

(Please do not write anything in this space) कृपया इस स्थान में प्रश्न संख्या के अतिरिक्त कुछ न लिखें।

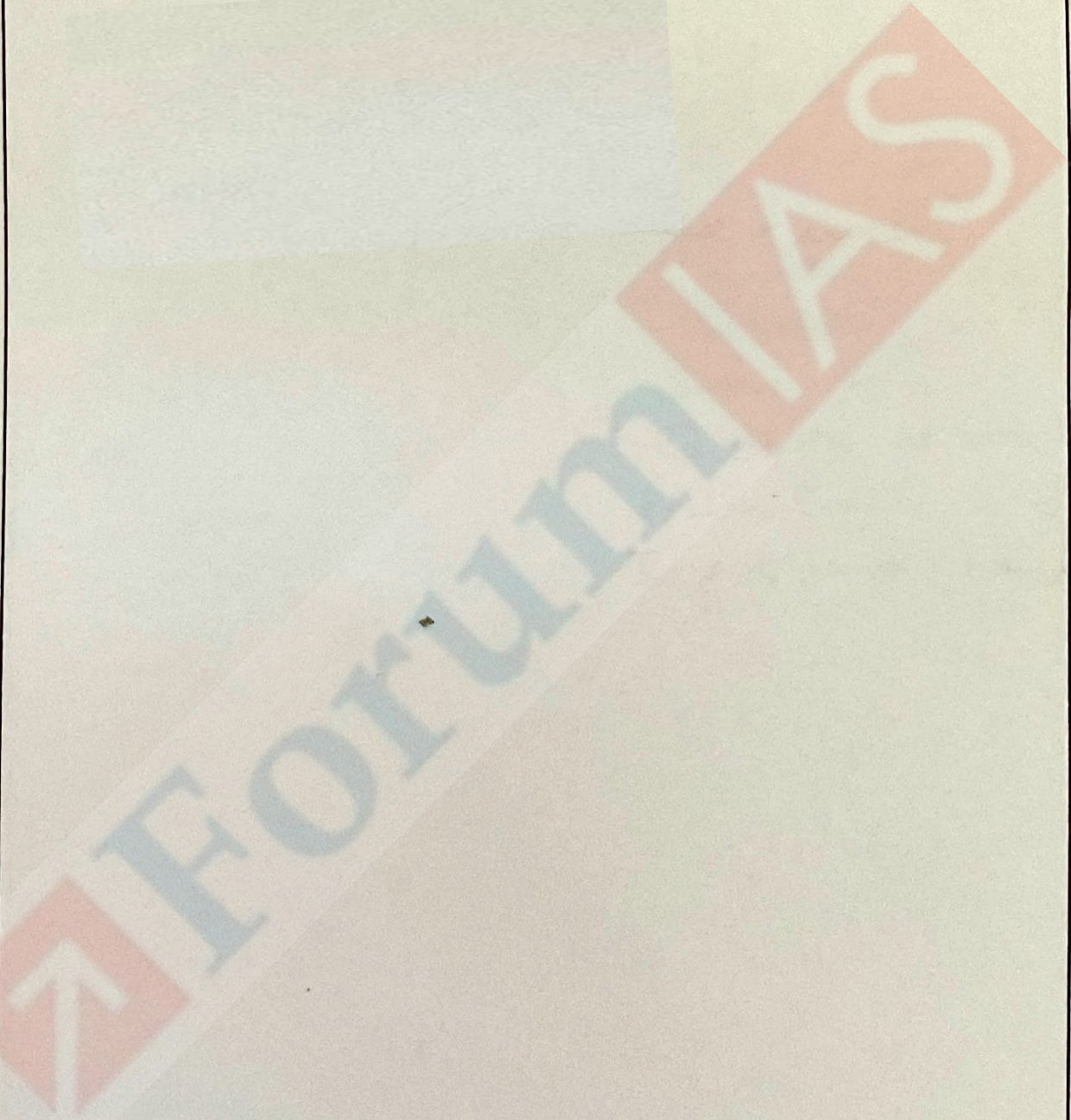
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NAME → Japleen Kaur
Roll no. - 1910124548



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1) Skill India Mission is intended to attain Atmanirbharata or by bridging the gap between Industry demands and Individual skills for employment generation.

NEED OF STRENGTHENING

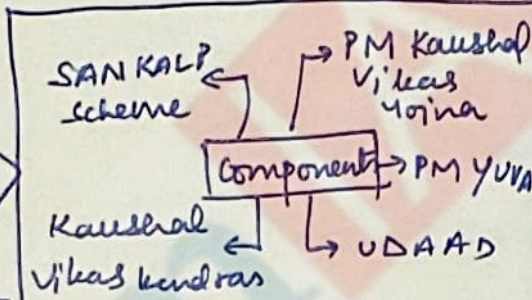


fig → Skill India Components

① Quality v/s Quantity

- i) only 10-30% placement in formal jobs
- ii) Short term courses fail to fulfill Industry demands.

② Mismatch with Industry requirements

- i) outdated ITI curricula
- ii) lack of soft skills and limited tech adoption.

③ Regional and Gender disparities

- i) urban centric design → only ~3-4% in rural
- ii) only ~30% of trainees are women

④ Monitoring

- i) ~~Also~~ limited tracking of post course

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completion career progress

⑤ Limited capacity

i) Need is to upskill about 1.2 Mn people while overall capacity lags by 20%.

However, Skill India still has some notable achievements -

- i) More than 50 Mn youth trained.
- ii) Expanded ITI to ~15,000.
- iii) Industry aligned → sector skill councils.
- iv) focus on specific regions → UDAAN for J&K.
- v) Startup India linkage for self employment.
- vi) Boost in apprenticeship programmes

To boost its efficiency further

- i) Incentivise rural and women participation by providing minimum stipends
- ii) focus on cutting-edge sectors such as AI, green energy etc.
- iii) Mandatory apprenticeships.
Skill India can be a crucial tool for realising demographic dividend for Viksit Bharat.

2. Foreign Higher Educational Institutes can now operate regional campuses in India under UGC Rules.

FOREIGN HIGHER EDUCATION INSTITUTES IN INDIA

Benefits

- 1) Raise educational standards to International level.
- 2) Brings diversity of course offerings
eg) Art History, Sustainability studies etc.
- 3) Enhance forex and BoP in India
- 4) Reduce Brain-Drain from India.
- 5) Promote wider research circles with Inflow of

Challenges

- 1) Financial constraints for students due to higher fee.
- 2) Brain Drain might still continue due to perceived differences in quality.
- 3) Concentration within elite elitist elite circles
- 4) Can lead to commodification of education.

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Benefits

International Researches, Professors

6) Promote Industry - Academia linkage further

7) Promote competition in Higher Education Institutes.

8) Enhance overall - all rounder education model over ~~some~~ JEE/NEET + competition centric model.

9) Reduce Mental Health issues due to stress among youth due to scarcity mindset.

While FHEI can bring a vibrant ^{to} higher education in India, it needs to be customised to Indian needs, security and student base.

Challenges

5) Issue of Corporate/ Institutional Espionage, Research espionage.

6) Issue of Red Taperism
↳ As per World Bank, it takes 4 years to enforce a contract in India.

7) limited career prospects after expensive degrees might be a cause of concern.

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3

Poverty can both be the cause and result of malnutrition leading to a perpetual poverty trap due to limited human capital development.

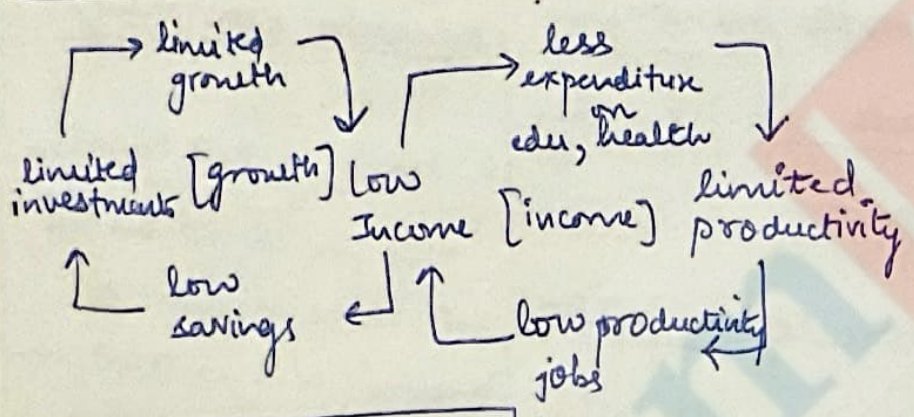


fig → poverty Trap

CYCLE OF POVERTY AND MALNUTRITION

[poverty] → [MDPI-2024]

- i) ~16.7% people are multidimensionally poor
- ii) ~18% are vulnerable to multidimensional poverty

Health -

- i) ~18% child wasting rate (GHI-2025)
- ii) 0.49 → potential of people in India (HCI)

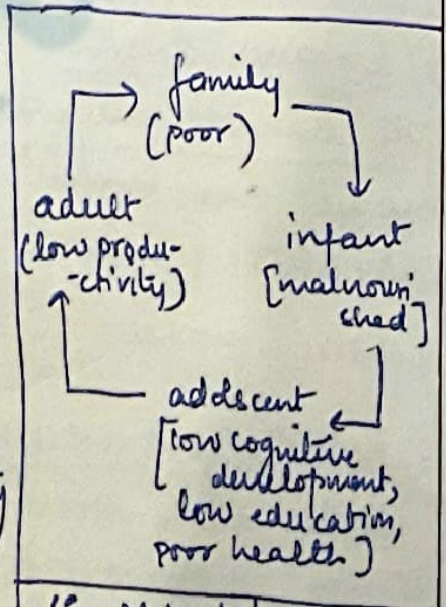


fig → Malnutrition Trap



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MULTI - LEVEL INTERVENTIONS

① Health, ~~Food~~ Nutrition level -

- i) Mother's nutrition eg TN's Muthulakshmi Reddy scheme.
- ii) Mandatory breast feeding from min. 2 months to max 2 years.
- iii) Extra feeds (eg F100), deworming (eg Alb-andazole) etc. WASH practices etc.
- iv) Nutrition centric initiatives (eg POSHAN, Path laika Abhiyaan (Chattisgarh))

② Skill Development

i) focus on quantitative and qualitative vocational education widening through Skill India, NSQF etc.

- ii) Cutting edge skill development eg AI, green energy (Surya Mitras)

③ Basic Amenities

i) Housing eg PMAWAS etc.

④ Social Empowerment

i) focus on SHG development (~80% are women centric)

- ii) Gender based policies for empowerment

⑤ Economic Empowerment

i) Apprenticeship programmes

Along with this, environment, social hygiene, social capital can be built on to ensure development with social Harmony for Viksit Bharat @ 2047.

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4
ECI in 2021 amended the rules and added a provision of Aadhar - Voter ID linkage on voluntary basis.

The recent electoral roll ~~was~~ related ~~was~~ controversy in Maharashtra and SRK in Bihar has brought this debate back into fore front.

BENEFITS TO AADHAR LINKAGE

- ① Remove redundant names from electoral list and realise 'one person, one vote'.
- ② Bring Administrative efficiency in electoral roll management.
- ③ ~99% of population has Aadhar card. It brings ease of doing business for citizens.
- ④ Can help in future initiatives of remote voting for migrants, e-voting etc.
- ⑤ Biometrics provide greater transparency.

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in management.

However, many challenges are present

- ① ~13% error rate of Aadhar can lead to disfranchisement of many. SC in Pragya Prasad case highlighted verification issues for PWD.
- ② Aadhar card is not a citizenship card → May ~~to~~ enfranchise International migrants (not-citizens)
- ③ SC in Aadhar Judgement held that mandatory usage in essential services can be allowed but in other areas would violate Article 21 - Right to privacy.
- ④ Can lead to centralised elector vetting, profiling, misuse, selective disfranchisement etc.
- ⑤ Exclusion, Induction errors can also cause harm
Greater focus needs to be given to voter literacy, privacy safeguards and transparent; efficient innovations over knee jerk centralised reactions for ensuring free and fair elections.



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② Empowerment of Marginalised

- i) Improved access to govt. benefits through JAM Trinity.
- ii) women centric policy ~ 50% accounts of women.
- iii) Efficient credit availability, insurance benefits for sovereign financial security.
- iv) funding of for last mile delivery
eg PM MUDRA, SVANIDHI etc.
- v) Stronger savings

However, Many challenges persist

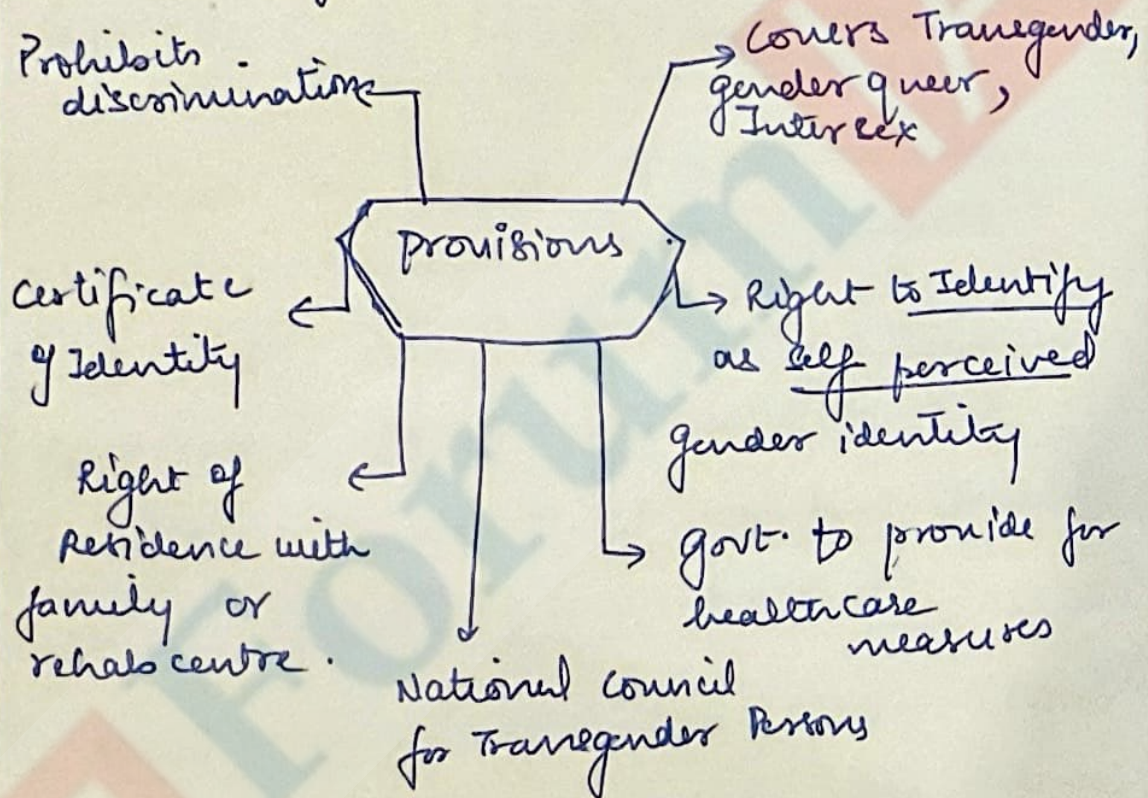
- ① Inactive accounts ~ 20%. (RBI)
 - ② Real financial control still rests with adult males of family
 - ③ Digital Divide ~ 34% Internet-Access in rural areas
↳ ~ 33% women access Mobiles in rural areas.
 - ④ financial scams proliferation eg Digital credits
 - ⑤ Issue of misappropriations and false accounts (CAG report)
 - ⑥ low financial, digital literacy (25% - NSE)
- Thus, focus needs to be on greater literacy, access to financial services for true financial inclusion.



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6 Transgender Persons (Protection of Rights) Act was enacted post NALSA judgement to ensure Transgender welfare in the country.



However, it remains merely a legal document -

- 1) Access to essential facilities such as public washrooms is limited.
- 2) Ingaained social norms of

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'Impurity' lead to significant discrimination.

- 3) Access to Community housing, residential areas is limited due to heterosexual social norms.
- 4) Lack of Inheritance related provisions
- 5) ~~Do~~ Require Problematic Media ~~pro~~ portrayals re-inforce discrimination.
- 6) limited availability of healthcare services \Rightarrow denial of treatment by doctors.

To Improve its effectiveness

SENSITISATION \Rightarrow

- 1) Introduce gender studies in school curriculum for better gender literacy.
- 2) Gender neutral public forums, public labelling to avoid binaries.

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- B ~~eg~~ LBSNAA'S gender neutral rooms
- 3) Medical usage - government campaign on line of Beti Bachao, Beti Padhao to focus on Transgender upliftment
- 4) Healthcare - 1) focus on integrated healthcare for transgender.
 - ii) Healthcare Education of medical students for breaking the gender biases in professionals.
- 5) Less focus on soft behavioural nudges towards gender neutrality in public conversations (~~eg~~ use of 'they/them' in washroom labelling).

To ensure its' implementation properly, social norms need to shift towards inclusivity to ensure upliftment of all.



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7
India is on its way to become the 3rd largest economy, yet it still suffers with issues such as hunger, child wasting (18% GHI), stunting (~16%).

FACTORS RESPONSIBLE FOR PARADOX

① Supply Side Factors -

- i) Inadequate nutrition diversity in PDS
~~eg~~ po limited pulses.
- ii) Issue of misappropriation ~~eg~~ ~30%.
PDS doesn't reach $\frac{1}{2}$ beneficiaries.
- iii) Post Harvest losses of ~20%. (NITI Aayog)

② Demand Side Factors

- i) Mother \rightarrow Malnourished, underage and nutritionally unaware \rightarrow bears malnourished children.

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(ii) Hygiene - limited use of WASH practices, & Oral hygiene.

→ diarrheal diseases lead to significant malnutrition

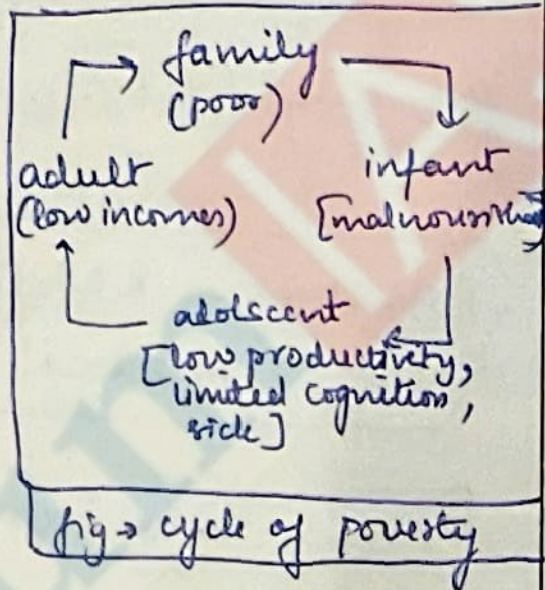
(iii) Mid Day meals → provide limited nutritional diversity

(iv) social norms against non-veg lead to protein deficiency

(v) Gender biased distribution within homes lead to gendered malnutrition.

(vi) limited Nutritional Awareness leading to issues such as obesity, non-communicable diseases early in life.

Therefore, multifaceted policy level interventions are necessary.



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POLICY INTERVENTIONS

① Agriculture - i) focus on protein centric pulse production - include in PDS

ii) Nutritionally fortified crops.

② Nutrition centric - i) Mother's Nutrition based eg TN's Muthulakshmi Reddy Scheme {OMMA dist-achieved}

ii) Extra feeds eg A100.

iii) Periodic deworming eg Albendazole

iv) WASH practices for hygiene.

v) Vaccine catch up post COVID.

vi) School based eg iron supplements to girls

③ Nutrition sensitive - i) Access eg school based kitchen gardens

ii) Felt Inter policy eg POSHAN to BBPP etc.

iii) Promote fortified products eg Anmol's protein kulfji etc.

To ensure India realises its demographic dividend, nutrition based policies are crucial to enhance potential of Indians (currently = 0.49 (HDI)).



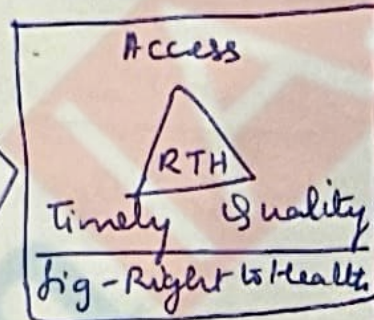
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8//
Marketisation of Healthcare has turned healthcare into a market-commodity reducing the role of state in ~~creating~~ realising Right to Health.

ADVERSE IMPACTS OF
MARKETISATION OF
HEALTHCARE -



① Inequitable Access to quality healthcare based on economic capacity [40% wealth owned by top 1%]

② Price pushing of basic healthcare services leading to lack of access affords affordable healthcare.

③ Focus on curative treatments over preventative treatments.
↳ limit the development of PHCs
~~and go~~

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- ④ Economic centric healthcare decisions over welfare centric approach
eg uterus removal treatments (unnecessary) to gain insurance funds of patients.
- ⑤ Increase Out of pocket Expenditure (39% currently).
- ⑥ Negligence of Public Healthcare system, non realisation of Right to Health.
- ⑦ Research Asymmetry → focus on economically beneficial research over welfare research. eg NTD research might be neglected further.

MEASURES TO WIDEN PUBLIC HEALTHCARE

- ① Focus on Decentralised Model (Sreenath Reddy Committee) → spend ~60% funds on PHCs on line of WHO recommendations.
- ② Enhance Medical Education.

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quantitatively (Sreenath Reddy Committee)

- ③ focus on PPP projects over
marketisation \rightarrow AIIMS - Narayana
collab.
- ④ Build grassroot delivery technologies
 \rightarrow e-sanjeevani, Tele-Medicine etc.
- ⑤ focus on Palliative, Geriatric care
- ⑥ Scandinavian Model of Private
Healthcare \rightarrow service provider is
chosen by govt. based on quality
and economy.
- ⑦ Regulate and standardise pricing of
procedures.

Quality and affordable public healthcare
system is essential for ensuring
the greater health and productivity
of Indians.

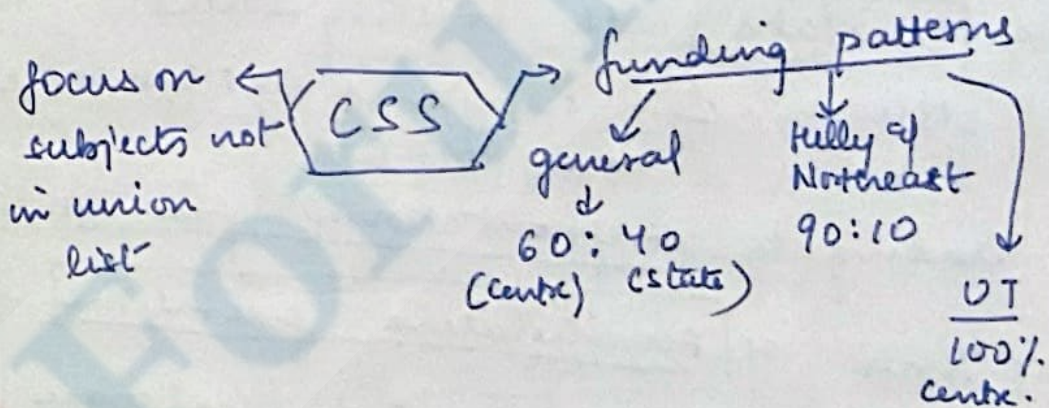
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9 Centrally sponsored schemes are funded implemented by the centre

9 Centrally sponsored schemes are funded by the union but are implemented by the states in which the cost is shared between them based on a pre-decided ratio.



CRITICISMS AND CONCERNS OF STATES

- ① Financial - i) Centre has >60% of entire revenue while states get ~35% of revenue.
 - ↳ ~60% of expenditure in CSS ends up on state's shoulders.



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(ii) Prosperity Paradox - shrinking fiscal space of prosperous states due to less devolutions from centre and loss on fiscal discipline front.

(iii) Marketing of scheme - done as a union scheme with negligible role of states.

(iv) Overlaps with existing state's schemes eg Punjab → Agri Insurance and PMFBY leading to confrontational federalism

(v) Issue of Annihilative federalism due to central of limited fiscal space for state's own schemes.

vi) Non release of funds eg West Bengal - MGNREGA

vii) Issue of confrontations over scheme's objectives eg NEP → Tamil Nadu

Thus, significant measures for addressing concerns are necessary.



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CORRECTIVE MEASURES

① Punchhi Commission suggested -

- i) Equalised marketing of CSS.
- ii) Rationalise CSS to nationally important schemes.
- iii) Equitable funding patterns

② Focus on transparency in publishing of such schemes.

③ Third Party monitoring of schemes can be done (NITI Aayog)

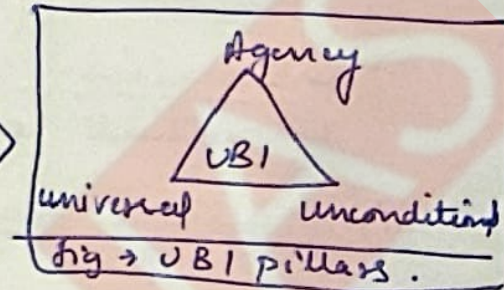
Greater use of co-operative federalism is essential for ensuring effective implementation of CSS. for in Anant Kaal for Viksit Bharat @ 2047



10

Universal Basic Income is an unconditional transfer payment by the government to citizens.

It can be viable solution for poverty to eradication -



- ① Provide Agency to the beneficiary for usage ~~eg~~ youngsters may want to spend more on education, older more on healthcare etc.
- ② Removes Nanny State ideology.
- ③ Reduces Redundancy in schemes, reduces Administrative compliances and significant overlaps in schemes ~~eg~~ POSHAN, ICDS etc.
- ④ Brings financial autonomy and self responsibility among citizens.

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⑤ Reduces misappropriations, bureaucratic leakages etc. ~~kg~~ ~30% of PDS doesn't reach its beneficiary.

⑥ Can have a ripple effect on economic cycle

⑦ Reduce subsidy bill ~ 3.2% of GDP.

However, it might not be a viable solution -

① Agency might be used for unproductive objects such as drug addiction

② Disincentivizes work culture and encourages free loading.

③ Issue of illegal migration from neighbouring countries can worsen.

④ Opportunity cost for tax paying citizens might be too high.

↳ ~~As~~ As per UK's survey, Direct tax would be increased by ~15%

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- ④ Issue of reducing government expenditure might not be solved.
- ⑤ Reduce focus on Inclusivity and social upliftment ~~Req~~ FRA and may worsen existing divides.
- ⑥ No need of UBI universally due to already existing high income inequality (75% wealth owned by top 10%).
- Thus, UBI might not be a directly viable solution. Instead of this, DBT in schemes such as PM KISAN, social welfare & channelised spending can be focused for grass root development.