

Social Infrastructure, Employment and Human Development

10 CHAPTER

“The most distinctive feature of our economic system is the growth in human capital. Without it there would be only hard manual work and poverty....”

– T.W. Schultz

Investment in human capital like education and health are key ingredients for economic development. Much of the impoverishment in India today can be addressed by enhancing human capital by investing in nutrition, health, education and by providing appropriate skills for employment. Though India’s social policies have focussed on the welfare of the people and also human development, challenges remain in overcoming social and economic barriers to advance the capabilities of the marginalised, women and other weaker sections of the society. With India poised for higher growth anchored on a knowledge economy, there are benefits to be reaped by investing in human capital.

10.1 In a developing economy like India, human capital can play a significant role in lifting people out of poverty and enabling them to lead a healthy and productive life. Despite a significant improvement in HDI score over the years, India’s rank in Human Development Index (HDI) at 131 out of 188 countries as per HDR, 2016, leaves much to be desired. On the Global Hunger Index (GHI) 2016, India ranks 97 out of 118 developing countries with prevalence of stunting among children aged below 5 years at around 39 per cent, a serious cause of concern. In this scenario, India requires effective investments in social infrastructure in order to achieve the Sustainable Development Goals (SDGs).

TRENDS IN SOCIAL SECTOR EXPENDITURE

10.2 The public investment in social infrastructure like education and health is critical in the development of an economy.

The expenditure on social services by the Centre and States as a proportion of GDP which remained stagnant in the range of 6 per cent during 2011-12 to 2014-15, recorded an increase of 1 percentage point during 2015-16 (RE) and 2016-17 (BE). As a percentage of GDP, the expenditure on education which remained stagnant around 3.1 per cent during the period 2009-10 to 2013-14, however, declined to 2.8 per cent in 2014-15 (Table 1).

10.3 The State Governments also have schemes for education, health, for the marginalised groups, Scheduled Castes, Scheduled Tribes, women, and other disadvantaged sections of the society. At the State level, there was marginal increase in the share of expenditure on social services as a proportion of total expenditure till 2015-16 (Figure 1).

**Table 1. Trends in Social Services Expenditure by General Government
(Centre and States)**

Items	2011-12	2012-13	2013-14	2014-15	2015-16(RE)	2016-17(BE)
	(₹ Crore)					
Total Expenditure	24,21,768	26,94,934	30,00,299	32,85,210	39,74,103	44,48,860
Expenditure on Social Services	5,80,868	6,58,320	7,46,391	7,67,622	10,02,591	11,18,094
<i>of which:</i>						
i) Education	2,77,053	3,12,932	3,48,267	3,53,589	4,23,171	4,74,672
ii) Health	1,10,228	1,25,524	1,39,280	1,48,791	1,91,141	2,21,466
iii) Others	1,93,587	2,19,865	2,58,844	2,65,242	3,88,279	4,21,955
As percentage to GDP						
Total Expenditure	27.7	27.1	26.7	26.4	29.1	29.5
Expenditure on Social Services	6.6	6.6	6.6	6.2	7.3	7.4
<i>of which:</i>						
i) Education	3.2	3.1	3.1	2.8	3.1	3.2
ii) Health	1.3	1.3	1.2	1.2	1.4	1.5
iii) Others	2.2	2.2	2.3	2.1	2.8	2.8
As percentage to total expenditure						
Expenditure on Social Services	24.0	24.4	24.9	23.4	25.2	25.1
<i>of which:</i>						
i) Education	11.4	11.6	11.6	10.8	10.6	10.7
ii) Health	4.6	4.7	4.6	4.5	4.8	5.0
iii) Others	8.0	8.2	8.6	8.1	9.8	9.5
As percentage to total expenditure on social services						
Expenditure on						
i) Education	47.7	47.5	46.7	46.1	42.2	42.5
ii) Health	19.0	19.1	18.7	19.4	19.1	19.8
iii) Others	33.3	33.4	34.7	34.6	38.7	37.7

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

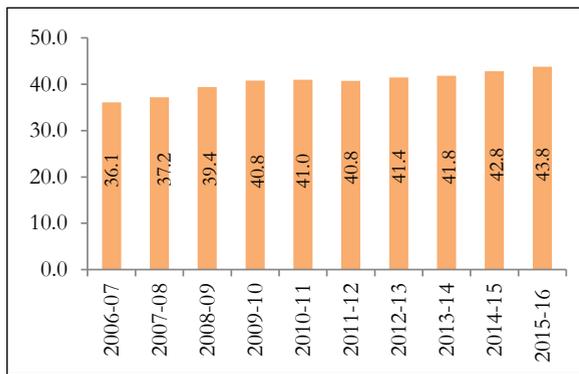
Notes: 1. Social services includes education, sports, art and culture; medical and public health, family welfare; water supply and sanitation; housing; urban development; welfare of SCs, STs and OBCs, labour and labour welfare; social security and welfare, nutrition, relief on account of natural calamities etc.

2. Expenditure on 'Education' pertains to expenditure on 'Education, Sports, Arts and Culture'.

3. Expenditure on 'Health' includes expenditure on 'Medical and Public Health', 'Family Welfare' and 'Water Supply and Sanitation'.

4. GDP data from 2011-12 is as per the new series with base year 2011-12. The GDP data for 2014-15 and 2015-16 pertain to the Second Advance Estimates of National Income released by the Central Statistics Office on February 28, 2017. GDP for 2016-17 is from the Union Budget 2016-17.

Figure 1. Trends in share of State Expenditure on Social Services (per cent)



Source: Reserve Bank of India.

10.4 An analysis of the State level budgets for 2014-15 and 2015-16 (RE) shows that the increase in share of social services varied widely across States. While the increase in social sector spending was in the range of 15 to 20 per cent in West Bengal, Kerala, Karnataka, Tamil Nadu and Gujarat, the increase was more than 45 per cent in the poorer States like Bihar (46 per cent) Chhattisgarh (49 per cent) and Jharkhand (53 per cent).

10.5 The increase in percentage of expenditure on social sector needs to be reflected in the outcomes of States, by way of improvements in learning and education, health, decline in diseases/morbidity and better standards of living. Towards identifying and addressing shortcomings in the desired outcomes, there is need to set up an appropriate monitoring system for social sector spending at the Centre and in the States. In this context, NITI Aayog monitors the Sustainable Development Goals tracking its progress at State levels on a regular basis. In addition, NITI Aayog along with Ministry of Human Resource Development (MHRD) developed a Social Education Quality Index (SEQI), which is a composite index to monitor and improve the learning outcomes among school children.

CHALLENGES IN EDUCATION

10.6 As India emerges as a knowledge-based economy, 'quality and relevant' education will play a significant role in economic development.

Primary Education

10.7 The primary level learning is the foundation on which a child's education is built and it is of great importance to get the same right. The Annual Status on Education Report (ASER) by the Pratham Education Foundation since 2005, highlights shortcomings in the school educational outcomes in India in rural areas.

10.8 As per ASER, 2016 at the all India level, the enrolment marginally increased for all age groups between 2014 and 2016. The enrolment for the age group 6-14 increased from 96.7 per cent in 2014 to 96.9 per cent in 2016. The enrolment for the age group 15-16 has also improved marginally for both boys and girls, rising from 83.4 per cent in 2014 to 84.7 per cent in 2016. However, in some states, the proportion of out of school children (age 6-14) increased between 2014 and 2016. These include Madhya Pradesh (from 3.4 per cent to 4.4 per cent), Chhattisgarh (from 2 per cent to 2.8 per cent), and Uttar Pradesh (from 4.9 per cent to 5.3 per cent). In 3 States, namely, Rajasthan (9.7 per cent), Uttar Pradesh (9.9 per cent) and Madhya Pradesh (8.5 per cent) the proportion of out of school girls (age group 11-14) remains more than 8 per cent.

10.9 Nationally, the reading ability has improved marginally in early grades in government schools. The proportion of children in Std III who are able to read at least Std I level text has gone up, from 40.2 per cent in 2014 to 42.5 per cent in 2016. The fact that the ASER report compares the skills of Std III children in Std I levels is an example

of the state of the learning outcomes of the primary education. The arithmetic skills have also shown marginal improvement in government schools in primary grades. The all India (rural) figures for basic arithmetic have improved slightly for Std III in 2016 as compared to 2014 from 25.4 per cent to 27.7 per cent. This is the first year since 2010, that there is an improvement in arithmetic learning outcomes, which is attributable to improved performance in government schools. However, the trend analysis of the ASER report indicates that the results of the reading and arithmetic skills of the class V Standard have not improved and is an area of concern (Figure 2).

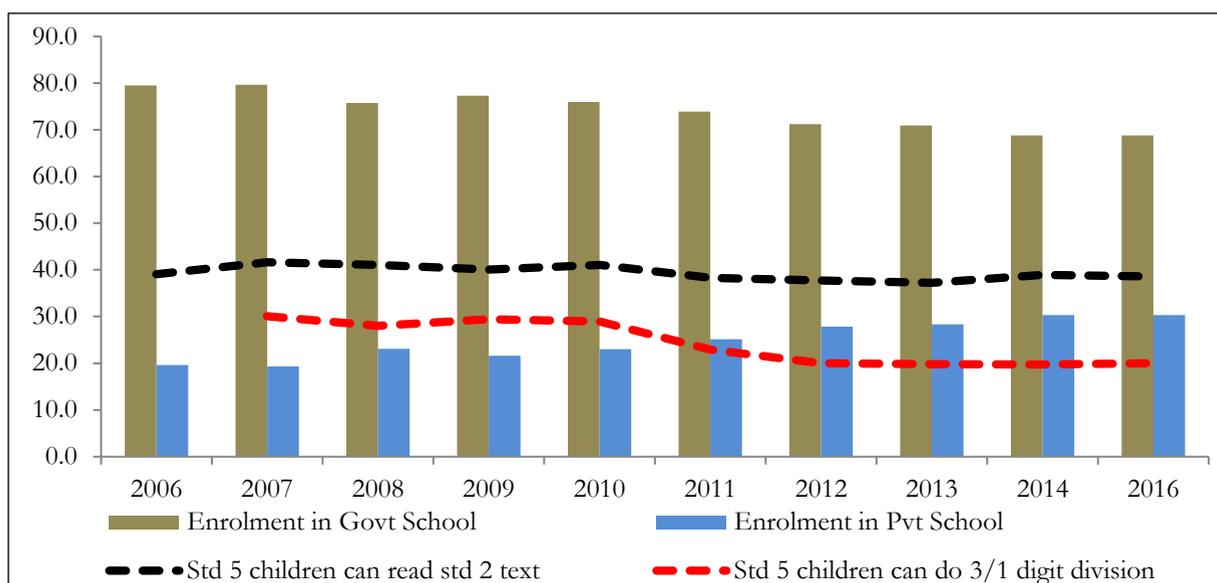
10.10 While ‘The Right of Children to Free and Compulsory Education Act’, 2009 (RTE), has significantly improved the enrolment level in primary schools across the country, the challenge of quality in terms of learning outcomes remains to be addressed, as is evident from data of rural India (Figure 2). The problem lies in the approach which focused almost

entirely on inputs such as specifications for infrastructure of schools, pupil-teacher ratios, teacher qualifications, teacher salaries, etc. Besides, the overburdening of teachers with administrative responsibilities of schools especially at primary levels has had an adverse impact on learning outcomes. There is a need to shift focus on quality of education by getting the input-outcomes matrix right.

10.11 One of the critical inputs needed for improving the learning outcomes is pupil teacher ratio (PTR) which the RTE Act has mandated for each school. However, ASER, 2016 report points out that there is no direct correlation between PTR and learning levels across primary schools in India (Figure 3). States complying with PTR provision of RTE Act have lower learning outcomes.

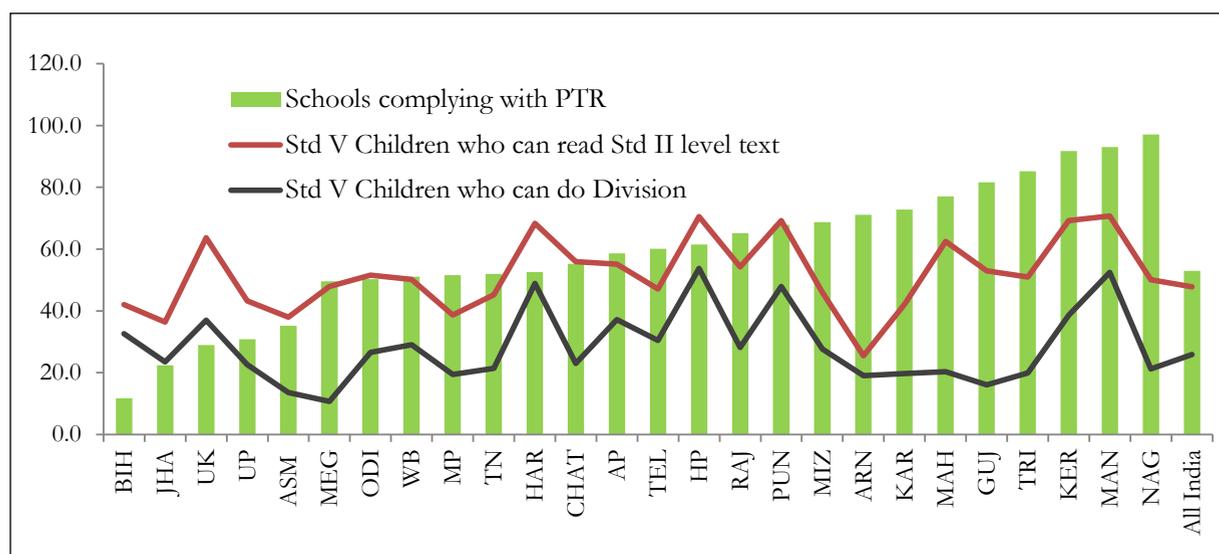
10.12 Further, the lower learning outcomes may be attributed to input factors such as the absence of professionally qualified and regular teachers, lack of remedial education for class appropriate learning, shortage of IT based teaching aids; performance in schools

Figure 2. Trends in Enrolment and Learning Status in Primary Schools (per cent) - Rural India



Source: ASER, 2016.

**Figure 3. Pupil Teacher Ratio and Learning Levels in Primary Schools, 2016
(per cent) - Rural India**



Source: ASER, 2016.

due to absence of teachers and also students, despite attempts to address the latter through mid-day meals.

Direct Transfer of Funds

10.13 The salaries to teachers/staff should be directly remitted like in DBT using the Aadhaar identity, linked to bio-metric attendance. DBT, presently being done for scholarship and other payments to students, should achieve a target of transfer of 100 per cent of the funds transferred. DBT will help prevent delays in transmission of resources, leakages and diversions. It will also address situations, where in some states there are arrears in the payment of salaries to teachers. Non-payment of salaries to teachers or delayed payments de-motivates them and directs them to alternative sources of income at the cost of their primary teaching function.

Pilot project on attendance in Schools

10.14 A pilot should be launched in six months, one school (one at all levels-primary, secondary and senior/higher secondary) in every block should be subject to biometric attendance system for teachers, staff and students, which will help to improve outcomes. This should be centered around each class/session and not on a daily basis. This should be accompanied with independent setting of examination papers and neutral evaluation. Based on the feedback of this pilot, the same should be modified and extended to all schools in all blocks in India before the end of 2021-22. Links to two of the several studies on impact of teacher absenteeism are given below.¹

Secondary Education

10.15 The secondary education is a stepping stone to higher education that equips and empowers students with skills important for the most important school

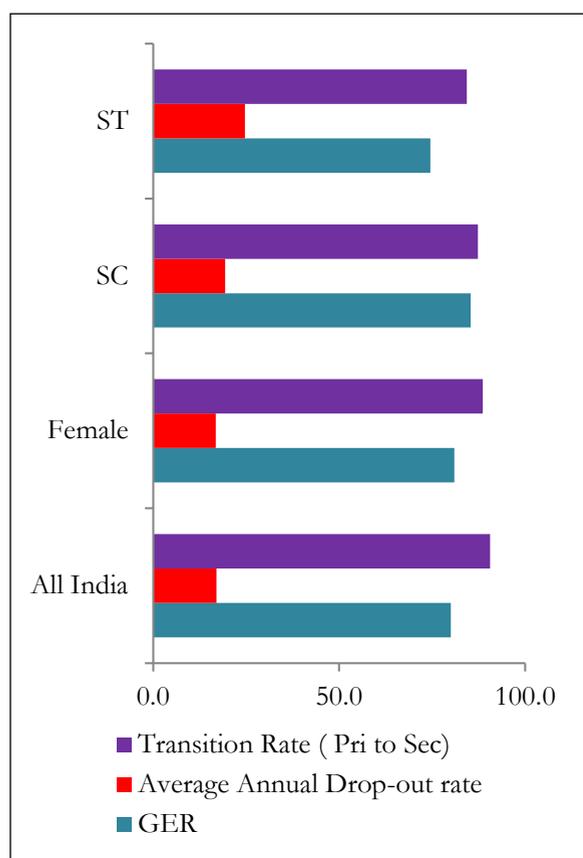
¹ (i) http://www.sas.upenn.edu/ppe/Events/uniconf_2011/documents/Saihjee.Aarti.FinalPaper.pdf

(ii) http://siteresources.worldbank.org/DEC/Resources/36660_Teacher_absence_in_India_EEA_9_15_04_-_South_Asia_session_version.pdf

level and the labour market. The Rashtriya Madhyamik Shiksha Abhiyan (RMSA)-Integrated, launched to enhance access and improve quality of education at secondary stage, envisages enhancing the enrolment for classes IX-X by providing a secondary school within a prescribed distance of every habitation, improving quality of education imparted at secondary level by making all secondary schools conform to prescribed norms, removal of gender, socio-economic and disability barriers, universal access to secondary level education by 2017, and universal retention by 2020.

10.16 The GER at all India level for

Figure 4. GER, Annual Average Drop-out Rate and Transition Rate in Secondary Schools (per cent)



Source: DISE, Secondary School Flash Statistics, 2015-16.

Note: Annual Average Drop-out Rate and Transition Rate are for 2014-15.

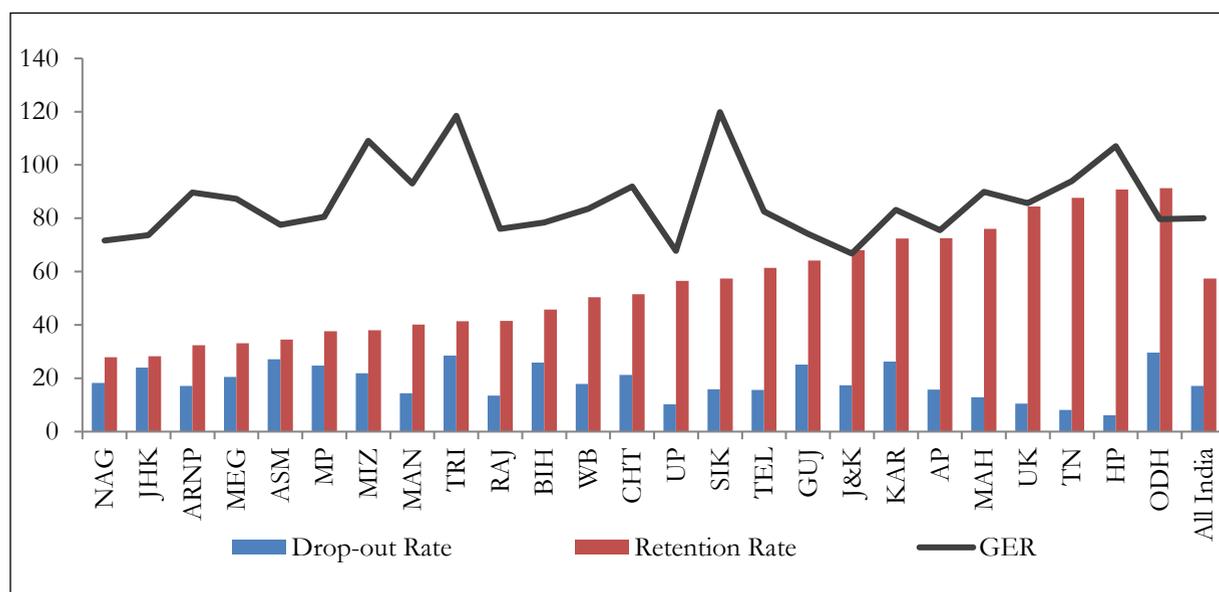
secondary schools is only 80 per cent, way below the target of providing universal access and reaching 100 per cent enrolment. The gross enrolment ratio (GER) at secondary level (includes class 12th) has increased from 56.8 per cent in 2011-12 to 65.3 per cent in 2014-15 (Provisional). However, this pattern is not uniform across India and across different social groups (Figure 4 and 5). It can be seen that the drop-out rate among ST students for 2014-15 is much higher at around 25 per cent compared to the all India annual average drop-out rate at 17.1 per cent.

10.17 The annual average drop-out rates in states like Odisha is as high as 30 per cent which require policy interventions (Figure 5). Similarly, the retention rates in secondary schools is less than 50 per cent in Bihar, Rajasthan, Tripura, Manipur Mizoram, Madhya Pradesh, Assam, Meghalaya, Arunachal Pradesh, Jharkhand and Nagaland. At the all India level the retention rate at 57 per cent in secondary schools, (Figure 5) suggests the need to improve the delivery of the schemes/programmes.

10.18 There is a need to work for a GER of 100 per cent by the target year of 2020-21. A target GER of 100 per cent should also be accompanied with Net Enrolment Ratio (NER) target of 100 per cent, along with a transition rate of 100 per cent from both primary to secondary and then to higher/senior secondary. This should be accompanied with targets on learning outcomes to be assessed for the same standard and not in comparison to lower standard, as done in the ASER survey.

10.19 It will be worthwhile to map GERs, NER, transition rate from secondary to higher/senior secondary, other parameters for input, access, output, efficiency and outcome indicators, with an integrated education index at disaggregated levels (district and

Figure 5. State-level disparities in GER, Average Annual Drop-out Rate and Retention Rate (per cent)



Source: DISE, Secondary School Flash Statistics, 2015-16.

Note: Annual Average Drop-out Rate is for 2014-15.

below district –sub-division, block, tehsil, panchayat, etc), for tracking their progress, to identify shortfalls and to devise measures to address them and improve efficiency of expenditure.

10.20 The focus of school education so far has been on creating physical infrastructure, which is underutilized and needs to shift to improving utilization of assets. A list of schools that are working in single shift needs to be prepared and steps be taken to identify potential utilization of the second/ additional shift for either a separate girls’

primary school/senior secondary school, etc. Advantages of the same are listed below in Box 1.

10.21 Each school that is being funded under any scheme/programme should have an identity tag/ number, akin to a Corporate Identity Number (CIN), that shall help to track resources received from the Centre/ State/Other sources that have tax concessions under section 80 G (and other sections) of the Income Tax Act. This tagging should be accompanied with details of the resources provided, infrastructure and other facilities

Box 1. Optimizing use of infrastructure in schools

- Reap gains from the synergy and efficiency of co-location of schools at all levels of schooling
- Improve utilisation of physical infrastructure – classrooms, science labs and equipment, different course streams, computers/computer rooms, IT infrastructure, arts/crafts/culture room/s, toilet and drinking water facility, playground and equipment, counsellor and principal rooms, etc.
- Continuity for students when they move from primary to secondary and then to higher/senior secondary and so improve the transition rate from primary to secondary and then to higher/senior secondary
- Single school for siblings amongst others things facilitate safe movement/transport to and within the school
- Improved teacher retention by ensuring their progression including their promotions at three levels of schooling

available, which should be in public domain.

Gender Parity Index (GPI)

10.22 The Gender Parity Index (GPI) measures the relative participation in education of male and female students at different levels of attendance. At the above higher secondary level, the GPI based on Net Attendance Ratio (NAR) is much lower than the parity line, which is also the case in rural India compared to urban India (Figure 6). The lower NAR of girls in the higher secondary levels can be corrected by improving accessibility to higher secondary schools. The 'Digital Gender Atlas for Advancing Girls' Education', an important aid that provides rank comparison of States under various indicators defined for upper primary and secondary schools from 2012-2013 to 2013-14 needs to be updated on a regular/annual basis to take further corrective measures by identifying the most backward districts to make education more inclusive.

Higher Education

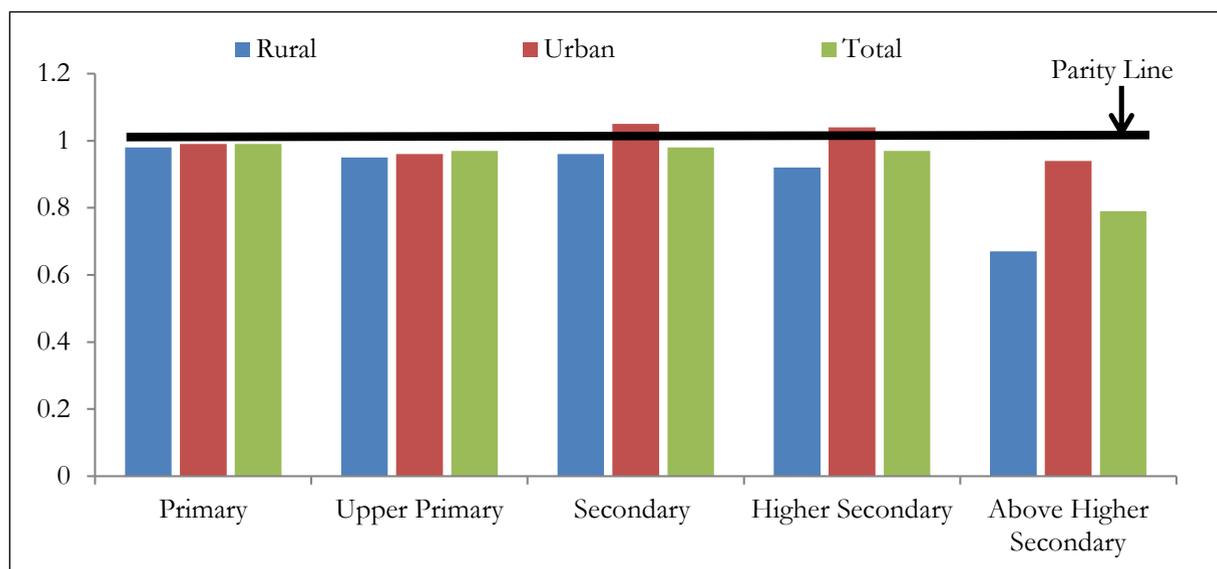
10.23 In the tertiary level education in India, on the one hand there is an increase in the

number of degree, technical/professional colleges while on the other hand the labour market is unable to get appropriately skilled labour force to meet its demand in various sectors. There is a disconnect between higher education in terms of several parameters that go beyond the award of a degree, namely inadequate learning, inappropriate learning, old curriculum, focus on general as opposed to specialized learning and last but most importantly quality of learning. The degree, technical/professional colleges should offer value added learning, which is not only state of the art but also ensures that degree holders are employable.

Expenditure on Education

10.24 The NSS report on education, 2014 notes that the main reason for discontinuance or dropping out for the males is engagement in economic activities (31 per cent). For women, the reasons for dropping out were reported to be engagement in domestic activities (30 per cent) followed by not interested in education (16 per cent) and financial constraints (15 per cent). This

Figure 6. Gender Parity Index (GPI) based on Net Attendance Ratio in 2014



Source: Education in India, NSS 71st Round (January - June, 2014).

suggests that the cost of education is a key determinant in the completion of education.

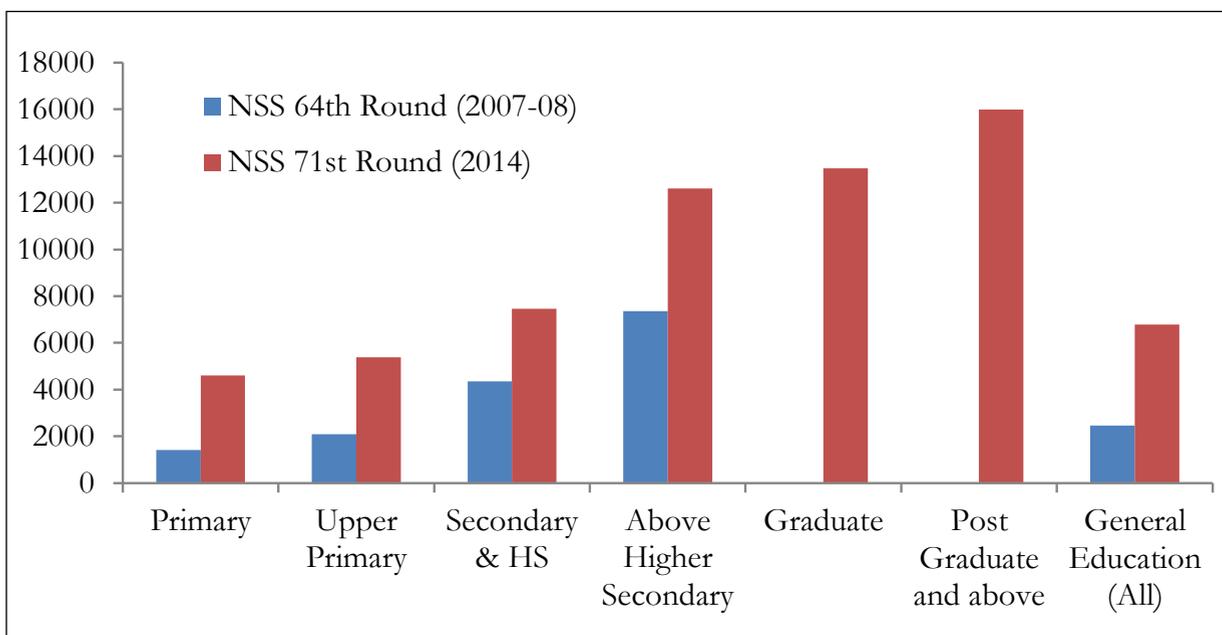
10.25 As per the 71st report of the NSSO (January 2014 to June 2014), the costs of education have increased substantially over the years. The costs of education have been increasing for both general and technical/professional education across all levels. The average annual private expenditure on general education per student (primary & above) has increased from ₹2,461 in 2007-08 to ₹6,788 per student in 2014 (Figure 7).

10.26 The average expenditure on education varies depending on the type of institution, course, level, etc. The differences in expenditure become starker in the case of professional/technical education. The average expenditure on technical/professional education in private aided and unaided institutions was 1.5 to 2.5 times that in government institutions and is mainly on account of the huge gap in the course fees between government and private institutions.

In addition to the rising costs of education in private institutions, private coaching has also emerged as a major component of educational expenditure other than course fees. The share of private coaching in the educational expenditure is around 30 per cent in secondary levels in rural areas and around 45 per cent in higher secondary levels in urban areas among the students attending government institutions.

10.27 With increase in costs of education (course fees and private coaching), to incentivise households with financial constraints to continue sending children to schools and colleges and to complete the desired levels of education, it is imperative that the government take appropriate measures to maintain quality of education and impart skills through education which ensure employability and returns to their investments. The education sector faces significant challenges in this regard (Box 2).

Figure 7. Average Expenditure per student pursuing General Education (in ₹)



Source: Education in India, NSS 71st Round (January - June, 2014).

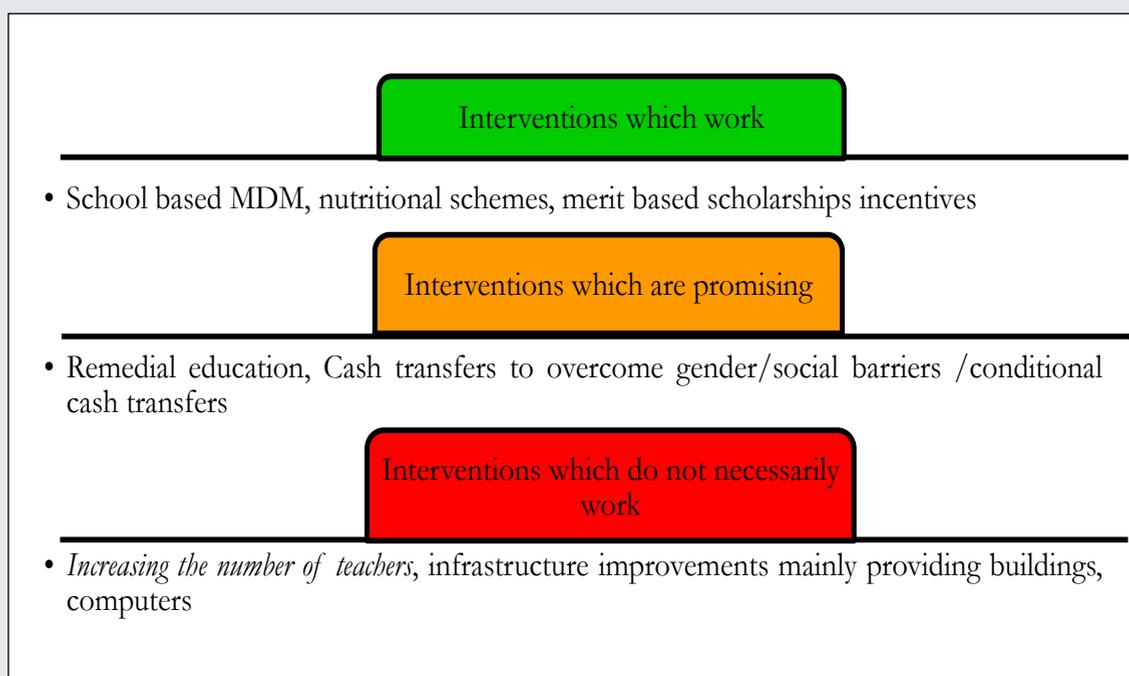
Note: Disaggregation of Graduation and PG & above is made available only in the NSS 71st Round.

Box 2. Interventions to Improve learning: What needs to be learnt?

In India, the schemes like Mid-Day Meals (MDMs) were adopted to increase enrolment rates in schools. Along with the RTE Act, Sarva Shiksha Abhiyan (SSA) there has been substantial increases in enrolment ratios, especially at the primary level. However, there are barriers and constraints that prevent households from sending children to schools and results in non-completion at various levels of education.

To improve the efficiency of expenditure on various interventions, it will help to analyse what kind of policies have worked more efficiently to improve educational outcomes. Such an analysis can point to areas requiring investment to deliver improved learning. Given the resource constraints, it will be worthwhile to drop interventions that do not achieve the intended outcomes. Figure 8 is based on the analysis of some of the schemes of Centre and States, which highlights, the interventions that have brought the intended results in India and which of these interventions still hold promise.

Figure 8. Policy Interventions and Educational Outcomes: A Traffic Lights Approach



The substantial increase in enrolment, of both boys and girls, especially at primary levels was mainly due to nutritional schemes provided at the schools like MDM. The direct cash transfers to girls' families implemented by some of the State governments have also yielded positive response. However, providing stationery, computers, focusing on infrastructure have not resulted in commensurate improvements in learning outcomes. Further, such interventions created leakages in delivery owing to governance issues. The educational schemes should be brought under the 'traffic lights' approach, which will highlight which interventions should have a go ahead in 'green box', and which should be stopped and put under 'red box'. And those interventions which are in 'amber box' should be continued in States/regions where it works and need not be adopted across the country.

Note: Effectiveness of schemes is categorised based on several studies including studies conducted by IIPS, 2015; ASER, 2010, World Bank and PROBE reports.

EMPLOYMENT & SKILL DEVELOPMENT

10.28 The debate on the measurement issues on employment and unemployment estimates have been ongoing for some time. The lack of reliable estimates on employment

in recent years has impeded its measurement and thereby the Government faces challenges in adopting appropriate policy interventions. The existing data sources on employment and their limitations are given in Table 2.

Table 2. Existing data sources on employment and unemployment

Agency	Sectors/Areas	Limitations
Labour Bureau Quarterly Quick Employment Survey (QES)	8 selected labour- intensive and export-oriented sectors.	Partial coverage, inadequate sample size, low frequency, long time lags, double counting, conceptual differences and definitional issues, rarely used for the purpose of employment estimation etc.
Labour Bureau Annual Employment-Unemployment Survey (EUS)	Household sample surveys	
CSO, MoSPI Annual Survey of Industries (ASI)	Data on employment, absenteeism, labour turnover, earnings and labour cost by components in manufacturing sector.	
NSSO, MoSPI Quinquennial Employment and Unemployment Survey	Household sample surveys	
O/o RGI & Census Commissioner Population Census Report	Covers all types of workers at 10 years interval	
O/o RGI & Census Commissioner Population Census Report	Covers all non-agricultural enterprises regardless of size or sectors. Irregular frequency	
NSSO, MoSPI Unorganized Sector Surveys of Industries and Services	Covers un-organized non-agricultural enterprises across manufacturing, services and trade. Based on sample frame of Economic Census having low and irregular frequency	
Ministry of MSME MSME Census	So far, only four surveys have been conducted. Last survey was conducted in 2006-07	
Administrative Sources EPFO, ESIC, NPS and private sector	Includes only formal sector	

10.29 To address the deficiencies in the existing data on employment, a Task Force was set up under the chairmanship of the Vice Chairman, NITI Aayog. The Task Force is mandated to assess the existing data collection on employment and unemployment, examine the prospects for using any existing data sources to obtain quick estimates of jobs created in recent years and recommend roadmap for future data collection so as to place employment estimates on sound footing.

10.30 Employment in India poses a great challenge in terms of its structure which is dominated by informal, unorganised and seasonal workers, and is characterised by high levels of under employment, skill shortages, with the labour markets impacted by rigid labour laws, and the emergence of contract labour. In order to make the labour market system dynamic and efficient, the government has taken several reforms/initiatives, both legislative as well as technological. Technological reforms include

the notification of “Ease of Compliance to maintain Registers under various Laws Rules, 2017” wherein 56 forms/register prescribed under 9 Central Laws and Rules made there under, into 5 common registers/forms. Besides, a common registration form for registering of a new firm has been provided on e-Biz Portal. These registers/forms can also be maintained in a digitized form.

10.31 Public employment generation programmes have also continued to be a major tool for creating additional jobs and promoting inclusiveness. The Government has increased budgetary allocations for anti-poverty programmes and employment-generation schemes with a view to supplement the efforts for job creation. There has been highest ever allocation under Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) during 2017-18. About 5.12 crore households were provided employment totaling 235.4 crore person days during 2016-17. Out of this 56 per cent were generated by women, 21 per cent by SCs and 18 per cent by STs. The work completion rate during 2016-17 was also highest since its inception, with focus on natural resource management and agricultural and allied activities.

10.32 During FY 2016-17, an amount of ₹3,000 crore has been allocated to Deendayal Antyodaya Yojana -National Rural Livelihoods Mission (DAY-NRLM), and 52 lakh households through 4.5 lakh new SHGs were added. Presently there are 3.5 crore households in 31 lakh SHGs. Similarly, for urban poor, Deendayal Antyodaya Yojana-National Urban Livelihoods Mission (DAY-NULM) imparts skill training for self and wage-employment through setting up self-employment ventures by providing credit at subsidized rates of interest. The Government has now expanded the scope of DAY-NULM from 790 cities to 4,041 statutory towns in

the country. So far, 8,37,764 beneficiaries have been skill-trained, 4,27,470 persons have been given employment, 1,90,224 Self-Help Groups (SHGs) have been formed, 1,26,399 SHGs have been given Revolving Fund and 2,66,443 SHGs have been given bank linkages.

10.33 Skilled labour force is essential to meet diversified demands of a growing economy, to tap the benefit of demographic dividend. As per the India Skill Report 2016, the present demographic advantage of India is predicted to last only till 2040.

10.34 A sector wise study, commissioned by National Skill Development Corporation (NSDC), estimated the incremental human resource requirement of 103.4 million across 24 high priority sectors by 2022. Based on these numbers, MSDE held protracted discussion across 34 sectors/sub-sectors with the Ministries/Departments concerned, with detailed sub-sector wise analysis to validate the employment projections, identify the sectoral/sub-sectoral Training Needs. The Training Need was estimated to be 126.87 million by 2022.

10.35 To meet the requirement, the Government imparts short term skill training through Pradhan Mantri Kaushal Vikas Yojana (PMKVY) and long term training largely through Industrial Training Institutes (ITIs). Model Skill Centers are being set up in every district of the country while ensuring coverage of all the parliamentary constituencies under Pradhan Mantri Kaushal Kendra Scheme.

10.36 The focus currently is on enhancing the quality of Skill Training Programs and making Vocational Training aspirational. National Skill Qualification Framework (NSQF), a competency-based framework,

was notified in 2013. NSQF focuses on learning outcomes and gives individuals an option to progress through education and training and gain recognition for their prior learning and experiences.

10.37 The present measure of outcomes in skill training includes only number of persons trained, which is uni-dimensional. The outcome measures for skill training should take into account parameters to make it multi-dimensional, by including person days, person hours, weighting for level of training, weighting for duration of training and other appropriate weighting.

TOWARDS A HEALTHY INDIA

10.38 The Government is committed to achieving the Sustainable Development Goal (SDG-3) for health - “Ensure healthy lives and promoting wellbeing for all at all ages” by 2030. Towards this, the Government has formulated the National Health Policy, 2017, which aims at attaining the highest level of good health and well-being, through preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services, without anyone having to face financial hardship as a consequence (Box 3).

Box 3. Salient features of the National Health Policy, 2017

- Raising public health expenditure to 2.5 per cent of the GDP in a time bound manner. The States would be incentivised for incremental State resources for public health expenditure. General taxation will remain the predominant means for financing health care.
- Providing larger package of assured comprehensive primary health care through the Health and Wellness Centers, which includes geriatric health care, palliative care and rehabilitative care services.
- Provide at the district level most of the secondary care which are currently provided at a medical college hospital.
- Every family would have a health card that links them to primary care facility and be eligible for a defined package of services anywhere in the country.
- Free drugs, free diagnostics and free emergency care services in all public hospitals.
- Supports voluntary service in rural and under-served areas on pro-bono basis by recognized healthcare professionals under a ‘giving back to society’ initiative.
- Establishment of National Digital Health Authority (NDHA) to regulate, develop and deploy digital health across the continuum of care.
- Setting up of a separate, empowered medical tribunal for speedy resolution to address disputes /complaints regarding standards of care, prices of services, negligence and unfair practices. Standard Regulatory framework for laboratories and imaging centers, specialized emerging services such as assisted reproductive techniques, surrogacy, stem cell banking, organ and tissue transplantation and Nano Medicine will be created as appropriate.
- Strengthening regulation of medical devices and establishing a regulatory body for medical devices to unleash innovation and the entrepreneurial spirit for manufacture of medical device in India. The policy supports harmonization of domestic regulatory standards with international standards.
- With the objective of ensuring the rights, safety and well-being of clinical trial participants, the policy recommends that specific clause(s) be included in the Drugs and Cosmetics Act for its regulation.
- Timely revision of National List of Essential Medicines (NLEM) along with appropriate price control mechanisms for generic drugs.
- Establishing federated national health information architecture, to roll-out and link systems across public and private health providers at State and national levels consistent with Metadata and Data Standards (MDDS) & Electronic Health Record (EHR), will be supported by the policy.
- Creation of registries (i.e. patients, provider, service, diseases, document and event) for enhanced public health/big data analytics, creation of health information exchange platform and national health information network, use of National Optical Fibre Network, use of smartphones/tablets for capturing real time data, are key strategies of the National Health Information Architecture.

Source: Ministry of Health & Family Welfare.

Health in India: Select Indicators

10.39 An overview of India's demographic and health indicators throws light on the overall health status of various segments of the population. The select indicators such

as TFR, CBR and CDR have been declining (Table 3).

10.40 However, in comparison to the major emerging economies, India has to scale up efforts to reduce under 5 mortality and neonatal mortality rate (Table 4).

Table 3. Trends in Select Health Indicators

Sl. No.	Parameter	1981	1991	2001	Current level
1.	Crude Birth Rate (CBR) (per 1000 population)	33.9	29.5	25.4	20.8 (2015)
2.	Crude Death Rate (CDR) (per 1000 population)	12.5	9.8	8.4	6.5 (2015)
3.	Total Fertility Rate (TFR)	4.5	3.6	3.1	2.3 (2015)
4.	Maternal Mortality Ratio (MMR) (per 1,00,000 live births)	NA	NA	301 (2001-03)	167 (2011-13)
5.	Infant Mortality Rate (IMR) (per 1000 live births)	110	80	66	37 (2015)
6.	Life Expectancy at Birth	(1981-85)	(1989-93)	(1999-2003)	(2011-15)
	Total	55.4	59.4	63.4	68.3
	Male	55.4	59.0	62.3	66.9
	Female	55.7	59.7	64.6	70.0

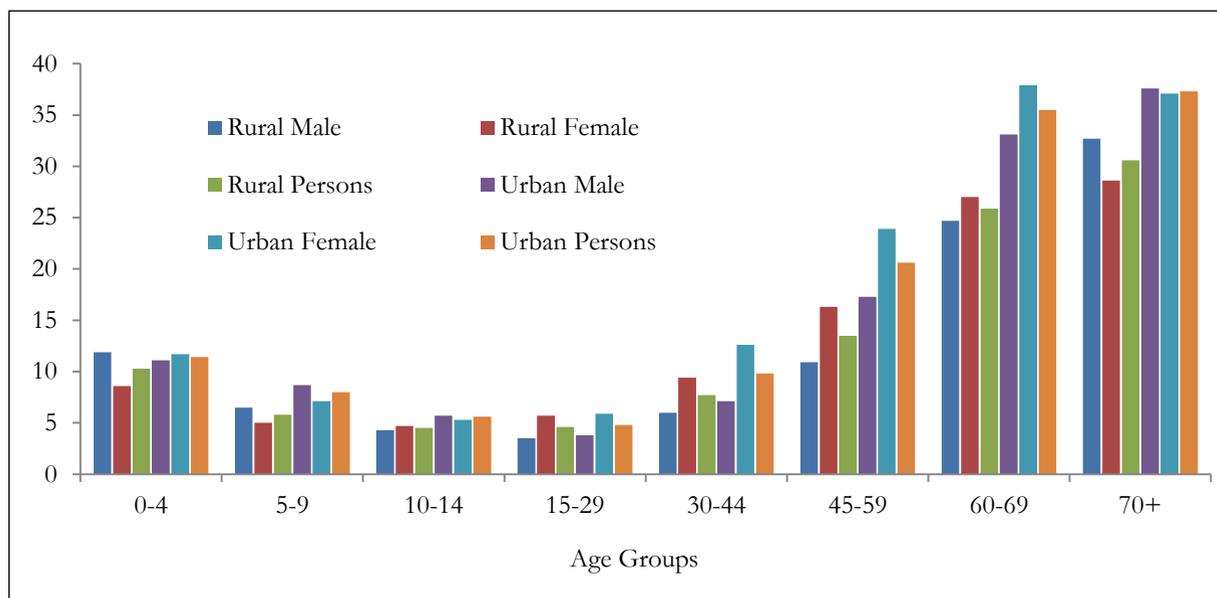
Source: Sample Registration System (SRS), Registrar General of India.

Table 4. India and Emerging Economies: Select Indicators

Country	Life Expectancy at Birth (Years)	Maternal Mortality Ratio (per 100,000 live births)	Births attended by skilled health personnel (per cent)	Under 5 mortality Rate (per 1000 live births)	Neonatal Mortality Rate (per 1000 live births)
	2015	2015	2006-2014	2015	2015
Brazil	75	44	99	16.4	8.9
China	76.1	27	100	10.7	5.5
Colombia	74.8	64	99	15.9	8.5
India	68.3	174*	74	47.7	27.7
Indonesia	69.1	126	87	27.2	13.5
Malaysia	75	40	99	7	3.9
Nepal	69.2	258	48	35.8	22.2
Pakistan	66.4	178	52	81.1	45.5
Philippines	68.5	114	73	28	12.6
Russia	70.5	25	100	9.6	5
South Africa	62.9	138	94	40.5	11
Sri Lanka	74.9	30	99	9.8	5.4
Thailand	74.9	20	100	12.3	6.7
Vietnam	76	54	94	21.7	11.4
World	71.4	216	73	42.5	19.2

Source: Monitoring Health for SDGs report, World Health Statistics, 2016.

*Note:** as reported in World Health Statistics, 2016. As per RGI, MMR is 167.

Figure 9. Morbidity (proportion of ailing persons) in India (per cent)

Source: Health in India, NSS 71st Round, (January - June, 2014).

Morbidity

10.41 The self-reported morbidity data (proportion of persons ailing) is another important indicator of the status of health and wellbeing of a population. Within the same age groups, there are male-female and rural-urban disparities in morbidity. The morbidity/ailments reported are higher at the upper end of the age spectrum (Figure 9), after the age of 60 years. Before the age of 5 years, rural males report the highest percentage of ailments at 11.9 per cent. There is a gradual increase in morbidity from the age group 45 years onwards. The highest percentage of ailments is reported by urban females in the age group 60 to 69 years. It is noteworthy that only 29 per cent rural females aged above 70 years reported ailments, in comparison to 38 per cent urban males and 37 per cent urban females reporting ailments.

Expenditure on Health

10.42 As per the NSS 71st Round (January 2014 to June 2014) private doctors were the most important single source of treatment in

both the rural and urban areas. More than 70 per cent (72 per cent in the rural areas and 79 per cent in the urban areas) of the spells of ailment were treated in the private sector which entails higher out of pocket expenses in comparison to those treated in public health facilities.

10.43 India has emerged as the country with the largest out of pocket (OoP) expenditure on health, among the BRICS economies consistently higher at more than 60 per cent since 2008. While in developing countries like Brazil, the percentage of OoP expenditure is less than 32 per cent, in South Africa, it is less than 10 per cent (Figure 10).

10.44 The higher OoP expenditure on health leads to the impoverishment of poorer sections of society and widens inequalities. OoP expenditure for the poor is a double whammy because, one, adverse health conditions impact their productivity and ability to earn their daily incomes and second, payments to get themselves treated adds to their 'financial distress' and impoverishes them. It is necessary to expand provision of

Box 4. Cardiovascular Diseases, a Public Health Issue and Pricing of Stents

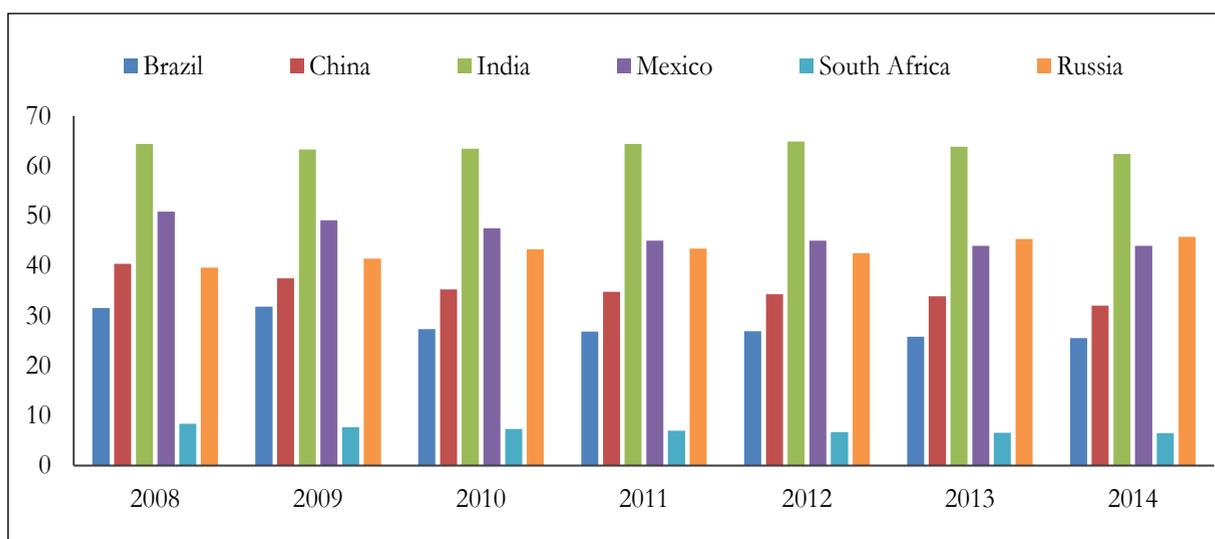
Cardiovascular Diseases (CVDs) are responsible for a quarter of all mortality in India. CVD death rate of 272 per 100,000 population in India is higher than the global average of 235 per 100,000 population as per Global Burden of Diseases Report and requires attention. This problem needs to be addressed by generating awareness about alternative health systems for treatments, healthy diets and significance of exercise/physical activities among all age groups in the population and through surgical treatment. A Core Committee which examined the issues relating to the essentiality of Coronary stents in its report to the Government in April 2016 observed that there is very high incidence of Coronary Artery Disease (CAD) in India. This was followed by a notification of coronary stents as 'essential medicine' in July, 2016 and its inclusion in Schedule 1 of Drugs (Prices Control) Order, 2013, an order which aims to ensure that essential drugs are available to all affordable prices in December, 2016.

National Pharmaceutical Pricing Authority (NPPA) carried out an exercise of consultation with stakeholders during January, 2017 for fixing the ceiling price of Coronary Stents, and analysed available information and data on prices of Coronary Stents. It was found that huge unethical mark-ups were being charged at every stage in the supply chain of Coronary Stents resulting in irrational, restrictive and exorbitant prices in a failed market system driven by information asymmetry between the patient and doctors pushing patients to financial misery.

Under such extraordinary circumstances and in public interest, NPPA vide its notification on 13th February, 2017 fixed the ceiling price of the Coronary Stents at ₹7,260 for Bare Metal Stents and ₹29,600 for Drug Eluting Stents (including BVS/Biodegradable). The fixation of the ceiling price of coronary stents has resulted in the saving of ₹4,450 crores annually.

Source: National Pharmaceutical Pricing Authority.

Figure 10. Out of Pocket Expenditure (as a per cent of total expenditure on health)



Source: World Development Indicators, World Bank.

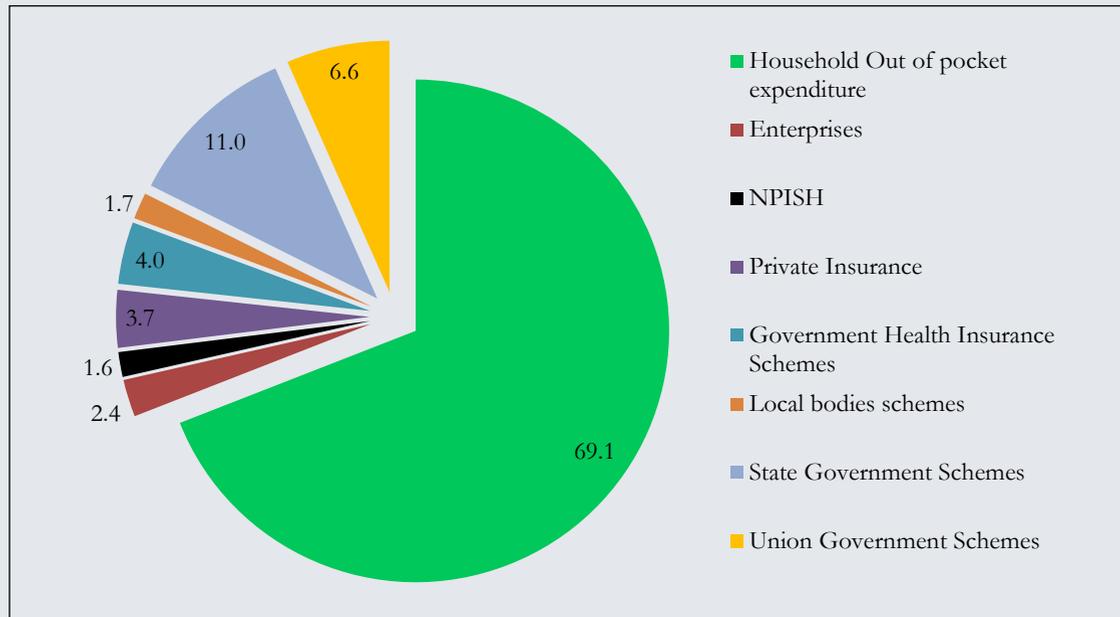
quality public health services to low income groups to prevent impoverishment of large sections of population owing to ill health. Further details on health expenses in India

have been brought out by the National Health Accounts (NHA) of Ministry of Health and Family Welfare (Box 5).

Box 5. Financing health care in India: Too much drain on the pockets?

The National Health Accounts (NHA) estimates tracks the flow of funds from Union, State, local governments, external donors, non-profit institutions and households. As per NHA estimates (2013-14), the components of Current Health Expenditure (CHE) shows that the Union government schemes constitute 6.6 per cent, State government schemes 11 per cent, and local bodies schemes 1.7 per cent. The outlier is that of the household OoP expenditure which forms 69 percent of CHE and is the largest component for a developing country like India (Figure 11). The high OoP expenditure calls for reforms in health sector.

Figure 11. Components of Current Health Expenditure in India (in per cent)



Source: National Health Accounts, 2013-14, M/o Health and Family Welfare.

10.45 The patent drugs and medicine providers in India have large players, enjoy a monopoly position, and so make excess profits at the cost of the consumer. This position needs to be countered in several ways. First, the government and public purchases need to mandatorily shift to generic drugs to reduce demand for patented drugs and cost to the government. The second is to equip the consumer with information including in the form of concordance tables that provide the generic equivalent of patented drugs in all the forms – paper, at public places including hospitals, on the website of the Ministry of Health and Family Welfare, through mobile phones as apps and over the telephone. An endorsement of these tables shall enthuse confidence in the consumer. The role of the

government in this information war should be of a facilitator as in the case of Arthapedia modelled on Wikipedia, where information can be added in an open format, with some moderation and verification. A third could take the form of an AYUSHPEDIA that would offer, native solutions including information on indigenous medicine to common problems, also to be hosted on the website of the Ministry of Health and Family Welfare, and through mobile phones as apps and over the telephone.

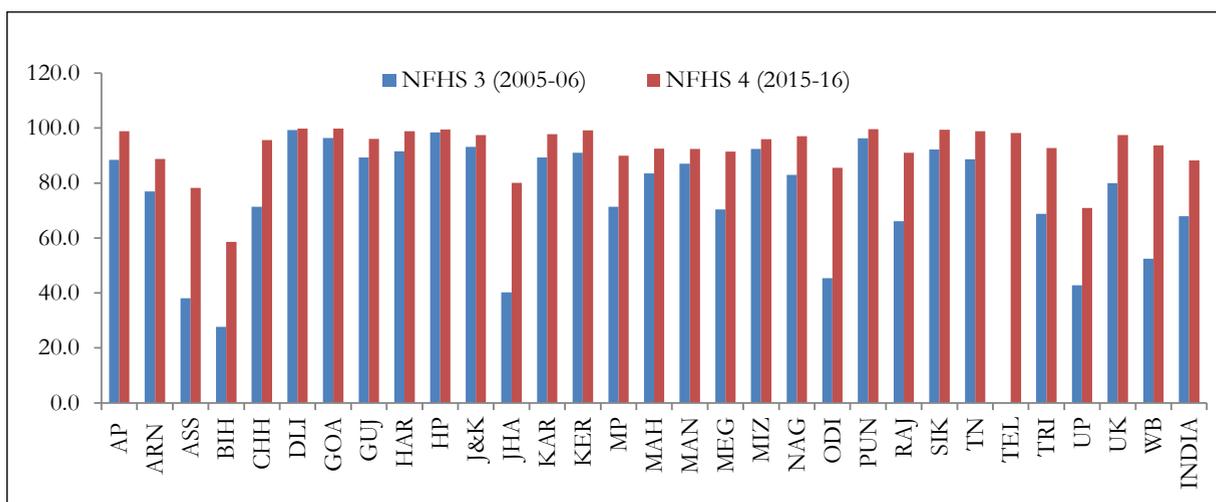
Standard of living indicators

10.46 The Gross Domestic Product (GDP) of a country does not fully reflect the quality of life of a country. There are other factors like housing, access to public transport, air

quality and access to drinking water which determine the standards of living. The standards of living can be measured using multiple indicators as done by the National Family Health Survey-4 (NFHS-4) (2015-16), which throw light on certain aspects of quality of living in India (Figures 12 to 14). At the all India level, the percentage of households with electricity, clean cooking fuel and improved drinking water source

has registered an increase from 68 to 88 per cent, 25 to 44 per cent and 88 to 90 per cent, respectively during the period 2005-06 (NFHS-3) to 2015-16 (NFHS-4). However, there are notable regional disparities in access, as in the case of clean cooking fuel in Assam, Bihar, Odisha, Chhatisgarh and Meghalaya and Jharkhand, which have only around 18.25 per cent households using clean cooking fuels in 2015-16.

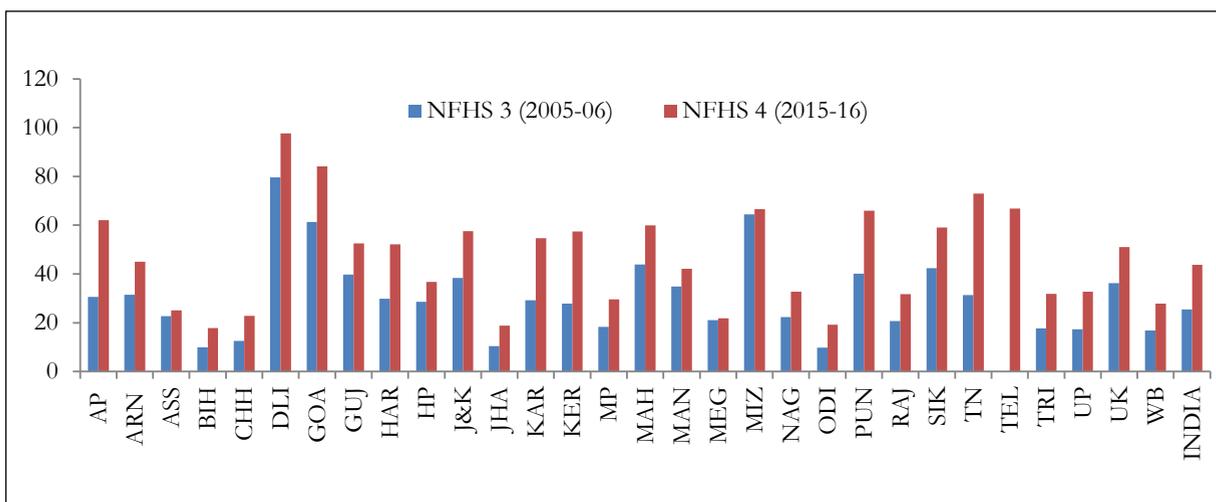
Figure 12. Households with Electricity (per cent)



Source: National Family Health Surveys.

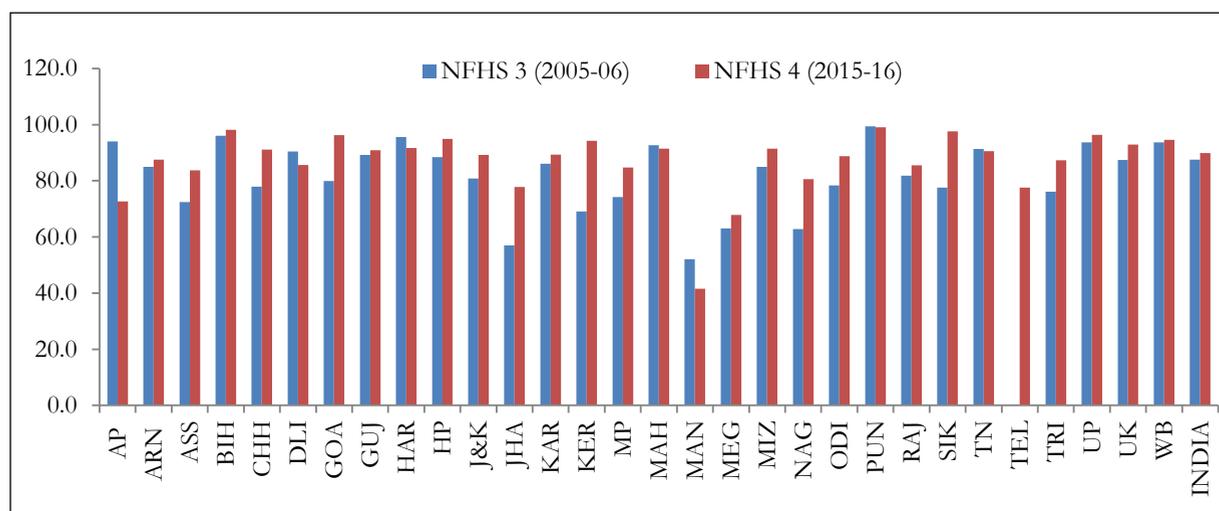
Note: During NFHS-3, Telangana was included in Andhra Pradesh.

Figure 13. Households using Clean Cooking Fuel (per cent)



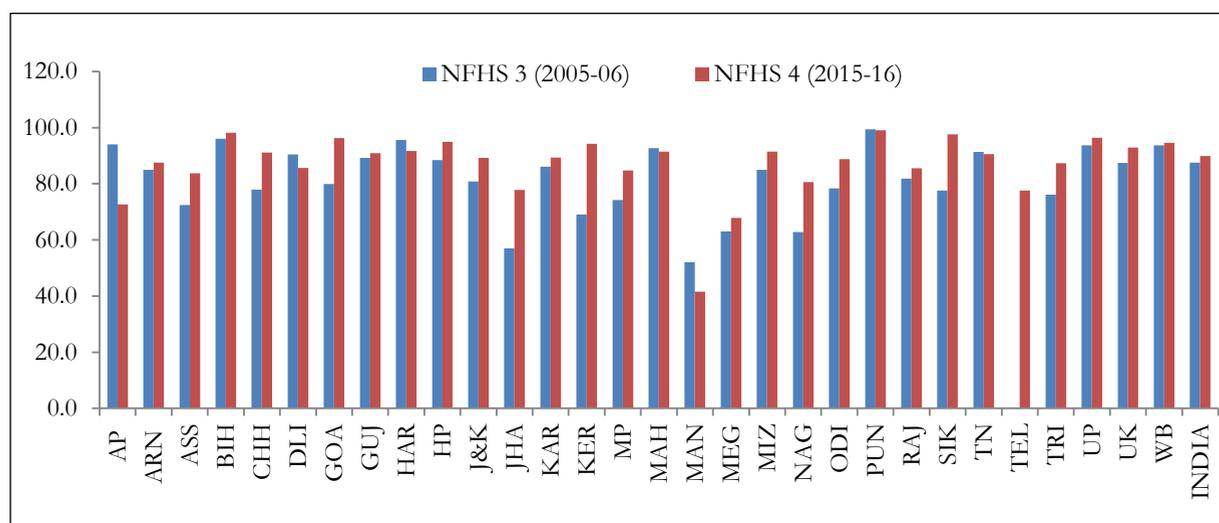
Source: National Family Health Surveys.

Note: During NFHS-3, Telangana was included in Andhra Pradesh.

Figure 14. Households using improved Drinking Water Source (per cent)

Source: National Family Health Surveys.

Note: During NFHS-3, Telangana was included in Andhra Pradesh.

Figure 15. Households with improved Sanitation Facility (per cent)

Source: National Family Health Surveys.

Note: During NFHS-3, Telangana was included in Andhra Pradesh.

10.47 In the case of households using improved drinking water source the States like Manipur, NCT Delhi, Haryana, Tamil Nadu, Maharashtra and Punjab, have reported decline in the percentage over the period 2005-06 to 2015-16. In Manipur, the depleting water levels and drying up of major rivers, the *Imphal* and the *Iril* owing to paucity of rains have been the main reason

for declining access to drinking water. In Delhi, wastage of water and drying up of river *Yamuna* are main reasons for shortage of water. Similar situation prevails in other cities also. To prevent wastage of water, individual household metering, pricing including differential pricing needs to be adopted and water harvesting structures need to be built across the country.

10.48 At the start of the Swachh Bharat Mission-Gramin (SBM-G) of Government of India in 2014, an estimated 55 crore people defecated in the open. With its focus on cleanliness and Open Defecation Free (ODF) India, there has been a significant decline in the number of people who defecate in the open, which is estimated at less than 35 crore. The rural sanitation coverage has increased significantly from 42 per cent in October, 2014 to 63 per cent as on 1st April 2017, which is an increase of 21 percentage points in just two and a half years. In addition, there are 1.87 lakh villages, 129 districts and 3 States which have been declared Open Defecation Free (ODF) with over 3.8 crore toilets already built across India. During the NFHS-3, the percentage of households with access to improved sanitation facility was 29 per cent, which has increased to 48 per cent by NFHS-4 (Figure 15). The improvement in the sanitation cover needs to be sustained by maintaining and using the facilities.

HUMAN DEVELOPMENT : INTERNATIONAL COMPARISONS

10.49 Given that human choices are infinite, it is recognized that at all levels of development, the three essential ones are for people to lead a long and healthy life, to acquire knowledge and to have access to resources needed for a decent standard of living. If these essential choices are not available, many other opportunities remain inaccessible. The Human Development Index (HDI) captures these basic dimensions of human development and is an important indicator of standard of living in a country based on the indices for life expectancy, educational attainment and per capita income.

10.50 India's rank of 131 out of 188 countries in the latest Human Development Report (HDR) 2016 with the HDI value for 2015 at 0.624 has slid one rank from 130 in 2014 (HDR, 2015). In comparison to other

nations in the BRICS grouping, India has the lowest rank, Russia at 49, Brazil at 79, China at 90 and South Africa at 119 (Table 5).

10.51 India's HDI of 0.624 is also below the average of countries in the medium human development group (0.631) but marginally higher than the HDI average of South Asian countries (0.621). Between 1990 and 2015, India's HDI value increased from 0.428 to 0.624, an increase of 45.8 percent. The mean years of schooling for India is the lowest in comparison to other BRICS nations. The Life Expectancy at Birth (LEB) is also lower than that of Bangladesh, Brazil, China, and Russia, but higher than that of South Africa (Table 5).

10.52 The two indicators of income inequality, namely the Income Gini coefficient and the quintile income ratio show that there is increase in inequalities over time in India. For India, the Income Gini coefficient is 35.2 during 2010-15 which is higher than 33.6 reported during 2005-13 (HDR, 2015), reflecting an increase in the income inequality, while the quintile income ratio also has registered a marginal increase from 5.0 in 2005-2013 to 5.3 in 2010-2015 (Table 5). The inequality indicators of India are lower than that for many other developing countries like South Africa (63.4), Brazil (51.5), Malaysia (46.3), China (42.2), the Russian Federation (41.1), Indonesia (39.5) and Sri Lanka (39.2), as well as countries like the USA, Chile and Argentina. It is necessary to address the issues causing widening of inequalities across various sections for equitable development and progress of the country.

10.53 The Gender Development Index (GDI) which is calculated for 160 countries in 2015, has placed India into Group 5, with GDI value at 0.819 (Table 5). The HDI value for females in India is 0.549 in contrast with 0.671 for males, and the female HDI value is higher than that of 2014 at 0.525. Though

Table 5. HDI Components Indices of Selected Countries 2015

Country	HDI 2015		Change in rank 2010-15	GNI per capita (\$)	LEB (years) 2015	Expected years of schooling 2015 ^a	Mean years of schooling 2015 ^a	Income Inequality		Gender Development Index 2015	
	Value	Rank						Quintile Income Ratio	Income Gini-Coefficient	Value	Group
Norway	0.949	1	0	67,614	81.7	17.7	12.7	3.8	25.9	0.993	1
Germany	0.926	4	0	45,000	81.1	17.1	13.2	4.6	30.1	0.964	2
United States	0.920	10	-3	53,245	79.2	16.5	13.2	9.1	41.1	0.993	1
U K	0.909	16	-4	37,931	80.8	16.3	13.3	5.3	32.6	0.964	2
Russian Fed.	0.804	49	5	23,286	70.3	15.0	12.0	8.2	41.6	1.016	1
Malaysia	0.789	59	1	24,620	74.9	13.1	10.1	11.3	46.3
Sri Lanka	0.766	73	-2	10,789	75.0	14.0	10.9	6.6	39.2	0.934	3
Brazil	0.754	79	7	14,145	74.7	15.2	7.8	15.5	51.5	1.005	1
China	0.738	90	11	13,345	76.0	13.5	7.6	9.2	42.2	0.954	2
Egypt	0.691	111	-3	10,064	71.3	13.1	7.1	0.884	5
Indonesia	0.689	113	3	10,053	69.1	12.9	7.9	6.6	39.5	0.926	3
South Africa	0.666	119	2	12,087	57.7	13.0	10.3	27.9	63.4	0.962	2
India	0.624	131	4	5,663	68.3	11.7	6.3	5.3	35.2	0.819	5
Bangladesh	0.579	139	2	3,341	72.0	10.2	5.2	4.7	32.1	0.927	3
Pakistan	0.550	147	2	5,031	66.4	8.1	5.1	4.4	30.7	0.742	5
World	0.717			14,447	71.6	12.3	8.3			0.938	

Source: HDR, 2016.

Notes: (1) ^a- Data refers to 2015 or the most recent year available. \$: Gross National Income (GNI) per capita is based on 2011 dollar purchasing power parity (PPP). LEB is Life Expectancy at Birth.

(2) For measuring GDI, Countries are categorized into five Groups based on their absolute deviations of HDI values between men and women. Group 5 represents low equality of HDI values between men and women with above 10 per cent absolute deviations.

the mean years of schooling for girls in India at 4.8 in 2015 has registered an increase from 3.6 years reported in the year 2014, it is lower than that for males. The male–female disparities in access to education persist in the society and interventions are needed to overcome the social barriers to equalize opportunities for learning.

GENDER ISSUES

10.54 Empowering women to participate fully in economic life across all sectors

is essential to build stronger economies, achieve internationally agreed goals for development and sustainability, and improve the quality of life for women, men, families and communities (UN Women, 2011).

10.55 The findings of the NFHS-4 (2015-16) show an increase in empowerment of women aged 15-49 years across major indicators. There is an improvement in the indicators that reflect empowerment with an increase in the percentage of women having savings

account and increase in the percentage of women having a say in household decision making.

10.56 Among the States, Goa has the maximum number of women with a bank or savings account that they themselves use. Women have also started having a say in decision making process with Sikkim having the largest percentage of women having

a say in household decision making. In majority of the States, more than 80 per cent of married women participate in household decision making process which is a reflection of greater autonomy and it is a pathway to empowerment in other spheres of life.

10.57 However, there are indicators of empowerment which need to be addressed (Box 6), as in the case of spousal violence.

Box 6. Women and 'Development as Freedom'

There are major 'roadblocks' to 'development as freedom' in the case of 'women folk' who constitute around fifty percent of the India's population. The growing number of incidents of kidnapping, sexual assaults on girls and women, point to the appalling levels of crime and so insecurity that women have to face in public spaces in India. The lack of access to property rights (land ownership is predominantly with men), presence of retrograde social customs like dowry, and constraints on mobility along with the absence of collective mobilisation and lack of socialisation have affected the capacity of women to negotiate and bring about changes that are necessary for equality in the private and public domains of life.

The basic rights to dignified life are violated by the increasing crimes against women in India wherein the security and safety of women in public spaces are being challenged on a regular basis. It is a situation in India, wherein to borrow from Nobel Laureate Kahneman, '*we can be blind to the obvious, we are also blind to our blindness.*'

The National Crime Records Bureau (NCRB), 2015 reports less than 22 per cent conviction rate in cases involving crimes against women in India, a reflection on the failure of governance. The proportion of IPC (Indian Penal Code) crimes committed against women with respect to total IPC crimes has increased during the last 5 years from 9.4 percent in 2011 to 10.7 percent during 2015 (Table.6).

Table 6. Crimes against women and children, 2015

Crime Head	Total crimes reported	IPC component of crimes committed against women and children	Proportion of IPC crimes committed against women and children with respect to total IPC crimes*	Rate of crime	Charge-sheeting rate	Conviction rate
Crimes against women#	3,27,394	3,14,575	10.7	53.9	89.4	21.7
Crimes against children (below 18 years)	94,172	68,889	2.3	21.1	85.6	35.6
Indian Penal Code(IPC)	29,49,400	-	100	234.2	77.7	46.9

Source: Figures at a glance, 2015, National Crime Records Bureau (NCRB). <http://ncrb.gov.in/>

Note-1 # : Crime against women include cases reported under rape(Sec. 376IPC), Attempt to commit Rape(Sec. 376/511 IPC), Kidnapping & Abduction of women(Sec. 363,364, 364A, 365-369 IPC), Dowry Deaths(Sec. 304B IPC), Assault on women with intent to outrage her modesty (Sec. 354 IPC), Insult to the modesty of women(Sec. 509 IPC), Cruelty by husband or his relatives(Sec. 498A IPC), Importation of girls from foreign country(Sec. 366B IPC), Abatement of suicides of women(Sec. 306 IPC), cases under the Commission of Sati Prevention Act, the Indecent Representation of Women Act, the Dowry Prohibition Act, the Protection of Women from Domestic Violence Act and the Immoral Traffic (Prevention) Act.

Note-2 *: Proportion of IPC (Indian Penal Code) crimes committed against women with respect to total IPC crimes exclude cases registered under the Commission of Sati Prevention Act, the Indecent Representation of Women Act, the Dowry Prohibition Act, the Protection of Women from Domestic Violence Act and the Immoral Traffic (Prevention) Act.

The redressal through the judicial system for the rights for women requires a quantum improvement in the delivery of justice. This needs to go beyond the setting up of special courts/tribunals to fast track judgements, through a system that monitors performance and outcomes. To monitor performance and outcomes of the same, indicators such as time taken to deliver judgement/decision from the initial date of filing of an FIR, petition, etc., number of days to deliver a judgement, number of days it takes to implement the judgement in full, number of appeals filed after the initial judgement and the time taken for finalising the same and the number of adjournments before a matter is listed for final hearing etc. should be adopted.

Although data shows that for most of the States, the percentage of married women who have experienced spousal violence has decreased from NFHS-3 to NFHS-4, the decrease from 37.2 per cent in NFHS-3 to 28.8 per cent in NFHS-4 at the all India level is not very sharp given the span of 10 years. On the contrary, there are States like Chhattisgarh, Haryana, NCT Delhi, Manipur and Meghalaya where incidents of spousal violence have increased in the past 10 years.

THE WAY FORWARD

10.58 India, is emerging as a knowledge based economy, poised for double digit growth, and needs to strengthen social infrastructure by investing in health and education.

10.59 The education policies need to be designed with ultimate focus on learning outcomes and remedial education with interventions which work and maximises the efficiency of expenditure. However, merit and class appropriate learning outcomes should be given top priority and the quality of education at all levels should be maintained and monitored on a continuous basis by using ICTs across schools in the country. Focus should be on bio-metric attendance of school staff, independent setting of examination papers, neutral examination and

for DBT for schools. There is need to adopt outcome measures for the education and skilling activities to ensure improvement in delivery of schemes/ programmes.

10.60 The health sector in India faces many challenges in the form of declining role of public delivery of health services, high OoP expenses on health and issues of accessibility and affordability of health services for many. There has to be concerted efforts by the Central and State governments to reform the health sector, by addressing quality issues, standardising rates for diagnostic tests, generating awareness about alternative health systems and introduction of punitive measures like fines on hospitals and private health providers for false claims through surgery, medicines, etc. For more equitable access to health services, government should provide health benefits and risk cover to poorer sections of the society.

10.61 Addressing the social security of large number of vulnerable workers in the informal economy should be prioritised by the Government along with ensuring the safety and security of women to raise their participation in economic activities. Reducing all major forms of inequalities should be the goal of India's social development strategy.

