons through skill training, housing, and healthcare.
	Ayushman Bharat TG Plus	Provides health insurance coverage of ₹5 lakh annually for transgender persons, including coverage for gender-affirmation surgeries
	PM-DAKSH (Pradhan Mantri - Dakshta Aur Kushalta Sampann Hitgrahi)	MoSJE is imparting skill development training to Transgender beneficiaries of SMILE Scheme through PM-DAKSH- skill development scheme of MoSJE

Yogyakarta Principles: Affirming Universal Rights for LGBTQ+ Persons

The **Yogyakarta Principles (YP)** are a set of **29 principles** aimed at affirming the **human rights** of individuals with diverse sexual orientations and gender identities.

These principles were adopted in **Yogyakarta, Indonesia**, in **2006**, with signatories from various countries, including **India, the USA, and the UK**. In **2017**, the **YP Plus 10** was adopted in **Geneva, Switzerland**, to further strengthen these rights.

These principles are **binding international standards** that apply to all individuals, ensuring **equality** and **non-discrimination** based on **sexual orientation, gender identity, gender expression, and sex characteristics**.

They highlight the **universal rights** of LGBTQ+ persons, demanding that all **states** comply with these standards to promote equality, dignity, and protection from violence and discrimination.

Yogyakarta Principles

-  **Right to State protection from violence, discrimination and other harm.**
-  **Right to legal recognition** without reference to, sex, gender, sexual orientation, gender identity.
-  **Right to bodily and mental integrity, autonomy and self-determination.**
-  **Right to be free from criminalisation and any form of sanction.**
-  **Right to protection from all forms of poverty and social exclusion.**
-  **Right to equitable, adequate, safe and secure sanitation and hygiene.**

1.11. Assessment of Government Schemes & Policies for Vulnerable Sections

The **Government of India (GoI)** aims to enhance the welfare and upliftment of various vulnerable groups, such as **children, women, the elderly, persons with disabilities, SCs, STs, minorities, migrants**, and those living in **poverty**. However, despite these efforts, the **schemes and policies** have not yielded the expected outcomes due to several **limitations and challenges**, which have undermined the **effectiveness** of these initiatives.

Effectiveness: Tangible Strides Towards Inclusivity	Limitations: Persistent Bottlenecks Hindering Full Potential
The cumulative impact of these schemes	Despite the scale of ambition, several

has been significant, demonstrating the state's expanding role as a welfare provider and a catalyst for more inclusive development.

- **Poverty Reduction:** Welfare programs have been instrumental in **lifting millions out of poverty** by providing direct support and opportunities.
 - **Example:** NITI Aayog's Multidimensional Poverty Index (MPI) 2024 report indicated that **24.82 crore people moved out of multidimensional poverty in the last 9 years**, because of the impact of various welfare programs like **Pradhan Mantri Jan Dhan Yojana (PMJDY)** and **Pradhan Mantri Awas Yojana (PMAY)**.
- **Financial Inclusion & DBT Efficiency:** Universal access to banking has **empowered vulnerable groups** and **revolutionized subsidy delivery, reducing leakages**.
 - **Example:** PMJDY has opened **over 55.69 crore bank accounts as of June 25, 2025** (PIB, 2025), a significant portion belonging to women and rural poor, enabling efficient **Direct Benefit Transfers (DBTs)** and ensuring money reaches beneficiaries.
- **Enhanced Social Security & Health Protection:** Critical **safety nets for food security, health, and basic income support** have reduced vulnerability to shocks.
 - **Example:** The **National Food Security Act (NFSA)** ensures highly subsidized food grains for **over 80 crore beneficiaries** (PIB, 2025).
 - **Ayushman Bharat - PMJAY** provides health coverage up to ₹5 lakh/family/year, with over **41.34 crore Ayushman Cards issued as of July 3, 2025** (PIB, 2025), drastically reducing out-of-pocket health expenditures for the poor.

systemic issues continue to dilute the effectiveness and reach of these welfare initiatives.

- **Implementation Gaps & Bureaucratic Hurdles:** Last-mile delivery remains **problematic**, often due to **complex procedures, corruption, and insufficient ground-level capacity**.
 - **Example:** Historically, **delays in scholarship disbursement** (e.g., Post-Matric Scholarships for SCs) have been a persistent issue, leading to student dropouts.
- **Awareness Deficit & Accessibility Barriers:** Many eligible beneficiaries, especially in remote or marginalized communities, **remain unaware of schemes or face difficulties accessing services**.
 - **Example:** A Supreme Court ruling in **April 2025** highlighted that **digital KYC processes (e.g., facial recognition)** exclude visually impaired or acid attack survivors.
 - **Elderly (Scheme Awareness):** A July **2024** HelpAge India report found that **one in three elders had no income** in the past year, and only **29% accessed social security schemes**, indicating widespread unawareness of existing benefits.
- **Insufficient Funding & Meagre Benefits:** While budgets are large, the **actual quantum of financial support or resource allocation inadequate** for dignified living or comprehensive development.
 - **Example:** The **2025 Union Budget** maintained the **National Social Assistance Programme (NSAP)** allocation stagnant at **₹9,652 crore**, meaning the central contribution to old-age pensions (₹200-500) has **not increased since 2007**, eroding real value due to inflation.
- **Lack of Inter-sectoral Convergence:** Schemes often operate in silos, leading to **fragmentation of effort, reduced efficiency, and failure to provide holistic support**.
 - **Example:** Despite the comprehensive mandate of **Integrated Child Development Services (ICDS)**, actual

• Empowerment of Specific Groups: Targeted interventions have demonstrably improved socio-economic indicators and legal protections for historically marginalized communities. ○ Example: Beti Bachao Beti Padhao (BBBP) contributed to the improvement of the Sex Ratio at Birth (SRB) from 918 (2014-15) to 930 (2023-24) (PIB, MWCD 2024). ○ The Forest Rights Act (FRA) has recognized over 20 lakh individual and 1.15 lakh community forest rights titles (Ministry of Tribal Affairs, 2024), empowering tribal communities.	convergence with health and education departments at the ground level remains poor in many Anganwadi Centres, affecting holistic child development. • Data Reliability & Monitoring Weaknesses: While data collection is improving, robust, real-time, and outcome-based monitoring is often lacking, hindering effective evaluation and course correction. ○ Example: While the e-Shram portal has registered 28.97 crore unorganised workers (IJLSI, Jan 2025), ensuring seamless linkage of all registered workers to relevant social security benefits and tracking their actual access remains a significant challenge.
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Suggestions for Enhancement: Towards a More Equitable Future

To fully unlock the potential of India's welfare architecture, a **focus on systemic reforms** and learning from best practices is essential.

- **Strengthen Last-Mile Delivery & Digital Governance:** Leverage technology to **simplify processes** and **ensure accountability**, while simultaneously strengthening human capital at the grassroots.
 - **Example:** Implement real-time, **blockchain-enabled DBT systems** to ensure transparent and tamper-proof delivery, as explored in some pilot projects. "**Digital India**" initiatives, if fully leveraged with adequate digital literacy programs, can significantly bridge the last-mile gap.
- **Enhance Awareness & Community Participation:** Move beyond **top-down communication** to foster **genuine community ownership and awareness**.
 - **Case Study:** Replicate **Kerala's "Janamaithri Suraksha Project"** where community beat policing fosters trust and local participation in crime prevention and dissemination of welfare information. Community resource persons from **National Rural Livelihood Mission (NRLM) Self-Help Groups (SHGs)** could also be trained as welfare scheme facilitators, as seen in parts of Andhra Pradesh.
- **Rationalize Benefits & Ensure Adequacy:** Periodically **review and adjust benefit amounts to align with living costs** and ensure a dignified existence, while expanding eligibility where genuinely needed.
 - **Best Practice:** Study models like **Brazil's Bolsa Familia**, which links **cash transfers to conditions like school attendance and health check-ups, ensuring multi-dimensional impact** and adequate support, rather than just minimal aid.
- **Foster Inter-Ministerial Convergence:** Break down silos through **integrated planning frameworks** and **shared platforms** to ensure holistic development.
 - **Example :** Implement "**NITI Aayog-style**" **multi-sectoral working groups** at state and district levels, with clear mandates for convergence, inspired by the success of coordinated efforts during the initial phases of the Swachh Bharat Mission.
- **Robust Outcome-Based Monitoring & Evaluation:** Shift focus from mere **expenditure** to **actual impact on beneficiaries' lives, using data for continuous learning and adaptation**.
 - **Best Practice:** Adopt models similar to the **Aspirational Districts Programme**, which uses real-time **data dashboards and competitive federalism** to track key

performance indicators (KPIs) across various development sectors, encouraging districts to learn from each other.

- **Address Structural Inequities & Discrimination: Strengthen legal enforcement** against discrimination and couple welfare with direct economic empowerment initiatives.
 - **Case Study:** Learn from **Colombia's "Resource Curse" management**, which, despite complexities, aimed for **royalty-sharing** with local communities in mining zones to address resource exploitation. Similarly, ensuring full implementation of the **PESA Act** and **FRA** in tribal areas, empowering Gram Sabhas, can prevent alienation.
 - **Counter "Exclusion in Urban Economies":** Implement strong **anti-discrimination laws in hiring and housing** in urban areas, similar to those in developed economies. Promote **inclusive incubation centers and mentorship programs** specifically for entrepreneurs from vulnerable groups in urban settings, beyond just providing initial capital.

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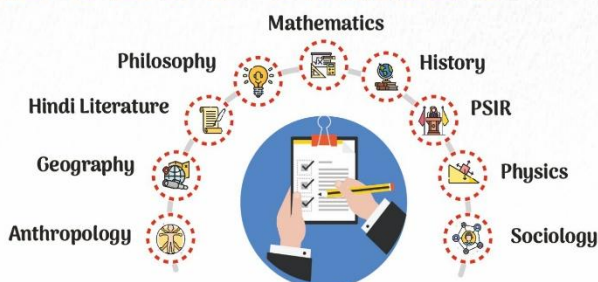
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UNIT 2: ISSUES RELATING TO DEVELOPMENT AND MANAGEMENT OF SOCIAL SECTOR

Student Notes:

PYQ Analysis and Insights

Unit 2 of **Social Justice** focuses on **issues relating to development and management** of the **social sector**, with special attention to **health, education, and human resource development**. Based on our detailed analysis of **Previous Year Questions (PYQs)** from 2013 to 2024, we have identified key insights for **Mains 2025**. These insights highlight the core areas of concern within this unit, particularly focusing on the challenges and opportunities related to **public healthcare, education reforms, and human resource development**. We've also provided guidance on how to address questions by examining **policy effectiveness, implementation challenges, and future reforms** in these sectors.

By combining this structured deconstruction with the VAM material, you will be well-prepared to write **targeted** and **comprehensive answers**, maximizing your score in **GS Paper 2**.

Question Type	PYQs	Insights for Mains 2025
Critical assessment of existing policies/laws, their design, outcomes & alignment with goals	(2022): "The Right of Children to Free and Compulsory Education Act, 2009 remains inadequate in promoting an incentive-based system for children's education without generating awareness about the importance of schooling. Analyse." (2020): "National Education Policy 2020 is in conformity with the Sustainable Development Goal-4 (2030). It intends to restructure and reorient the education system in India. Critically examine the statement." (2013): "Identify the Millennium Development Goals (MDGs) that are related to health. Discuss the success of the actions taken by the Government for achieving the same."	What to focus on: - Critical analysis of policy/law effectiveness. - Awareness of gaps between intent and ground reality. - Balanced judgment (successes vs. failures). - Understanding of global benchmarks (SDGs/MDGs)
Identify systemic inadequacies and propose concrete corrective measures.	(2024): "In a crucial domain like the public healthcare system, the Indian State should play a vital role in containing the adverse impact of marketisation. Suggest measures through which the State can enhance the reach of public healthcare at the grassroots level." (2023): "The crucial aspect of the development process has been the inadequate attention paid to Human Resource Development in India. Suggest measures that can address this inadequacy."	What to focus on: - Diagnosis of root causes behind failures. - Practical, context-specific solutions. - Structured prioritization (e.g., governance/finance/tech reforms). - Innovative yet feasible ideas (e.g., PPP models, skill-integration).

	• (2021): "'Earn while you learn' scheme needs to be strengthened to make vocational education and skill training meaningful. Comment." • (2016): "Professor Amartya Sen has advocated important reforms in the realms of primary education and primary health care. What are your suggestions to improve their status and performance?"	
Argue theoretical/ethical connections between social sectors and macro-goals (welfare, sustainability, equity)	• (2021): "Besides being a moral imperative of a Welfare State, primary health structure is a necessary precondition for sustainable development." Analyse. • (2020): "In order to enhance the prospects of social development, sound and adequate health care policies are needed particularly in the fields of geriatric and maternal health care. Discuss." • (2018): "Appropriate local community-level healthcare intervention is a prerequisite to achieve 'Health for All' in India. Explain."	What to focus on: • Holistic understanding (e.g., health → economic growth). • Logical argumentation with ethical/economic lenses. • Interdisciplinary linkages (e.g., health equity → social justice). • Emphasis on rights-based approaches.
Focus on operational mechanisms, decentralization, and community-level delivery.	• (2024): "In a crucial domain like the public healthcare system... Suggest measures through which the State can enhance the reach of public healthcare at the grassroots level." (Note: Explicit grassroots focus) • (2018): "Appropriate local community-level healthcare intervention is a prerequisite to achieve 'Health for All' in India. Explain."	What to focus on: • Grassroots challenges (access, infrastructure, awareness). • Role of local actors (PRIs, ASHAs, NGOs). • Decentralized governance models. • Context-specific innovations (e.g., mobile clinics, telemedicine).

1. Part A: Health

The **WHO defines health** as a state of **complete physical, mental and social well-being** and not merely the absence of disease or infirmity.

The determinants of good health are:

- Access to various types of health services,
- An individual's lifestyle choices,
- Personal, family and social relationships.

Healthcare in the Constitution of India

Fundamental Rights (Part III)

- Article 21: Right to life, including health, as per Supreme Court.

Directive Principles of State Policy

- Article 39(e): Health of workers.
- Article 41: Assistance for sick and disabled.
- Article 42: Maternity benefits.
- Article 47: Nutrition, living standards, public health.
- Article 48A: Pollution-free environment for health.

Right to Health: The **Supreme Court** has often affirmed the **Right to Health under Article 21 as a fundamental right**. Important Cases in this context include **CESC Ltd. vs. Subash Chandra Bose**, **Paschim Banga Khet Mazdoor Samity**, **Murali S. Deora**, and **N. D. Jayal**.

RIGHT TO HEALTH AT A GLANCE

Definition: Understanding health as a human right creates a **legal obligation on states to ensure access to timely, acceptable, and affordable health care** of appropriate quality as well as to providing for the underlying determinants of health.

CORE COMPONENTS OF THE RTH



Availability of functioning and high quality public health care facilities

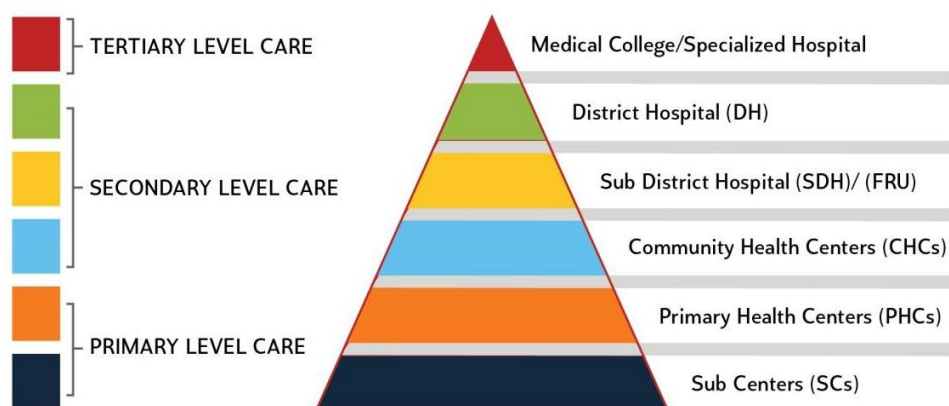


Non-discrimination, physical economical (affordability) & information accessibility



Quality health services which is safe; effective; people-centred, timely, equitable, integrated and efficient

1.1. Healthcare Infrastructure in India



1.1.1. India's Health Profile: Key Indicators

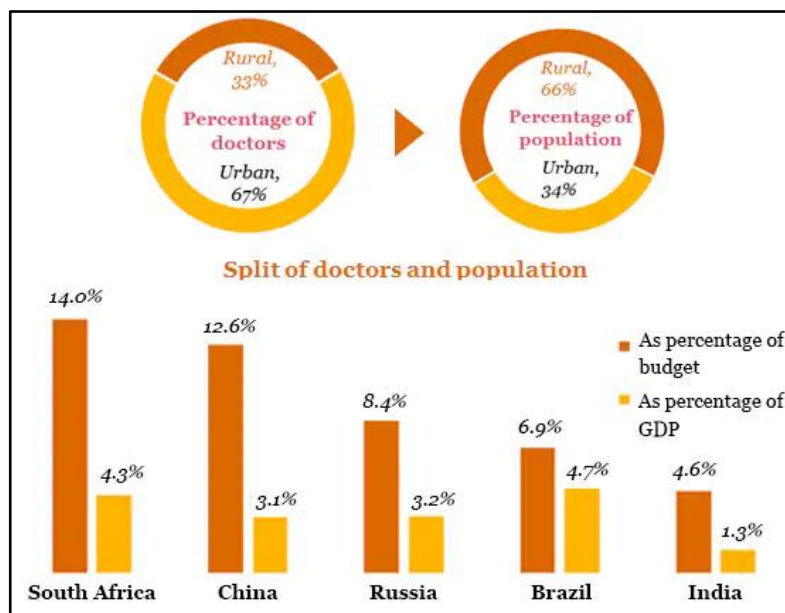
The **National Family Health Survey (NFHS-5, 2019-21)** and **Sample Registration System (SRS)** data reveal key health metrics for India:

- **Total Fertility Rate (TFR):** 2.0 (below the replacement level).
- **Contraceptive Prevalence Rate:** 67%.
- **Institutional Deliveries:** Increased to 88.6%, reaching 91.1% in 2021.
- **Full Immunization:** Improved to 76.4%.
- **Anaemia Prevalence:** High among women (57%) and children (67.1%).
- **Child Malnutrition:** Stunting at 35.5%, underweight at 32.1%, and wasting at 19.3%.

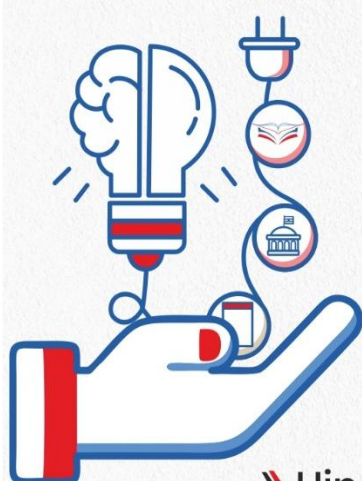
- **Dual-Disease Burden:** India faces both **communicable diseases** (e.g., tuberculosis) and a rising prevalence of **non-communicable diseases** (e.g., diabetes, hypertension).

1.2. Challenges to India's Healthcare Ecosystem

- **Low Public Expenditure:** India spends 1.8% of GDP (2021-22) on healthcare, below WHO's 5% recommendation.
- **High Out-of-Pocket Expenditure:** While the OOPEx for India has declined from 64% in 2013 to 39% in 2021, still around 70% rural and 80% urban populations use private facilities, leading to high personal expenses (World Bank).
- **Rising Costs of Treatment:** Increased public spending, but affordability remains a concern; cancer treatment can push families into debt (Public Health Foundation of India, 2022).
- **Limited Health Insurance Coverage:** Health insurance sector growing at 12.8% CAGR (2024–2028), yet coverage gaps persist. Over 80% of the population lacks health insurance, increasing financial vulnerability (FICCI report 2022).
- **Inadequate Infrastructure:** India has 1.3 hospital beds per 1000 population, compared to China's 2.3 and the US's 3.2 (2018).
- **Human Resource Crunch:** Shortage of over 8 lakh doctors and 24 lakh nurses despite meeting WHO's doctor ratio (NITI Aayog, 2021).



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STARTING SOON

1.3. Addressing Challenges to Issues in Healthcare

Student Notes:

For Strengthening Primary Health Care in India Srinath Reddy Committee Report Recommendations • Increased Public Spending: Allocate at least 70% of healthcare budget to primary care, aligning with WHO's 50% recommendation. • Expanding Workforce and Infrastructure: Increase healthcare professionals, especially in rural areas; establish an "all-India service of public health workers" like Tamil Nadu. • New Medical and Nursing Schools: Establish more schools to address workforce gaps. Successful Models • Cuba's Decentralized Care: Community-based polyclinics and neighborhood family doctor-and-nurse offices serve populations of 30,000-60,000, fostering community relationships. • Thailand's Health System: By heavily investing in primary care through its Health Insurance System (HIS), Thailand achieved Universal Health Coverage (UHC) with low GDP spending (around 4.5%).	For Strengthening Secondary Health Care in India • District Health Plan: Develop a comprehensive plan addressing bed availability (NHP 2017 targets), surgical capacity (4520 surgeries per 100,000 population), and emergency preparedness (serving 15% of the population). • Urban Peripheral Hospitals: Establish 100-150 bedded government hospitals for every 3 lakh population in urban areas to enhance secondary care. • Human Resource Development: Implement NITI Aayog's PPP model by linking private medical colleges with district hospitals to increase medical seats, specialist availability, and provide practical training for students in real-world settings. Case Study: • Kenya's successful PPP model for staffing public hospitals with qualified professionals demonstrates the potential of this strategy. • Colombia's successful public-private partnerships for building and managing hospitals showcases the potential of attracting private investment for expanding healthcare access.
Common Strategies for Strengthening for overall Health Care in India • Leveraging Technology: ○ Telemedicine: Offers remote consultations and specialist support in rural areas. > Example: Rwanda's telemedicine connects rural centers with urban specialists. ○ Health Information Exchange (HIE): Enables sharing of patient data between PHCs and secondary facilities to improve care coordination. > Example: HIE systems in the US reduce medical errors and test duplications. ○ Mobile Health (mHealth): Uses mobile technology for appointment reminders and medication adherence. > Example: Singapore's mHealth initiatives enhance patient care. • Decentralized Institutions: Involve SHGs, PRIs, ANMs, and ASHAs to create teams for basic care, health awareness, and referrals in rural areas. ○ Example: Ethiopia's Health Extension Program improves access to basic healthcare with trained health workers in rural communities. • Increasing Insurance Coverage: Expand health insurance to improve access to secondary care and reduce financial hardships. ○ Example: Ghana's National Health Insurance Scheme (NHIS) enhances healthcare access through expanded insurance coverage.	

1.4. Burden of Disease & Key Health Issues in India

India faces a **complex health landscape** shaped by multiple, overlapping challenges. These include rising **non-communicable diseases**, persistent **communicable diseases**, and widespread **mental health concerns**.

1.4.1. Communicable Diseases

1. Tuberculosis (TB)

- **India's TB Burden:** India accounts for **27% of the global TB burden**. In 2023, **25.1 lakh TB cases** were reported in India.
- **Government Initiatives:** The **National TB Elimination Programme (NTEP)** aims for **TB elimination by 2025** (ahead of the global target of 2030). The **Nikshay Poshan Yojana** provides nutritional support to TB patients.
- **Challenges:** **Long treatment regimens**, **drug resistance**, and **poor access to advanced diagnostics** in rural areas remain significant hurdles. **Poverty** and **poor living conditions** exacerbate transmission of TB.



2. AIDS/HIV

- **National Goals:** The **90-90-90** goal (achieving 95-95-95 by 2025) aims for:
 - **95% of HIV-positive people are diagnosed.**
 - **95% of diagnosed individuals on ART** (Anti Retroviral Therapy)
 - **95% of ART patients achieve viral suppression.**
- **Important Initiatives for Eradication of AIDS:** Since 2004, **free ART** has been provided to patients suffering from AIDS. The fifth phase of the **National AIDS Control Programme (NACP)** targets **80% reduction** in new HIV infections and AIDS-related deaths.
- **Challenges:** Delays in ART initiation, non-compliance, and the need for integration with **other health programs** (e.g., hepatitis, NCDs).

India's Progress in the Fight Against AIDS

On **World AIDS Day 2024**, the theme "**Take the Rights Path**" was emphasized, focusing on equal rights and healthcare access for those affected by **HIV/AIDS**.

India's efforts have significantly reduced the HIV epidemic, with **new infections in 2023 almost 44% lower than in 2010**, surpassing the global reduction rate. AIDS-related **deaths declined by 79%**.

India aims to eradicate epidemic diseases, including AIDS, by 2030.

The nation has adopted the **95-95-95 target**(updated over the **90-90-90 Plan of UNAIDS**).

Current Status as per MoHFW: **81% of cases identified**, **88% receiving antiretroviral therapy (ART)**, and **97% of identified people having their viral load suppressed**.

India has become a net supplier of affordable and effective HIV medicines globally, providing them for free. A state within India also aims to end AIDS as a public health threat by 2028.

1.4.2. Non-Communicable Diseases (NCDs)

India faces a **dual-disease burden** with a rising prevalence of **lifestyle diseases** such as **cardiovascular diseases**, **diabetes**, and **cancer**, alongside persistent **communicable diseases**.

- **Dominant Causes of Mortality:** NCDs account for over **60% of all deaths**. By **2030**, they are projected to cause **75% of deaths**.
- **Economic Impact:** NCDs are expected to cost India **\$6 trillion** by **2030**.
- **Key Risk Factors:** Unhealthy diets, sedentary lifestyles, and aging are driving the increase in obesity and NCD prevalence.

Policy Strategies to control NCDs:

- **India Hypertension Control Initiative (IHCI)** and **WHO's SHAKE the Salt Habit** program aim to **reduce salt consumption** and manage diabetes and hypertension.
- Multi-sectoral efforts are focused on **preventing NCDs**, promoting **active lifestyles**, and **nutritional literacy**.

Fighting Obesity by Reducing Oil Intake

Recently the Prime Minister during his *Mann Ki Baat* address, urged citizens to reduce **monthly edible oil consumption by 10%** to combat rising **obesity**, especially among families.

Citing support from athletes Neeraj Chopra and Nikhat Zareen, he emphasized how small lifestyle changes can lead to significant **health benefits**.

Universal Immunisation and U-WIN Portal

Universal Immunization is a public health program providing free or subsidized vaccinations to all children, ensuring protection against preventable diseases.

IMPACT OF VACCINES



HEALTH

- Reduce infectious disease morbidity and mortality
- Eradicate infectious disease
- Prevent cancer
- Reduce disease that complicate vaccine-preventable diseases
- Induce herd immunity
- Prevent antibiotic resistance



ECONOMICS

- Cost savings
- Productivity gains
- Cost-effective preparations for outbreaks
- Minimise the impact on family
- Establish programmes for vaccine development



SOCIAL

- Equity of healthcare
- Empowerment of women
- Strengthen health and social care infrastructure
- Impact of life expectancy and opportunity

The **U-WIN portal** is a digital platform under India's **Universal Immunisation Programme**, aimed at **digitizing vaccination records** for **pregnant women and children up to 16 years**.

- It offers **self-registration**, **flexible scheduling**, **SMS reminders**, **QR-based e-certificates**, and links to **Ayushman Bharat Health Accounts (ABHA)**.
- The portal supports **multilingual access** in 11 languages and enables **anytime, anywhere vaccination**.
- As of **November 2024**, U-WIN had registered **7.44 crore beneficiaries**, conducted **1.26 crore sessions**, and tracked **over 27 crore vaccine doses**.
- By early November, **1.7 crore pregnant women** and **5.4 crore children** were digitally enrolled.

1.4.3. Mental Healthcare

WHO defines Mental health in a holistic method as:

A state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well, work well, and contribute to their community. It is an integral component of health, underpinning individual and collective decision-making, relationships, and world-

shaping capacities. **Mental health** is a **basic human right** crucial to personal, community, and socio-economic development.

India is said to have a **pervasive mental health crisis**:

- **1 in 7 people** are affected by mental illness, yet **80% lack access** to treatment.
- The suicide rate remains high, with **1.30 lakh suicides** reported in 2019.
- Challenges include **stigma, lack of professionals** (0.75 psychologists per lakh population),

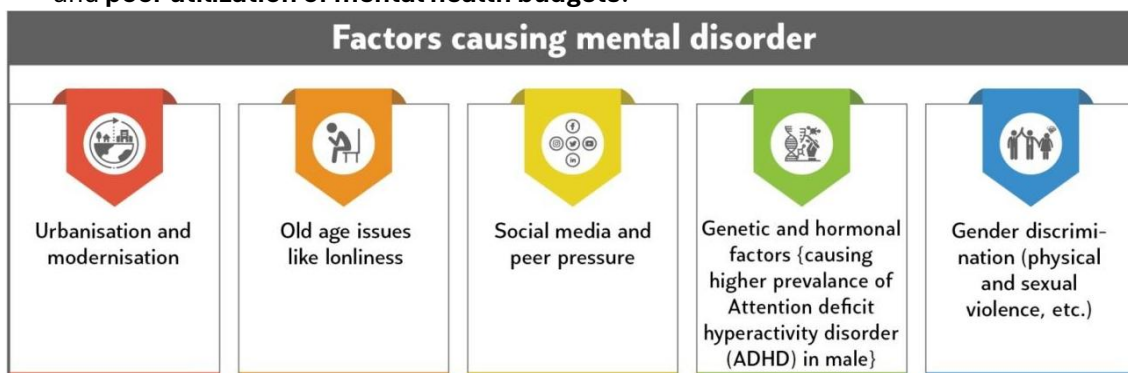
Substance and Drug Abuse

Substance and drug abuse has led to a major **physical and mental health crisis** in India, especially among the **youth and young population**.

- **Cannabis** and **opioids** are prevalent substances, with **3.1 crore cannabis users** and **2.3 crore opioid users** in 2019.
- **Challenges**: Adolescents are highly vulnerable, and **easy access** to drugs in regions like the **Golden Triangle** exacerbates the issue.
- The **Narcotic Drugs and Psychotropic Substances Act, 1985** regulates drugs and includes **de-addiction programs**.
- The **Mental Health Care Act, 2017** includes provisions for alcohol and drug use disorders.



and **poor utilization of mental health budgets**.



Strategies for handling Mental Health Crisis

- Increase **public spending on health** to **2.5% of GDP** by 2025, and allocate proportionately to Mental Healthcare
- Strengthen **primary healthcare** and develop **district health plans** for **Mental Healthcare**
- Address **socioeconomic determinants of mental health** such as **poverty** and **discrimination**.

Student Notes:

- **Key Government Initiatives:**
 - **KIRAN Helpline:** Provides early screening, first-aid, psychological support, and stress management.
 - **Tele MANAS:** Offers free **tele-mental health services** across the country, 24/7.
 - **MANODARPAN:** Provides psychosocial support to students.
 - **National Mental Health Programme and 'REDS' path** for suicide prevention.

Mental Health Abuse: Chaining Continues

A grim reality persists in rural India (UP/Bihar): people with mental illnesses are **chained**, often in facilities disguised as "**de-addiction centers**." This represents a severe **human rights violation**, fueled by pervasive stigma and a critical absence of formal **mental healthcare** facilities.

This highlights an urgent systemic failure. Beyond mere confinement, comprehensive reform, including stringent regulation and expanded access to **humane treatment**, is essential to eradicate such abusive practices and ensure dignified care for all with **mental illness**.

1.4.3.1. Mental Healthcare Act, 2017

- Provides **affordable, accessible mental healthcare** services for individuals with mental health issues.
- **Decriminalization of suicide attempts** for mentally ill individuals.
- **Treatment Gap: 80% treatment gap** in mental health, compounded by **inadequate funding** and a **shortage of professionals**.



MindTech Vital Role in Bridging the Gap

The **MindTech Gap** reveals India's dire mental health crisis: with only **0.75 psychiatrists per 100,000 people**, access to care is severely limited. **AI therapists** like **Wysa** are stepping in, having handled over **1 billion chats**, offering crucial **mental health support** where human resources are scarce.

MENTAL HEALTHCARE ACT, 2017

A rights-based statutory framework for mental health in India and strengthens equality and equity in provision of mental healthcare services

Strengthens the institutional mechanisms for improving access quality and appropriate mental healthcare services

Increases accountability of both government and private sectors in delivery of mental healthcare



Features of the Act

- Provision of advance directive
- Nominated representative
- Special clause for women and children related to admission, treatment, sanitation and personal hygiene
- Restriction on use of Electro-Convulsive Therapy and Psychosurgery

Decriminalization of suicide, which will ensure proper management of severe stress as a precursor for suicide attempts

Challenges In Implementing Mental Healthcare Act:

- **Stigma:** Mental health continues to be stigmatized, hindering access to care.
- **Shortage of Professionals:** India has **0.3 psychiatrists per 100,000 people**, far below the required ratio.
- **Accessibility:** Limited services in **rural areas**, with a focus on urban centers.

Disability-Adjusted Life Year (DALY) in India: A Simple Overview

A **Disability-Adjusted Life Year (DALY)** is a measure that combines two factors:

- **Years of Life Lost (YLL):** Due to premature death.
- **Years Lived with Disability (YLD):** Due to living with illness or disability.

One DALY equals one lost year of "healthy" life. It helps to understand the total burden of disease on a population. **14.1 Million DALYs** were lost in 2020 due to COVID-19, with urban areas and men being more affected.

Key Insights on DALY in India

1. National Trends

- **DALY Rate Decline:** India's DALY rate dropped by **36% from 1990 to 2016**, showing overall health improvements. However, inequalities remain across states.
- **Shift in Disease Burden: Non-communicable diseases (NCDs)** like heart disease, diabetes, and cancer, along with injuries, are now the leading causes of DALYs. Infectious diseases still affect poorer states.

2. Leading Causes of DALYs

- **NCDs** (heart disease, diabetes, cancers, etc.) are now the top causes.
- **Injuries**, including road accidents and suicides, have also increased as contributors.
- **Infectious diseases** still remain a significant burden in poorer states.

3. Major Risk Factors

- **Top Risks: Undernutrition, air pollution, unhealthy diet, high blood pressure, and obesity** are leading risk factors.
- Wealthier states transitioned to NCDs earlier, while poorer states still struggle with infectious diseases.



DAKSHA MAINS

MENTORING PROGRAM 2026

DAKSHA MAINS MENTORING PROGRAM 2026

(A Strategic Revision, Practice, and Enrichment Mentoring Program for Mains Examination 2026)



DATE
17 July

DURATION
5 Months

HIGHLIGHTS OF THE PROGRAMME

 Highly experienced and qualified team of mentors	 Emphasis on score maximization and performance improvement
 Scheduled group sessions for strategy discussions, live practice, and peer interaction	 Personalized one-to-one sessions with mentors
 Well-structured revision and practice plan for GS Mains, Essay & Ethics	 Subject-wise strategy documents based on thorough research
 Access to Daksha Mains Practice Tests	 Continuous performance assessment, monitoring and smart interventions

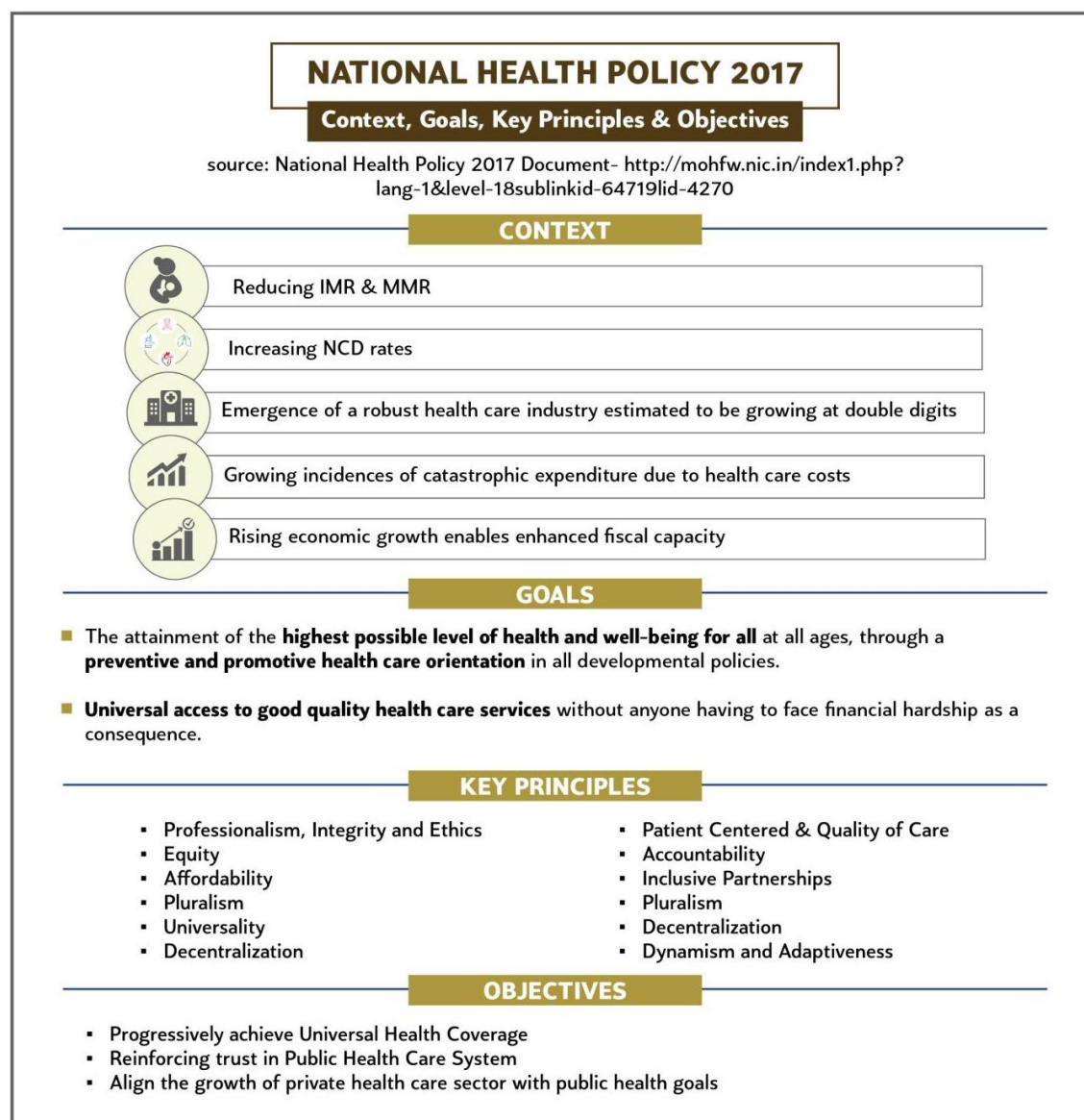


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1.5. Key Government Schemes & Missions on Healthcare

1.5.1. National Health Policy (2017)

The **National Health Policy 2017** emphasizes **universal health coverage (UHC)**, prioritizing **primary healthcare, prevention, and health promotion**. Key features and data of the policy are shown in the infographic below



1.5.2. Ayushman Bharat

Ayushman Bharat is a **flagship health initiative** launched by the **Government of India** in **2018**, with the objective of achieving **universal health coverage (UHC)** and providing comprehensive healthcare services to all citizens. It aims to reduce the **financial burden** of healthcare and ensure **affordable, accessible services** for the population, with a strong focus on **wellness**.

Key Components of Ayushman Bharat Scheme

- Health and Wellness Centres (HWCs):** Also known as **Ayushman Arogya Mandirs (AAMs)**, these centers are designed to bring healthcare closer to people's homes. The goal is to establish **1.5 lakh centers**, offering **primary healthcare** services.
- Pradhan Mantri Jan Arogya Yojana (PMJAY):** PMJAY is a **comprehensive health insurance scheme** targeting over **10 crore poor and vulnerable families**, providing **₹5 lakh per family** for secondary and tertiary care hospitalization. Key features include:

- **Coverage of pre-existing diseases** from the day of enrollment.
- **Cashless and paperless services** at empanelled hospitals across India.
- **Portability** across the country, allowing beneficiaries to access services anywhere.

Recent Updates to PM-JAY Scheme

Scheme benefits extended to **37 lakh ASHA workers** and **Anganwadi workers**.

Elderly individuals (aged 70+), regardless of income or pre-existing conditions, benefitting approximately **6 crore elderly people**, especially **women** (58% of elderly).

PMJAY merged the earlier **Rashtriya Swasthya Bima Yojana (RSBY)**, which had been covering vulnerable sections since 2008.

Key Achievements of AB PM-JAY

Improved Healthcare Accessibility	Reduction in Healthcare Burden	Gender equity in healthcare	Promoting Healthcare Infrastructure
➤ Over 35.4 crore Ayushman cards issued. ➤ Successfully empanelled 30,529 hospitals (17,063 public and 13,466 private) hospitals. ➤ 7.79 crore hospital admissions authorised.	➤ 21% reduction in out-of-pocket (OoP) healthcare expenditures. ➤ 8% decrease in the incidence of emergency loans taken for health-related expenses.	➤ 49% of the Ayushman cards issued to women. ➤ 3.61 crore hospital admissions utilised by women.	➤ District hospitals have experienced an annual net benefit of \$26.1 million. ◆ This financial boost enhances the capacity of hospitals to serve their communities effectively.

Ayushman Bharat faces key challenges such as:

- **Inaccurate beneficiary databases**, with over 50% grievances linked to registration issues.
- Its **narrow coverage** excludes outpatient and elderly care, while **infrastructure gaps** in rural areas limit access.
- **Variable care quality** and **budget shortfalls** further hinder its effectiveness.

To improve outcomes, the scheme could ensure **physical verification of hospitals**, **timely payments**, and strong **anti-fraud measures**. Establishing **district grievance units** and designing policies for **long-term elderly care** are crucial.

Health Insurance in India: Progress and Persistent Gaps

Health insurance in India has grown significantly in recent years, emerging as a vital tool for **financial protection against rising healthcare costs**. By 2023, **40% of India's population** was insured, with projections estimating coverage to reach **50% by 2025**. Government schemes like **Ayushman Bharat-PMJAY**, which now covers over **55 crore people**, have driven this expansion. Yet, **out-of-pocket expenditure (OOPE)** continues to be among the highest globally, undermining the effectiveness of health insurance and exposing millions to medical impoverishment.

Key Features of India's Health Insurance Ecosystem

- **Ayushman Bharat-PMJAY**: Covers the poorest 40% of the population, recently extended to all citizens aged 70+.
- **State-level schemes**: Telangana (Rajiv AarogyaSri), Tamil Nadu (CMCHIS), and others complement central coverage.

- **Private sector participation:** Offers tax benefits (under Section 80D) and growing urban adoption.
- **Digital push:** **Ayushman Bharat Digital Mission** aims to unify health records and improve service delivery.

Challenges: Why Health Insurance Hasn't Reduced OOPE Enough

- **OOPE still high:** Despite growing coverage, **47.1%** of total health expenditure in 2021–22 was OOPE (down from 62.6% in 2014–15).
- **Exclusions:** Many plans don't cover outpatient care, diagnostics, or medicines—**main contributors to OOPE**.
- **Affordability barriers:** Premiums, co-payments, and lack of cashless services affect low-income households.
- **Awareness and digital literacy:** Rural and underprivileged groups often remain unaware or unable to enrol.
- **Claim process inefficiencies:** Delays, rejections, and opaque procedures erode public trust.

Way Forward

- **Expand coverage scope:** Include outpatient services, medicines, and preventive care under standard policies.
- **Subsidize premiums** for the poor and informal sector workers.
- **Invest in public health infrastructure** to reduce dependence on costly private providers.
- **Regulate claim processes** and ensure **transparency and standardization** in policy terms.
- **Boost awareness** through mass campaigns and local facilitation centers, especially in rural areas.

Health insurance in India has made important strides but **remains insufficiently protective** due to design flaws, gaps in access, and persistent OOPE. To truly achieve **Universal Health Coverage**, India must reorient its insurance ecosystem toward inclusivity, affordability, and comprehensive care.

1.5.3. National Medical Commission (NMC)

The **National Medical Commission (NMC)** replaced the Medical Council of India (MCI) to regulate **medical education and healthcare standards**.



Challenges of NMC:

- **Lack of diverse stakeholders** in decision-making, with limited representation from public health experts.
- **Limited state involvement** in decision-making, reducing local participation in health reforms.
- **Focus on documentation** rather than **quality education**.

1.5.4. Human Resources for Health (HRH)

India faces a **critical shortage** of healthcare professionals, particularly in rural areas. According to **NITI Aayog's 2021 report**, there is a deficit of over **8 lakh doctors** and **24 lakh nurses**. The imbalance is exacerbated by the concentration of professionals in urban centers, resulting in inadequate healthcare access in rural regions.

Efforts to address these gaps include:

- **Expanding medical and nursing schools.**
- **Public-Private Partnerships (PPP)** to strengthen healthcare delivery.
- **Improved rural postings** for medical professionals.

Addressing Human Resource Issues with ASHA and Anganwadi Workers		
Category	ASHAs (Accredited Social Health Activists)	Anganwadi Workers
Role	• Community health workers serve as the first point of contact for rural populations. • Focus on maternal health, immunization, and family planning.	Central to Early Childhood Care and Education (ECCE), providing nutrition and health services under the ICDS scheme .
Number	Over 9 lakh ASHAs across India , including urban areas under the National Urban Health Mission (NUHM).	Work in Anganwadi centers under ICDS , but no specific number is mentioned here.
Challenges	• Inadequate recognition and compensation • Heavy workload and insufficient training • Lack of safety and support mechanisms	• Shortage of trained workers • Lack of basic sanitation and play facilities • Limited resources for early childhood education and care.

Transforming India's Healthcare Workforce

Over the last decade, India has undertaken major reforms to expand and strengthen its healthcare workforce. Key efforts have focused on increasing capacity, improving educational quality, and reducing rural-urban disparities.

- **Healthcare workforce size** has grown to nearly **1 crore**, including:
 - **13.9 lakh doctors, 7.5 lakh AYUSH practitioners,**
 - **39.4 lakh nurses** (largest segment), and **17.6 lakh pharmacists.**
 - The **doctor-population ratio** now meets the **WHO norm of 1:1000**.
- **Medical and nursing education expansion:**
 - Medical colleges increased from **387 (2014)** to **780 (2024)** — a **102% rise**.

Student Notes:

- **MBBS seats** grew from **51,000 to 1.18 lakh (130% increase)**.
- **PG seats** expanded from **32,000 to 74,000 (135% increase)**.
- **B.Sc. Nursing institutions** grew by **45%**, with a **53% rise in seats**.
- **M.Sc. Nursing** saw a **29% increase in institutions** and **39% in seats**.
- **Addressing rural disparities:**
 - New medical colleges are set up in rural areas to improve access and train local health workers.
- **Innovative initiatives:**
 - Over **1.25 lakh Community Health Officers (CHOs)** have deployed at **Ayushman Arogya Mandirs** since 2018 to deliver **primary care, elderly care, and NCD services**.
- **Regulatory reforms** introduced:
 - New acts for **medical, nursing, and dental education** to improve transparency and standards.
- **Focus on quality:**
 - Implementation of **Competency-Based Medical Education (CBME)**.
 - Introduction of **District Residency Program** for PG students in public hospitals.
 - Use of **digital tools and simulation labs** for training.

India's decadal healthcare workforce reform has focused on capacity building, quality education, and rural outreach. Continued efforts are needed in specialty training and allied health professional development.

Contemporary Issues: Violence Against Healthcare Workers

- **Prevalence:** Reports show that **75% of doctors** in India face **violence**. The causes include **low patient satisfaction, poor doctor-patient communication, and inadequate security**.
- **Solutions:** The **Epidemic Diseases (Amendment) Act, 2020** provides legal protection to healthcare workers during pandemics, with **severe penalties** for violence. A **comprehensive law** beyond epidemics is needed to ensure long-term protection for healthcare professionals.

India's healthcare system faces multifaceted challenges related to financing, infrastructure, and human resources. To achieve **Universal Health Coverage** by 2030, India needs to increase **public health expenditure**, strengthen **primary healthcare**, and address **mental health** and **NCDs** effectively.

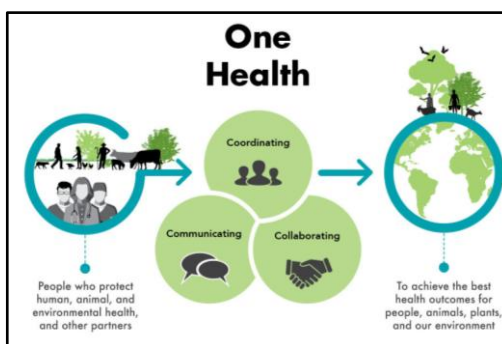
1.5.5. Pandemic Preparedness and the 'One Health' Approach

The COVID-19 pandemic highlighted the **weaknesses in global health systems** and **vaccine inequities**. The **WHO's Global Pandemic Treaty** aims to ensure **equitable access to health products** in future pandemics.

One Health Approach:

The '**One Health**' approach connects **human health, animal health, and the environment**.

- Many diseases, like **COVID-19**, start in animals and spread to people.
- It aims to prevent **zoonotic diseases** and **antibiotic resistance** by encouraging collaboration across sectors.
- With '**One Health**', **doctors, veterinarians, and environmental experts** work together to identify risks early.



- This teamwork improves **surveillance**, shares **information**, and stops diseases at their source. **Clean water, safe food**, and **healthy animals** help keep people safe.



KARMI-Bot: A COVID-Era Innovation

Kerala's **KARMI-Bot** was initially developed to serve **COVID-19 patients** by delivering food and medicine. Its primary aim was to reduce healthcare workers' exposure and conserve PPE, highlighting robotics' potential in **infection control** during crises.

In short, **pandemic preparedness** and '**One Health**' make the world safer by addressing health threats wherever they begin.

WHO Pandemic Treaty: A Global Step for Future Preparedness

The **WHO Pandemic Treaty**, adopted on **20 May 2025** at the **78th World Health Assembly**, is a legally binding agreement to improve global **pandemic prevention, preparedness, and response**. This treaty is the **first global** effort to reduce pandemic risks, promoting **transparency** and **cooperation** to make the world safer and more **equitable**.



Key Features

- **Global Collaboration:** Encourages a **whole-of-society** approach to strengthen health systems and ensure **fair access** to vaccines and treatments.
- **Equity Focus:** Aims to address **inequities** seen during COVID-19, ensuring a **fair distribution** of resources.
- **Legal Framework:** The treaty will take effect after **60 countries** ratify it and an annex on **Pathogen Access and Benefit-Sharing (PABS)** is adopted.
- **Multilateral Commitment:** Dr. **Tedros Adhanom Ghebreyesus** called it a victory for **public health** and **global cooperation**.

Challenges

- **Lack of Enforcement:** Critics say the treaty lacks **enforcement** and **funding** mechanisms.
- **Deferred Issues:** Some issues, like **vaccine inequity**, will be addressed later.
- **Political Concerns:** Some countries question the **WHO's authority**.

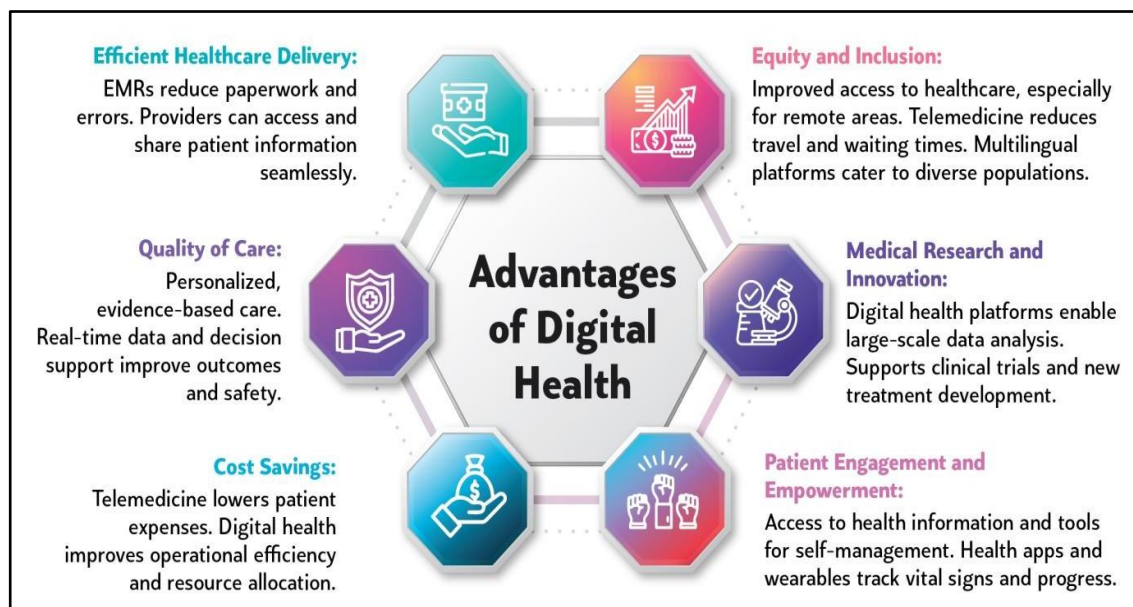
1.6. The Future of Health in India

India aims to achieve **Universal Health Coverage (UHC)** for all by **2030**, ensuring that every individual has access to **affordable, appropriate, and accountable health services** of **assured quality**. In this context, the **digital space** offers **significant opportunities** to strengthen service delivery, enhance access, and improve healthcare outcomes across the country.

1.6.1. Digital Health Ecosystem

Digital Health integrates technology with healthcare delivery:

- **Key Components:** **Telemedicine**, **e-health records**, **robot-assisted surgeries**, **e-pharmacies**, and **e-insurance** are reshaping patient care. The **National Digital Health Mission (NDHM)** aims to digitize healthcare across India.



India's Digital Health Initiatives



SEHAT: Teleconsultation service for armed forces families



ABDM: Facilitates secure health record sharing with ABHA numbers



Aarogya: Setu Comprehensive health app for various health services



eSanjeevani: Telemedicine service connecting patients and providers



COWIN: Manages COVID-19 vaccination processes



e-Hospital: Streamlines hospital workflows and patient services



e-BloodBank: Automates blood bank management and donation



ORS: Links hospitals for online appointments and services

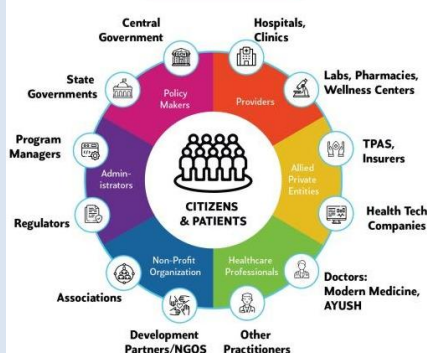
National Digital Health Mission (NDHM):

- Purpose:** Digitize healthcare in India by connecting various stakeholders through digital platforms.
- Goals:** Improve efficiency, effectiveness, and transparency in health services, and help achieve health-related Sustainable Development Goals (SDGs).

Other Initiatives:

- National Digital Health Blueprint (NDHB):** Plan for integrated and comprehensive digital health services.

THE NDHM ECOSYSTEM



- **Support under National Health Mission (NHM):** Funding for services like telemedicine, tele-radiology, tele-oncology, tele-ophthalmology, and hospital information systems.
- **National Health Stack by Niti Aayog:** A shared digital infrastructure for both central and state use, aiding in the rapid development of health solutions.

The Ayushman Bharat Digital Mission (ABDM)

The **Ayushman Bharat Digital Mission (ABDM) solutions** across Indian hospitals, creating a facilitates **digital consultations, patient privacy**.

ABDM's **key principles** include **inclusivity, free participation**, and a **single source of truth** for **Health Authority** oversees its implementation **Health & Family Welfare**.

Components of ABDM Architecture

- **Ayushman Bharat Health Account (ABHA)** store and manage health records.
- **Healthcare Professionals Registry (HPR):** A professionals across all medicine.
- **Health Facility Registries (HFR):** Repository (both public and private).
- **Health Information Exchange and Consent** that data exchange is driven by informed
- **Unified Health Interface (UHI):** To Facilitate health services.
- **National Health Claims Exchange (HCX):** To payment ecosystem.

Benefits for Citizens registering in ABDM

- **Paperless health records** – Accessible anytime, anywhere.
- Citizens will be able to **access healthcare digitally** (through teleconsultation) using apps integrated with ABDM.

ABDM: Achievements

- **Digital Health IDs and Records:** ABDM has generated **67 crore Ayushman Bharat Health Accounts (ABHA)** and linked **42 crore health records**.
- **Healthcare facility integration:** The initiative has integrated over **1.3 lakh healthcare facilities**, including **17,000 private centers**.
- **Private sector participation:** More than **236 private entities**, comprising **laboratories, pharmacies, and digital solution companies**, have joined the ABDM ecosystem.

ABDM: Key Initiatives

- **QR-based Outpatient Department (OPD):** It reduces waiting times, enhancing efficiency and accuracy.
- **Digital Health Incentive Scheme (DHIS):** Financial incentives of up to **4 crores** to boost digital health adoption widely.
- **Microsites for Private Sector Adoption:** Aimed at addressing challenges in ABDM adoption.

Challenges of Digital Health Ecosystem

- **Lack of Standardization in Digital Cards:** India struggles to **standardize** coverage and **quality** of existing **digital health cards** (e.g., **ESIC card, PM-JAY card**), leading to **data migration** and **transfer issues**.
- **Equity and Access Issues:** **Unequal access** to **digital health technologies, digital literacy skills**, etc., can **exclude vulnerable populations**, particularly in **remote and rural areas**.
 - For example, the **National Health Authority (NHA)** reports that nearly **30%** of healthcare institutions in India suffer from **poor data connectivity**.
- **Privacy and Security Issues:** **Unauthorized data access** and **breaches** can compromise **patient privacy** and lead to **identity theft**.
 - For instance, in **November 2022**, **AIIMS** experienced a **cyber-attack**, causing **server downtime**, disrupting the **outpatient department (OPD)**, and withholding **sensitive data** of around **4 crore patients**.
- **Algorithmic Bias:** Technologies like **AI** can lead to **unfair** or **discriminatory treatment**, causing **racial** and **ethnic disparities** in healthcare.
 - For example, **AI in US health systems** exhibited bias by prioritizing **healthier white patients** over **sicker black patients** for additional care, due to AI's training on **cost data** instead of **care needs**.

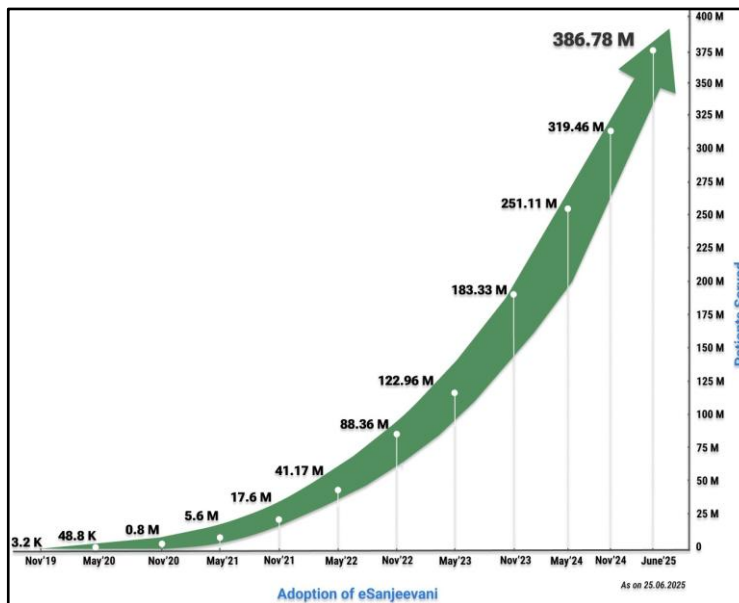
India's **digital healthcare infrastructure** has great potential to improve **accessibility** and **efficiency**. With ongoing **policy support** (like **cybersecurity frameworks**), **infrastructure development** (such as **BharatNet** and **Blockchain-based health records**), **public-private**

collaborations, and **technological advancements**, India's healthcare system is set to become a globally recognized model.

Student Notes:

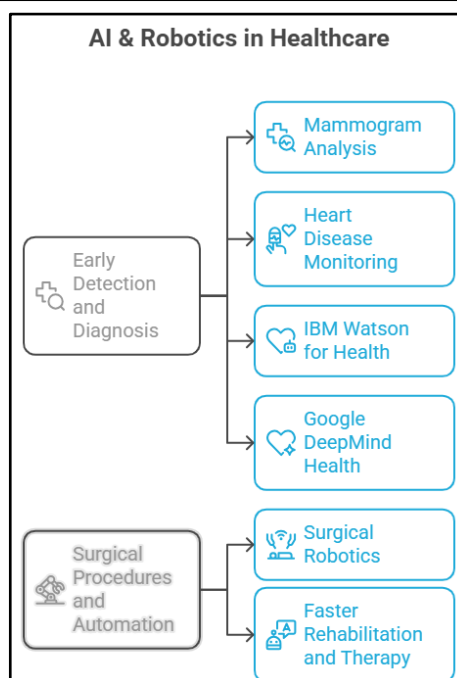
1.6.2. Telemedicine: eSanjeevani

- **Potential:** Telemedicine, particularly platforms like **e-Sanjeevani**, offers **remote consultations**, expanding access to healthcare in rural areas.
 - **eSanjeevani** is India's national telemedicine platform offering both **doctor-to-doctor** and **patient-to-doctor** services.
 - The **eSanjeevaniAB-HWC** variant connects over **1,00,000 Ayushman Bharat Health and Wellness Centres** with district hospitals, enabling **teleconsultations**.
 - Launched in 2022, it supports hub-and-spoke models for rural care.
 - The **eSanjeevaniOPD** platform has facilitated over **22 crore consultations**, marking a significant step in digital healthcare delivery.
- **Hurdles:** The **digital divide** poses significant challenges. Issues include **poor internet connectivity**, **lack of computerization** in public health centers, and **privacy concerns** regarding digital health data.



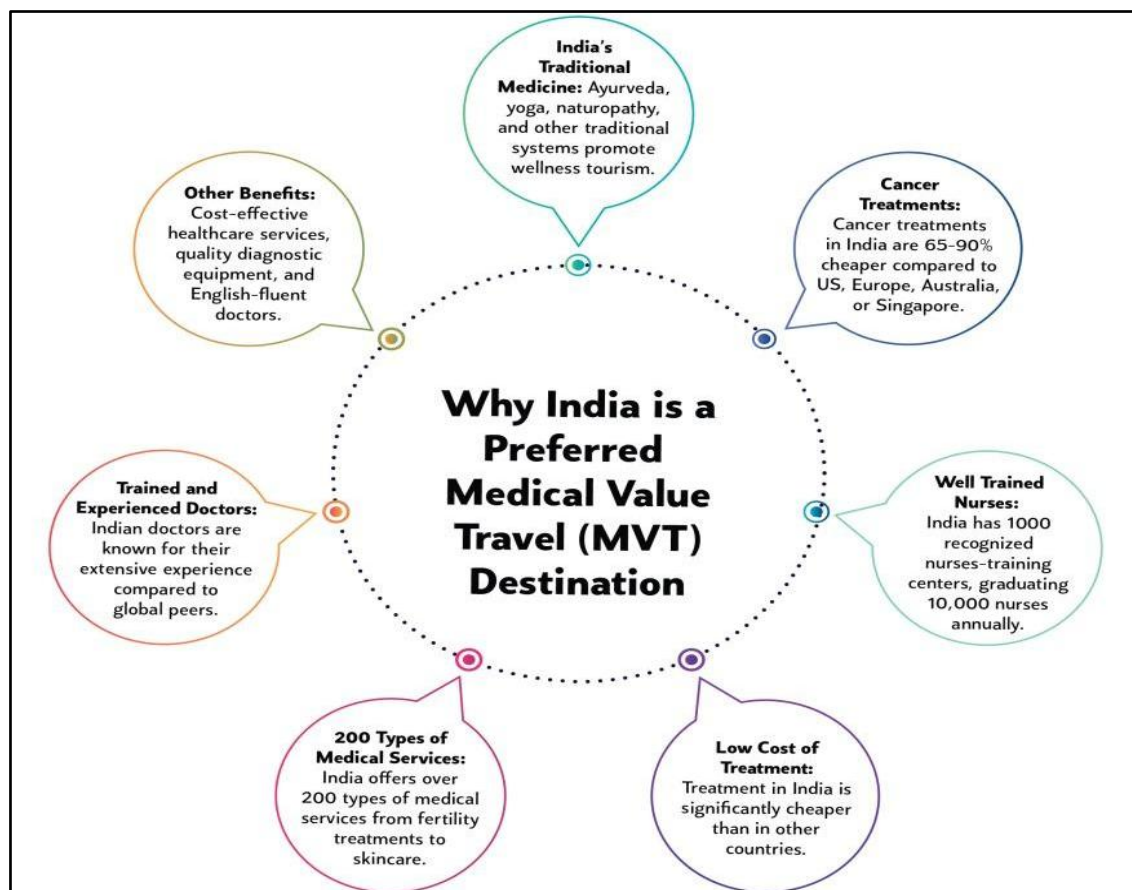
1.6.3. AI & Robotics in Healthcare

- **AI in Healthcare:** AI holds the potential to **transform diagnostics** and **drug discovery**, reducing human error and improving efficiency. However, concerns about the **"black box" problem** (lack of transparency in AI decision-making) and **privacy** remain.
- **Robotics in Healthcare:** **Robot-assisted surgeries** offer precision, but **remote surgery by AI** remains a future possibility that requires significant **infrastructure investment** and **regulatory frameworks**.
- **Ethical Concerns:** AI requires large amounts of personal data, raising concerns about **data privacy** and **standardization**. India needs a **comprehensive regulatory framework** for AI in healthcare to ensure ethical use.



1.6.4. Medical Tourism

India is a **global hub for medical tourism**, driven by its **low-cost, high-quality care**, and expertise in **pharmaceuticals**. It contributed **USD 9 billion to India's economy** in 2023 and is projected to grow further.



Government Measures: India has introduced **Medical Visas** and a **centralized portal** for booking services, but challenges remain in **infrastructure**, **skills development**, and **policy coordination**.

Medical Tourism: Diplomacy & Dilemmas

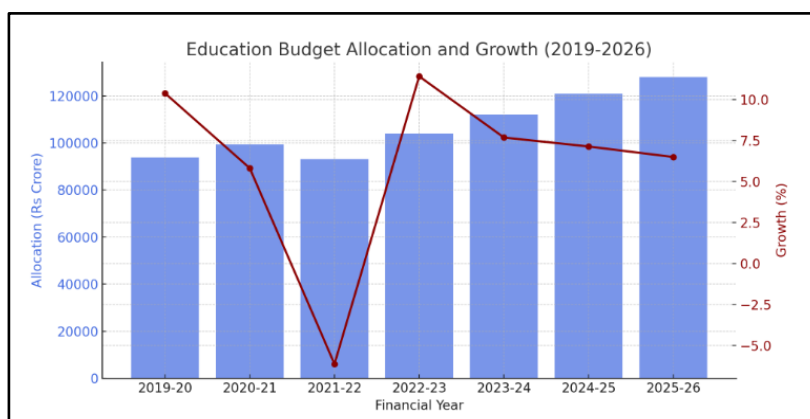
India views **medical tourism** as a way to enhance its **global reputation** and build **international partnerships** by showcasing its **healthcare strengths**. This strategy attracts foreign patients seeking **quality** and **affordable treatments**.



However, the challenge is to maintain a strong **domestic healthcare infrastructure** while ensuring **equitable access** to healthcare for all **Indian citizens**. The goal is to benefit from medical tourism without compromising the essential healthcare services needed for India's vast population.

2. Part B: Education

Education is a powerful instrument of **social justice**, enabling individuals to break cycles of poverty and exclusion. Rooted in India's civilizational values, it empowers minds to drive inclusive growth.



Yet, persistent **inequities and underfunding** hinder progress toward **SDG 4**, which envisions equitable, quality education for all.

Student Notes:

Constitutional and Legal Provisions on Education

The Indian Constitution underscores the importance of education, particularly for vulnerable sections of society through various sections:

- **Article 29:** Ensures **equality of opportunity in educational institutions** and protects the culture, language, and script of minorities.
- **Article 30:** Grants **religious and linguistic minorities** the right to establish and administer their own educational institutions.
- **Articles 15(3) & 15(4):** Allow the state to make special provisions for the advancement of children and women, and for the admission of backward classes, SCs, or STs in private educational institutions.
- **Article 21A:** Guarantees **free and compulsory education** for all children aged **6 to 14 years** as a fundamental right (inserted by the 86th Amendment Act, 2002).
- **Articles 39(e) and 39(f):** Directs the state to prevent the abuse of children at an early age and ensure they have the opportunities and resources to grow in a healthy and dignified environment.
- **Article 45:** Mandates the state to provide **early childhood care and education** for children up to the age of six years.
- **Article 46:** Emphasizes the promotion of educational and economic interests of the **weaker sections**, especially SCs and STs.
- **Article 51A(k):** A fundamental duty for parents to ensure **education** for children aged **6 to 14 years**.

Right to Education Act, 2009

The **Right of Children to Free and Compulsory Education (RTE) Act, 2009** came into effect on April 1, 2010, enforcing Article 21A as a fundamental right.

- **Objectives:** To ensure **free and compulsory primary education** for children aged 6 to 14 years.
- **Key Provisions:**
 - No child shall be held back, expelled, or required to pass a board examination until elementary education is completed.
 - Prohibits **physical punishment, mental harassment, screening procedures, and capitation fees**.
 - Mandates **25% reservation for economically disadvantaged children** in private schools for Class I admissions.
 - Establishes norms for **student-teacher ratios, school buildings, and teacher working hours**.
- **Limitations:** Critics argue it is **input-oriented rather than outcome-focused**, and does not emphasize **quality of learning**. It also originally excluded children aged 0-6 and 14-18.

2.1. Education System of India

2.1.1. Early Childhood Care and Education (ECCE)

Early Childhood Care and Education (ECCE) encompasses the **holistic development of children** from birth to age eight, focusing on their **physical, cognitive, social, and emotional growth**. This critical period lays the foundation for lifelong learning and well-being.

India has 158.7 million children in the 0-6 years age group (Census 2011) and catering to this important segment of the population to ensure holistic development is imperative.

Significance of ECCE



Breaking Intergenerational Cycles:

ECCE helps break poverty and disadvantage cycles by giving children from marginalized communities a strong start in life.



Brain Development: Early years are crucial for brain development. Quality ECCE enhances cognitive abilities, language skills, and social-emotional competencies by stimulating neural connections.



Long-term Impact: Strong ECCE foundations lead to better school success, health outcomes, and active citizenship.

Challenges in ECCE:

- **Affordability and Accessibility:** High costs and geographical disparities, especially in rural and marginalized communities.
- **Quality and Standards:** Focus on literacy and numeracy at the expense of **holistic development** (social-emotional learning, creativity, motor skills).
- **Shortage of Centers and Trained Personnel:** Lack of qualified educators and training in child development.

Student Notes:



MAINS MENTORING PROGRAM 2025

30 Days Expert Intervention

A Strategic Revision, Practice, and Mentoring Program for UPSC Prelims Examination

15 JULY 2025

- Highly experienced and qualified team of Mentors for continuous support and guidance
- A structured plan of revision for GS Prelims, CSAT, and Current Affairs
- Effective Utilization of learning resources, including PYQs, Quick Revision Modules (QRMs), and PT-365



PRELIMS & MAINS INTEGRATED MENTORING PROGRAM

Lakshya Prelims & Mains Integrated Mentoring Program 2026

(A Strategic Revision, Practice, and Mentoring Program for UPSC Prelims and Mains Examination 2026)

VisionIAS introduces the Lakshya Prelims & Mains Integrated Mentoring Programme 2026, offering unified guidance for UPSC aspirants across both stages, ensuring comprehensive support and strategic preparation for success

2026 | 13.5 MONTHS | 16 JULY

Highlights of the Program

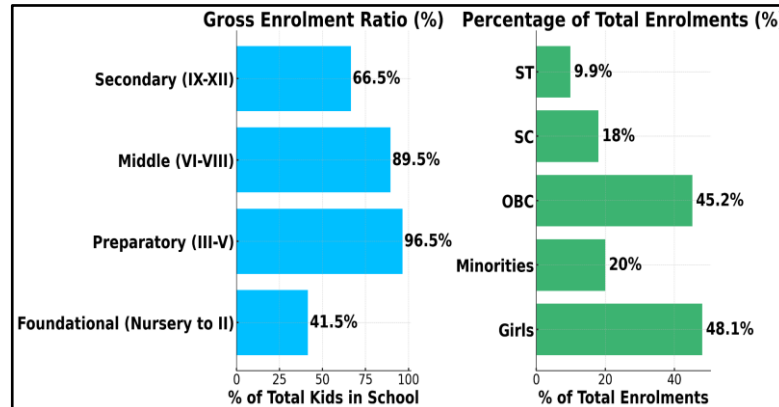
- Coverage of the entire UPSC Prelims and Mains Syllabus
- Highly experienced and qualified team of senior mentors
- Development of Advanced answer writing skills
- Special emphasis to Essay & Ethics

2.1.2. School Education

Student Notes:

In India, formal **school education commences** after Early Childhood Care and Education (ECCE), which covers children aged 3 to 6 years. Following ECCE, the education system is structured into the **5+3+3+4 model** as per the **National Education Policy (NEP) 2020**:

- **Foundational Stage (Ages 3–8)**: This includes 3 years of preschool or Anganwadi followed by Classes 1 and 2. The focus is on activity-based learning to develop cognitive and socio-emotional skills.
- **Preparatory Stage (Ages 8–11)**: Classes 3 to 5 introduce subjects like languages, mathematics, science, and arts, aiming to build foundational literacy and numeracy.
- **Middle Stage (Ages 11–14)**: Classes 6 to 8 delve into more abstract concepts in subjects such as mathematics, sciences, social sciences, arts, and humanities.
- **Secondary Stage (Ages 14–18)**: Classes 9 to 12 focus on multidisciplinary study, critical thinking, and depth in chosen subjects. Board exams are conducted at the end of Classes 10 and 12.



2.1.2.1. Key Challenges in School Education

Category	Key Challenges	Details
The Learning Crisis	ASER Report Findings	Poor foundational skills in reading and arithmetic. A significant percentage of 14-18-year-olds cannot read simple texts or perform basic arithmetic.
	Rote Learning	Emphasis on rote memorization leads to a lack of real-life application of knowledge.
	Fragmented Ecosystem	Varied quality of education across different institutions (e.g., Madrasas, tribal schools).
Affordability, Access, and Equity	Dropout Rates	High dropout rates due to poverty, lack of infrastructure, and gender disparities. • For example, in Bihar, the dropout rate at the secondary level is reported to be as high as 83%, indicating severe retention issues in certain regions.
	Out-of-School Children	Over 1.4 million children aged 6-11 are out of school due to poverty and lack of digital access during the pandemic.
	Social Gaps	Gender disparities and social norms (e.g., child marriage) limit education for girls and marginalized children. • The ASER 2023 report indicates that 40% of girls aged 15-18 remain out of school due to early marriages, domestic duties, and gender-based violence.
	High School Fees	Rising cost of private schools makes quality education inaccessible for many.

		In Telangana, private school fees have risen by up to 30% over the last decade, limiting the affordability of quality education.
Infrastructure and Resource Gaps	Lack of Basic Amenities	Many schools, especially in rural areas, lack essential facilities like clean water, toilets, and playgrounds.
	Digital Gaps	Rural areas face lack of digital infrastructure , hindering access to e-learning opportunities. Only 53.9% of schools in India have access to the internet, with rural areas facing significant barriers to digital learning. In rural areas, only 35% of students have access to digital devices for education.
	Underfunding	Education expenditure remains well below the recommended 6% of GDP. The current education expenditure in India remains around 3.1% of GDP, well below the 6% recommended by experts and global organizations like UNESCO.

2.1.2.2. Major Government Initiatives

- Samagra Shiksha Abhiyan:** A comprehensive initiative that aims to improve **learning outcomes** and infrastructure development across schools.
- Mid-Day Meal (PM-POSHAN) Scheme:** Provides **free nutritious meals** to school children, improving attendance and addressing hunger.
- NIPUN Bharat Mission:** Targets **foundational literacy and numeracy** for all children by Class 3, ensuring universal foundational skills.
- Madrasa Modernization:** Efforts to modernize Madrasa education and integrate it into the formal school system to improve educational infrastructure.

NIPUN BHARAT

Foundational Literacy and Numeracy (FLN) is **crucial for early childhood development**, influencing long-term educational outcomes. Under **NEP 2020**, the **NIPUN Bharat Mission promotes joyful, activity-based learning from preschool to grade 3**, aiming to reduce dropouts and build strong foundations for learning.

Components of NIPUN Bharat Mission



Madarsa Education System in India

The **madarsa education system** is a traditional Islamic network focusing primarily on **religious education—Quran, Hadith, Fiqh (Islamic law), and Arabic**. Over time, many madaras have introduced **secular subjects** like **mathematics, science, and English** to enhance student outcomes.

Structure and Reach

- Operates at **primary to higher education levels**, offering degrees like **Maulvi** (Class 10), **Alim** (Class 12), **Kamil** (Bachelor's), **Fazil** (Master's)
- As of 2018–19, India had **24,010 madaras** with **19,132 recognised** and **4,878 unrecognised madaras**.

- **Uttar Pradesh** houses the largest number of madarasas.

Modernisation Efforts

- Launched in the **early 2000s**, aimed at integrating **modern subjects** and enhancing **infrastructure**.
- **Key schemes:**
 - **SPQEM** (Scheme for Providing Quality Education in Madrasas)
 - **SPEMM** (Scheme for Providing Education to Madrasas/Minorities)
- **Focus areas:** **Teacher training**, **curriculum upgrades**, and **infrastructure development**.
- **Recent reforms:**
 - **Uttarakhand** introduced **NCERT curriculum** and **Sanskrit** as options.
 - The **2024 Allahabad High Court** struck down the **UP Madarsa Board Act**, raising legal and administrative questions.

Anjum Kadari & Another v. Union of India (2024)

Supreme Court reversed the Allahabad High Court's judgment that struck down the UP Madarsa Act.

The court held that a law can be struck down only for **violating Fundamental Rights**, not the **basic structure**.

Confirmed the Act is **within state legislative competence** under **Entry 25, Concurrent List (Education)**.

Stressed that the Act aims to ensure **educational standards** and **socio-economic inclusion** for madarsa students.

Struck down provisions awarding degrees like *Fazil* and *Kamil* for violating **Section 22 of UGC Act**.

Reaffirmed **minority educational rights** under **Article 30(1)** and the role of **NCMEI** in safeguarding them.

Key Challenges

- **Outdated religious curricula** in many institutions.
- **Shortage of trained teachers** for modern subjects.
- **Inadequate funding** and poor infrastructure.
- **Resistance to change** from within communities.
- **Lack of formal certification**, reducing **employability** and access to higher education.
- **Social stigma** and exclusion from mainstream education spaces.

Way Forward

- **Strengthen modernization schemes** and ensure **state recognition** of madarasas.
- Introduce **vocational training**, **digital literacy**, and **skill-based learning**.
- Focus on **teacher capacity building** and **community engagement**.
- Promote a balanced approach to **preserve tradition** while ensuring **mainstream integration** and **economic empowerment**.

The Impact of COVID-19 on Education in India

The **COVID-19 pandemic** led to one of the longest **school closures** in India, lasting over **73 weeks** by September 2021. This caused disruptions in school enrollment, access to learning, and a significant **learning loss** among children.

Shift in Enrollment: Private to Public Schools

- **Private to Government Shift:** Enrollment in private schools for children (age 6-14) in rural India dropped from **32.5%** in 2018 to **24.4%** in 2021, while government school enrollment rose from **64.3%** to **70.3%**.
- **Reasons for Shift:** **Financial distress** made private schools unaffordable, while government schools offered **free textbooks** and **food rations**.

- **Increase in Tuition:** The number of students taking **paid tuition** jumped from **29%** in 2018 to **40%** in 2021.

Digital Divide in Remote Learning

- **Smartphone Access:** Although smartphone access increased, **children from less-educated families** had less access (45%) compared to those with highly educated parents (79%).
- **Learning Materials:** Over **80%** of children received **textbooks**, but only **35%** received additional materials like worksheets and online resources.
- **Equity Gap:** **26.7%** of children with low parental education got extra learning materials, compared to **49%** with more educated parents.

Learning Loss

- **Evidence of Loss:** A study found **92%** of children in grades 2-6 lost at least one language skill, and **82%** lost math skills.
- **State-Level Data:** Surveys in **Karnataka, Chhattisgarh, and West Bengal** showed sharp drops in basic **reading** and **arithmetic skills**.
- **Magnitude of Loss:** In **Karnataka**, learning progress was less than half of what it would have been in a normal year, showing a **learning loss of over a year**.

Recommendations for Recovery

The **Standing Committee on Education** chaired by **Dr. Vinay Sahasrabudde** proposed several key measures to address these challenges:

- **Reopening Schools:** Safely reopen schools by vaccinating staff and students, holding classes in **shifts**, providing **free masks**, and offering **incentives** like food and study materials to re-enroll **dropouts**.
- **Bridging Learning Gaps:** Assess learning gaps, create **bridge courses**, and provide **personalized remedial classes** for students needing extra support.
- **Strengthening Digital Education:** Invest in **digital infrastructure**, distribute **subsidized devices**, train teachers for **online content**, and develop a **hybrid model** combining online and classroom learning.
- **Rethinking Exams:** Establish a **continuous assessment system** alongside traditional exams, using workbooks and presentations.

2.1.3. Teacher's Training

Teacher education is essential for developing skilled, knowledgeable, and value-driven educators who can shape young minds and strengthen the overall education system. Well-trained teachers not only deliver curriculum effectively but also inspire critical thinking and lifelong learning in students.

To enhance the **quality of teacher training**, improved selection processes are necessary. These may include:

- General knowledge tests
- Subject-specific assessments
- Intelligence and language proficiency tests
- Interviews to assess attitude and interest

Such multi-dimensional evaluations can ensure only competent and passionate individuals enter the teaching profession.

Government Initiatives for Teacher Training

- **DIKSHA (Digital Infrastructure for Knowledge Sharing):** Offers online and offline teacher training resources, helping educators collaborate, upgrade skills, and access diverse content anytime.

- **Prashikshak Portal:** Developed by the Ministry of Education and Central Square Foundation, it supports District Institutes of Education and Training (DIETs) in improving teacher preparation programs.
- **RTE Act Amendment (2017):** Mandated all in-service teachers to acquire minimum qualifications as per **NCTE norms** by March 31, 2019, aiming to enhance classroom teaching standards.

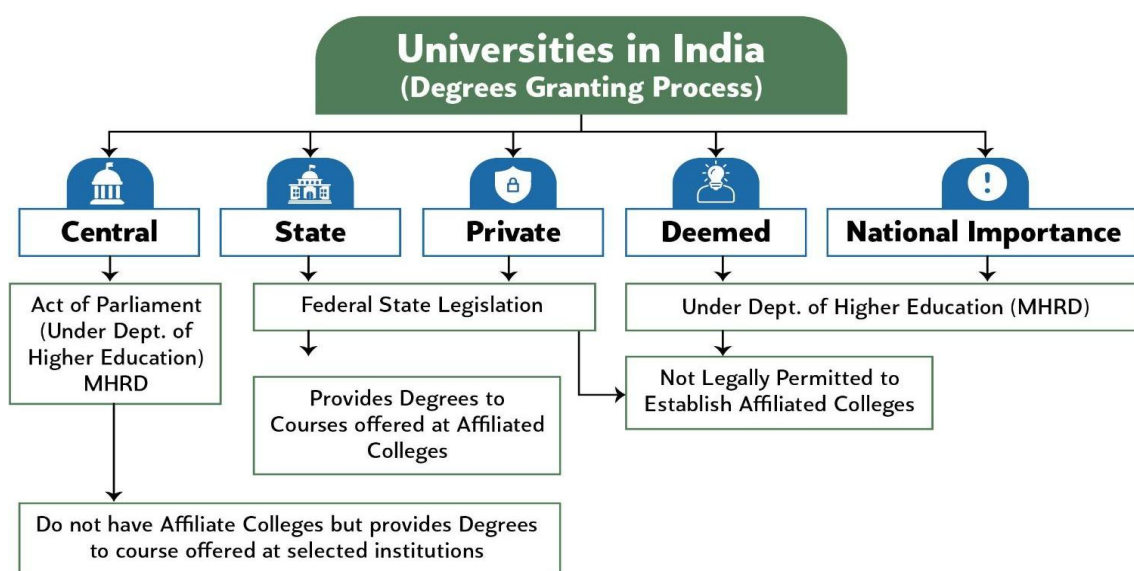
These steps reflect a systemic effort to professionalize teaching, address learning gaps, and meet the evolving needs of modern education.

2.1.4. Higher Education Ecosystem

Higher education refers to formal education beyond secondary school, typically provided by universities and colleges. It involves in-depth study of a specific subject area or field, leading to qualifications like bachelor's degrees, master's degrees, and Phds.

India's higher education system is the third largest in the world, next to the United States and China.

Structure of the higher education system in India:



OPTIONAL ADVANCED COURSE

for UPSC CSE MAINS 2025

Geography
 Starts: 12th June

Public Administration
 Starts: 30th June

Anthropology
 Starts: 25th June

Online / Offline
AVAILABLE IN ENGLISH MEDIUM

2.1.4.1. State of Higher Education

India has one of the largest higher education systems globally, with the **third-largest number of students** after the United States and China.

- **Gross Enrolment Ratio (GER)** rose from **24.3% (2014–15)** to **27.1% (2019–20)** and **28.4% (2020–21 and 2021–22)**.
- **Gender Parity Index (GPI)** improved, showing **greater access for women** in higher education.
- **PhD enrolments** nearly **doubled** from **1.17 lakh (2014–15)** to **2.03 lakh (2019–20)**.

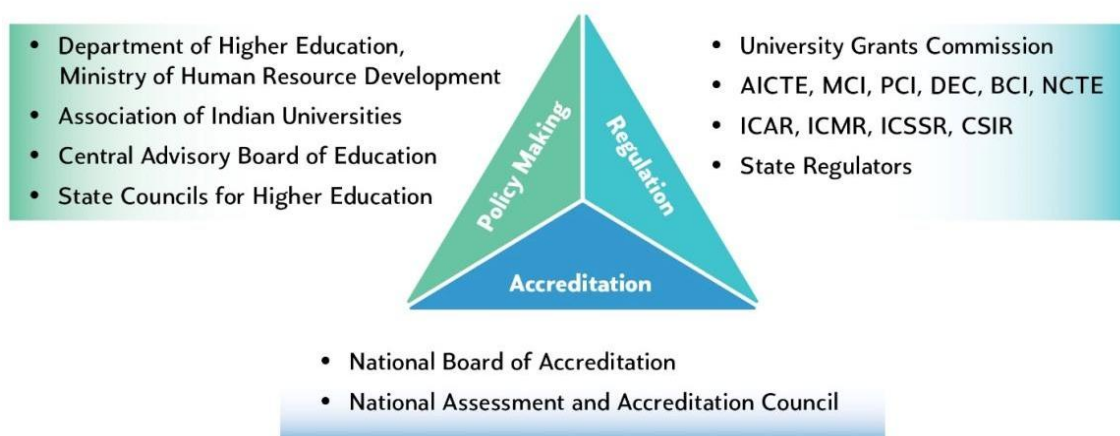
2.1.4.2. Key Issues in Higher Education

India's higher education system faces several systemic challenges:

1. Bottlenecks in Regulation of Higher Education

A complex and often opaque regulatory environment stifles institutional autonomy and innovation. This leads to inefficiencies and delays in implementing necessary reforms.

REGULATORY FRAMEWORK OF HIGHER EDUCATION IN INDIA



2. Quality and Accreditation (NAAC) of Institutions QS Rankings

The **National Assessment and Accreditation Council (NAAC)** assesses the quality of Indian institutions, and reports indicate that **68%** of institutions are of **mediocre or poor quality**. In global rankings, Indian institutions are making progress but still face significant challenges:

- **QS World University Rankings:** No Indian university is in the **top 100**
 - However, in the recent **QS World University Rankings** India has a record **54 institutions** featured, the fourth highest globally after the US, UK, and China.



3. Faculty Shortage and Quality of Research

India faces a **critical faculty shortage** across universities:

- **35% professor, 46% associate professor, and 26% assistant professor** vacancies remain unfilled.

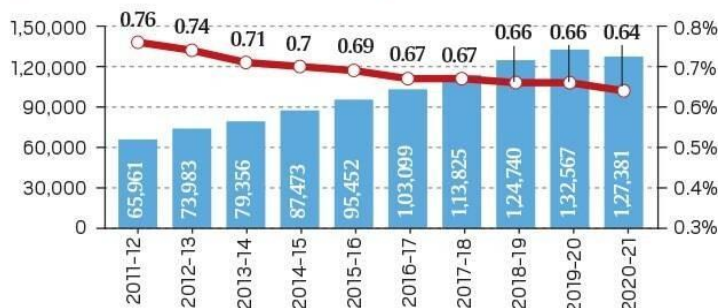
- **Research output** is low, with **India's R&D expenditure at 0.64% of GDP** (2020-21).
- Indian businesses contribute only **37% of Gross Expenditure on R&D (GERD)**, which hinders innovation and industry-academia collaborations.

Key indicators: How India compares with others

India compares unfavourably with the world's best on R&D expenditure as percentage of GDP — and the number has trended downward over the past decade. India has far fewer researchers per million population compared with China, Brazil, or the US

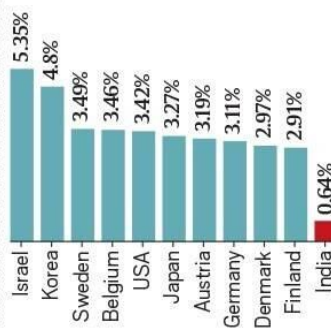
EXPENDITURE ON R&D (ALL PUBLIC PLUS PRIVATE)

■ R&D Expenditure (in current prices, in ₹ cr) ■ R&D Expenditure as percentage of GDP



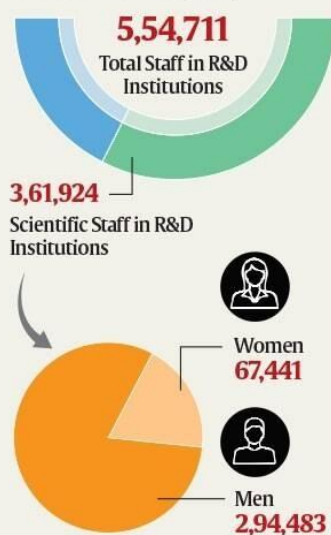
Source: Department of Science and Technology (DST)

TOP TEN COUNTRIES WITH MAXIMUM EXPENDITURE ON R&D AS % OF GDP



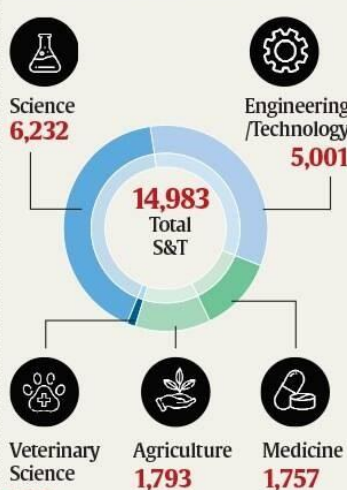
Source: UNESCO Science Report 2021

WOMEN IN SCIENCE (2021)



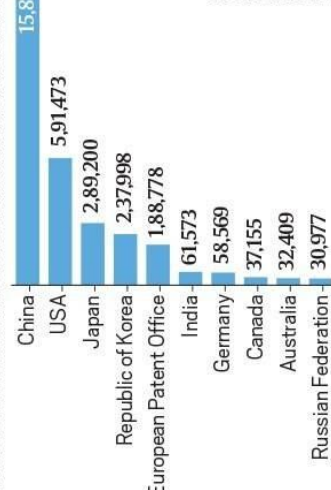
Source: DST

DOCTORATES AWARDED IN SCIENCE AND ENGINEERING IN 2020-21



Source: DST

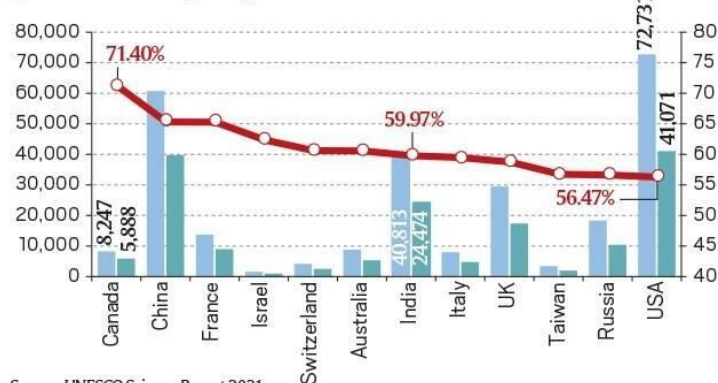
PATENTS FILED IN COUNTRY OFFICE IN 2021



Source: UNESCO Science Report 2021

DOCTORATES PRODUCED IN 2018

■ All Doctorates ■ Science and Engineering Doctorates ■ % of Science and Engineering Doctorates



Source: UNESCO Science Report 2021

RESEARCHERS PER MILLION POPULATION

Israel	8,342
Singapore	7,287
Japan	5,455
USA	4,821
United Kingdom	4,684
Australia	4,532
Canada	4,516
Russian Federation	2,722
China	1,585
Brazil	888
South Africa	484
Mexico	349
India	262

Source: UNESCO Science Report 2021

Revamping India's Research Ecosystem: The Role of NRF

India's research ecosystem has long suffered from **fragmented funding, low R&D investment (about 0.7% of GDP), bureaucratic hurdles, and weak industry-academia collaboration**. This has constrained India's global scientific standing and innovation capacity, especially when compared to nations like the US and China.

To address these issues, the **Anusandhan National Research Foundation (NRF)** was established through the **NRF Act, 2023**, replacing the Science and Engineering Research Board (SERB).

NRF's Mandate and Structure

- Acts as an **apex body** to provide strategic direction and seed research across universities, R&D labs, and colleges.
- Covers **STEM fields, agriculture, health, and social sciences and humanities**.
- Operates with a **₹50,000 crore budget** for 2023–28 (28% public, 72% private/philanthropy).
- Governed by a board of scientists, industry leaders, and officials, with the **Prime Minister as ex-officio President**.

Key Features and Reforms

- **Democratises research funding** by supporting peripheral and rural institutions alongside elite centres.
- **Streamlines processes** by reducing bureaucratic delays and standardising funding mechanisms.
- **Strengthens industry-academia linkages** and promotes international research partnerships.
- **Encourages interdisciplinary work**, including priority areas like clean energy, sustainability, and climate change.
- **Includes social sciences and humanities**, broadening the research landscape.

Challenges

- Mobilising **private sector contributions** at such scale is untested.
- Ensuring **inclusive access** to smaller institutions remains a concern.
- **Bureaucratic inertia** may hinder reforms.
- Translating research into **tangible societal or economic impact** is still a systemic weakness.

Way Forward

- **Incentivise private and philanthropic investment** in research.
- Ensure **merit-based and transparent funding** through robust evaluation systems.
- Actively support **underrepresented regions and disciplines**.
- Focus on **applied research** that addresses real-world challenges.
- Foster **global collaborations** and align efforts with India's target of 2% of GDP in R&D by 2047.

4. Financing of Higher Education (HEFA)

The **Higher Education Financing Agency (HEFA)** was launched in **2017** as a joint initiative of the **Ministry of Education and Canara Bank**, to provide **low-interest loans** for the development of infrastructure and research facilities in India's premier educational institutions. This model marked a shift from traditional **direct grants** to **loan-based funding**, aiming to raise the global competitiveness of Indian institutions.

- By **March 2025**, HEFA had **sanctioned** over **₹43,438 crore** across **109 institutions**, supporting the creation of labs, hostels, libraries, and innovation ecosystems.

- This financing mechanism aligns with the vision of the **NEP 2020** to improve educational quality and outcomes, especially amidst concerns of **chronic underfunding**—India's education spending still hovers below **3% of GDP**, far short of the **4–6% recommended** by global standards.

Emerging Challenges of the Loan-Based Model

LOANS SANCTIONED UNDER HEFA		
Financial year	No. of loans	Loan amount (Rs)
2017-18	8	1,804.25 cr
2018-19	48	15,572.56 cr
2019-20	48	11,193.66 cr
2020-21	19	2,843.33 cr
2021-22	13	2,072.57 cr
2022-23*	8	1,551.85 cr
Total	144	35,038.32 cr

*Till 31/10/2022

Despite enabling physical expansion, HEFA's approach has led to **serious structural and equity concerns**:

- Rising Student Fees:** To service the HEFA loans, institutions—particularly IITs and Central Universities—have resorted to **steep fee hikes**. This undermines affordability, disproportionately impacting students from **marginalized and low-income backgrounds**.
- Risk of Commercialization and Exclusion:** The shift towards **self-financing models** pushes public institutions towards a **quasi-private framework**, potentially eroding their **public character and inclusive mission**.
- Diversion from Core Functions:** Institutions are compelled to divert funds for **debt servicing**, which can compromise investment in **academic quality, teaching resources, and research**.
- Neglect of State Public Universities:** While HEFA has focused on centrally funded institutions, **81% of India's higher education students are in state public universities**, which remain underfunded and **excluded from HEFA support**, relying on unpredictable state grants and limited fee-based income.

Way Forward

To ensure that infrastructure development does not come at the cost of **affordability and access**, India must adopt a more **nuanced and equity-driven approach**:

- Increase Public Education Spending:** The government should progressively raise **education funding to 6% of GDP**, reducing the burden on institutions to rely on fee income or loans.
- Expand Grants and Scholarships:** Scale up **need-based scholarships and targeted grants** to cushion vulnerable groups from rising educational costs.
- Transparent Fee Regulation:** Introduce **strong oversight mechanisms** to regulate tuition and prevent **arbitrary fee hikes**, ensuring financial predictability for students.
- State-Level Financing Innovations:** Establish **state-specific education finance agencies**, as recommended by **NITI Aayog**, and explore **alumni engagement models, corporate partnerships, and philanthropy** to diversify funding sources for state universities.
- Balance Growth with Equity:** While HEFA can continue to support **capital-intensive expansion**, it should be **complemented by direct public grants**, particularly for essential teaching infrastructure and student support services.

2.2. Miscellaneous Topics for Education

2.2.1. Internationalization of Higher Education: Foreign Universities in India

The entry of foreign universities into India's higher education sector is poised to **transform the academic landscape** well beyond just adding prestigious names.

- These institutions bring **internationally benchmarked curricula, globally recognized degrees, and experienced faculty**, allowing Indian students access to world-class education without incurring high overseas costs or facing visa hurdles.

- This not only makes quality education more affordable and inclusive but also helps **retain talent** and reduce the outflow of foreign exchange.
- **Foreign campuses foster research collaboration, faculty exchange, and governance reforms**, raising academic standards and research output in Indian institutions.
- Their industry-aligned programs focus on practical skills, internships, and entrepreneurship, directly enhancing the **employability of Indian graduates** in both domestic and global markets.
- Additionally, India's strategic location and youthful, English-speaking population position it as a potential global education hub, attracting students from South Asia, Africa, and the Middle East.

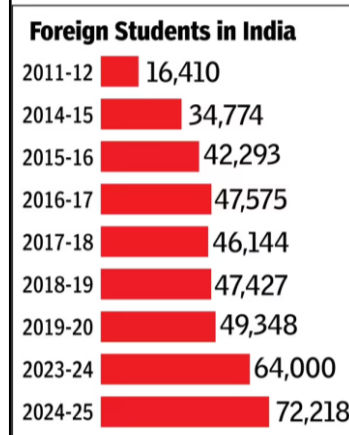
Challenges

- **High Tuition Costs:** Risk of catering only to affluent students, excluding marginalized sections.
- **Limited Reach:** Only a few campuses are operational in the short term, limiting system-wide impact.
- **Cultural Disconnects:** Differences in pedagogy, governance styles, and student support systems may affect assimilation.
- **Regulatory Uncertainty:** Approval processes, taxation, and autonomy concerns could deter full-scale participation.
- **Commercialization Risk:** Risk of profit-driven models overtaking quality and public interest goals.

Way Forward

- **Robust Regulatory Framework:** Ensure clear, transparent rules with academic safeguards and grievance redressal mechanisms.
- **Equitable Access:** Offer scholarships, cross-subsidies, and inclusion mandates to prevent elitism.
- **Domestic Collaboration:** Encourage partnerships with Indian universities for joint degrees, research, and faculty development.
- **Local Integration:** Promote community engagement, Indian context-based courses, and bilingual pedagogy where needed.
- **Gradual Expansion with Quality Focus:** Prioritize quality over quantity in approving new foreign institutions.

Foreign universities can raise India's academic standards, improve employability, and internationalize education. However, their success depends on inclusive policies, regulatory clarity, and integration with local priorities to ensure that **excellence goes hand-in-hand with equity**.



Expanding India's Academic Footprint: Indian Universities Going Global

The international expansion of Indian higher education institutions—such as **IITs, IIMs, and leading private universities**—into countries like the **UAE, Tanzania, and Malaysia** is reshaping India's global academic presence. These overseas campuses offer **Indian curricula, degrees, and pedagogical models**, delivering **affordable and quality education** to both the Indian diaspora and local students.



This move enhances **India's soft power**, fosters **cross-cultural collaboration**, promotes **joint research**, and strengthens **global academic networks**, thereby raising the international profile of Indian institutions and contributing to the global talent pool.

Challenges

- Navigating **diverse regulatory frameworks** across countries.
- Ensuring **consistent academic standards and infrastructure** abroad.
- Facing stiff competition from **well-established Western institutions**.
- **Faculty shortages** and the complexity of **managing cross-border operations**.
- Adapting Indian curricula to **local socio-cultural and economic contexts** without compromising quality.

Way Forward

- Establish **robust quality assurance mechanisms** to ensure academic integrity overseas.
- Invest in **faculty development** and global exposure to prepare teams for international roles.
- Forge **strategic partnerships** with local universities and industries for contextual relevance.
- Ensure **government support** through streamlined approvals, diplomatic facilitation, and incentive structures.
- Maintain a **balance between global ambition and academic excellence**, ensuring relevance in diverse educational ecosystems.

As **Indian institutions expand internationally**, success will depend on maintaining quality, building local relevance, and leveraging this opportunity to position India as a global leader in affordable, high-impact education.

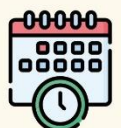
All India GS Mains PYQs plus

Test Series 2025

(Decode Past to Master the Present)



**Medium
English**



**Start
13th July**



2.2.2. AI in Education: Personalized Learning and Ethical Challenges

Artificial Intelligence (AI) is revolutionizing Indian education through **personalized learning**, where AI platforms customize content, pace, and assessments based on each student's needs and strengths.

Key Highlights:

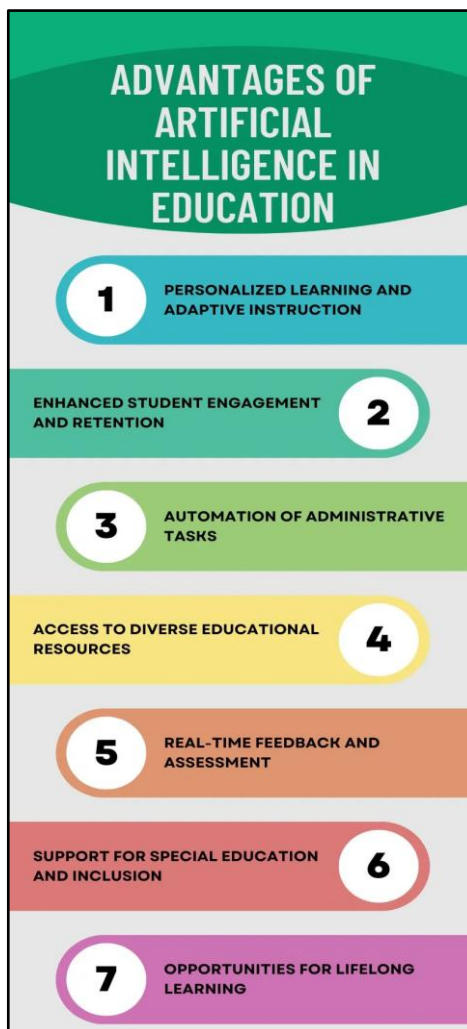
- **Market Growth:** Valued at **\$4.74 billion in 2024**, reflecting rapid expansion.
- **Adoption:** Over **75% of higher education institutions** use hybrid or AI-enabled models.
- **Government Push:** e-Adhigam and **2025: Year of AI** initiative target **40 million students**.
- **Learning Outcomes:** AI boosts **academic performance by 17%** and **retention by 15%**.

Challenges:

- **Digital Divide:** Limited access in **rural areas** due to poor connectivity and devices.
- **Teacher Readiness:** Many educators lack **training to integrate AI** in classrooms.
- **Ethical Concerns:** Issues of **data privacy**, **algorithmic bias**, and **tech over-dependence**.
- **Affordability:** AI tools may be too costly for **underfunded institutions**.

Way Forward:

- Invest in **digital infrastructure** and **affordable AI solutions**.
- Ensure **teacher training** in tech integration.
- Strengthen **data protection laws** and **ethical AI frameworks** to ensure **equity and inclusion**



Case Study: AI Maker Labs – Learning by Doing in Indian Education

AI-enabled maker labs represent a transformative shift in education, moving from passive textbook learning to hands-on experimentation. These labs allow **students to interact directly with AI tools** and applications, bridging the gap between abstract theory and real-world practice. Such experiential learning fosters deeper understanding, creativity, and problem-solving—skills essential for the AI-driven future.

Key Features and Implementation:

- **Real-World Application:** Students train AI models (e.g., object classification in environmental science), learning core AI functions and ethical considerations like bias.
- **AI Made Tangible:** Labs help students grasp AI mechanics and limitations through direct interaction.
- **Atal Tinkering Labs (ATLs):** Over 10,000 labs under the Atal Innovation Mission provide foundational infrastructure for AI integration.
- **Challenges:** Common issues include undertrained facilitators, underutilized tools, and lack of a creative experimentation culture.
- **Targeted Outreach:** With 60% of labs in government schools, inclusive implementation needs state and community collaboration.

Student Notes:

- **Strategic Needs:** Success depends on teacher training, strong leadership, mentorship, and curriculum support.

AI maker labs hold great promise in democratizing AI education. With the right support systems, they can prepare India's students to innovate, adapt, and lead in an AI-powered world.

2.2.3. Private Sector in Education

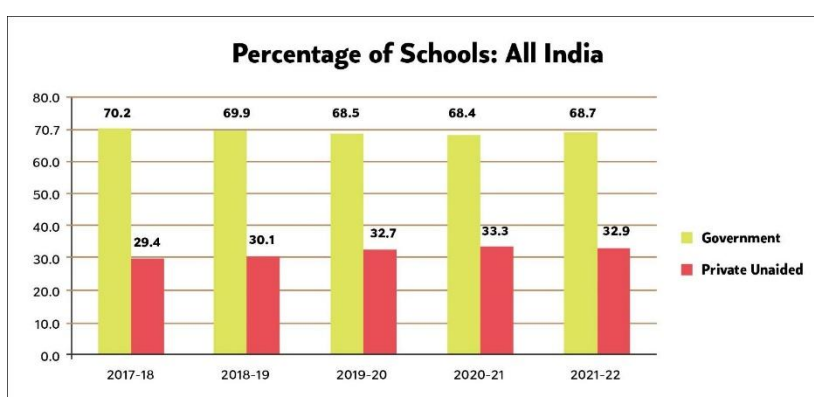
There may be two types of providers of education in the Indian system: public and private.

Private institutions are further classified as:

- Partly funded by the government (aided) or
- Entirely self-funded (unaided).

Public institutions are established, funded and managed by the government. Private providers of education often step in when the government has limited resources to provide universal access to education.

Over the past two decades, India has witnessed a rapid increase in privatization within its education sector.



- In 2021-22, private unaided schools accounted for over 32 percent of total schools imparting education in India.
- In higher education, 67% of universities and 37% colleges in India are private.

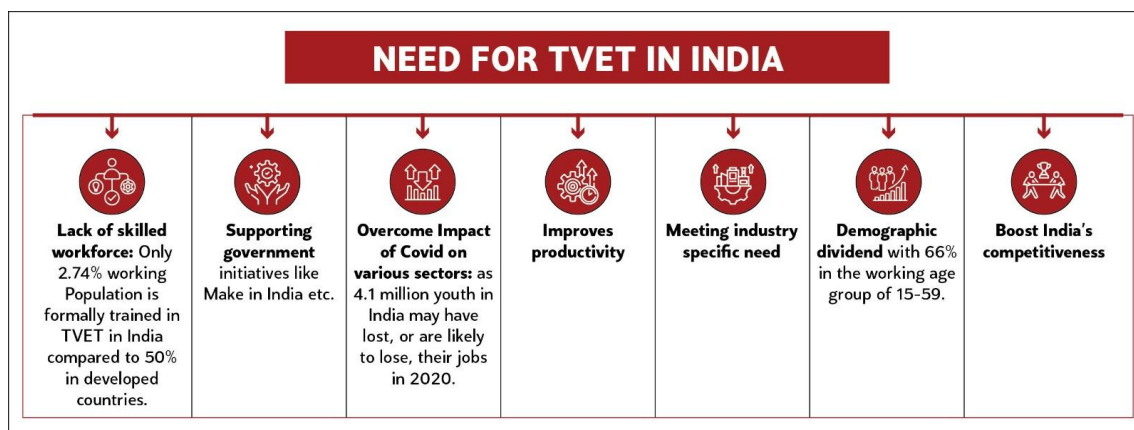
Challenges and Issues in Private Sector Participation

- **Inequality and Affordability:** A study by the National Sample Survey Office (NSSO) found a significant correlation between household income and the likelihood of children attending private schools.
 - The rising costs of private professional colleges, such as medical and engineering institutions, have made them financially out of reach for many students.
- **Quality Concerns:** Studies by organizations like the Centre for Policy Research have highlighted inconsistencies in teaching quality, infrastructure, and learning outcomes across private schools.
 - Studies by the National Institutional Ranking Framework (NIRF) have shown a wide range in quality parameters among private universities and colleges.
- **Commercialization and Profit Motive:**
 - The profit-oriented nature of some private institutions can lead to a compromise on academic integrity, focus on employability over holistic development, and unethical practices like capitation fees.
 - The case of private universities offering degrees in dubious disciplines or with questionable academic rigor highlights the commercialization concerns.

2.2.4. Vocational Education and Skill Development

India's **youth population** presents an opportunity for a **demographic dividend**, but **vocational education** faces several challenges:

- **Low Penetration:** Only 3% of the workforce receives formal vocational training.



- Government Initiatives:** The Indian government has launched several initiatives to promote skill development and vocational training. Some of the key schemes include:
 - Pradhan Mantri Kaushal Vikas Yojana (PMKVY):** This flagship scheme provides skill training to the youth to enhance their employability.
 - National Skill Development Mission (NSDM):** NSDM acts as the overarching framework for coordinating skill development efforts across the country.
 - National Apprenticeship Promotion Scheme (NAPS):** This scheme promotes apprenticeships as a means of skill development and employment.
 - Deen Dayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY):** This scheme focuses on skill development for rural youth.
 - Skill India Mission:** This is a broader campaign encompassing various initiatives to create a skilled workforce.
 - Jan Shikshan Sansthan (JSS):** These institutes provide vocational training to adults and out-of-school youth.

2.2.5. NTA and Exam Paper Leak

The **National Testing Agency (NTA)**, established in **2017** under the Ministry of Education, is India's premier autonomous body for conducting standardized and transparent entrance exams for higher education. It aims to ensure **equity, quality, and reliability** in assessments using scientific and fair testing systems. **Key exams conducted by NTA include:**

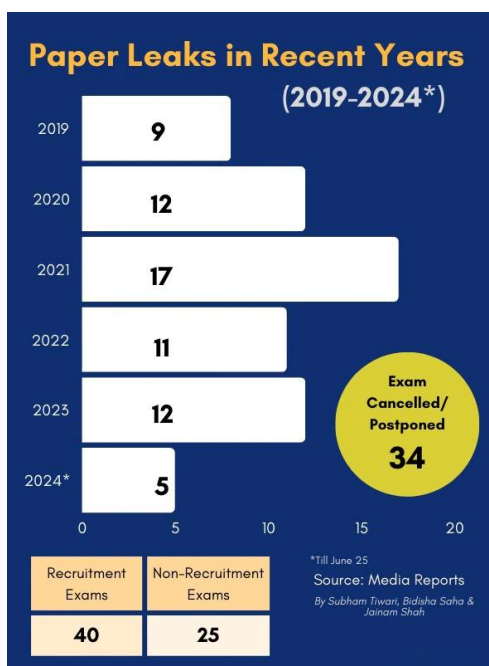
- NEET (UG)
- JEE Main
- CUET (UG & PG)
- UGC-NET

Paper Leak Controversy

In recent months, NTA has come under scrutiny due to **serious paper leak allegations**, especially in **NEET-UG and CUET**. These have highlighted major systemic issues:

- **Lapses in test security and confidentiality**
- **Outdated exam conduct practices (offline pen-paper mode)**
- **Insufficient vetting of exam center staff and IT systems**

These failures have **eroded public trust**, triggered widespread protests, and raised concerns about fairness and transparency in national-level exams.



Government Response & Legislative Action

To address these concerns, the **Central Government announced major NTA reforms in December 2024:**

- **NTA to exit recruitment exams** and focus solely on **higher education entrance exams** from 2025.
- **Restructuring of NTA:**
 - Creation of an **empowered governing council** with domain experts.
 - Addition of **10 verticals** including test security, research, and infrastructure.
 - Launch of **computer-adaptive testing systems** and **AI-enabled monitoring tools**.
- A shift towards **online testing** for major exams like NEET is under active discussion.

Public Examinations (Prevention of Unfair Means) Act, 2024

Enacted in **February 2024**, effective **June 21, 2024**, to curb exam paper leaks in tests like **NEET** and **UGC-NET**. First national law specifically addressing **unfair means in public exams**.

Objective: To restore public trust by ensuring **exam integrity, accountability, and severe deterrence** against malpractice.

Key Provisions:

Strict Punishments:

Paper leak offenders: **3–5 years' jail + ₹10 lakh fine**.

Organized crime: **5–10 years' jail + ₹1 crore minimum fine**.

Cognisable & Non-bailable: Police can arrest without a warrant; offences are **non-compoundable**.

Institutional Accountability:

Exam service providers failing to report offences: fined up to **₹1 crore**.

Institutions involved may face **property seizure and cost recovery**.

Targets Organised Crime: Covers leaks, **impersonation, hacking**, and related offences.

Student Protection: **Genuine candidates** are shielded from punishment.

Way Forward

- **Strengthen digital infrastructure** and adopt **adaptive computer-based testing**.
- **Enhance exam security** through **biometric verification, AI-based proctoring**, and **real-time surveillance**.
- Ensure **transparency and accountability** through **audits**, public disclosures, and strict penalties.
- **Legislative measures** to criminalize organized exam fraud and plug legal gaps in enforcement.

The NTA is pivotal to India's higher education admission system, but **recent paper leaks have exposed critical weaknesses**. With the government's reform push, there is an opportunity to **rebuild credibility, modernize exam conduct**, and ensure that **merit, not malpractice, determines opportunity**.

2.2.6. National Education Policy

Stage of Education/ Dimension	Policy Recommendation	Potential Impact
Early Childhood Education (3-6 years)	• Incorporate Early Childhood Care and Education (ECCE) into the school curriculum through a 5+3+3+4 design.	• This recommendation will ensure that children receive a strong foundation in their early years, promoting brain development. • It could lead to better learning outcomes in later stages of education, as early childhood education is critical

Student Notes:

	It should be play-based and activity-based learning.	for cognitive and emotional development.
Foundational Stage (3-8 years)	Establish foundational literacy and numeracy by grade 3 through the National Mission on Foundational Literacy and Numeracy.	- Ensuring that every child achieves foundational literacy and numeracy by grade 3 will enhance long-term academic success and reduce dropout rates. - It will also improve student performance in higher grades, contributing to a more competent workforce in the future.
Preparatory Stage (8-11 years)	Reducing curriculum load to focus on core subjects and enhancing critical thinking and analytical skills.	- By reducing the content load and focusing on critical thinking, students will be better prepared for complex subjects in the later stages of education. - This could make learning more engaging and help students retain knowledge better, moving away from rote memorization.
Middle Stage (11-14 years)	Introduce flexibility in subject selection , offering a broader range of choices to students in secondary school.	- Allowing students to choose subjects will lead to more personalized learning experiences, encouraging exploration of different areas of interest. - This could reduce stress related to rigid subject structures and promote a more well-rounded skill set in students.
Secondary Stage (14-18 years)	Reform board exams to assess core concepts and allow multiple attempts. - Promote the use of local languages as a medium of instruction.	- These reforms will reduce the pressure associated with high-stakes exams, allowing students to focus on conceptual understanding. - The shift towards using local languages will enhance comprehension and inclusivity, enabling students from diverse linguistic backgrounds to better grasp subjects.
Higher Education	Increase Gross Enrolment Ratio (GER) to 50% by 2035 through online and open distance learning options. Restructure institutions into multidisciplinary universities.	- Improving GER will promote greater access to higher education, especially for marginalized communities. - The restructuring of institutions into multidisciplinary entities will foster cross-disciplinary learning, preparing students for the complexities of the global workforce.
Vocational Education	Integrate vocational education into all levels of school and higher	This policy will address the skills gap in India, as many students currently graduate without job-ready skills.

	education, aiming for 50% exposure by 2025.	Expanding vocational education will enable more students to acquire practical skills that can enhance employability and economic productivity, particularly in industries requiring specialized knowledge.
Teacher Training and Management	Replace B.Ed. with a 4-year integrated program and ensure continuous professional development for teachers.	- This reform will improve the quality of teacher education, ensuring teachers are well-prepared and updated with the latest teaching methods. - Continuous development will contribute to better classroom practices, leading to improved student outcomes.
Governance and Regulation	Establish school complexes and independent state school standards authorities for better governance and quality.	- This will create more efficient school management systems, pooling resources and teachers to improve the quality of education in rural and underserved areas. - It will also decentralize power, ensuring that local governments have more autonomy to cater to regional needs.
Research and Innovation in Higher Education	Establish a National Research Foundation to fund and promote quality research.	- Increased funding and support for research will boost innovation, contributing to scientific, technological, and social progress. - It could also enhance India's global academic standing, leading to more collaboration with international institutions and attracting global talent.



ABHYAAS

MAINS 2025

ALL INDIA MAINS

(GS + ESSAY + OPTIONAL)

MOCK TEST (OFFLINE)

PAPER	GS - I & II	GS - III & IV	ESSAY	OPTIONAL - I & II
DATE	26 JULY	27 JULY	2 AUG	3 AUGUST



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OPTIONAL SUBJECTS

ANTHROPOLOGY | GEOGRAPHY | HINDI | HISTORY | MATHS | PHILOSOPHY
PHYSICS | POLITICAL SCIENCE | PUBLIC ADMINISTRATION | SOCIOLOGY

AHMEDABAD | BENGALURU | BHOPAL | BHUBANESWAR | CHANDIGARH | CHENNAI | CHHATARPUR (MP) | DEHRADUN | DELHI - KAROL BAGH | DELHI - MUKHERJEE NAGAR | GHAZIABAD
GORAKHPUR | GURUGRAM | GUWAHATI | HYDERABAD | INDORE | JABALPUR | JAIPUR | JAMMU | JODHPUR | KANPUR | KOLKATA | KOTA | LUCKNOW | MUMBAI | NAGPUR | NOIDA
ORAI | PATNA | PRAYAGRAJ | PUNE | RAIPUR | RANCHI | ROHTAK | SHIMLA | THIRUVANANTHAPURAM | VARANASI | VIJAYAWADA | VISAKHAPATNAM

UNIT 3: POVERTY AND DEVELOPMENT ISSUES IN INDIA

Student Notes:

PYQ Analysis and Insights

Unit 3 of Social Justice covers the key area of **Poverty and Development Issues in India**. Based on our in-depth analysis of **Previous Year Questions (PYQs)** from 2013 to 2024, we have **classified the questions** into distinct categories, offering **clear guidance** on how to approach each type effectively.

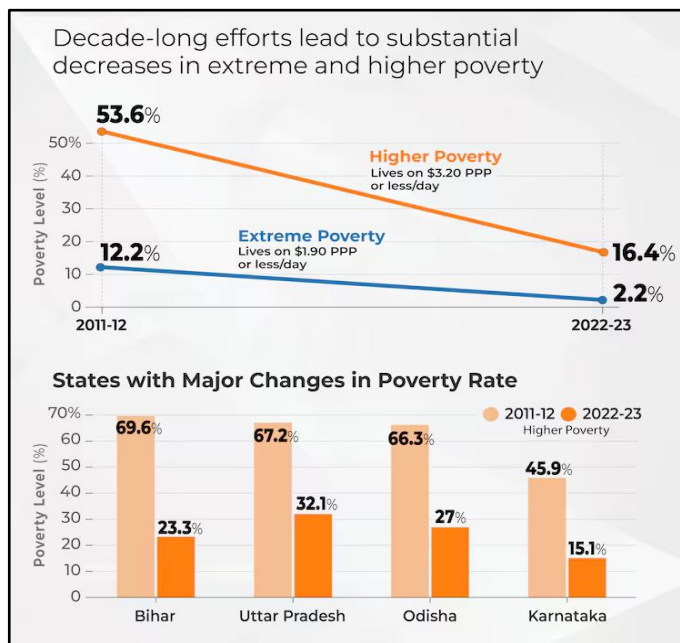
The VAM content has been crafted with these insights in mind, ensuring a **focused and strategic approach** to your preparation. By combining this structured deconstruction with the VAM material, you will be equipped to **write targeted and comprehensive answers**, maximizing your score in **GS Paper 2**.

Question Type	PYQs	Insights for Mains 2025
Understanding of Poverty (including Multidimensional Poverty) and Hunger	2024: Poverty and malnutrition create a vicious cycle, adversely affecting human capital formation. What steps can be taken to break the cycle? 2020: "The incidence and intensity of poverty are more important in determining poverty based on income alone". In this context, analyse the latest United Nations Multidimensional Poverty Index Report. 2015: Though there have been several different estimates of poverty in India, all indicate reduction in poverty levels over time. Do you agree? Critically examine with reference to urban and rural poverty indicators.	• Focus on the link between poverty and malnutrition: Understand how poverty and malnutrition are interlinked and how breaking this cycle is crucial for human capital formation. • Study key reports (e.g., Multidimensional Poverty Index) to analyze poverty dimensions beyond just income. Discuss the shift from income-based poverty measures to multidimensional metrics, such as health, education, and living standards. • Provide steps to address poverty (e.g., social security schemes, improving nutrition, skill development programs). Provide examples from India's poverty measures and how SDGs are linked to it.
Causes and Drivers of Hunger	2018: How far do you agree with the view that the focus on lack of availability of food as the main cause of hunger takes the attention away from ineffective human development policies in India?	• Analyze the causes of hunger: Focus on availability of food, but also human development policies (e.g., nutrition programs, healthcare access, education). • Critically examine using data if policy failure or distribution issues are more significant than food scarcity.
Government Actions and Effectiveness of Poverty Alleviation Programs	2017: Hunger and Poverty are the biggest challenges for good governance in India still today. Evaluate how far successive governments have progressed in dealing with these humongous problems. Suggest measures for improvement.	• Assess government progress: Use reports like Global Hunger Index or NITI Aayog's MPI to evaluate how well India's government has tackled poverty and hunger. • Suggest improvements: Propose policy reforms, like better targeting of welfare schemes, improving PDS, or expanding social protection programs.

1. Poverty in India

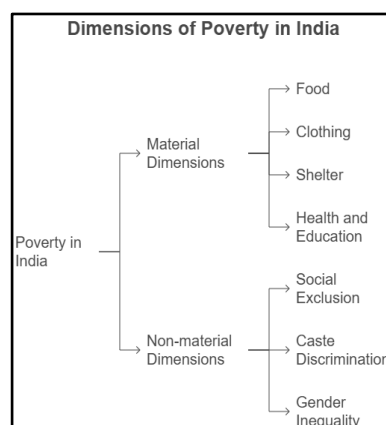
Poverty in India is a complex and multidimensional issue which has been conventionally understood through the lens of low income or inadequate calorie intake.

- Modern definition of Poverty is characterized by **deprivation in multiple aspects of life**, such as **health, education, access to basic goods and services**, and **opportunity** for self-improvement.
- While income is a central component in defining it, poverty also involves **social exclusion**, lack of **physical security**, and **disempowerment**. These factors contribute to an overall sense of deprivation that severely impacts an individual's **quality of life**.
- This multifaceted nature of poverty leads to **intergenerational transmission** of poverty, where the children of poor families are more likely to remain poor due to limited access to **education, nutrition, and employment opportunities**.



Types of Poverty

Poverty Types			
Characteristic	Absolute	Relative	Multidimensional
Definition	Cannot meet basic survival needs	Below average living standard	Deprived in health, education, living
Measurement	Income thresholds (e.g., US\$1.90/day)	Average standard of living	Health, education, living standards



The Poverty Trap

Economists often describe poverty as a **"trap"**- a self-reinforcing condition where deprivation perpetuates further deprivation. In India, this trap is sustained by multiple interlinked factors:

Key Determinants of Poverty Trap in India

- Lack of Income and Purchasing Power:** Individuals living below the poverty line often lack the resources to afford basic necessities like **food, shelter, healthcare, and education**.
- Underemployment and Low Productivity:** Scarcity of **quality jobs**, informal employment, and **low agricultural productivity** limit income generation, reinforcing poverty across generations.
- Inadequate Social Infrastructure:** Poor access to **education, healthcare, sanitation, and housing** further reduces human capital development, keeping individuals in a state of marginalization.

Understanding the Vicious Cycle of Poverty

This complex situation leads to a **vicious cycle of poverty** as shown below:

- Poor families can't invest in their children's education or health.
- Children grow up with fewer skills and limited job prospects.
- They enter adulthood trapped in the same conditions, repeating the cycle.

This **intergenerational transfer of poverty** is further worsened by **limited access to credit, insecure land rights, social exclusion, and ineffective safety nets**.

Breaking the Cycle: Towards a Virtuous Loop

The **Economic Survey of India** has consistently argued for a transition from a **vicious cycle** to a **virtuous cycle of growth**. This requires:

- **Strategic public investment** in education, health, and infrastructure.
- **Skill development** and **entrepreneurship promotion** to enhance productivity.
- **Job creation** through industrial diversification and formalization.
- **Social mobility initiatives**, including credit access and targeted welfare.

Poverty in India is not merely a result of income deficiency, but a **multidimensional trap** that reinforces itself through poor capabilities and limited opportunities. Breaking this trap demands **holistic policy efforts** that empower individuals and enable them to participate meaningfully in economic growth. Creating a **virtuous cycle**, where higher incomes lead to better health and education—and, in turn, higher productivity—offers the most sustainable path to poverty eradication.

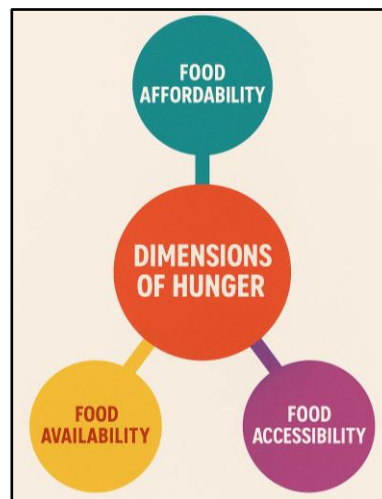
Vicious Cycle of Poverty



Note: Detailed Discussion on Poverty is provided in VISIONIAS Economics Value Added Material accessible from UPSC Mains Corner. The discussion in this document is limited to Poverty and its association with Hunger(& Malnutrition)

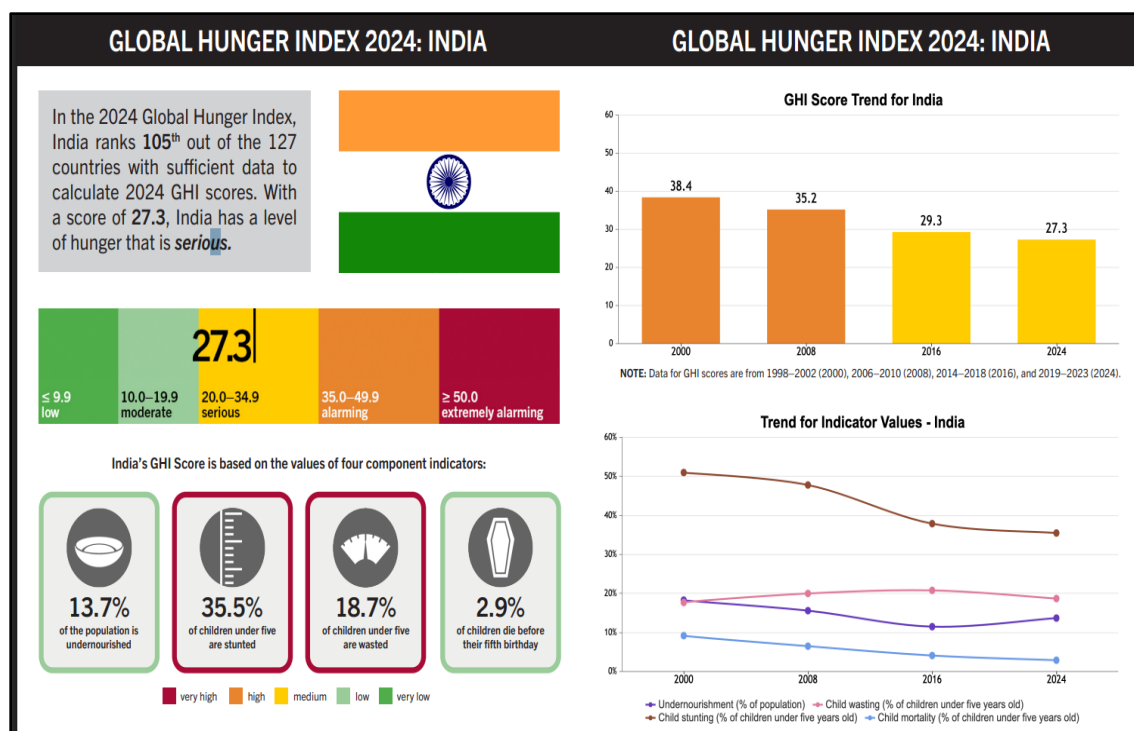
2. Hunger and Malnutrition

- **Hunger** is defined as **prolonged food insecurity**, where individuals are unable to access enough food due to financial constraints or a lack of resources.
 - According to the **WHO**, hunger arises when people are unable to obtain **sufficient calories** or essential **nutrients** to maintain good health.
- **Malnutrition** is another significant problem. It refers to deficiencies in the intake of necessary **nutrients**, which can either be caused by **undernutrition** or **overnutrition**.
 - **Undernutrition** leads to problems like **stunting**, **wasting**, and **micronutrient deficiencies**. On the other hand, **overnutrition**, resulting from excessive consumption of unhealthy foods, leads to **obesity**, **cardiovascular diseases**, and **diabetes**.



Student Notes:

One major aspect of **undernutrition** is **hidden hunger**, which **occurs when individuals do not consume enough vitamins and minerals** despite sufficient calorie intake. Hidden hunger significantly impacts **children, pregnant women, and adults**, contributing to **poor cognitive development, illness, and reduced productivity**.



Hidden Hunger and Malnutrition

Despite significant strides in poverty reduction, **hidden hunger** and **malnutrition** continue to affect millions, particularly **children** and **women**, hindering overall health and productivity.

- **Hidden Hunger**
 - **Hidden hunger** refers to **micronutrient deficiencies**—the lack of essential vitamins and minerals such as **vitamin A**, **iron**, and **iodine**—despite an adequate caloric intake. It remains a silent epidemic in India, especially among children and pregnant women.
 - This type of hunger significantly impacts **cognitive development, immune function, and overall health**, leading to poor educational outcomes and reduced productivity

in adulthood. Hidden hunger is particularly prevalent in **rural** and **marginalized urban** areas, where access to **diverse** and **nutritious food** remains limited.

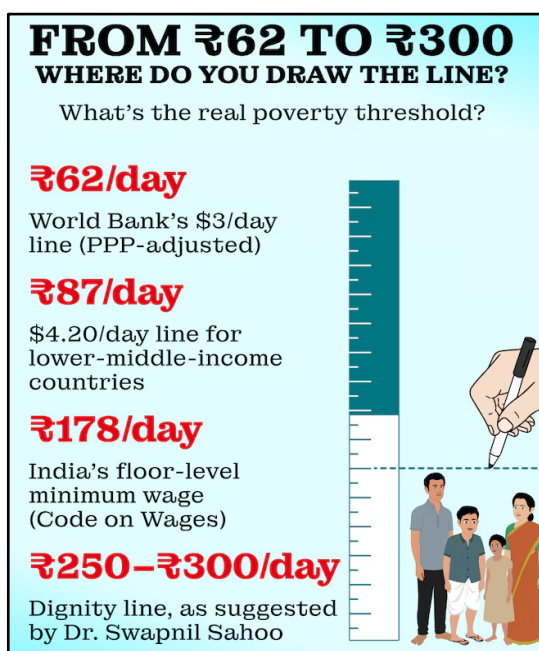
• **Malnutrition**

- **Malnutrition** continues to be a pervasive issue in India, contributing to high rates of **child stunting, wasting, and underweight**. According to the **Global Hunger Index (GHI) 2023**, India ranks **111th** out of **125 countries**, reflecting its **serious hunger levels**.
- **Child wasting**, defined as low **weight-for-height**, remains a major concern, with India holding the **highest global rate** of **18.7%** for child wasting. High rates of **anemia** in women (57%) and **stunting** (35.5%) among children are also prominent indicators of the scale of malnutrition in India.

Causes of Hunger and Malnutrition

Several interconnected factors contribute to hunger and malnutrition in India:

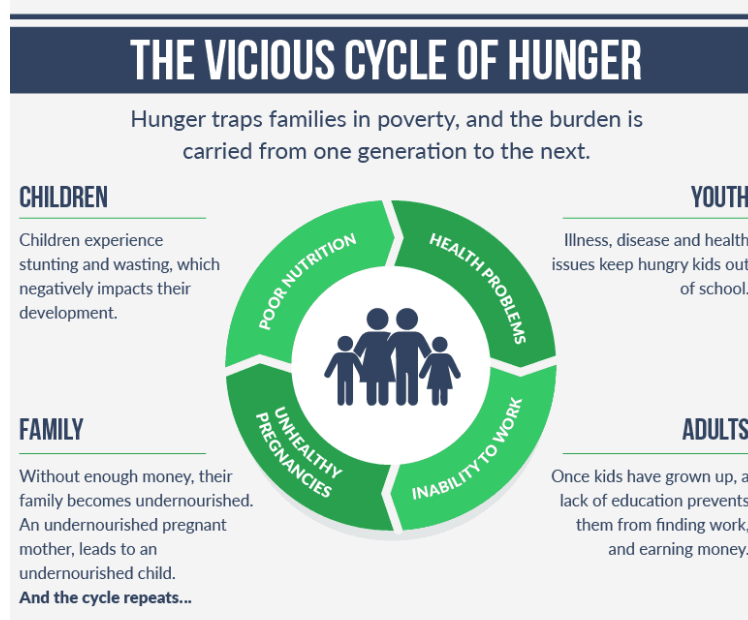
- **Poverty:** Families below the poverty line cannot afford nutritious food, leading to issues like **stunting** and **wasting**. For instance, **31.4%** of children in India are stunted due to chronic **malnutrition** caused by poverty.
 - The **World Bank** estimates that **22% of India's population** lives below the poverty line, limiting their access to nutritious food.
- **Social and Cultural Factors:** Gender inequality is a critical factor. Women often have limited access to food within households, particularly in patriarchal societies. **Cultural norms** also play a role, where **children and girls** are sometimes deprived of adequate nutrition, leading to **nutritional deficiencies**.
 - A study by **UNICEF India** found that **gender inequality** leads to food insecurity, where **girls in rural Bihar** were often fed last in their households, leading to **nutritional deficiencies**. Cultural norms prioritize male family members over females for food intake.
- **Economic Factors:** Insufficient government expenditure on **child nutrition, food wastage, and underutilization** of welfare funds exacerbate hunger and malnutrition. Additionally, **low agricultural productivity** and **underemployment** in rural areas contribute to food insecurity.
 - According to the **Food and Agriculture Organization (FAO)**, India faces **significant food wastage**—about **40% of food production** is wasted annually.
 - The **Government of India's Economic Survey 2020-21** highlighted that **underutilization of funds** allocated for child nutrition and **low agricultural productivity** contribute to malnutrition.
- **Governance Issues:** **Corruption, mismanagement, and inefficient monitoring** of welfare schemes, such as the **Public Distribution System (PDS)**, hinder the effective distribution of food and nutrition to the poor. Despite numerous government schemes, leakage, and **ineffective implementation** continue to pose significant challenges.
 - A **2018 report by the Comptroller and Auditor General of India (CAG)** found that **30-40% of food grains** allocated for the **Public Distribution System (PDS)** in Bihar were lost due to **leakage** and mismanagement, preventing effective delivery to vulnerable populations.



- **Environmental Factors:** **Climate change** is increasingly affecting agriculture and food production, leading to **food insecurity**. **Poor sanitation** and **hygiene** also result in diseases that hinder **nutrient absorption**, exacerbating malnutrition.
 - A **2019 report by the Indian Meteorological Department (IMD)** highlighted that **climate change** is affecting food production in India. For example, **wheat and rice production** in states like **Punjab** and **Haryana** have been impacted by shifting monsoon patterns, leading to **food insecurity**. Moreover, **poor sanitation** continues to hinder nutrient absorption, exacerbating malnutrition.

2.1. Link Between Poverty and Hunger

- **Limited Access to Food:** Poverty restricts financial resources, making it difficult for families to afford enough food, let alone nutritious options. A significant portion of the population in developing nations cannot afford a healthy diet, leading to **undernutrition** and **food insecurity**.
- **Impact on Human Capital:** Hunger, especially in children, impairs **physical growth**, **cognitive development**, and **learning abilities**. This affects educational outcomes, leading to reduced opportunities for better employment in the future, and contributes to the **intergenerational transmission of poverty**.
- **Reduced Productivity in Adults:** Malnutrition weakens the body's immunity and causes fatigue, making it difficult for adults to work at full capacity. This leads to **underemployment** or **unemployment**, which deepens the cycle of poverty.
- **Poor Sanitation and Healthcare:** In impoverished areas, poor access to **clean water**, **sanitation**, and **healthcare** contributes to diseases like **diarrhea**, which further hinders **nutrient absorption** and worsens malnutrition. This health crisis increases medical costs, taking away resources from food.
- **Vicious Cycle:** Poverty leads to hunger, and hunger reduces the capacity to work, earn, and thrive, making it harder to break free from the cycle of **poverty and malnutrition**. Both issues need to be tackled together to disrupt this ongoing loop



Ultra Processed Food and Hunger

The increasing consumption of ultra-processed foods (UPFs) in India highlights the intersection between **health**, **hunger**, and **poverty**. These foods are **affordable**, **convenient**, and **widely accessible**, making them particularly attractive to **low-income populations** who often struggle to afford healthier, fresh food. As a result, **UPFs contribute to hidden hunger**, where individuals consume sufficient calories but lack essential nutrients, leading to **malnutrition**.

- **Health Implications:** UPFs are linked to chronic conditions like **obesity**, **cardiovascular diseases**, and **type 2 diabetes**, which disproportionately affect impoverished communities. This exacerbates their already vulnerable health status and limits their ability to work or attend school, reinforcing the **cycle of poverty**.

- **Economic Burden:** The affordability of UPFs often comes at the cost of **nutrient-rich alternatives**, such as fruits and vegetables, which are more expensive and less accessible. This imbalance leads to **nutrient deficiencies** and **poor long-term health outcomes**, increasing healthcare costs.

In essence, the rise of UPF consumption in poverty-stricken areas creates a **vicious cycle** of poor health and limited opportunities. Addressing this issue requires **multi-pronged policy measures**, focusing on **education**, **regulation**, and **promotion of healthy food options**.

3. Government Response to Eliminate Poverty and Hunger

Poverty Alleviation Programs

The **Indian government** has implemented several key welfare programs aimed at tackling **poverty** and **hunger**, especially among marginalized and vulnerable groups. These programs seek to address both **economic deprivation** and **social exclusion**, with a focus on improving the living standards of the poor, ensuring access to essential services, and empowering individuals to improve their socio-economic conditions.

- **National Rural Employment Guarantee Act (MGNREGA)**
 - **MGNREGA** is a flagship program aimed at providing guaranteed **employment** to rural households. It ensures that at least one adult member of a household is employed for a minimum of 100 days per year, providing income support for rural families.
 - The program focuses on creating **rural infrastructure** through public works projects such as **road construction**, **irrigation works**, and **afforestation**. By providing employment opportunities, MGNREGA helps reduce rural poverty and improves the standard of living for millions of rural households.
- **Public Distribution System (PDS)**
 - The **PDS** is one of the largest food security systems in the world, designed to provide **subsidized food grains** to the poor. It aims to ensure that vulnerable populations, especially those in rural and remote areas, have access to essential food items like **rice**, **wheat**, and **sugar** at affordable prices.
 - The system is essential in preventing hunger and **malnutrition** by guaranteeing access to basic food for those unable to purchase it from the open market. However, challenges related to **leakage**, **corruption**, and **inefficient distribution** have hampered its effectiveness in some regions.
- **Pradhan Mantri Awas Yojana (PMAY)**
 - **PMAY** is a housing scheme aimed at providing **affordable housing** to the urban poor. With a goal to construct millions of affordable homes for the homeless and those living in inadequate conditions, PMAY focuses on **urban slums** and underdeveloped rural areas.
 - The program aims to reduce **homelessness** and improve **living standards**, ensuring that the poor have access to safe and secure **housing**. It is part of the government's broader strategy to tackle **urban poverty** and create **sustainable cities**.
- **Swachh Bharat Abhiyan**
 - The **Swachh Bharat Abhiyan** (Clean India Mission) is an initiative to improve **sanitation** and **hygiene** nationwide, with a particular focus on rural areas. The mission aims to eliminate **open defecation**, improve access to **clean drinking water**, and promote the use of **toilets**.
 - By improving **sanitation**, the program directly impacts **public health**, reducing the incidence of **waterborne diseases** like **diarrhea** and **malaria**, which are prevalent in poor communities. Improved hygiene practices also contribute to reducing **malnutrition** and **hidden hunger** by ensuring safe environments for food consumption.

Programs for Removal of Hunger and Malnutrition

India has implemented multiple programs to address hunger and malnutrition, focusing on both immediate food access and long-term nutrition improvement.

- **National Food Security Act (NFSA):**
 - Covers around **81 crore people**.
 - Targets **75% of the rural population** and **50% of the urban population**.
 - Provides **subsidized food grains** through the **Targeted Public Distribution System (TPDS)**.
- **Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY):**
 - Extended till **2029**.
 - Ensures **free food grains** to **81.35 crore beneficiaries**.
 - Acts as a buffer for the poor against **economic shocks**.
- **Integrated Child Development Services (ICDS):**
 - Targets **children under six**, as well as **pregnant and lactating women**.
 - Provides **supplementary nutrition, health checkups**, and **early education support**.
- **Mid-Day Meal Scheme (now PM POSHAN):**
 - Provides **nutritious meals to school children**.
 - Aims to improve **child nutrition**, increase **school attendance**, and reduce **dropout rates**.
- **POSHAN Abhiyaan**
 - **Goals:** Reduce **stunting, wasting, underweight**, and **anemia** in children and women. NFHS-5 data shows modest improvements in all indicators. Promotes **breastfeeding, dietary diversity**, and hygiene during the critical **first 1,000 days**.
 - **Technology Use:** Real-time tracking via the **ICDS-CAS app** enables data-driven planning.
 - **Community Engagement:** **Jan Andolan** campaigns have reached over 30 crore people to spread nutrition awareness.
 - **Convergence:** Integrates efforts across **18 ministries**, with localized action plans.



Progress in Poverty Reduction

The government's poverty alleviation programs have made significant strides in **reducing poverty** across India, with substantial improvements in key poverty indicators.

• Reduction in Poverty Rates

- According to the **NITI Aayog's Multidimensional Poverty Index (MPI)** report, **13.5 crore** people were lifted out of poverty between **2015-16** and **2019-21**.
- The **national poverty rate** declined from **24.85%** to **14.96%**, showing a marked improvement in the socio-economic conditions of millions. The decline in poverty has been more pronounced in **rural areas**, which have traditionally had higher poverty rates.

• Government Commitment to Poverty Reduction

- These improvements reflect the government's commitment to addressing **multidimensional poverty**, which includes not just income but also **access to healthcare, education**, and **basic services** like water and sanitation.
- However, challenges remain in fully eradicating **hunger** and **malnutrition**, particularly in regions with **historical** and **social inequalities**.

DECLINE IN POVERTY, RISE IN VULNERABILITY

Progress on paper, pressure on the ground

Statistical Gains (2011-2022)

Poverty dropped	from 27% to 5.3% (World Bank)
MPI fell	from 29% to 11.3% (NITI Aayog/UNDP)
Gini Index	28.8 to 25.5 (World Bank)

Lived Reality (2022-2025)

- **₹62/day** = World Bank poverty line (PPP)
- **83%** live below **₹171/day** (based on \$8.40 PPP line)
- Top **1%** owns **40.1%** of wealth (World Inequality Database)

4. Multidimensional Poverty Index (MPI): Improvements and Challenges

India has made significant progress in reducing **multidimensional poverty**, as highlighted by the latest United Nations and Human Development Reports. Unlike income-based poverty measures, the **MPI captures simultaneous deprivations across health, education, and living standards** using indicators like nutrition, child mortality, years of schooling, sanitation, and access to electricity.

Key Data on MPI

2025 Human Development Report • 16.4% of Indians are multidimensionally poor • 4.2% are in severe poverty • 18.7% are vulnerable to falling into poverty	India's national MPI (based on NFHS-5 data, 2019–21) shows: • Poverty fell from 24.85% in 2015–16 to 14.96% in 2019–21 • About 415 million people escaped poverty in 15 years • Urban poverty is now 5.5% • Rural areas and poorer states like Bihar, Jharkhand, and Uttar Pradesh saw the fastest reductions but still have high absolute numbers
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Why the Decline Happened

Success in the stark decline is attributed to India's **multisectoral interventions** in areas like:

- **Sanitation** (Swachh Bharat Mission)
- **Electricity** (Saubhagya Scheme)
- **Housing** (PM Awas Yojana)
- **Nutrition and Health** (POSHAN Abhiyaan, Ayushman Bharat)
- **Education** (Samagra Shiksha)

Challenges Ahead

- **Child poverty** remains high despite improvements
- **Regional disparities** persist between states and within districts
- **Nearly one in five Indians** remains vulnerable to multidimensional poverty
- MPI lacks measurement of **intra-household inequality** and faces **data collection issues**

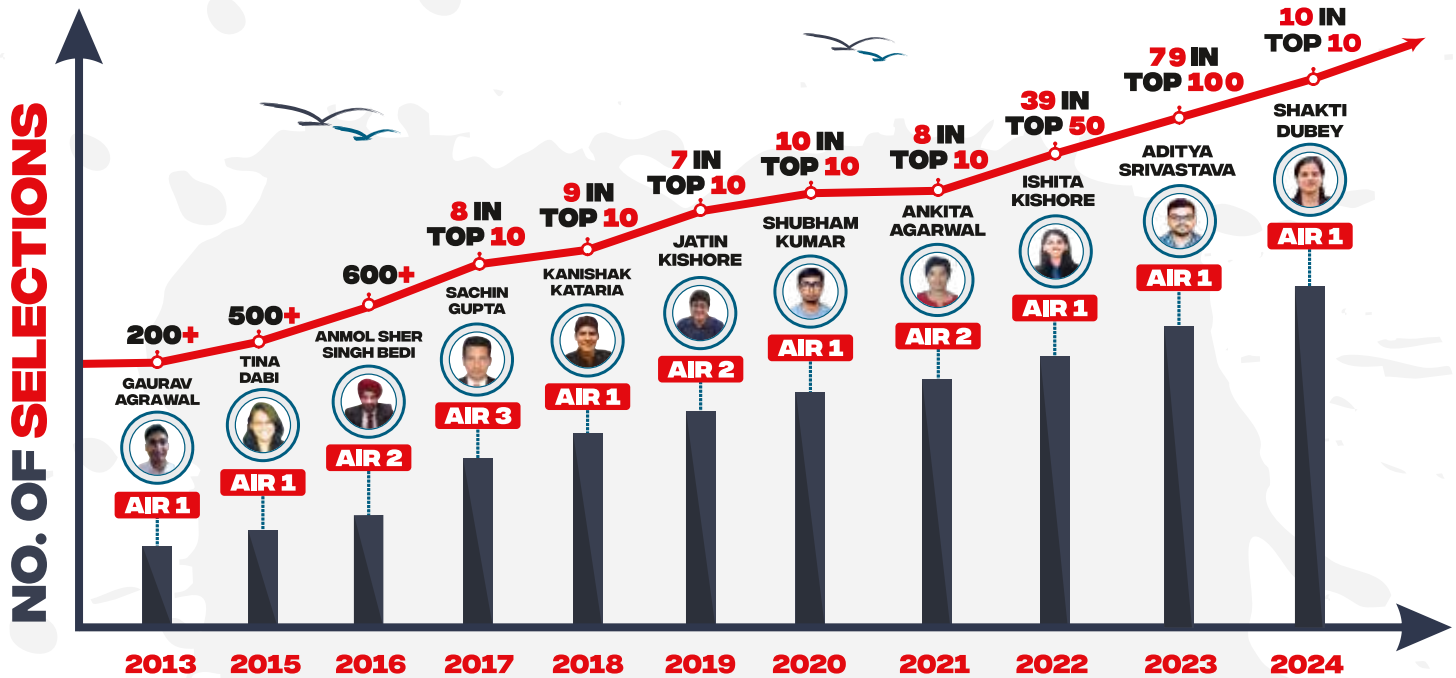
Way Forward: Data-Centric Strategies to Reduce Multidimensional Poverty

- **Expand Quality Education Access:** Address 11.9% MPI deprivation from schooling by **improving rural digital access and implementing NEP 2020 effectively.**
- **Diversify Rural Livelihoods:** Reduce 45% agri-dependence by **promoting skilling, MSMEs, and allied sectors** in MPI-intense districts.
- **Strengthen Social Safety Nets: Streamline PMGKAY and DBT schemes** to ensure food and health coverage for over 80 crore beneficiaries.
- **Combat Malnutrition:** Target 35.5% stunting and 57% anemia rates via **POSHAN Abhiyaan, Anaemia Mukt Bharat, and fortified PDS.**
- **Adopt Region-Specific Targeting:** Use **MPI dashboards** to prioritize high-poverty states like Bihar, Jharkhand, and UP with tailored plans.
- **Leverage Public-Private Partnerships:** Redirect **CSR funds toward education, nutrition, and skilling** in MPI hotspots.

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हिन्दी माध्यम 15 जुलाई, 2 PM

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HYDERABAD: 14 JULY

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JODHPUR: 2 JULY

LUCKNOW: 22 JULY

PUNE: 14 JULY

फाउंडेशन कोर्स सामान्य अध्ययन 2026

► प्रारंभिक, मुख्य परीक्षा और निबंध के लिए महत्वपूर्ण सभी टॉपिक का विस्तृत कवरेज

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