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THE STATE OF INEQUALITY IN INDIA

REPORT

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THE STATE OF INEQUALITY IN INDIA REPORT

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Preface

Inequality is an emotive issue. It is also an empirical issue, since definition and measurement are both contingent on the metric used and data available, including its time-line. Poverty is absolute, pegged to a poverty line. Inequality is relative and can be quantified using either stock variables or flow variables, defining personal distribution of diverse assets, or spatial and geographical dimensions.

To reduce poverty and enhance employment, since May 2014, Union Government has introduced a variety of measures, interpreting inclusion as provision of basic necessities, measures that have enabled India to withstand the shock of the Covid pandemic better.

Against this background, EAC-PM requested Institute for Competitiveness to prepare an Inequality Report for India. Other than highlighting successes and blemishes, the Report underlines regional and inter-State variations. We are indebted to Amit Kapoor and his team for this contribution to the policy debate. As the Report states, there isn't quite a conclusion. Instead, there is stock-taking of both inclusion and exclusion.

Bibek Debroy, 21 April 2022

स्वच्छ भारत
एक कदम स्वच्छता की ओर

Executive Summary

Inequality is not simply a lack of resources but a more profound experience of dearth relative to others. It is living in vulnerability and deprivation with restricted means of upward mobility. Additionally, social and economic facets of inequality are mutually reinforcing. As a concept, it is as moving as it is mathematical. This has led to a vast body of academic and policy research focused on developing a measure of inequality and understanding the everyday depreciation that comes in the wake of socio-economic inequities. Poverty, on the other hand, is an absolute variable that spills over in the form of socio-economic inequities. Factors like an increase in the rate of income deprivation undoubtedly lead to higher chances of descent into multidimensional poverty.

In this background, there is an urgent need to develop a comprehensive study on the state of inequality that can enable government, policymakers, and development professionals to find redistributive solutions to this problem. The report focuses on the state of inequality in India with in-depth coverage by examining the significant variables affecting the discourse on inequality, such as income profile, labour market dynamics, health, education and household amenities. The report will also identify and examine the vital areas where active interventions by the Government of India and state governments have improved the situation through the smooth delivery of social protection and developmental schemes.

The State of Inequality in India Report is a step in the same direction by presenting a holistic understanding of the depth, structure and nature of inequality in India. The coverage of the report includes economic variables like income distribution and labour profile and socio-economic variables like health, education and household characteristics that attempt to give a comprehensive diagnosis of developmental lacunae. It is emphasised that India's priorities lie in creating more jobs with growth in order to capitalise on its human resource. At the

same time, it is imperative to encourage the Labour Force Participation Rate (LFPR) for women, which stands at an abysmal 30% as per PLFS 2019-20. The Unemployment Rate is at 4.8%. However, the unemployment rate in relation to different levels of education is concerning as the rate of unemployment increases with the level of education. With a higher rate of unemployment at the level of diploma/certificate, graduation and post-graduation (ranging between 19-20%), it is vital to create jobs that correspond to a higher level of education.

In terms of health infrastructure, there has been a concentrated effort to strengthen the rural health infrastructure, but nutritional deficiency remains an area of concern. Along with nutritional poverty, anaemia is also a significant challenge facing the country. The government campaigns like POSHAN Abhiyaan and "Anaemia Mukt Bharat" are laudable efforts, however, the crisis needs to be addressed in a more urgent manner. Additionally, expenditure on health is also a cause of the descent into poverty, and a focus on reducing the out-of-pocket expenditure (OOPE) due to low health coverage is required to transform the health sector to make it more inclusive. Finally, education – an investment that will yield long term benefits in inequality and poverty reduction- is a sector that has been given attention to ensure that poverty does not impact children's cognitive capacities. The focus has also been paid to strengthening the infrastructure of schools equipped with proper washrooms for the students, accessibility of safe drinking water,

electrification and other facilities making schools infrastructurally and socially equitable and responsive to the needs of all its students is the basis of achieving the goal of imparting inclusive and quality education to all learners.

The report also highlights that while India has made remarkable strides in improving the overall conditions of households ensuring proper access to necessities, and making regions liveable by maintaining adequate water supply and sanitation, there are gaps that need to be addressed so that the goals of social progress and shared prosperity are realised.

01

Introduction

While they seem interchangeable, inequality refers to the uneven distribution of resources and opportunities that create deep distinctions. Inequities, on the other hand, are the differences and disparities that stem from poor services which are usually remediable.

Inequality and inequity contribute to poverty and deprivation, which further drives the socio-economic exclusion of certain groups. In the Indian context, inequalities and socio-economic inequities intensify to produce a vicious cycle of poverty and deprivations, requiring multidimensional frameworks to investigate the processes at work. The experiences of deprivations are particularly more embedded in the Indian socio-economic fabric due to the multi-layered intersectional oppression that cuts across class, caste, gender and religion and continues to push certain groups towards complete exclusion. This exclusion is manifested in economic, political and socio-cultural forms. Additionally, certain groups face all these forms of exclusion together while being forced to the periphery of society's economic and social weaving—any form of disqualification from the core results in an intergenerational cycle of inequality.

Inequality is a pronounced experience with no uniform expression. It indicates the absence of equality and is symptomatic of larger power structures that resist mobility and change. These power structures function in ways that naturalise inequality and keep reinforcing it through generations. Inequality is a layered phenomenon with active variables operating and intensifying deprivations and vulnerability at each level. All critical events in global history- from wars of independence and decolonisation to a new economic order- had in common a fight to end inequality of one form or the other. Even as a form of injustice in the face of the powerful exploiting the powerless, discourse on inequality finds its

normative place in every discipline. Scores of scholarships are dedicated to finding the reasons for inequality at the macro-level without accounting for micro-level aggressions of inequality that keeps silently pushing an individual towards more depravity. Understanding the contexts of specific experiences of inequalities calls for an intersectional and interdisciplinary engagement that does not operate from the point of universal assumptions. This also requires an active public discourse on the politicisation of issues of inequalities for proactive policy-making that is comprehensive and acknowledges the different manifestations of inequality. Another pivotal aspect of approaching inequality is measuring it. There are no benchmarks or qualifying lines for inequality as there are for poverty. Consensus has arrived in understanding that income alone cannot be the driving factor of inequality. This in itself tells us the difficulty in grasping inequality in all its forms and manifestations. Anyone can feel unequal in any given context; the idea, therefore, is to understand when inequality resists an individual's ability to exercise freedom and restricts access to resources essential for a dignified living.

The Inequality-Poverty Correlation

Poverty and inequality are mutually reinforcing variables that spill over in the form of socio-economic inequities. Factors like an increase in the rate of income deprivation undoubtedly lead to higher chances of descent into multidimensional poverty. Income distribution is not an accurate measure of assessing the degree of inequality, but as a variable, it remains essential to our analysis as it is an immediate trigger to increasing socio-economic vulnerability. These socio-economic inequalities transcend into everyday lives in ways that restrict mobility, limit one's capability to make choices and intensify their experiences of exclusion and isolation.

A multidimensional understanding of poverty assesses the degree of deprivation in terms of lack of basic

necessities. These include access to healthcare, quality education and crucial household commodities that improve the standard of living. The adoption of a multidimensional approach at a global level comes after realising that GDP does not give a true picture of income disparities in a country.

Globally, Purchasing Power Parity or PPP is used to determine the relative purchasing capacity of a country's currency over the same kinds of goods and services. Used as a proxy to consumption aggregates, the PPP is used to determine the poverty incidence by looking at the prices of goods and services. While it may face criticism due to not being able to reflect how poor of any region experience the shifts in prices, it remains an essential factor to understand consumption patterns, especially of the necessities among the population. With a high rate of poverty incidence, issue of accessibility and affordability become the critical points on which discussions on economic vulnerability takes place.

Inequality is far more acute in India due to its ethnic, religious, class and caste-based differences that influence community experiences of inequality. These identity markers seldom operate in isolation, thereby making an intersectional approach to inequality all the more urgent in the Indian context. Historically, colonisation introduced social and economic inequality that was carried forward even after independence.

The colonial production of knowledge (Cohn, 1996) influenced caste awareness and performativity, which is a significant cause of inequality in Modern India. Chancel and Piketty[1], in their study mapping the evolution of India's income inequality using specialised surveys and tax reform data from 1922 to 2015, have asserted that India's income inequality is higher than its pre-independence period. As per the estimates available in 1922,

The top 0.1% has been found to account for 5 to 7 per cent of the national income

[1] Chancel, Lucas and Thomas Piketty (2019), "Indian Income Inequality, 1922-2015: From British Raj to Billionaire Raj?", The Review of Income and Wealth, 65(1): 33-62.

They argue that socialist policies implemented immediately after independence until the 1970s resulted in a reduction of top income inequality. Policies like nationalisation, progressive taxation and strong market regulations helped control the influence and power of the elite. Their observations are based on extrapolation of data available from the Indian Income Tax Act.

A recent working paper of the World Bank, *Poverty in India Has Declined over the Last Decade But Not As Much As Previously Thought* by Roy and Van der Weide highlights the importance of the need for a more robust and regular statistical exercise in India that can offer information on the rise and decline of poverty using official figures.[2] In the absence of the expenditure survey by the NSSO (last released in 2011), the authors look at the datasets available from the Consumer Pyramid Household Survey to contend that the rate of poverty decline in India is not as it is projected.

They argue that extreme poverty in India has declined by 12.3 percentage points in the period of 2011-2019 but at a lower rate than observed between 2004 and 2011.

Additionally, the urban areas have registered lower poverty reduction rates than rural areas. The emphasis however, remains on regularisation of poverty estimates and measurements.

Poverty measurement is at the core of policy decisions and regimes targeted at poverty eradication. Banerjee's [3] intervention in tracing the "Short and (Possibly) Unreliable History of Poverty Measurement" reflects upon the shifting trends of poverty measurement. According to him, looking at India's economic history, through the 1950s to 1970s, a positive role by the state meant a restrictive understanding of the poor as a homogeneous group relying on agriculture. In this context, a calorific measurement of poverty made the most sense since labour and productivity were tied to an individual's calorie and nutrition requirements. In the years before the reform era, guided by the Washington Consensus, the 1980s saw poverty measurement as a vision towards social progress, even if it meant a slow growth rate. The Capability Approach (as envisaged by Sen) and the idea of restriction of choice and liberties due to poverty dominated the narrative in the 1990s- the direct implication being that poverty

[2] Sutirtha Sinha Roy & Roy van der Weide (2022), "Poverty in India Has Declined over the Last Decade But Not As Much As Previously Thought", Policy Research Working Paper, World Bank.

[3] Banerjee, Abhijit (2017), "A Short and (Possibly) Unreliable History of Poverty Measurement" in Abhijit Banerjee, Pranab Bardhan et al. (eds.) Poverty and Income Distribution in India, New Delhi: Juggernaut.

measurement should be cover multiple facets of life (including non-income-based variables that impact the quality of life).

Sen[4] provides us with a distinct analysis of poverty measurement in India.

01 Putting forth a case for a multidimensional analysis of poverty, Sen argues that poverty measurement needs to take a radical shift from a cut-off based assessment to understanding the nature and cause of economic deprivations.

02 Further, to understand the relationship between poverty and inequality, one must move ahead of a headcount measure of poverty.

This, Sen argues, is the first challenge to poverty measurement in India. Second, he associates Atkinson's welfare economics, talking about a measurement exercise based on utility function. The weight on a poorer person's income should be compared with the weight on the income of a rich person. Above all, he emphasises the relative measurement of inequality to understand the extent of economic deprivation for which income alone is an insufficient variable.

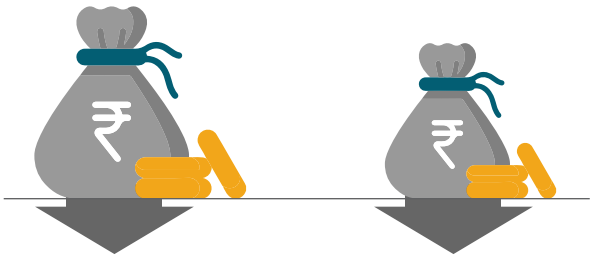
Additionally, the lens to approach inequality should be altered from looking at wealth concentration to income distribution. For instance, the inherited property cannot necessarily translate into gaining purchasing capacity or income growth. It is particularly important to reconsider wealth concentration as a variable since it does not reveal any real-time information about the consumption expenditure of goods and services. Moreover, the last robust data on consumption expenditure was released in 2004-05, making it difficult to conclude

[4] Sen, Amartya (2017), "Poverty Revisited: A Postscript", in Abhijit Banerjee, Pranab Bardhan et al. (eds.) Poverty and Income Distribution in India, New Delhi: Juggernaut

without gross extrapolation. Wealth concentration includes capital stock, which is a measure of capital held over time rather than capital flow, which represents the purchasing power of any household.

Bhalla, Bhasin and Virmani[5] in Pandemic, Poverty and Inequality: Evidence from India claims that extreme poverty in India continues to be low (lower than 1%) in the pandemic years as it was in pre-pandemic years due to various social protection measures taken by the government. They argue for a case of fiscal interventions being included in the poverty estimates in order to highlight the impact of these schemes. Notably, they argue that subsidies like food subsidies have had a striking impact on the level of poverty in India. It is observed that with the inclusion of food subsidies in the poverty calculation, extreme poverty has shown a declining trend (as low as 0.8% in 2020-21).

They argue that the Gini Coefficient (a measure of real inequality) has reduced to a level near the lowest recorded – it was 0.292 in 2020-21, while the lowest was recorded in 1993-94 at 0.284.



0.292
2020-21

0.284
1993-94

Box 1.1

History of Poverty Measurement in India

Poverty measurement plays a very important role in formulating different policies for poverty reduction. It also represents how governments define poverty, its causes and most importantly how poor are characterised. From 1950s to 1970s, poverty was linked to low agricultural development which formed the basis of a calorie intake as a source to determine poverty. Therefore, the poverty line was determined keeping in mind the calories required for physical upkeep. One of the major advantages of this approach was to raise or lower the poverty line in relation to food prices making sure that adequate nutrition intake is guaranteed. With 1960s recognised as the time when the country was going through a food shortage, such an approach made sure that policy making was prioritised towards ensuring food supply.

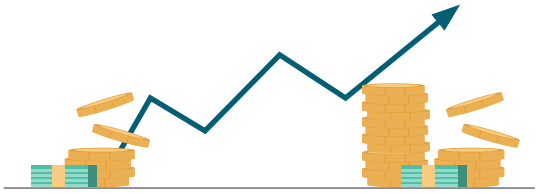
With the growing influence of Washington Consensus and a gradual shift away from Agriculture, the 1980s marked understanding poverty measurement in respect to growth and factors required for achieving growth like education and focus on redistribution. By 1990s, the dissatisfaction with income and consumption-based grew to form a discourse on capability development and multidimensional approach to understanding poverty. This coincided with the development of Human Development Index combining income, health and education measures. From this developed the Multidimensional Poverty Index in 2010 released by the Oxford Poverty and Human Development Initiative.

[5] Bhalla, Surjit, Karan Bhasin and Arvind Virmani (2022), "Pandemic, Poverty and Inequality: Evidence from India" (Working Paper of IMF)

A Solution in Social Protection?

The number of poor in a country symbolises how far a country is in achieving its social progress and growth goals. As an approach toward ensuring welfare for the most vulnerable population and as a corrective measure to social and economic inequities present in society, social protection schemes act as a mechanism to increase the resilience of marginalised people to socio-economic shocks. In a world where any volatile situation can push a massive section of the society into poverty, social protection schemes should be emphasised. The government should consistently allocate resources to ensure universal coverage of these social protection nets. Social protection schemes also lead to a greater degree of socio-economic inclusion and integrative growth. While welfare schemes (benefit transfers, cash/in-kind transfers) might not immediately reduce poverty incidence, they offer a cushioning effect against radical socio-economic changes.

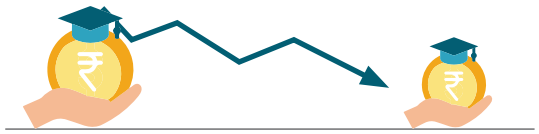
India's expenditure on social services has increased over the years from **6.2%** in 2014-15 to **26.6%** in 2021-22 (as per Budget Estimates).



6.2%
2014-15

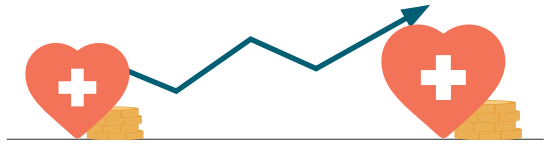
26.6%
2021-22

While there has been a slight decline in expenditure on social services in education (from **10.8%** to **9.7%**),



10.8% **9.7%**

there has been a consistent rise in health from **4.5%** to **6.6%.**



4.5% **6.6%**

India's robust and multidimensional social protection system has been an inspiration to the world at large. These schemes are rooted in welfarism that focuses on making essential services affordable skill enhancement, opportunity creation, and sustainable living, ensuring a universal increase in the standard of living. (See Appendix I for Table 1.1)

Structure of the Report

The report attempts to give a comprehensive overview of the state of inequality in the country by looking at the broad coverage of indicators like income profile, labour market dynamics, health, education and household amenities. These indicators have been identified to develop multidimensional analyses based on the idea of accessibility and affordability as the determinants of realising the extent of inequities and poverty in India. The report will identify and analyse the key areas where active interventions by the Government of India and state governments have improved the situation by facilitating the smooth delivery of social protection and developmental schemes.

Chapter 01 on India's income and labour profile focuses on outlining income concentration and disparity to understand the country's wealth concentration. This chapter seeks to outline an income as well as labour profile of the country by relying on the PLFS data to depict the trends in growth or fall of incomes across the top and bottom percentiles and the average earnings of the worker population along with understanding the composition and dynamics of the Indian labour market.

It is pertinent to our goal to reduce inequality and eradicate poverty that the distribution of wealth, income and resources are balanced out in a manner that can combat socio-economic triggers to descent into poverty.

Chapter 02 on the Road to Health seeks to present a case on the state of India's health system by focusing on the country's physical infrastructure and nutritional profile as well as the average expenditure incurred on basic facilities to ascertain how accessible the healthcare system in the country is.

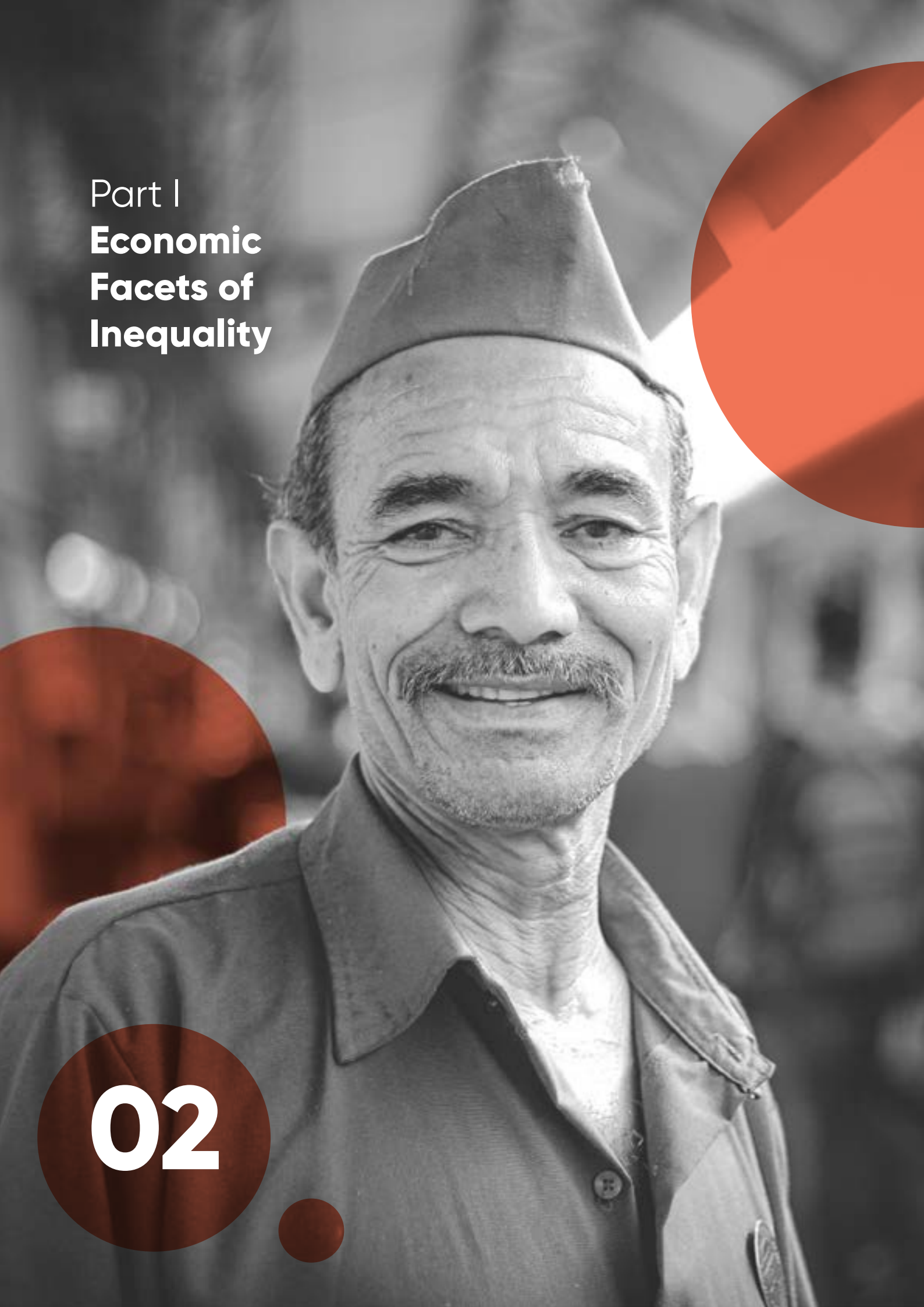
Chapter 03 on the Education Gap focuses on the physical infrastructural investments and how that has led to positive outcomes like low drop-out rate, high enrolment rate and educational empowerment of learners across social categories. Development in the educational sector leads to social progress embedded in structural solutions to the inequality problem.

Chapter
04

on Household Characteristics This chapter looks at analysing the household profile by looking at indicators like wealth concentration, sanitation and water availability, access to electricity, iodised salt and cooking fuel. These together also form a basis of **bare necessities**[6] as defined in the Economic Survey of 2021-22[7].

This gives a clear picture of how interventions at household level leads to a raised standard and quality of living. These indicators – ranging from economic variables to socio-economic helps us establish the inter-relatedness of experiences of inequalities that present themselves in dilemmas between day-today choices of basic survival.

[6] Bare Necessities comprising of housing, water, sanitation, electricity and clean cooking fuel, are important for leading a descent life. To this respect, a Bare Necessities Index (BNI) is created at the rural, urban and India level in 2012 and 2018 using NSO rounds of 69th and 76th on drinking water, sanitation, hygine and housing conditions. (Economic Survey 2021-22, 2022).
[7] Economic Survey 2021-22 https://www.indiabudget.gov.in/economicsurvey/doc/echapter.pdf (Accessed on 25th March, 2022).



Part I

Economic Facets of Inequality

02

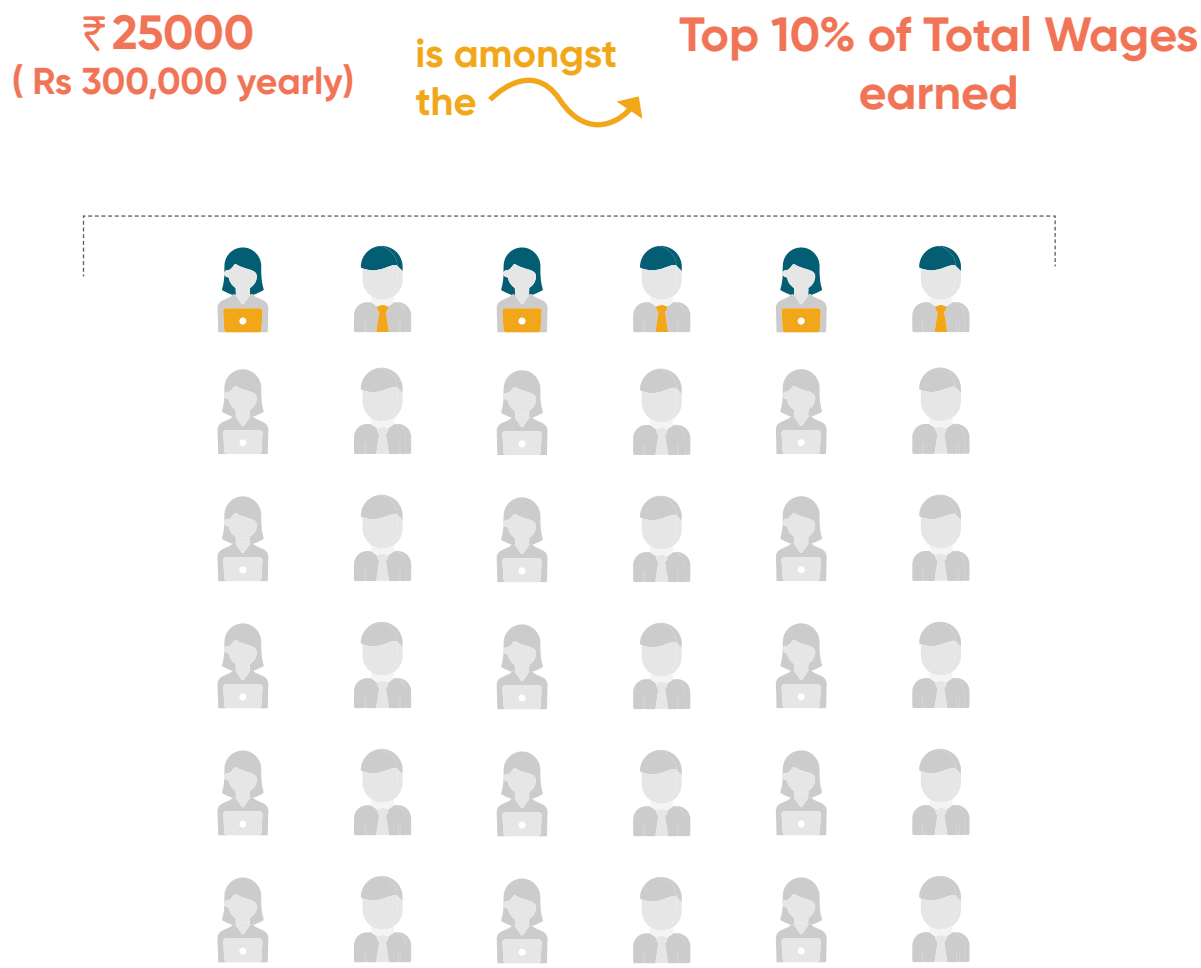
India's Income and Labour Profile

Inequities in the labour market like lack of secure jobs, increasing informalisation, gender-based profiling or restriction in moving from ascribed identities often translate into vulnerability and deprivation in everyday life.

Low incomes earned out of these limited jobs further pushes people toward poverty. Income has never been a complete meter of growth or capability development in a country. However, it is an essential part of any discussions surrounding poverty and inequality as income levels shape accessibility and inaccessibility to basic necessities for everyday existence. It shapes the structures of the society in ways that combine economic and social deprivations and aggravate difficulties. It breaks down resilience of economically weaker sections to catastrophic events thereby exposing them to poverty and deprivation. Understanding income levels and profiles becomes important for all these reasons and mapping how economic disempowerment manifests into social exclusion. Moreover, structural changes in the labour market like the expansion of labour force participation, increasing emphasis on skill and vocational training and increasing rate of enrolment in education have led to some positive changes in improving the overall status of the Indian labour market.

With a vast concentration of incomes and wealth at the top driving the forces of inequality, the solution lies in redistributive measures and building economic resilience among the poorest of households through social protection schemes.

As per PLFS 2019-20, a monthly salary of minimum Rs 25,000 (Rs 300,000 yearly) is amongst the top 10% of the total wages earned.



If an amount like this comes in the top 10 percentile, then the bottom-most condition cannot be imagined. Therefore, the target should be to incentivise those on the bottom in a way that increases their disposable income. Consequently, they will be able to access and afford a quality life by focussing on health, education, and household empowerment. For integrative growth, the benefits of growth should be equitably distributed as well.

This chapter seeks to outline an income as well as labour profile of the country by relying on the PLFS data to depict the trends in growth or fall of incomes across the top and bottom percentiles and the average earnings of the worker population along with understanding the composition and dynamics of the Indian labour market. It is pertinent to our goal to reduce inequality and eradicate poverty that the distribution of wealth, income and resources are balanced out in a manner in which we are able to combat socio-economic triggers to descent into poverty.

How much does India earn[8]?

India's income profile is outlined by a growing disparity between those who lie on the top end of the earning pyramid and those on the bottom, highlighting the failure of the trickle-down approach to economic growth.

According to the Annual Report of the Periodic Labour Force Survey (PLFS) 2019-20, the annual cumulative wages came to be around Rs 18,69,91,00,000, out of which the top 1% earned nearly Rs 1,27,48,00,000, and the bottom 10% accounted for Rs 32,10,00,000 indicating that the top 1% earns almost thrice as much as the bottom 10%.

Rs. 32,10,00,000
Bottom 10% Earners

Rs. 1,27,48,00,000
Top 1% Earners

This trend is not unique to the year 2019-20. In fact, in 2017-18, from the total approximate earning of Rs 17,84,00,00,000 the top 1% earned about Rs 1,10,42,00,000 while the bottom 10% accounted for close to Rs 32,41,00,000 resulting to the top 1% earning more than thrice as much as the bottom 10%.

Across three survey rounds (2017-18, 2018-19 and 2019-20), the share of the top 1% in the total income has only increased – from 6.14% in 2017-18 to 6.84% in 2018-19. In 2019-20, the top 1% registered a marginal fall, with their share in the total salaried

Top 1% Earns ~6-7% of total income

6.14% 2017-18 | **6.84%** 2018-19 | **6.82%** 2019-20

incomes in the country holding 6.82%. The growth rate from 2017-18 to 2019-20 can be seen at 0.96%. Similarly, the top 10% earn more than 30% of the total income. However, a marginally downward trend can be observed from holding 35.18% in 2017-18 to 32.77% in 2018-19 and 32.52% in 2019-20. At the same time, this marginal loss in percentage points has not resulted in the increased salaries of the bottom-most population.

Top 10% Earns ~30-35% of total income

35.18% 2017-18 | **32.77%** 2018-19 | **32.52%** 2019-20

[8] The data has been taken from PLFS 2017-18, 2018-19 and 2019-20. Negative (or 0) incomes have not been used in the calculations.

The bottom 50% held approximately 22% across the three time periods. The growth rate of the bottom 50% has been at 3.9% from 2017-18 to 2019-20, while the top 10% has grown by 8.1%. This highlights the disparity between the income groups and the disproportionate rate of growth among these tiers. Additionally, the top 1% grew by almost 15% between 2017-18 to 2019-20, whereas the bottom 10% registered a close to 1% fall. The 2018-19 year has observed a fall of almost 7% among the total salaried incomes in the bottom 10% and an approximately 2% fall in the bottom 50%.

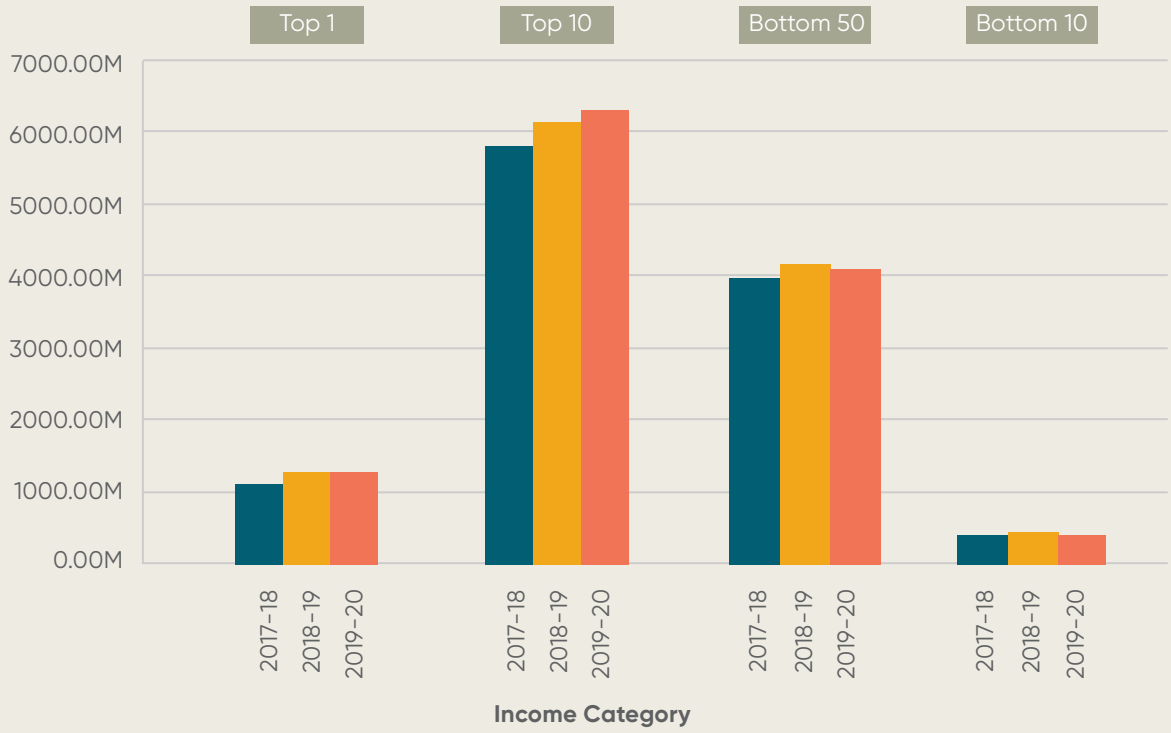


Fig. 2.1 The graph above represents the trends across the three years pertaining to changes in the cumulative annual income of Top 1%, Top 10%, Bottom 50% and Bottom 10%. (Source: PLFS[9] 2017-18, 2018-19, 2019-20

Understanding the Income Profiles[10]

The wage earners can be classified into regular salaried, self-employed and casual workers according to the nature of employment. In 2018-19, out of a sample of about 125470 workers, nearly 20.6% accounted for casual workers, 45% as self-employed and 34.38% as regular salaried. The same income profile is observed in 2019-20 as well, with 20.71% as casual, 45.78% as self-employed and 33.50% as regular salaried. In 2019-20, around 123988 workers were sampled. In

[9] Sample Estimates taken from PLFS 2017-18, 2018-19 and 2019-20)
[10] The data has been taken from PLFS 2018-19 and 2019-20. Negative (or 0) incomes have not been used in the calculations.

terms of workforce share, nearly 15% of the entire workforce earns less than Rs 50,000 (less than Rs 5,000 a month) in both years, exacerbating the experiences of poverty and economic inequality. The PLFS data (in all the years) reported negative and zero incomes, indicating that several households have no disposable income or their debts and borrowings exceed their earnings.

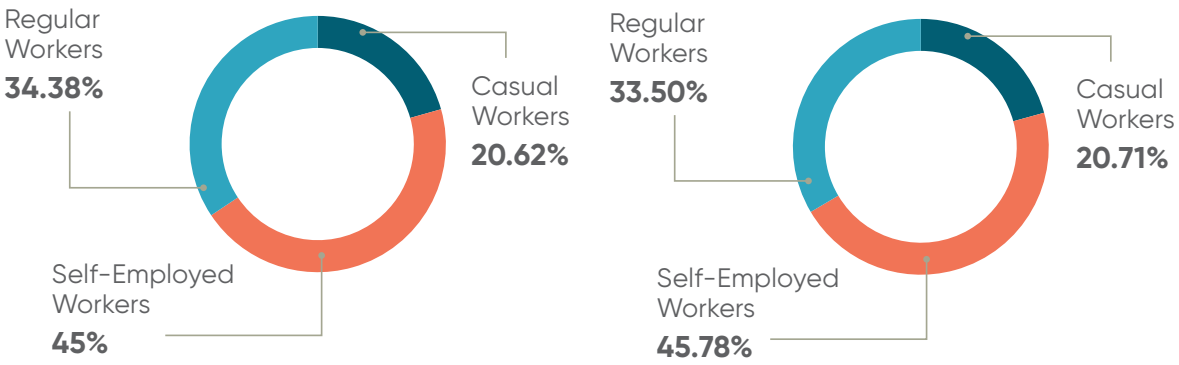


Fig. 2.2 and 2.3 represents the share of the three employment categories in the annual wages of the years 2018-19 and 2019-20 (Source: PLFS 2018-19, 2019-20 and author's calculation)

Fig.2.4 The graph represents the average gross earnings (monthly) of casual labour category of workers over the sector (rural, urban) and gender across two years. (Source: PLFS 2018-19,

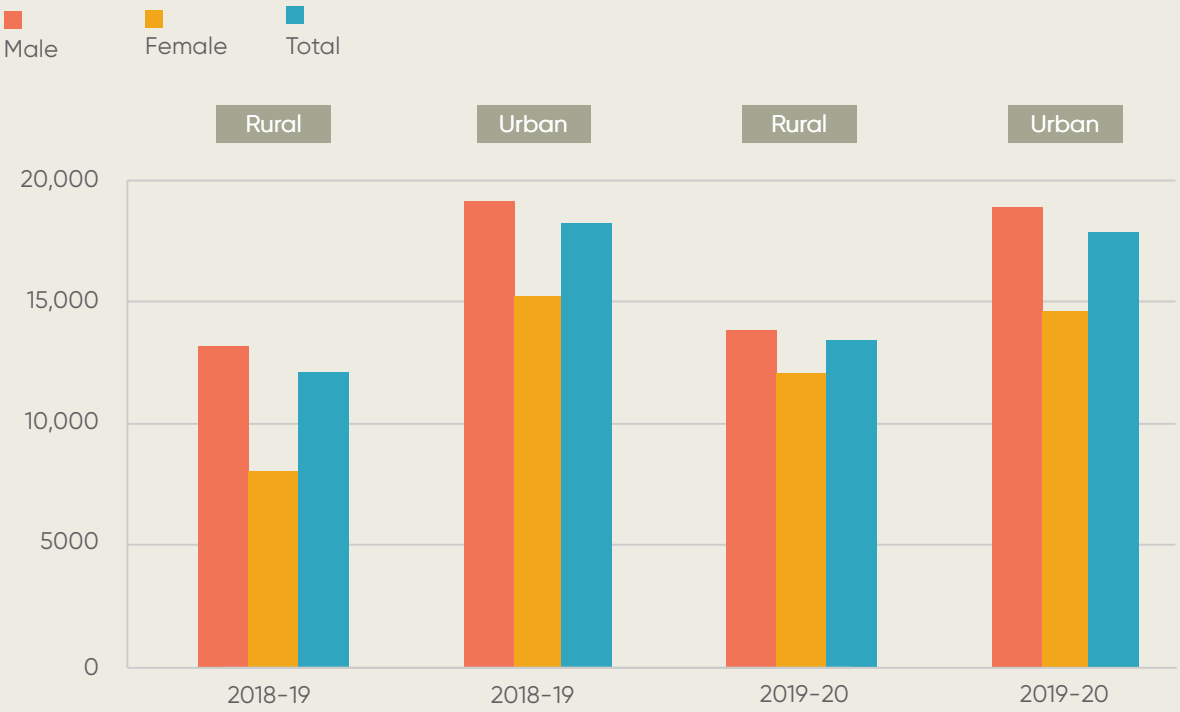


Fig.2.5 The graph represents the average gross earnings (monthly) of regular salaried labour category of workers over the sector (rural, urban) and gender across two years. (Source: PLFS 2018-19, 2019-20)

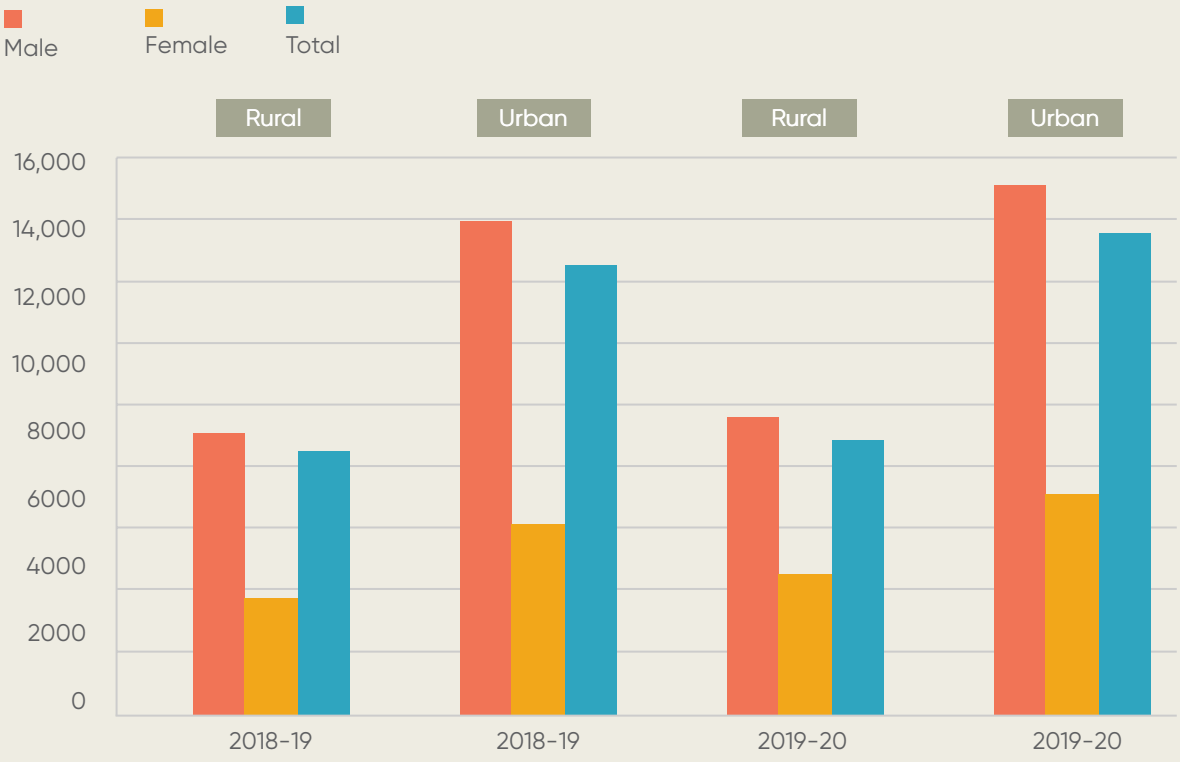


Fig. 2.6 The graph represents the average gross earnings (monthly) of self-employed labour category of workers over the sector (rural, urban) and gender across two years. (Source: PLFS 2018-19, 2019-20)

The average monthly salary of regular salaried/wage earners in July-September 2019 amounted to Rs 13912 for rural males and Rs 19194 for urban males. Employed females in rural parts earned Rs 12090 in the same period while females in urban India earned an average Rs 15031. For the self-employed workforce, the average earnings were Rs 9661 for males and Rs 4558 for females in rural India. In the urban region, the average salaries for July-September 2019 period came to be Rs 17166 for males, and females earned an average of Rs 7141. Casual workers employed in works other than public works earned an average of Rs 268 (Rs 297 for male workers and Rs 185 for female workers) in rural India. Rs 356 were earned on average in urban areas, with Rs 311 for males and Rs 190 for females. This, however, is an increase from the average wages earned for the same period in 2018-19 (July-September 2018), with the average income earned by regular salaried individuals coming to Rs 15,598 per month (In 2019, for July-September, it was Rs 16,418). Similarly, for casual workers, the average salary was Rs 264, while it was Rs 282 in 2019. And the average monthly income for self-employed workers was Rs 9,945, which increased to Rs 10,538 in 2019.

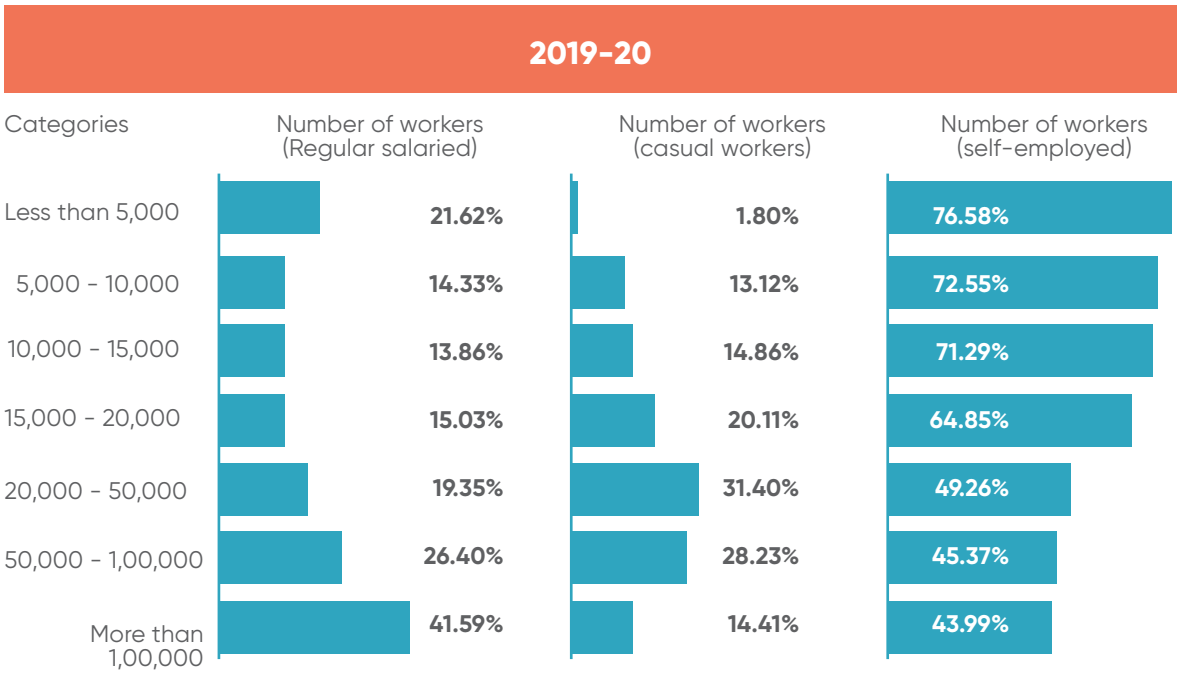


Table 2.1 The table above shows the percentage share of types of workers in different (annual) income categories. (Source: PLFS 2019-20 and author's calculations)

Under the less than 5,000 category, the number of self-employed workers has highest share and casual workers the lowest. The share of regular salaried workers increase as the amount of earnings increased, whereas the share of self-employed decreased. The casual workers had their highest share under the 20,000-50,000 bracket of income and low for less than 5,000 and more than 1,00,000.

[11] The LFPR (according to the usual status ps+ss) is taken for the 15+ age group.

Explaining the Labour Force Participation Rate (LFPR)

It is essential to create more well-paying jobs in the formal sector to utilise India's demographic dividend, which will further boost the country's economic growth. The LFPR is a measure to examine the working-age population in a country by looking at the section of people who are currently employed or seeking employment. A greater participation rate would lead to expansion of the working population and that those seeking employment can find jobs with respect to their education level.

According to the annual reports of PLFS – since 2017-18, the labour force participation rates have registered an upward growth in percentage points. From 49.8% in 2017-18, it is 53.5% in 2019-20. In 2018-19 the LFPR was 50.2.

Labour Force Participation Rate

49.8%	50.2%	53.5%
2017-18	2018-19	2019-20

This implies that there have been positive structural changes leading to improved participation rates in the course of the last three years. At the same time, it is important to note that nearly fifty per cent of the working population is still outside the labour market, and without their integration, equitable development remains a far-away goal. Inequalities in the labour market in terms of lower jobs or people not being able to get jobs translates into economic inequities halting socio-economic mobility for some households altogether. In this respect, to meet the aspirations and needs of those entering the labour force or seeking to enter, well-paying and safe jobs need to be created with an emphasis on skill growth.

An equally important dimension of understanding the LFPR is the ratio of male to female rate of participation in the labour force. While there has been a slight increase in the female participation rate over the years, it still continues to be extremely low in comparison to the male participation rate. A low female labour force participation rate continues to be a significant problem in creating an equal labour market as it continues to exclude almost half of the working population, making it difficult to reap and distribute the benefits of a high working-age population.

Female Labour Force Participation Rate

23.3%	24.5%	30%
2017-18	2018-19	2019-20

The real dilemma arises as female participation rate continue to be lower than the male labour force participation rate despite of the targeted efforts to empower women in the labour market. In 2017-18 the female LFPR[11] was 23.3%, increasing to 24.5% in 2018-19 to 30% in 2019-20. In contrast, the male LFPR continues to account for more than 70% of the total labour force participation rate (75.8% in 2017-18, 75.5% in 2018-19 and 76.8% in 2019-20).

Male Labour Force Participation Rate

75.8%	75.5%	76.8%
2017-18	2018-19	2019-20

The disparity continues at the level of urban and rural as well, with the male participation rate in 2017-18 being 76.4% and 24.6% for females in rural India. However, the total LFPR for rural is higher than the urban regions over the three years. In 2017-18, rural LFPR remained at 50.7% and urban at 47.6%. By 2019-20, the rural LFPR increased to 55.5% and the urban LFPR to 49.3%. This could be a direct result of economic activities in rural parts being more labour-intensive. Conversely, the extent of poverty and the need to earn varies between rural and urban parts, thereby directly impacting the slightly higher rural LFPR.

By the level of education, LFPR for 15 years and above for the educated workforce (secondary and above) stood at 48.8% in 2017-18 and 2018-19. In 2019-20 this increased to 51.5%. Over the three years, the participation rate was significantly low for the population educated till higher secondary, ranging between (approx.) 40% to 43% only.

The maximum concentration was amongst those with diploma/certificate courses with over 70% participation rate in all three years, indicating the popularity of skill enhancement courses among the working population. In high-income states like Maharashtra, Gujarat and Karnataka, the LFPR has been between 50%-55%, while Chhattisgarh has had the highest participation rate ranging between 65%-66%. Being one of the most deprived states, a high overall LFPR in Chhattisgarh indicates the need for the working population to be engaged in economic activities for sustenance. Additionally, the floating population is not included in the survey set.

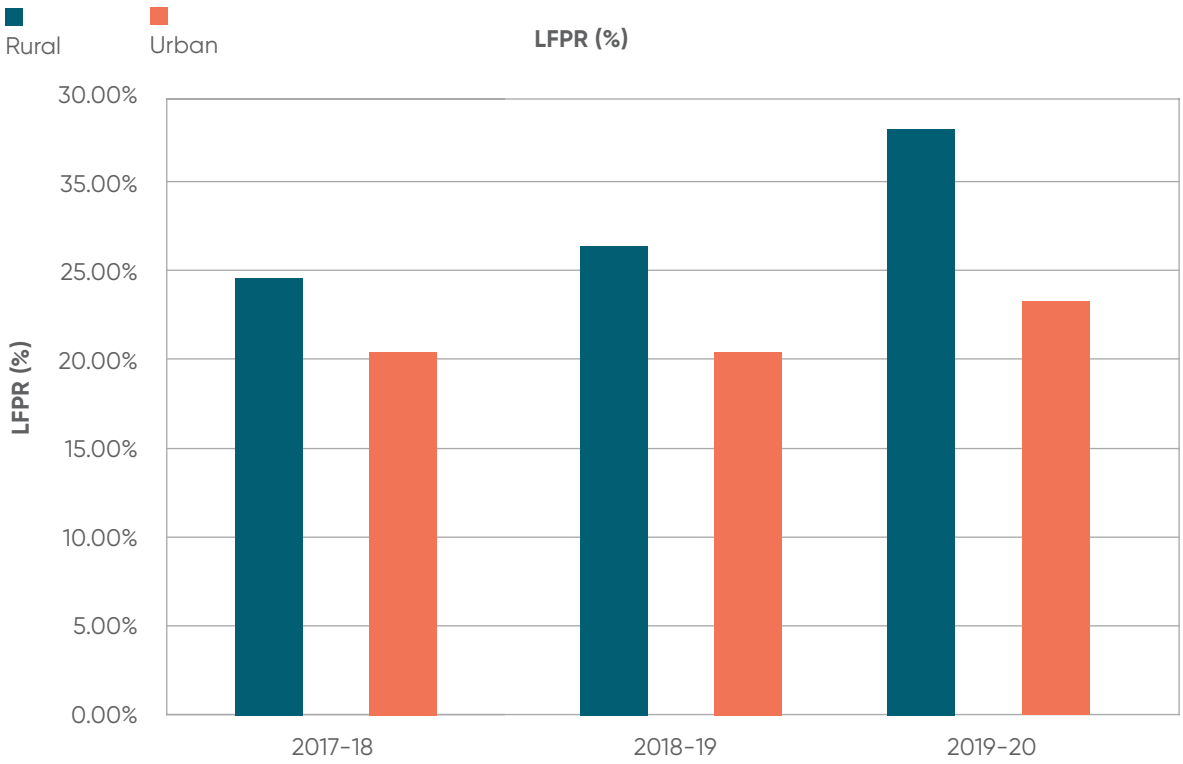


Fig. 2.7 The graph represents the labour force participation in sectors (rural, urban) over the three years (Source: PLFS 2017-18, 2018-19, 2019-20)

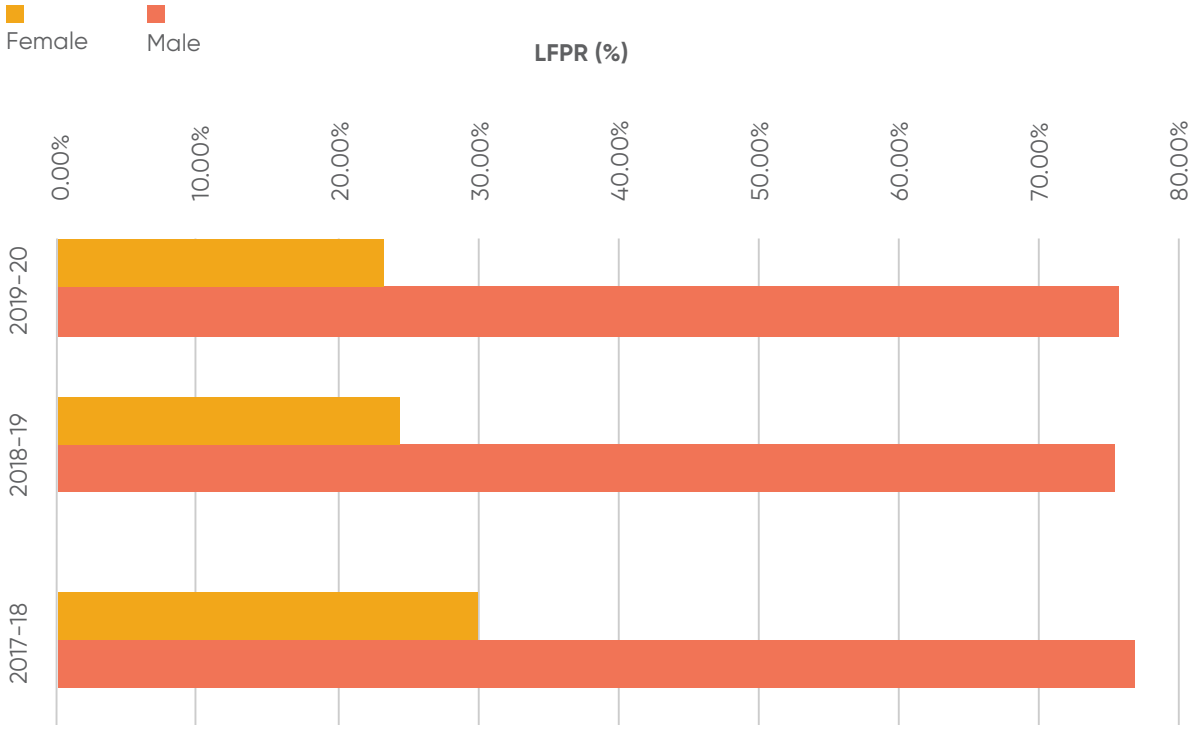


Fig. 2.8 The graph represents the share of each gender's labour force participation rate over the three years (Source: PLFS 2017-18, 2018-19, 2019-20)

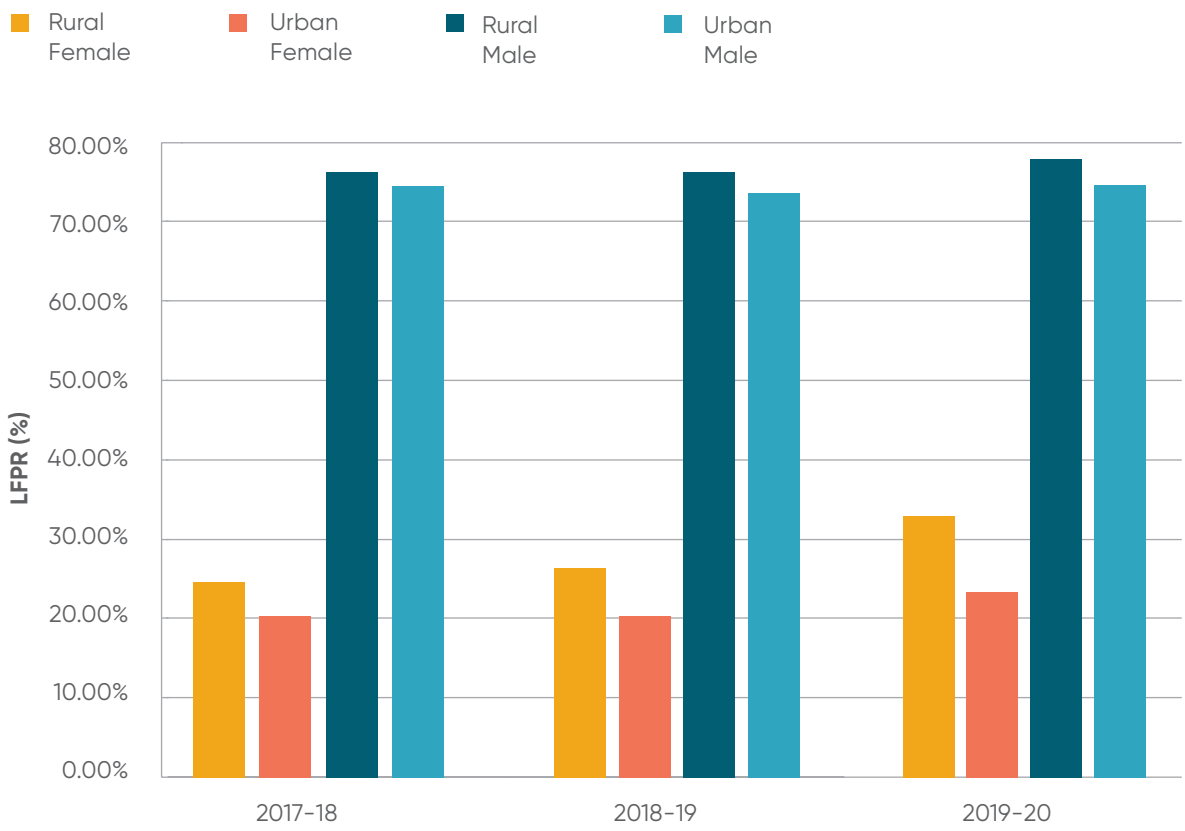


Fig. 2.9 The graph represents the share of the male and female population labour force participation in different sectors (rural, urban) over the three years (Source: PLFS 2017-18, 2018-19, 2019-20)

Unemployment Profile

The employment and unemployment status in a given period is ascertained by looking at the rate of Worker Population Ratio (WPR) and the Unemployment Rate (UR). WPR can be defined as the percentage of employed persons in the population, and the Unemployment Rate is measured as the percentage of persons unemployed among the persons in the labour force.

In 2017-18, WPR (for 15 years and above) was 46.8%, increasing to 50.9% by 2019-20. While the marginal increase is a step in the right direction, it still indicates that to exploit the demographic dividend fully, there is a need for enhancing economic progress through job creation. The country's Unemployment Rate (UR) in 2019-20 is 4.8%. This has fallen from 6% in 2017-18. Over the three years, the state of Nagaland has reported the highest unemployment rate despite a substantial dip in 2018. The UR of Nagaland went from 21.4% in 2017-18 to 17.4% in 2018-19. However, by 2019-20 the UR rate increased to 25.7%. Among Union Territories, Lakshadweep has registered the highest unemployment rate reaching 31% in 2018-19 (the highest in the country for that year).

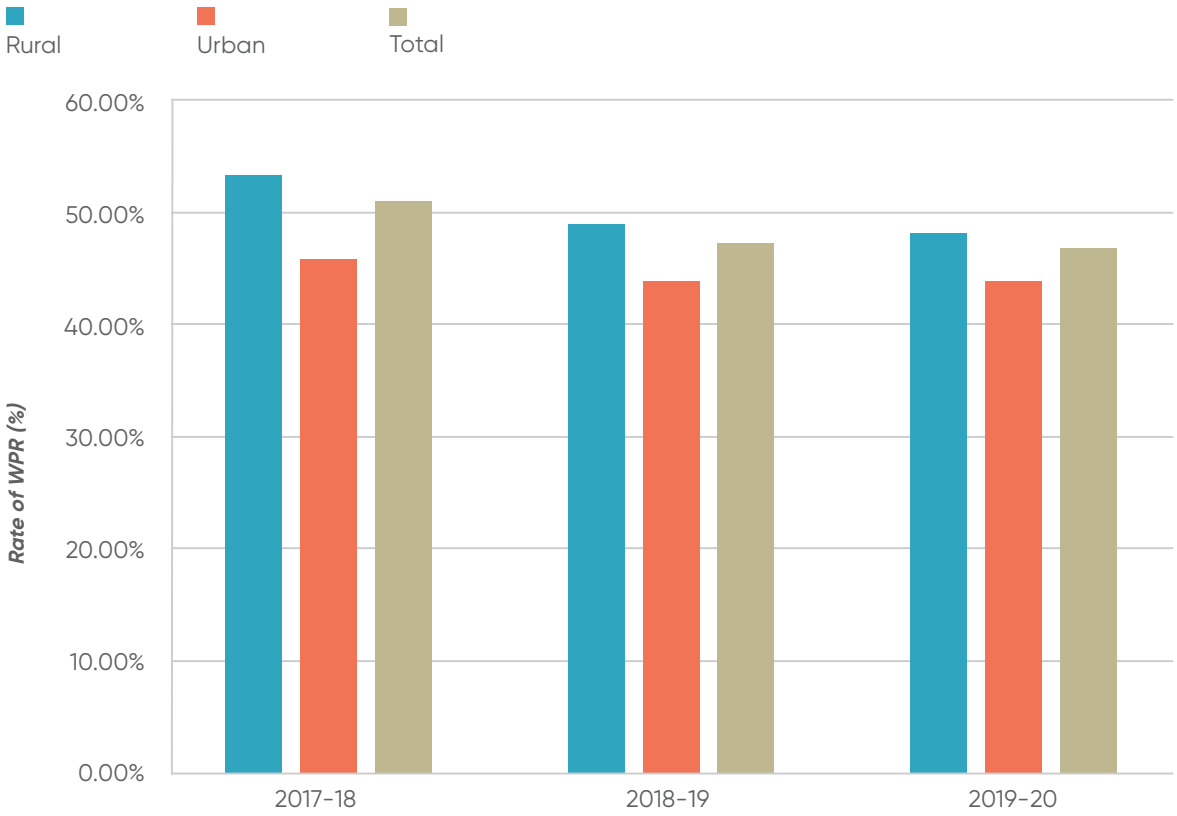


Fig. 2.10 The graph represents the rate of Worker Population Ratio (WPR) of different sectors (rural, urban) over the three years (Source: PLFS 2017-18, 2018-19, 2019-20)

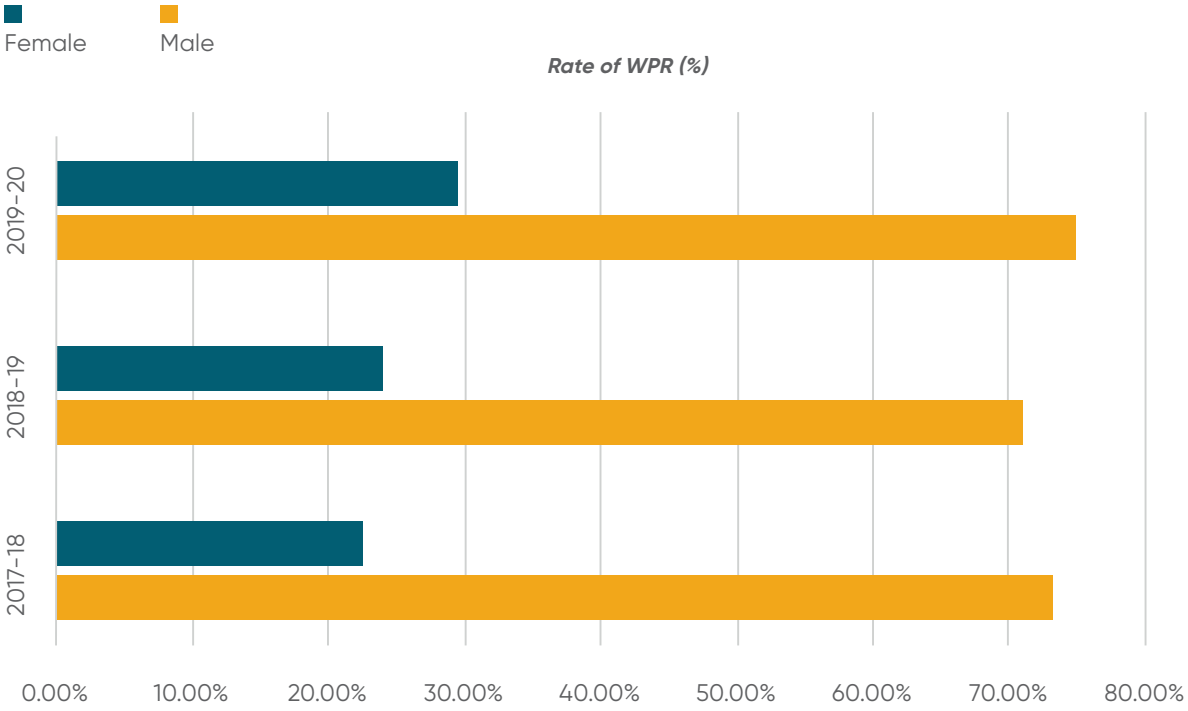


Fig. 2.11 The graph represents the rate of WPR for males and females over three years (Source: PLFS 2017-18, 2018-19, 2019-20)

The unemployment rate based on education level reveals to us a concerning picture of the increasing rate of unemployment as the levels of education increase. The lowest concentration (as low as 0.6% in 2019-20) of unemployment is among the non-literate population. The highest concentration is among people with a diploma/certificate course, graduation and post-graduate and above, stretching between 19%-20% in every slab. This implies that there is a dire need to create more jobs corresponding to higher education levels. Further, this incentivises pursuing higher education and attracts the working population to the labour market. Additionally, the male unemployment rate in 2019-20 was 5% and for females was 4.2%. A lower female unemployment rate stems from their lower participation in the labour market as women are seen as the 'secondary earner' and not the primary earner. The added home responsibility discourages women, reducing their probability to engage in economic activities. Moreover, the lower unemployment rate among rural women compared to urban women is due to more participation of the former in the labour market. The rural-urban variations do not necessarily translate into women's empowerment in rural areas as women mostly enter the labour market due to economic pressures.

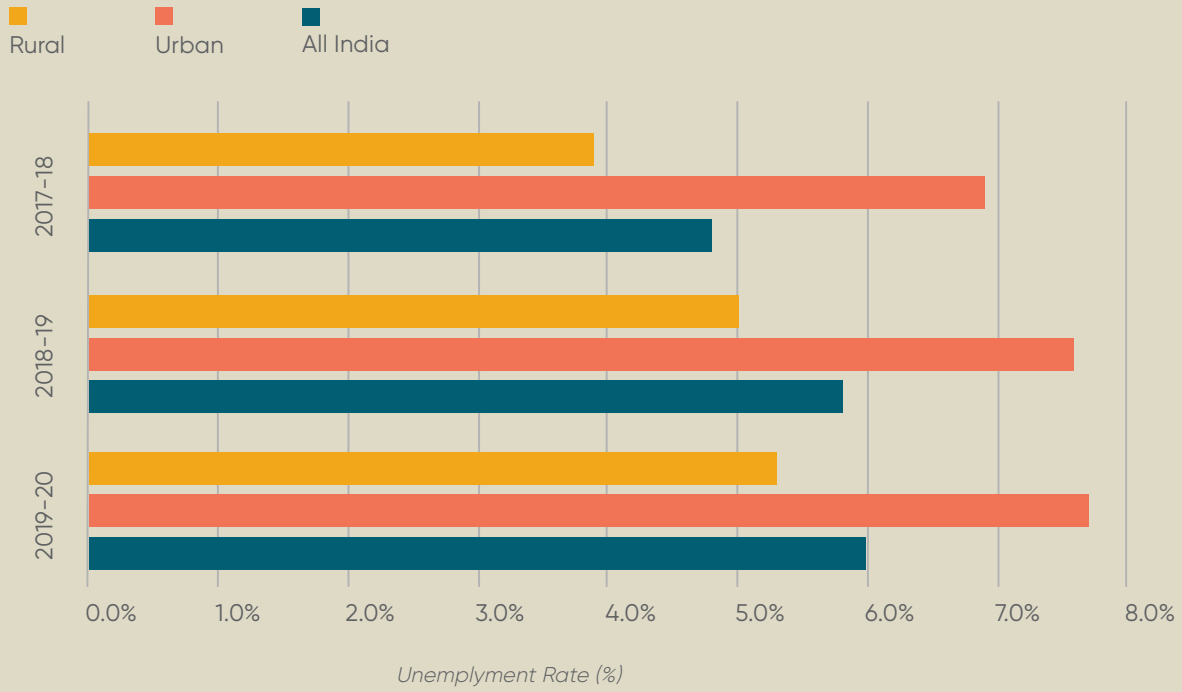
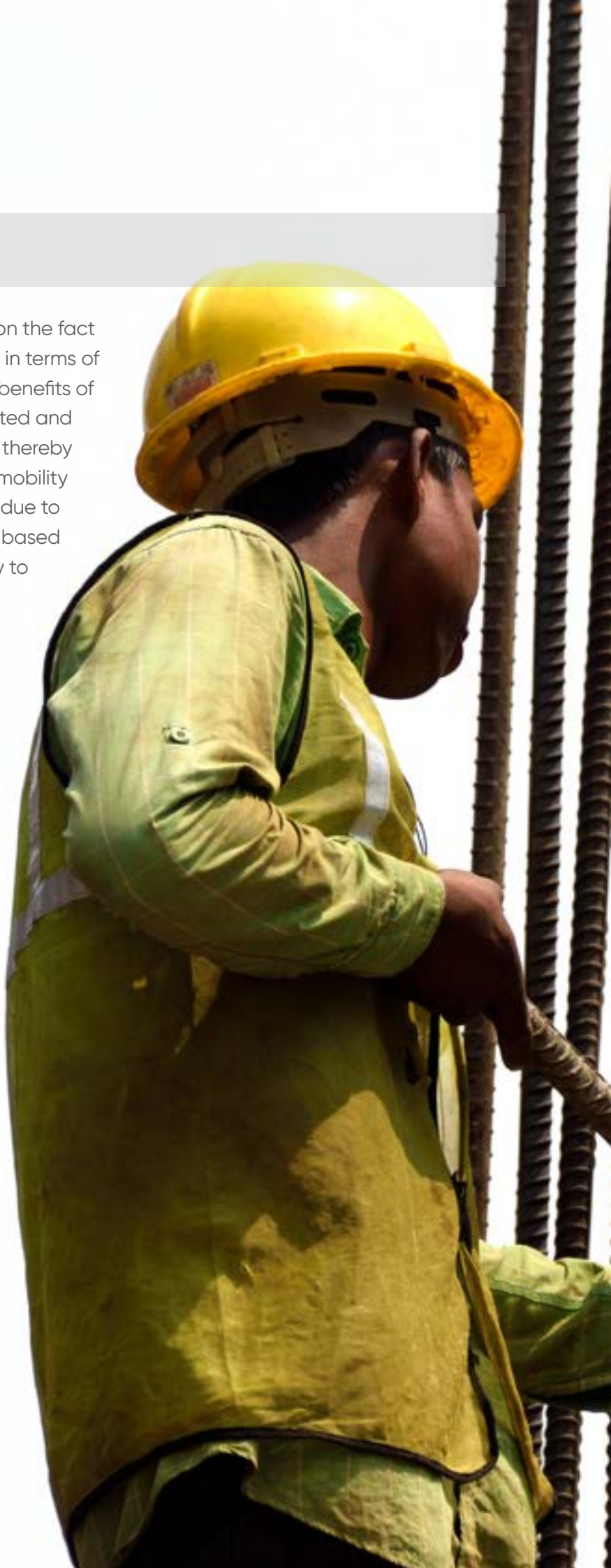


Fig. 2.12 The graph represents the unemployment rate in rural, urban and all India level over three years (Source: PLFS 2017-18, 2018-19, 2019-20)

Fig. 2.13 The graph represents the unemployment rate for male and female over three years (Source: PLFS 2017-18, 2018-19, 2019-20)

Insights

These numbers have thrown light on the fact that while growth has taken place in terms of an increase in wages earned, the benefits of that growth have been concentrated and has marginalised the poor further, thereby making them more deprived. The mobility in income slabs is difficult to trace due to the absence of income and class-based economic slabs, however, it is easy to discern that the gap between the highest wage earners and the lowest wage earners is enormous and only increasing. The wage trends have also presented the case that accelerated growth among the few, which has excluded the majority at the bottom altogether, has led to uneven development and restricted upward socio-economic mobility. While income disparity is not the only trigger to descent into poverty, it boldly outlines the everyday experiences of inequality and inequities. Basic needs become luxuries, thereby impacting the country's entire social fabric. Additionally, the income profiles have also shown the vast pay gap between men and women, calling attention to gender-based inequities in the labour market that further marginalise women and reduce their labour force participation rate.



Part II

Socio-Economic Manifestations

03

The Road to Health

Achieving universal access to healthcare is an arduous task but one that is essential for building resilient social infrastructure and a progressive society.

The last two years of the Covid-19 pandemic have reflected the importance of a robust healthcare infrastructure that accentuates health equity in the country. The goal of health equity stems from realising health as a fundamental human right and that every individual, regardless of their socio-economic and cultural contexts, is able to lead a healthy life. Being the third goal among the list of Sustainable Development Goals, establishing mechanisms for "good health and well being" is considered to be an important target for overall well-being across all age groups and all sections of society.

The idea of good health and well-being rests on determinants like healthcare infrastructure, health coverage, access to healthcare delivery mechanisms, achieving nutritional needs, immunisation and sanitation. Additionally, resisting structural inhibitors to complete access to healthcare like discrimination, stereotyping, and exclusion that determine the distribution of resources and impact the capabilities of individuals or communities is an important challenge to achieving this goal.

Expenditures incurred on health issues is one of the major factor that leads to a descent into poverty. In India, 13% of the Monthly Per Capita Expenditure (MPCE) is directed towards out-of-pocket health expenditures as of 2020[13]. While this is a huge improvement from the 54.78% in 2019, it still falls short of the targeted goal of 7.8%[13], indicating the gaps in universal health coverage. Health inequality in India emerges from a lack of infrastructure and economic disempowerment of a large population that tends to require healthcare mechanisms the most. While the rural and urban gap has been reduced in terms of infrastructure, access and technology, economic scarcity influences consumption patterns

[12] "SDG India Index and Dashboard 2020-21" https://sdgindiaindex.niti.gov.in/#/ranking (accessed on 27th March, 2022).
[13] Ibid.

where healthcare becomes a luxury. This chapter will seek to present a case on the state of India's health system by focusing on the country's physical infrastructure and nutritional profile to ascertain the extent of inequities in the sector.

India's Health Infrastructure

With the onset of the Covid-19 pandemic, the problems with the overall health infrastructure in terms of capacity, machinery and workforce became more apparent. Therefore, most of the developments in strengthening the country's health infrastructure have been done to respond to the health crisis and ensure that these changes are long-term and bring about health equity among all social categories long after the pandemic. Under the ambit of Ayushman Bharat, the goal is to achieving universal health coverage by providing care through Health Wellness Centres (AB-HWC) covering child and maternal health services, non-communicable diseases and free drugs and diagnostic services.

	2005	2019-20
Sub Centres (SC)	146026	155404
Primary Health Centres (PHC)	23236	24918
Community Health Centres (CHC)	3346	5183

As per Rural Health Statistics 2019-20, as of March 2020, there are 155404 Sub Centres (SC), 24918 Primary Health Centres (PHC), and 5183 Community Health Centres (CHC) in rural India[14]. In comparison, there were 146026 SCs, 23236 PHCs and 3346 CHCs in 2005.

The Sub Centres are the first point of contact between primary health care and the community. Each Sub Centre is headed by one Auxiliary Nurse Midwife (ANM) or one female health worker and one male health worker. The centres are entrusted with providing maternal and child care along with providing immunisation services and bringing about behavioural changes through disseminating information on nutritional requirements and family welfare.

While states like Rajasthan (+ 2698), Gujarat (+1888) and Chhattisgarh (+1387) have reported a significant increase in the number of SCs built since 2005

Rajasthan

Sub Centres (SC)
+2698

[14] Rural Health Statistics 2019-20 https://hmis.nhp.gov.in/downloadfile?filepath=publications/Rural-Health-Statistics/RHS%202019-20.pdf (Accessed on 20th March 2022)

Gujarat

Sub Centres (SC)
+1888

Chhattisgarh

Sub Centres (SC)
+1387

Bihar (-1225), Andhra Pradesh (-5085), and Assam (-450) are some of the states with a shortfall in the number of SCs.

Bihar

Sub Centres (SC)
-1225

Andhra Pradesh

Sub Centres (SC)
-5085

Assam

Sub Centres (SC)
-450

Bihar and Delhi also have the highest percentage rate of shortfall in SCs, indicating that there is less number of sub-centres than required, thereby putting pressure on the existing units. Bihar has a 58% shortfall with 9112 Sub Centers in place while the requirement is 21634 centres. Similarly, in Delhi, there is a 59% shortfall with only 12 existing centres when the need is 29 centres.

Bihar

Sub Centres (SC)
58% Shortfall

Required
21634

Existing centres
9112

Delhi

Sub Centres (SC)
59% Shortfall

Required
29

Existing centres
12

Likewise, Rajasthan (+381), Gujarat (+407), Chhattisgarh (+275) and Jammu & Kashmir (+589) have reported an increase in the number of Primary Health Centres (PHC) from 2005. The Primary Health Centres are the first contact point between the village and medical officer and are established by State Governments under the Minimum Needs Programme (MNP)[15]/Basix Minimum Services Programme (BMS).

[15] Minimum Needs Programme (MNP) was introduced during the fifth five year plan with the aim to provide basic minimum needs that are essential for improving living standards of people and promote equality by making sure poorest households have access to basic needs – health, water, elementary education, electricity, nutrition and housing.

Rajasthan

Primary Health Centres (PHC)

+381

Gujarat

Primary Health Centres (PHC)

+407

Chhattisgarh

Primary Health Centres (PHC)

+275

Jammu & Kashmir

Primary Health Centres (PHC)

+589

The Primary Health Centres are the first contact point between the village and medical officer and are established by State Governments under the Minimum Needs Programme (MNP) /Basic Minimum Services Programme (BMS).

The states of Uttar Pradesh (-780), West Bengal (-260), Andhra Pradesh (-428) and Jharkhand (-270) account for the highest difference rate in PHCs from 2005. Moreover, these states have recorded the highest percentage rate of shortfall of PHCs in 2020 as well. Uttar Pradesh has a 51% shortfall rate, and West Bengal has a 58%. With a 73% shortfall, Jharkhand has only 291 PHCs, while as many as 1091 are required pointing toward the extreme over-burden on the primary health care system in rural India.

Uttar Pradesh

Primary Health Centres (PHC)

-780

West Bengal

Primary Health Centres (PHC)

-260

Andhra Pradesh

Primary Health Centres (PHC)

-428

Jharkhand

Primary Health Centres (PHC)

-270

Community Health Centres (CHCs), like SCs and PHCs, form an integral part of the primary health care infrastructure and must be operated by four medical specialists – surgeon, physician, paediatrician and obstetrician-gynaecologist with paramedical support staff. As a referral centre for four PHCs, a Community Health Centre has around 30 indoor beds, a labour room, an OT, and basic diagnostic (like X-Ray) and laboratory facilities.

Uttar Pradesh(+325), Tamil Nadu (+350) and Rajasthan (+222) have observed a rise in the number of CHCs from the year 2005. In contrast, Andhra Pradesh (-23), Karnataka (-65) and Maharashtra (-104) have recorded a downfall. The shortfall percentage has been the highest in Bihar (94%), Andhra Pradesh (52%) and Karnataka (43%). It is interesting to note that in terms of the above mentioned infrastructural components of the primary health care structure, Andhra Pradesh has recorded a downfall in all three centres pointing towards a possibility of over-burdened healthcare units leading to less interaction with the community, inadequate medical attention to the patients and thinly stretched medical facilities.

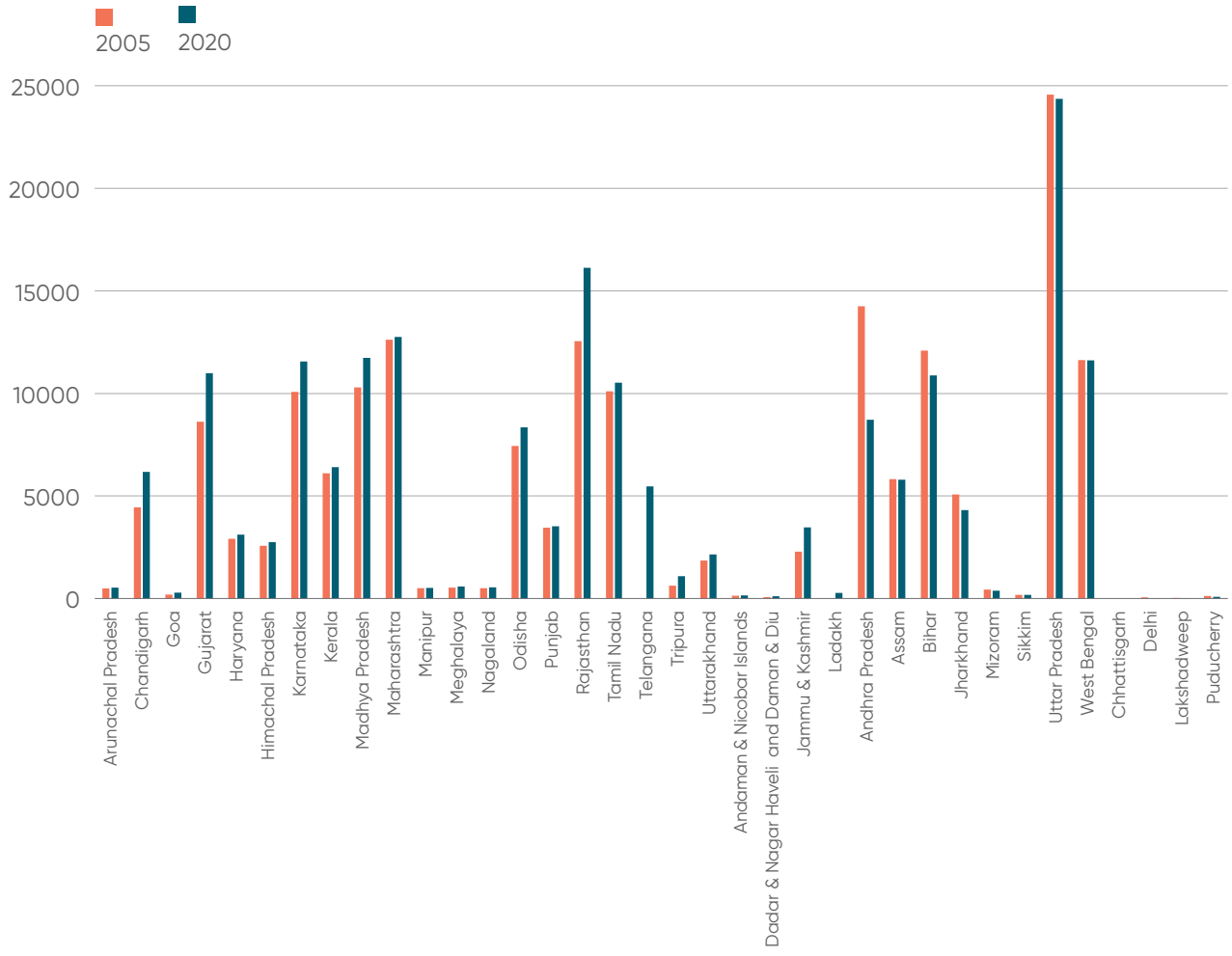


Fig. 3.1 The graph shows the number of total health centres* in all states and UTs in 2005 and 2020 (Source: Rural Health Statistics 2019-20) (* Health Centres include Sub-centres (SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs)

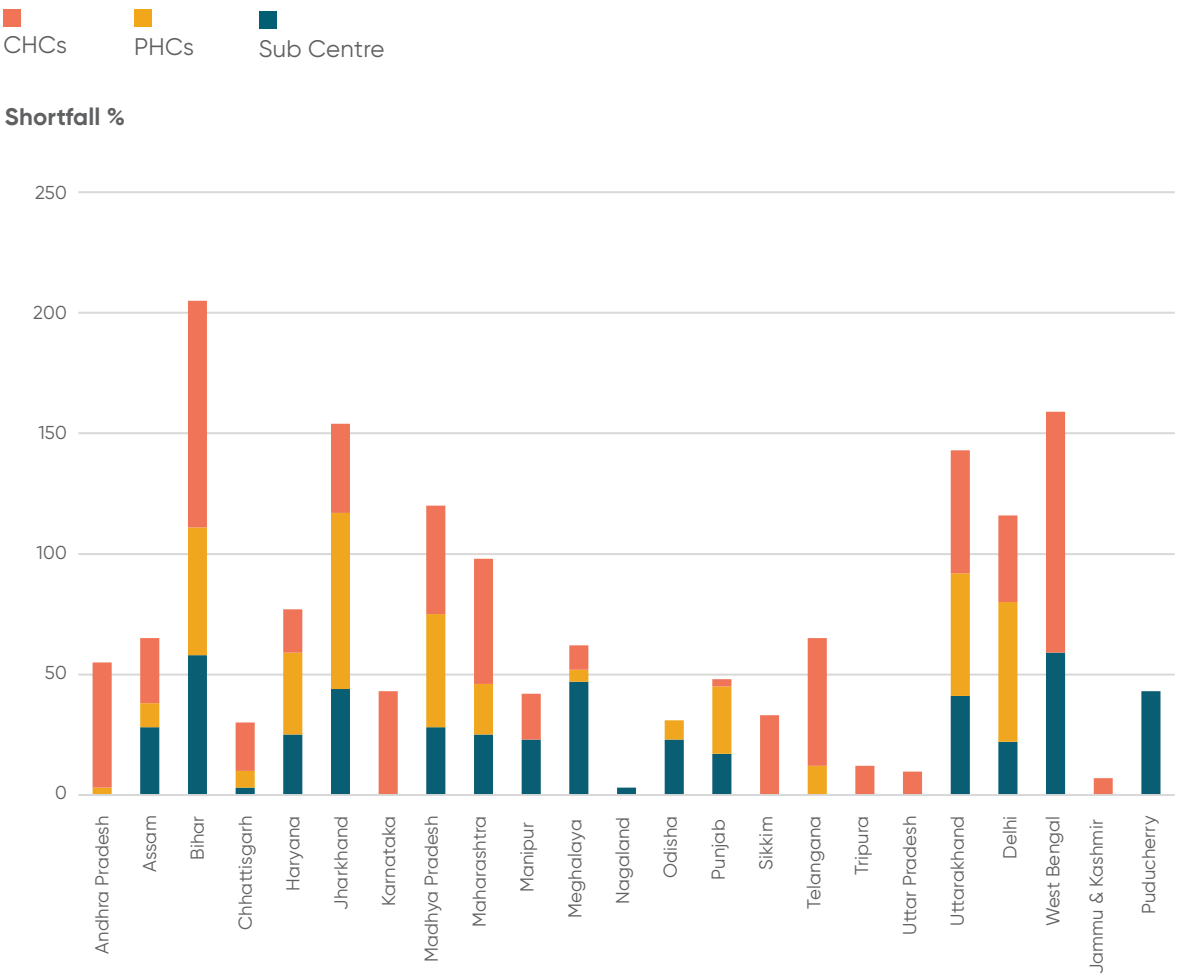


Fig. 3.2 The graph shows the states with a percentage of shortfall in the number of Sub-centres (SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) in the rural areas. (Source: Rural Health Statistics 2019-20)

Making healthcare accessible also requires it to be affordable. Taking from the findings of the National Sample Survey (NSS) – 75th round: "Household Social Consumption in India: Household"[16], one can look at the average medical expenditure per case of hospitalisation (including all expenses incurred during the stay in the hospital).

Excluding childbirth, the average expenditure in rural regions comes to be around Rs 4,290 in a government hospital and more than Rs 27,000 in private hospitals. In urban parts, expenditure at a government hospital comes to be nearly Rs 4400 and around Rs 38,000 in private hospitals.

Rural region expenditure

Government Hospital
Rs. 4,290

Private Hospital
Rs. 27,000

Urban region expenditure

Government Hospital
Rs. 4,400

Private Hospital
Rs. 38,000

Expenditure on treatment of cancer

Rural & Urban both
Government Hospital
Rs. 61,216

Private Hospital
Rs. 93,000

Expenditure on Delivery

Rural & Urban both
Government Hospital
Rs. 2,916

Rural only
Government Hospital
Rs. 2,770

Urban only
Government Hospital
Rs. 3,385

This is more than the combined income of many households in rural and urban India. It becomes more severe with specific ailments- for instance, the average expenditure per hospitalisation for the treatment of cancers comes to be around Rs 61,216. In private hospitals, for the same disease, the expense shoots up to around Rs 93,000. The average Out-of-Pocket expenditure per delivery in a public facility came to be Rs 2916 (rural and urban combined). The spending is higher in urban areas, with the average coming to be around Rs 3385. In comparison, it is Rs 2770 in rural areas[17]. Such increased spending on public facilities is one of the reasons why only 61.9% of institutional births happen in public facilities. Additionally, only 52.6% of births in urban parts occur in public facilities.[18]

In India, astronomically high medical bills are one of the significant reasons households descend into poverty or suffer a major hit in their savings and other expenses. **While the Out of Pocket Expenditure (OOPE) has come down to 13% of MPCE,** it is still too expensive for a lot of households to choose medicare over other household expenditures. Low coverage of financing schemes is one of the reasons why OOPE continues to be high. Previous trends of reduced investment in the health sector and low financial protection for adverse health conditions also contribute to the rising health inequities. [19]

[16] The findings from NSS 75th Round are present in the Health and Family Welfare Statistics in India 2019-20. https://main.mohfw.gov.in/sites/default/files/HealthandFamilyWelfarestatisticsinIndia201920.pdf (Accessed on 18th March 2022).
[17] NFHS -5 2019-21.
[18] Ibid.

85.9% of people from rural parts are not covered under any health scheme, and 80% in urban cities. In terms of sources of financing, household income and savings remain the primary source, followed by borrowings and other sources, including selling assets and borrowing from family or relatives.

As much as 83.7% of rural household income and savings, among the lowest 1st quintile class based on household expenditure, are directed towards health expenditure at hospitalisation. In urban, for the lowest 1st quintile, 80.3% of household savings and income is used to finance hospital expenses.

Box 3.1

Antenatal Healthcare Mechanisms

With regard to maternal and child health care, improvements have been made in both accessibility and the presence of infrastructure for antenatal and postnatal care. 70% of women have been reported to have had an antenatal check-up in the first trimester, which is an increase from 58.6% in 2015-16 (NFHS 4). Similarly, at least 58.1% of mothers have had at least four antenatal care visits during their pregnancy. 78% of women received postnatal care from a doctor or auxiliary nurse within two days of delivery, and 79.1% of children received postnatal care within two days of delivery. Institutional births have also increased from 78.9% to 88.6% (86.7% of institutional births in rural India). Likewise, 61.9% of institutional births happened in a public facility. There has been a consistent rise in these indicators from NFHS-4; however, safe antenatal and postnatal caregiving practices depend on both behavioural changes influenced by awareness generation and infrastructural development.

It is a direct result of targeted efforts in the health sector. There have been constant improvements in demographic indicators like Infant Mortality Rate, Under Five Mortality Rate and Neo-Natal Mortality Rate.

Indicator	NFHS – 5 (2019-21)	NFHS – 4 (2015-16)
Infant Mortality Rate (per 1000 live births)	35.2	40.7
Under Five Mortality Rate (per 1000 live births)	41.9	49.7
Neo-Natal Mortality Rate (deaths per 1000 live births)	24.9	29.5

[19] Health Insurance for India's Missing Middle https://www.niti.gov.in/sites/default/files/2021-12/Health%20Insurance%20for%20India%E2%80%99s%20Missing%20Middle_08-12-2021.pdf (Accessed on 18th March 2022).

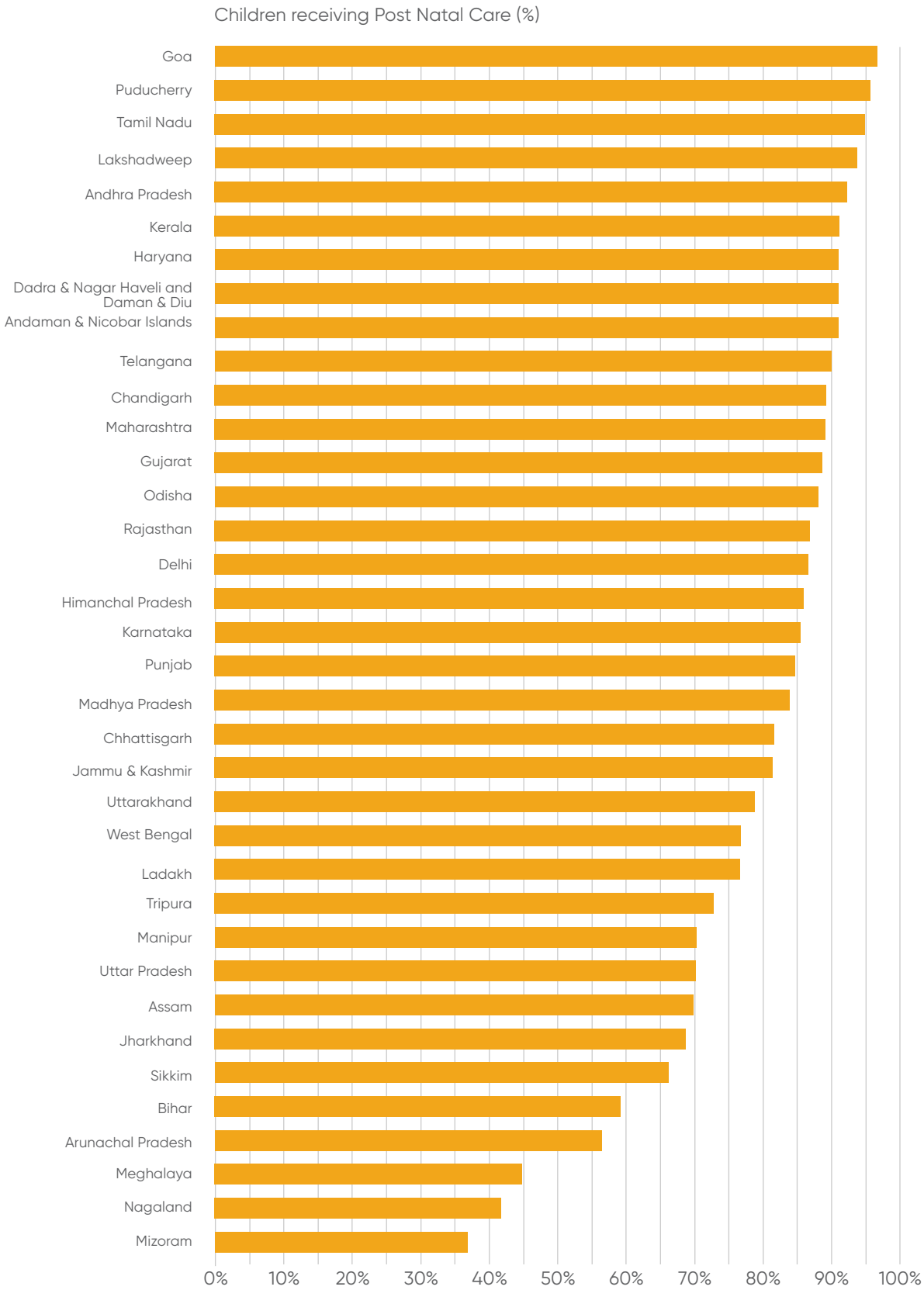


Fig. 3.3 The graph represents the percentage of children receiving post-natal care 2 days after birth, in all states and UTs (Source: NFHS-5 2019-21)

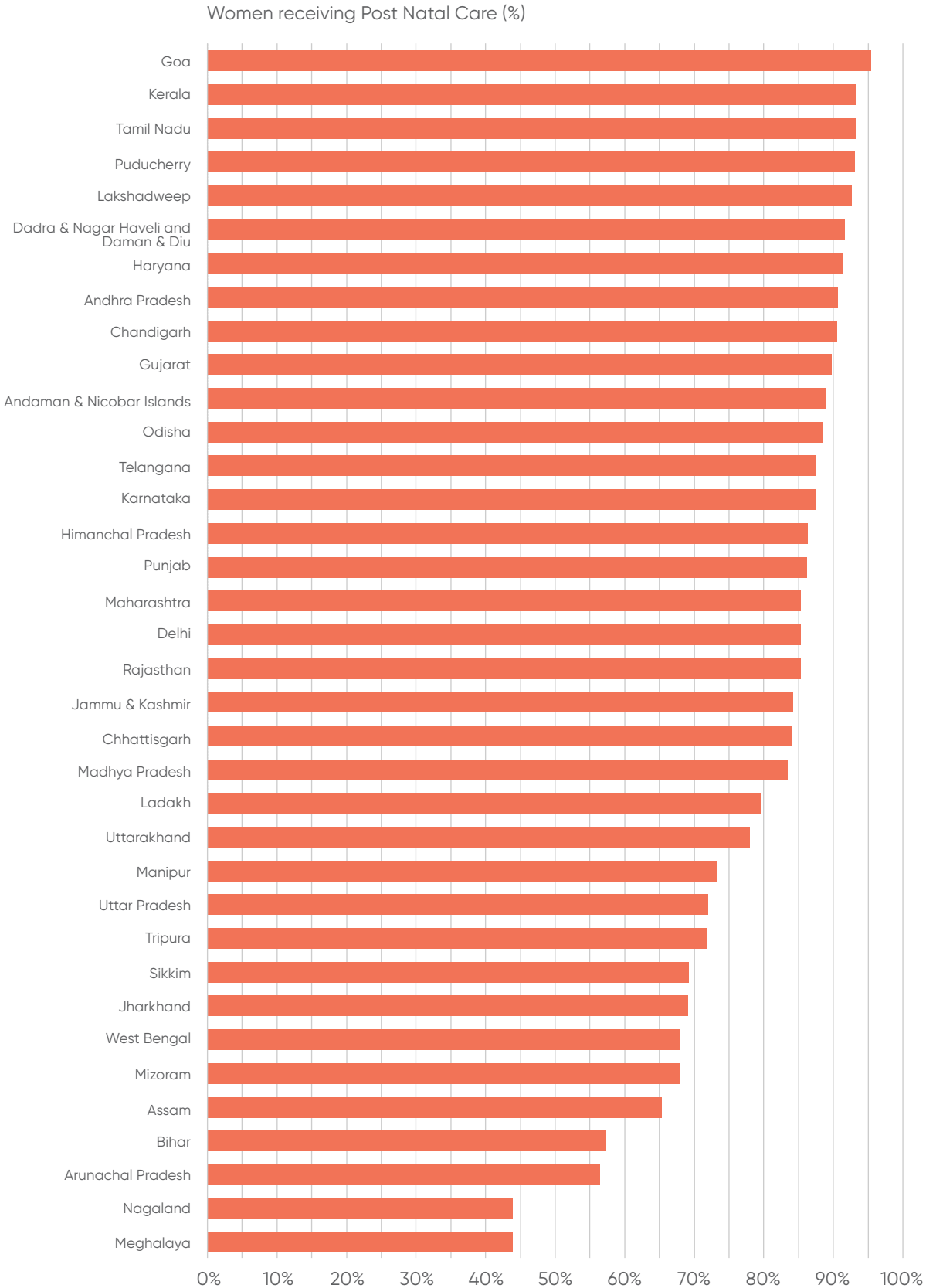


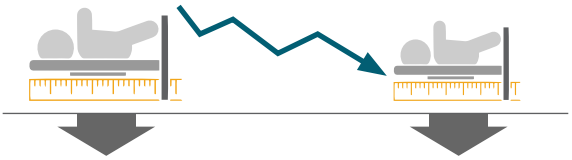
Fig. 3.4 The graph represents the percentage of women receiving post-natal care 2 days post-delivery, in all states and UTs (Source: NFHS-5 2019-21)

Nutritional Profile and India's fight against Anaemia

Nutritional insecurity has been one of the biggest challenges facing India's health system. World Health Organisation (WHO) defines malnutrition as deficiencies or excesses in mineral and nutrient intake. This leads to both undernutrition and overweight and obesity. Undernutrition presents as wasting, stunting, underweight and micro-nutrient deficiencies[20].

Nutrition profile among children has improved compared to 2015-16 (NFHS 4), like stunting in children has gone down from 38.4% and wasting from 21%. As per NFHS 5 (2019-21), 35.5% of children under five years are stunted[21], 19.3% of children under five years are wasted[22],

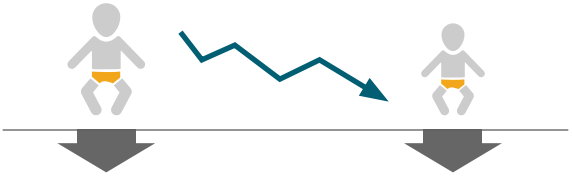
Stunting in Children under 5 years of age



38.4% 2015-16 (NFHS 4)

35.5% 2019-21 (NFHS 5)

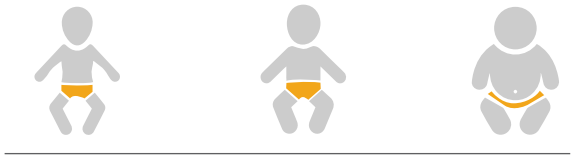
Wasting in Children under 5 years of age



21% 2015-16 (NFHS 4)

19.3% 2019-21 (NFHS 5)

and 7.7% are severely wasted. Additionally, 32.1% of children (under five years) were reported to be underweight, and 3.4% as overweight



7.7% Severely wasted

32.1% Underweight

3.4% Overweight

POSHAN Abhiyaan (launched in March 2018) aims to achieve the improved nutritional status of children in the age group 0-6 years, adolescent girls, and pregnant women. It is specifically focused on lowering anaemia in women, children and adolescent girls. The reductions, however, have only been marginal, and the crisis of nutritional vulnerability among children looms large. Among adults, 18.7% of women have a below normal BMI, with 21.2% in rural India. 16.2% of men have a below normal BMI. A low BMI reflects undernutrition and weight loss caused due to inadequate diet and/or prolonged illness.

Jharkhand (26.2%) and Bihar (25.6) have the highest rate of women with low BMI, while Bihar (21.5) and Gujarat (20.9) have the highest rate of men below normal BMI.

Nutritional insecurity has been one of the biggest challenges facing India's health system. World Health Organisation (WHO)

[20] https://www.who.int/health-topics/malnutrition#tab=tab_1 (Accessed on 18th March 2022).
[21] Stunting is defined as low height-for-age. It is caused as a result of chronic undernutrition and is associated with poverty, poor maternal nutrition and health, inadequate feedinga and care and/or frequent illness associated with diet.
[22] Wasting is defined as low weight-for-age caused due to severe weight loss because of inadequate eating and frequent or prolonged illness.

defines malnutrition as deficiencies or excesses in mineral and nutrient intake. This leads to undernutrition, overweight and obesity. Undernutrition presents as wasting, stunting, underweight and micro-nutrient deficiencies.

Gujarat

Men with low BMI
20.9%

Jharkhand

Women with low BMI
26.2%

Bihar

Men with low BMI
21.5%

Bihar

Women with low BMI
25.6%

Bihar continues to be the state with the highest population of nutritionally vulnerable children, with as many as 41% of children below 5 years being underweight and 42.9% having stunted growth. Maharashtra has 25.6% of children as wasted and 10.9% as severely wasted – the highest in the country.

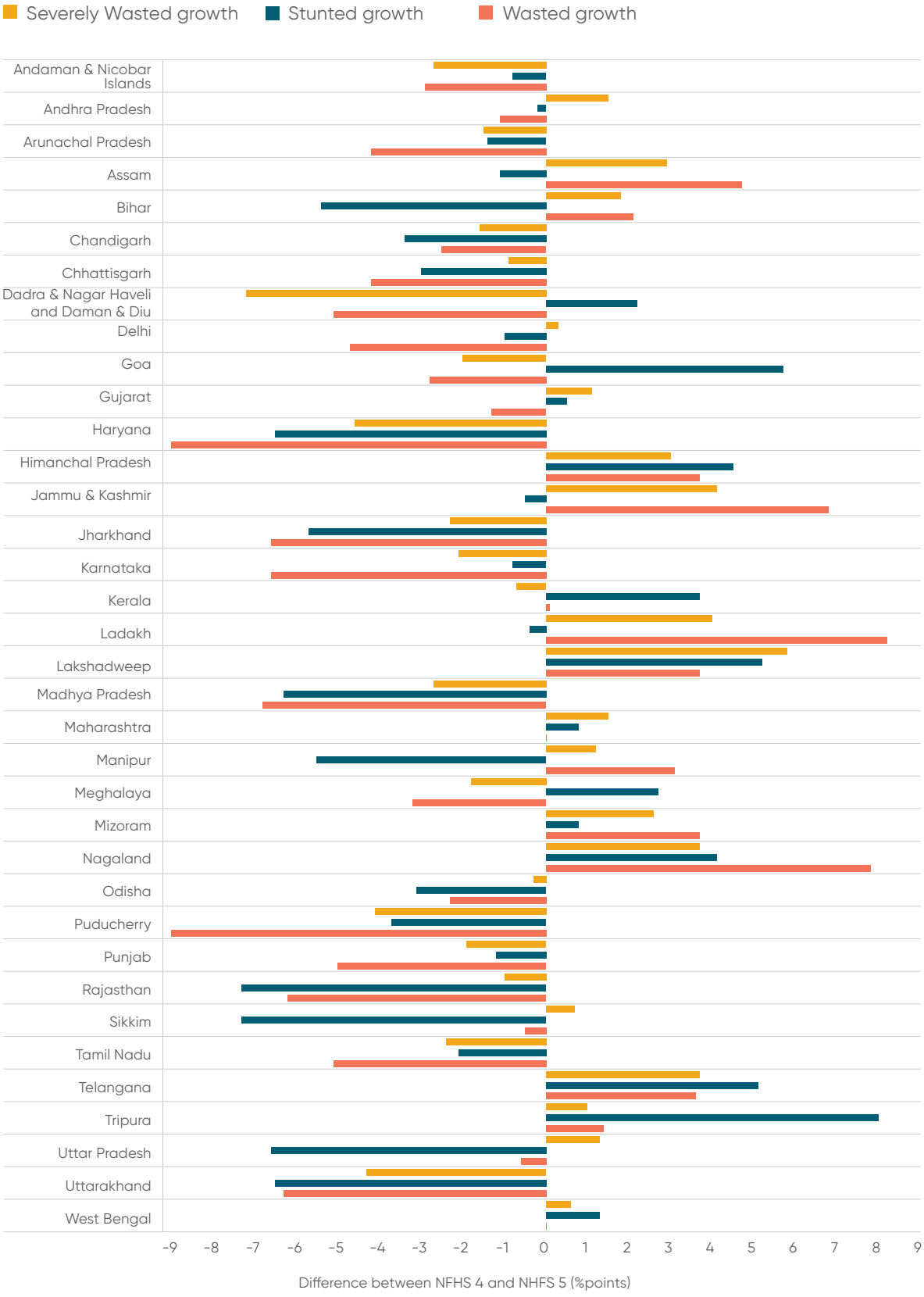


Fig. 3.5 The graph shows the changes in percentage points between NFHS 5 and NFHS 4 data on stunted growth, wasted growth and severely wasted growth amongst children in all states and UTs. The right panel in the figure showcases increase in percentage points across these indicators, whereas the left panel in the figure shows decrease in percentage points. Higher increase in percentage points reflects an increase in the number of children with stunted, wasted and severely wasted growth respectively. (Source: NFHS-5 2019-21 and NFHS-4 2015-16)

Fig. 3.6 The bar graph represents the percentage of the underweight population in all States and UTs across NFHS-4 and NFHS-5 (Source: NFHS-5 2019-21 and NFHS-4 2015-16)

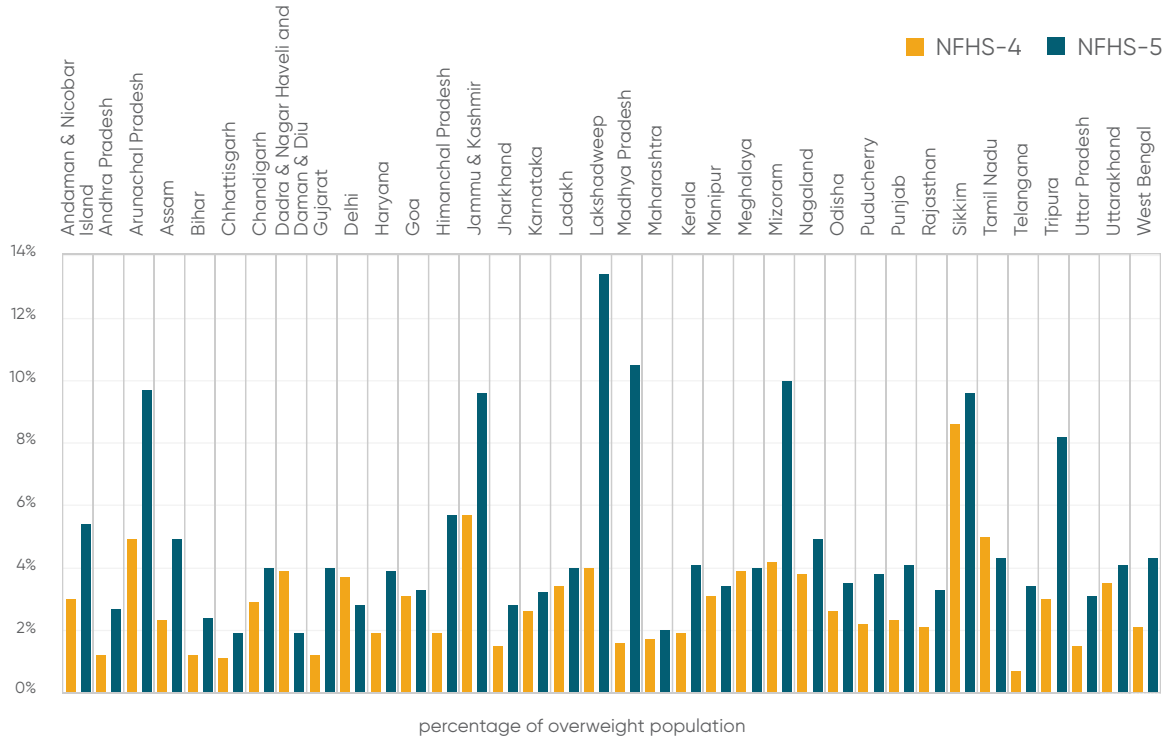


Fig. 3.7 The bar graph represents the percentage of the overweight population in all States and UTs across NFHS-4 and NFHS-5 (Source: NFHS-5 2019-21 and NFHS-4 2015-16)

Along with nutritional poverty, the rate of anaemia (especially among children under the age of 5 and pregnant women) is another health emergency facing India. Anaemia is when haemoglobin – responsible for carrying oxygen to all the organs- decreases in the blood, causing tiredness and weakening the immune system, making an individual more prone to infections and affecting their physical and cognitive development. The primary cause of anaemia is iron and folic acid deficiency. Governments have been committed to lowering the prevalence of anaemia through initiatives grounded in the distribution of iron and folic acid tablets. Most recently, the campaign "Anaemia Mukt Bharat" launched with POSHAN Abhiyaan and the National Nutrition Mission aims at reducing the anaemia prevalence by 3% every year among children, adolescents and women of reproductive age.

In India, the percentage of anaemic children under 5 years of age (6-59 months) has increased from 58.6 % in 2015-16 to 67.1% in 2019-21. Gujrat reports more than the national figure, with 79.7% of children having anaemia, which increased from 62.6% in 2015-16. Ladakh has recorded 92.5% of children with anaemia among the Union Territories. A similar trend is visible, with an increasing prevalence rate of anaemia among adolescent girls (59.1% from 54.1%) and women of reproductive age (57.2% from 53.2%). In comparison to women, adolescent boys (31.1%) and men (25%) have reported lower rates of anaemia. Despite this, a rise in the prevalence rate is apparent here as well.

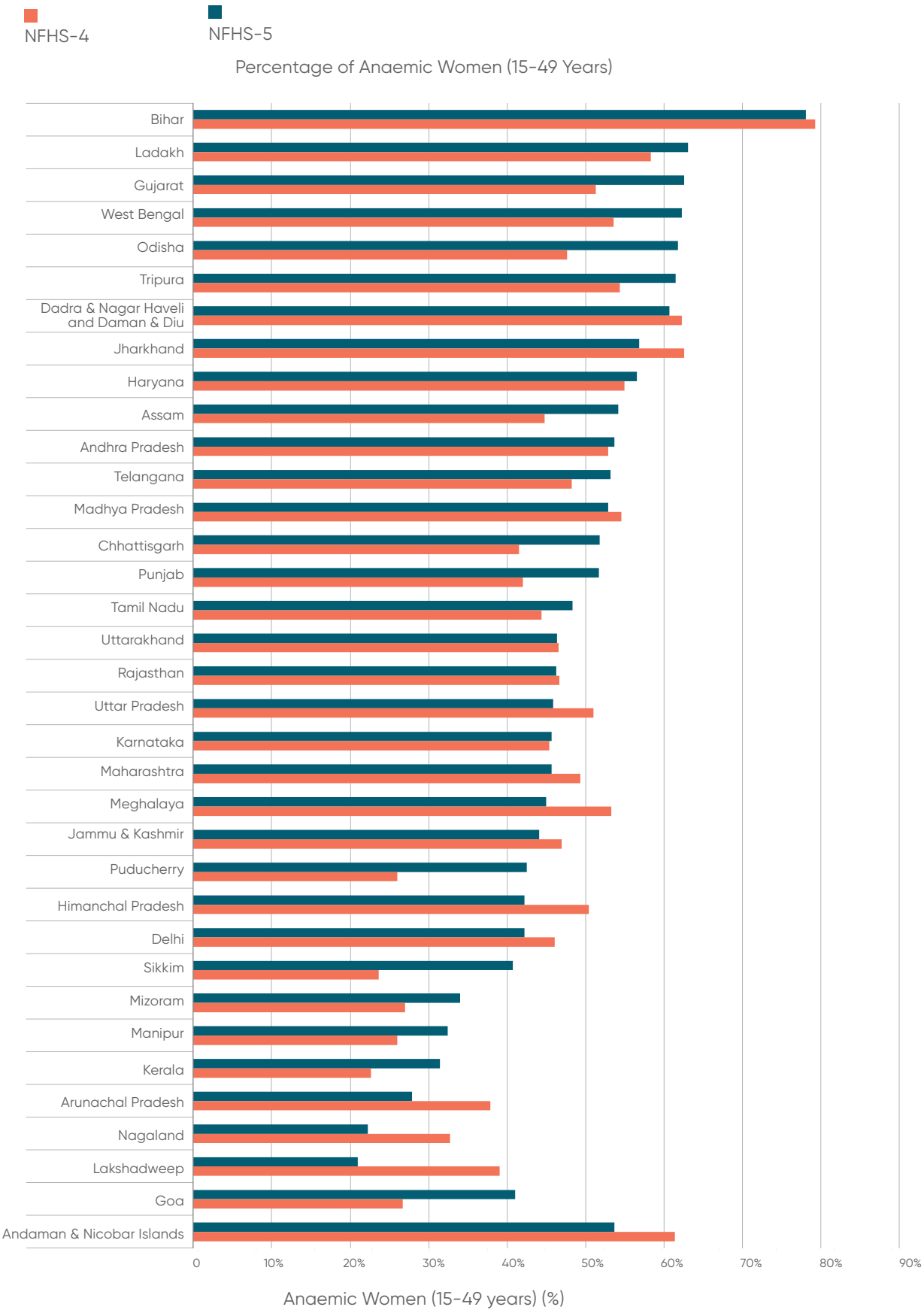


Fig. 3.8 The graph shows the percentage of anaemic women in the age group of 15-49 years in all states and UTs in India (Source: NFHS-5 2019-21 and NFHS-4 2015-16)

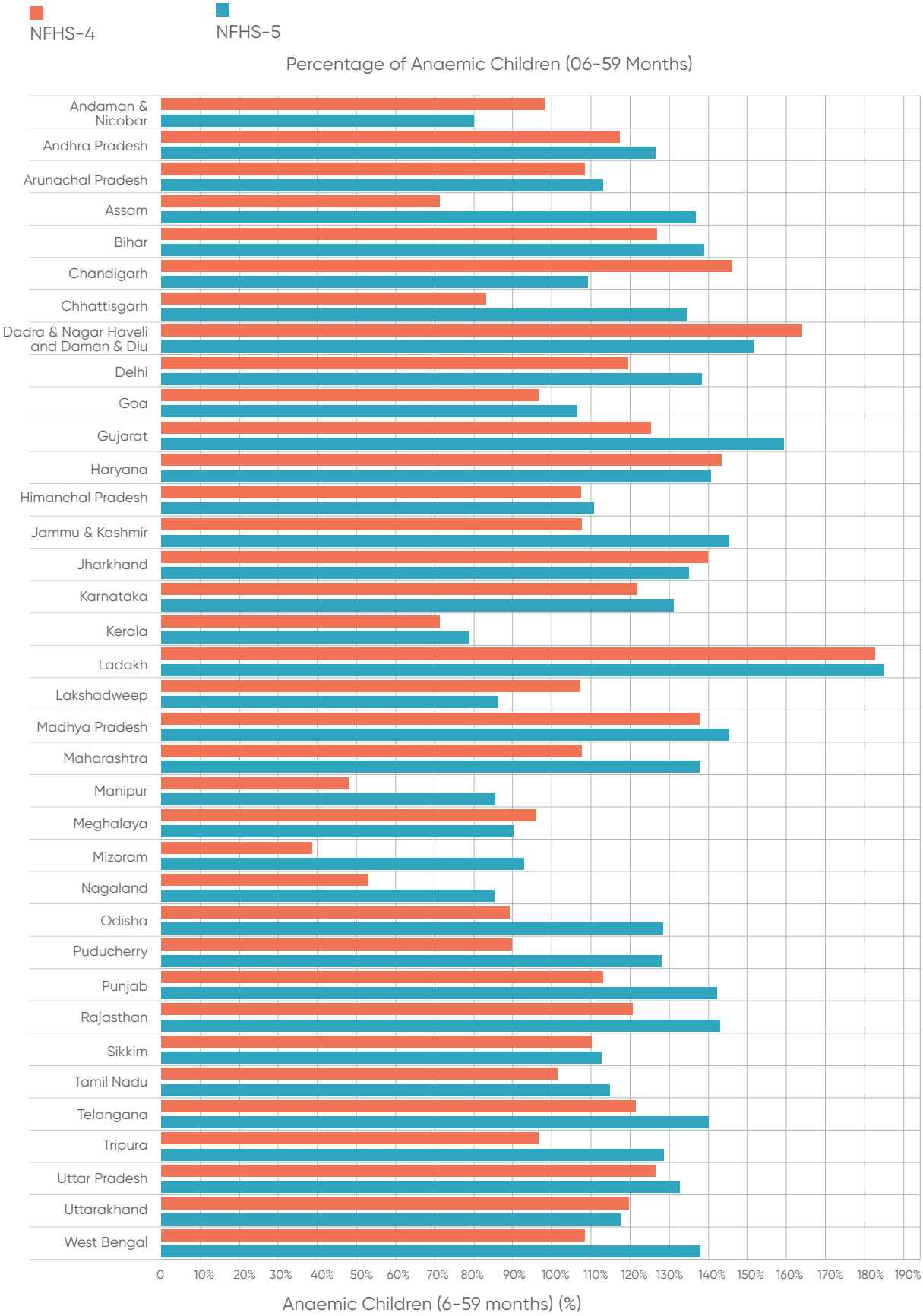


Fig. 3.9 The graph shows the percentage of anaemic children in the age group of 6-59 months in all the states and UTs of India (Source: NFHS-5 2019-21 and NFHS-4 2015-16)

More percentage of pregnant (15-49 years) women have anaemia compared to 2015-16. It has increased from 50.4% to 52.2%. This increase has not been as steep as reported in other demographics but remains a cause of concern nonetheless. Bihar has the highest rate of prevalence of anaemia among pregnant women with 63.1% (registering an increase of 4.8% from NFHS-4), closely followed by Gujarat with 62.6% (an 11.3% increase).

Globally, among the developing countries and emerging markets (as defined by the IMF), India has the highest anaemia prevalence in the South Asian region (Pakistan, India and Bangladesh), with 53% among pregnant women and children under five years of age. As per WHO estimates, India's average is above the global average of 39.8% among children between 6-59 months and 36.5% for pregnant women. Highest remains in Nigeria (Sub-Saharan African region) with 55.1%[23], indicating that India is nowhere near its goal of reducing this serious public health problem.

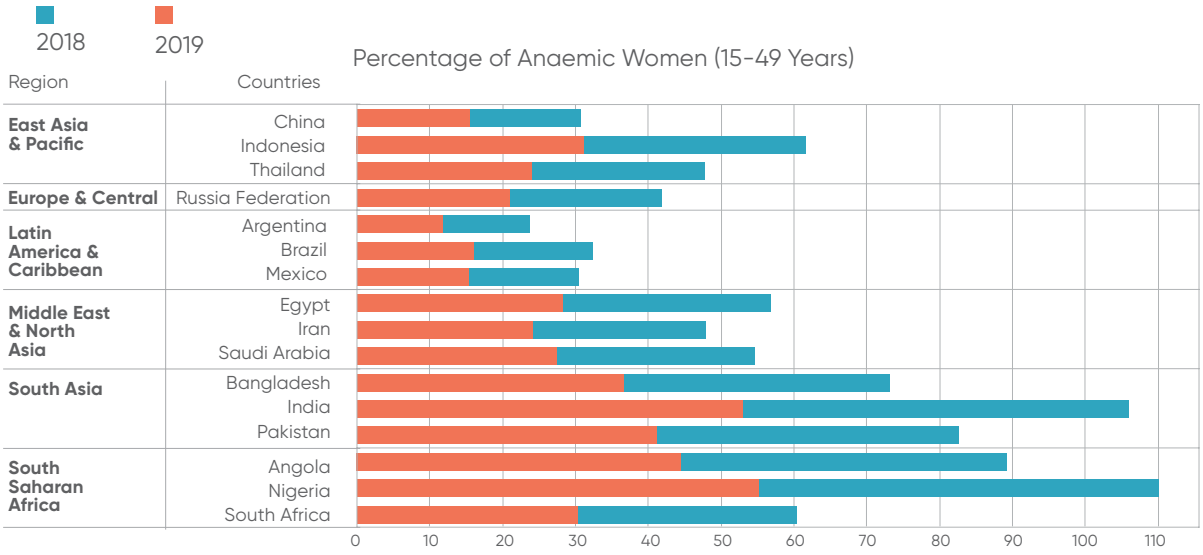


Fig. 3.10 The graph shows the percentage of anaemic women in their fertile years (15-49 years) in developing countries (Source: WHO)

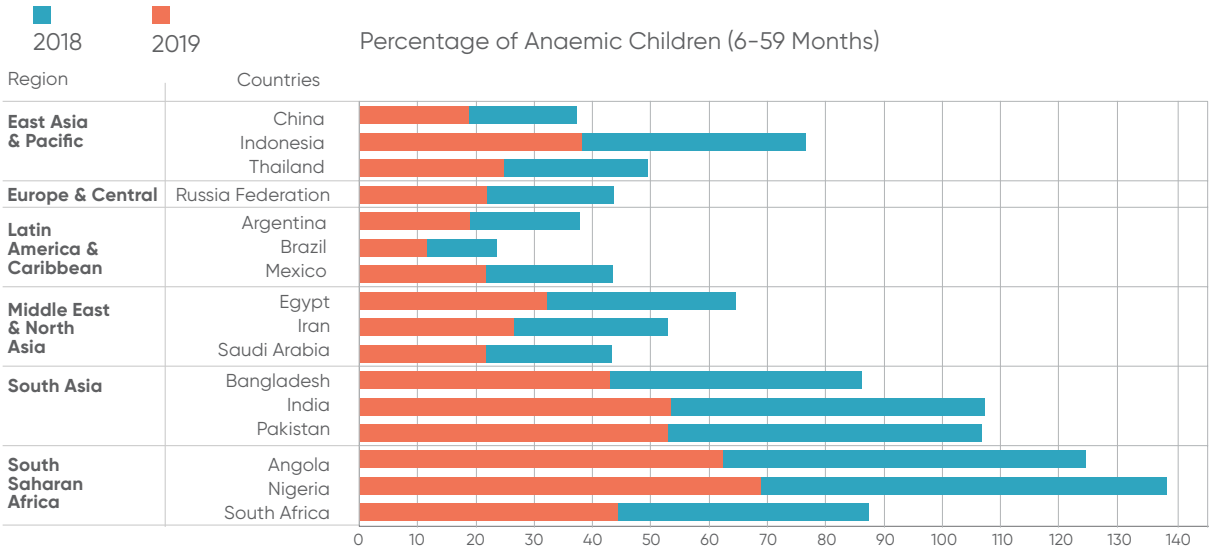


Fig. 3.11 The graph shows the percentage of children in the age group of 6-59 months in developing countries (Source: WHO)

Insights

In India, catastrophic health issues are one of the most devastating life shocks that trigger a descent into poverty. Additionally, relatively low health coverage and costlier health services in the private sector cause a high out-of-pocket expenditure that forces people to dip into their life savings at times. The need is to transform the state of India's health sector to make it more socio-economically inclusive, accessible and affordable.

To ensure good health and promote well being for all ages, the country needs to give utmost importance to high rates of nutritional deficiency across various age groups. This needs to be taken care of on two fronts – first, creating health facilities that are embedded in the community itself to nurture practices of vitamin in-take and nutrient sufficiency and second, making sure that people are not undernourished due to socio-economic constraints like poverty or discriminatory behaviour towards groups of society. The need is to establish food-based dietary guidelines guaranteeing that basic nutritional needs are not unaffordable. Every household should be empowered enough that the Cost of Recommended Diet (CoRD[24]) is not more than 16% of their household consumption expenditure. Similarly, OOPE should not exceed 7.3% of health expenditure. Structural transformation in order to make the health sector more equitable depends on daily behavioural changes where people hold power to prioritise their health and are not compelled by socio-economic limitations to not being able to focus on their body and mental health.

[24] Kalyani Raghunathan, Derek Heady, Anna Herforth, "Affordability of Nutritious Diets in Rural India", IFPRI Discussion Paper 01912, 2020.

04

The Education Gap

The centrality of a strong and equitable education system to the overall growth and development of the country is hidden to none. As a determinant of increased quality of life, education is an investment in human capital and is a basic need for sustenance[25].

Moreover, education plays a more significant role in reducing inequalities and poverty. It is not only a positive trigger to socio-economic mobility, but its impact on the structural transformation of a society only leads to stability and sustainability. As a Sustainable Development Goal, the focus is not only on providing education to all but on the good quality of education. This means an inclusive education system should focus on a robust infrastructure and make the system more socially responsive, i.e. no one desirous of education should have to choose against pursuing it because of their social or economic context. Additionally, an overall level of basic education should be maintained in the society that equips them to lead a life of dignity and adequacy.

"Availability, Accessibility, Acceptability and Adaptability" are four significant areas of the Right to Education Act, 2010 and have in its ambit to build an education system that rests on equitable distribution of resources and promotes the development of marginalised and disadvantaged groups. With massive loss of learning days, in the face of the Covid Pandemic, it is all the more pertinent to have a system that brings classrooms into our houses so that no child has to drop studying because of inaccessibility to any kind of resources – digital or physical. At the same time, education should be affordable so that no student has to face disproportionate impact of poverty and inequality. In this view, the idea of education as a public good and universalisation of school education should be the immediate priority[26]. Currently, the literacy rate in India (for five years & above) is at 77%, with 71% of females and 84.1% of literate males.

[25] Tilak, Jandhyala. (2002). Education and Poverty. Journal of Human Development and Capabilities. 3. 191-207. 10.1080/14649880220147301.
[26] https://www.epw.in/journal/2021/6/letters/education-union-budget-2021%E2%80%9322.html

Additionally, foundational learning and numeracy – basic reading, writing, and mathematical skills – as the basis of early education needs to be given due attention as socio-economic, psychological and technological hinderances can have a long-term impact on a child's cognitive capacity. Moreover, it is a proven fact that an investment in the Foundational Literacy and Numeracy can lead to about a 7.3% increase in the GDP.[27] As a developmental solution to inequality, stressing on foundational years of a child's education will yield results in reducing the intensity of childhood poverty.

Physical Infrastructure

With one of the largest schooling systems globally, maintaining an equitable and conducive learning environment is of utmost importance to have a positive impact on poverty reduction. Close attention to a school's infrastructure is essential for achieving desired learning outcomes and making sure that the basic needs of students are fulfilled. This includes ensuring that students have access to basic hygiene and sanitation facilities exclusive to the school and that quality education is imparted through technologically driven methods. In this respect, results from Unified District Information System For Education (UDISE+) are used to understand the infrastructural strengths of Indian schools across indicators like sanitation (availability of toilet facility), availability of tap water, electrification and internet facilities in schools.[28]

As per the results, in 2019-20, 97.5% of schools in India had established facilities for safe drinking water on the school premises. This was a substantial increase from 2017-18, with approximately 59% of schools having access to safe drinking water[29]. According to the Jal Jeevan Mission as well, as many as 83.11% of schools and 78.89% of Anganwadi Centres have a tap water supply for use in toilets/urinals and handwashing.[30] At the same time, States and Union Territories like Meghalaya(57.86%), Nagaland(33.43%), Ladakh(29.79%), Arunachal Pradesh(23.05%) and Tripura (19.49%) continue to have a substantial percentage of schools lacking access to drinking water which is worrisome.

About 95% of schools have functional toilet facilities (95.9% functional boy's toilets and 96.9% for girls) on the premises, which is a marginal improvement from 93.25% of schools in the previous year (2018-19).

[27] EAC-PM & Institute for Competitiveness (2021), State of Foundational Literacy and Numeracy in India.

[28] https://dashboard.udiseplus.gov.in/assets/images/pdf/UDISE+2019_20_Booklet.pdf (Accessed on 17th March, 2022)
[29] Ibid.
[30] https://ejalshakti.gov.in/jjmreport/JJMIndia.aspx (Accessed on 18th March, 2022).

It is evident that schools have made key developments in enhancing basic infrastructure exclusive to schools making sure that learners don't have to compromise on sanitation to gain education and that schools do not become a hub of diseases caused by contaminated water or lack of toilets.

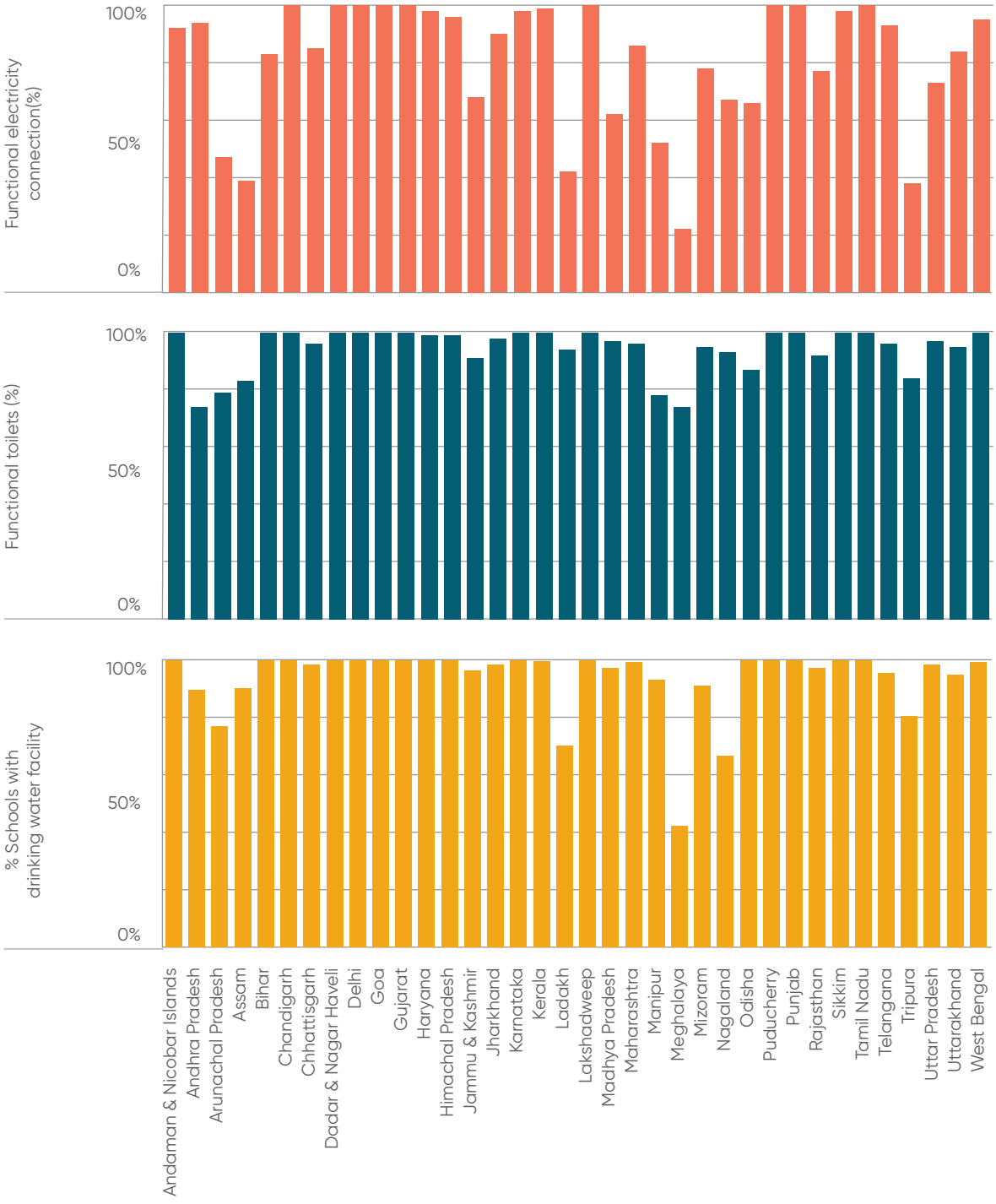


Fig. 4.1 The graphs show the percentage of schools in each state and UT that have drinking water facilities, functional electricity connections and functional toilets (Source: UDISE+ 2019)

Similarly, in 2019-20 83.3% of schools have electricity connections, while only 80.16% of schools across India have a functional electricity connection. Union Territories like Chandigarh, Delhi, Dadra and Nagar Haveli and Daman and Diu, Lakshadweep and Puducherry have achieved universal (100%) coverage of functional electricity connections. The states of Goa and Tamil Nadu have followed the same suit. Meghalaya (21.68%), Tripura (37.69%) and Assam (39.47%) have the lowest number of schools with electricity connections and functional electricity connections. However, remarkable improvements have been made at an all India level, from only 54.6% of schools with electricity in 2012-13 to 83.4% in 2019-20.

With the digital transformation of education globally and in India, it is pertinent that all schools have access to computers and internet facilities so that technological penetration among learners begins from the very beginning and gaining education becomes a more comprehensive and interactive process. Inclusive schools with universal modern technical facilities available to all the students also imply that no student from any social group is excluded from gaining out of a technologically-driven curriculum from whichever school they choose to study. In this respect, Indian schools are improving at a very staggering pace, with only a meagre 38.5% of schools in India having functional computers. While states like Kerala (93.41%) and Chhattisgarh (85.34%) have a high rate (%) of schools with functional computers, Meghalaya (13.63%) and Madhya Pradesh (13.59%) are still far behind. The Union Territory of Chandigarh (99.56%) has almost all schools with computer facilities.[31]

A similar pattern is visible regarding internet availability, with only a mere 22.18% of schools having internet access. Despite the steep improvement from 2012-13 with only 6.2% to 22.18% in 2019-20, the progress remains low, with states like Tripura(3.88%) and Meghalaya(3.85%) still having an availability rate of less than 5% each. Given the centrality of ICT in today's world, it is vital to take proactive steps to improve the state of computer and internet availability in schools to modernise the country's education structure. Other

[31] https://dashboard.udiseplus.gov.in/#/reportDashboard/sReport (Accessed on 17th March 2022).

facilities like space for libraries or reading rooms essential for creating a conducive learning environment have also been given importance, with nearly 85% of schools having designated rooms for libraries and readings.

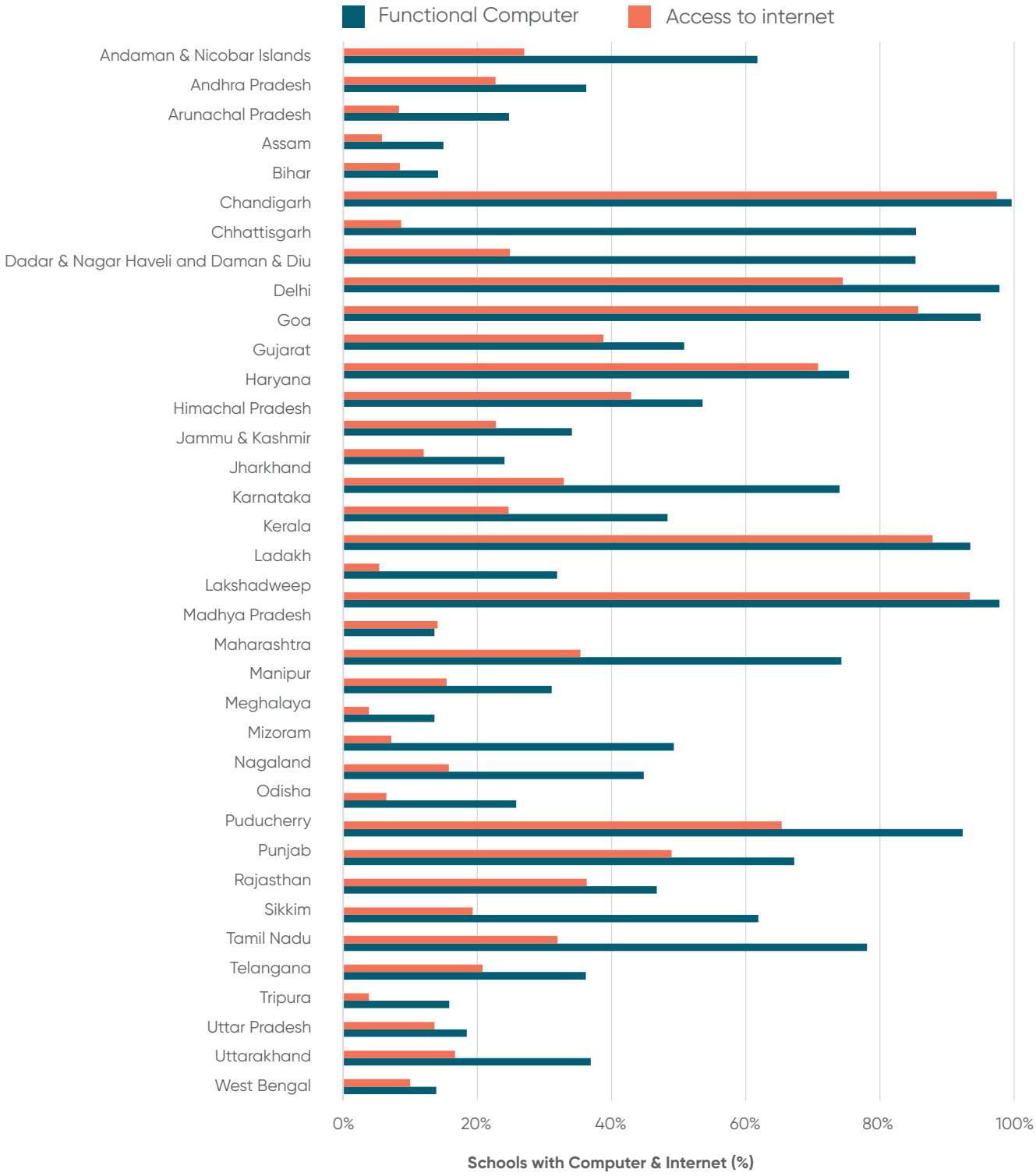


Fig. 4.2 The graph above shows the percentage of schools in each state and UT with functional computers and access to the internet (Source: UDISE+ 2019)

Similarly, in 2019-20 83.3% of schools have electricity connections, while only 80.16% of schools across India have a functional electricity connection. Union Territories like Chandigarh, Delhi, Dadra and Nagar Haveli and Daman and Diu, Lakshadweep and Puducherry have achieved universal (100%) coverage of functional electricity connections. The states of Goa and Tamil Nadu have followed the same suit. Meghalaya (21.68%), Tripura (37.69%) and Assam (39.47%) have the lowest number of schools with electricity connections and functional electricity connections. However, remarkable improvements have been made at an all India level, from only 54.6% of schools with electricity in 2012-13 to 83.4% in 2019-20.[32]

Box 4.1

Pupil Teacher Ratio (PTR)

The Pupil-Teacher Ratio (PTR) is defined as the number of students relative to the number of students in an institution. A lower PTR is considered to be a prime indicator of quality of education imparted. Factors like allocation of resources (human and physical), workload on the teachers and efficiency impact the quality of education as well as how much attention is paid to each student by a teacher. An ideal PTR should be 30:1 (indicating that a single teacher looks over a class of not more than thirty students). As per the results of 2019-20, the current PTR at the all-Indian level stands at 26.5 for Primary level (classes 1-5th), 18.5 for Upper Primary (classes 6th-8th), 18.5 for Secondary (classes 9th-10th) and 26.1 for Higher Secondary level (classes 11th-12th). In this respect, situation of teachers are worse in Bihar with 55.4 for Primary level, 19.4 for Upper Primary, 51.8 in Secondary and 59.5 for Higher Secondary level. In Odisha, the PTR for Higher Secondary at 66.1 reflecting that these states need to invest in easing the burden from the current teaching faculty and create opportunities for hiring more teachers.

Enrolment in Schools

As per NFHS-5 (2019-21), 71.8 % of the female population aged 6 years and above have attended school at least once. At the same time, the percentage of women who have completed at least ten or more years of schooling remains abysmally low at 41% (with rural regions recording a mere 33.7% of women with ten or more years of schooling. In contrast, men with ten or more years of schooling are recorded at 50.2% at all India level[33]. These numbers highlight a gendered pattern toward access to education and the opportunity to stay in education for as

[32] Ibid.
[33] NFHS -5 2019-21

long as one desires. These skewed numbers present the need for gender equity in schools where students, regardless of their gender identity, have equal access and availability of opportunities.

The **Gross Enrollment Ratio (GER)** determines the number of students in a school corresponding to different grade levels and compares them to the population of the age group which is age-appropriate for that level of education. For instance, GER of primary level – class 1-5th will be expressed in relation to the percentage of the population in the 6-10 years age group. Sometimes, the GER is above 100%, indicating the presence of over or under-aged students in a particular grade level. In 2019-20, the GER for boys and girls across respective grade levels was as follows:

Table 4.1 Gross Enrolment Ratio (GER) by Gender and Level of School (2019-20 & 2018-19)

EDUCATION LEVEL	2019-20			2018-19		
	GIRLS	BOYS	TOTAL	GIRLS	BOYS	TOTAL
PRIMARY (I-V)	103.69	101.87	102.74	101.78	100.76	101.25
UPPER PRIMARY (VI-VIII)	90.46	88.93	89.67	88.54	87	87.74
SECONDARY (IX-X)	77.83	77.97	77.9	76.93	76.87	76.9
HIGHER SECONDARY (XI-XII)	52.4	50.52	51.42	50.84	49.49	50.14

Source: UDISE+ Dashboard – 2019-20

The above table details the significant improvement made in Gross Enrolment in 2019-20 as compared to 2018-19 across all levels of education. While the gross enrolment has increased in the higher secondary level (classes 11th -12th), one can notice a steady decline from primary to higher secondary among girls and boys. This decline is consistent in both years, drawing our attention to the fact that not all students are able to finish their schooling (this includes students who have dropped out and students who have failed out of school. Additionally, the Net Enrolment Ratio (NER) has also improved from 2018-19, but the same pattern of declining enrolment ratio as one moves from primary to higher secondary is visible. The NER can be defined as the number of students (boys and girls) from a specific age group enrolled in an age-appropriate level of education. Therefore, a NER of 91.4 at the primary level indicates that out of 100 children in the age group of 6-10 years (corresponding age group), about 91 students are enrolled in primary school (corresponding level of education). The NER highlights the extent of participation of an age group in education and helps analyse access to education on a gender basis.

Table 4.2 Net Enrolment Ratio (NER) by Gender and Level of School (2019-20 & 2018-19)

EDUCATION LEVEL	2019-20			2018-19		
	GIRLS	BOYS	TOTAL	GIRLS	BOYS	TOTAL
PRIMARY (I-V)	92.37	90.52	91.4	89.83	88.56	89.16
UPPER PRIMARY (VI-VIII)	71.89	70.44	71.14	69.91	68.18	69.01
SECONDARY (IX-X)	50.3	50.17	50.23	49.01	48.25	48.61
HIGHER SECONDARY (XI-XII)	9.79	9.31	9.54	8.89	8.74	8.81

Source: UDISE+ Dashboard – 2019-20

The Gender Parity Index (GPI) based on GER reflects the representation of females in schools in relation to the population of girls in the corresponding age group. A value of 1 shows a favourable picture, while anything less than 1 shows relative under-representation.

In 2019-20, the GPI was more than 1 across all levels of education at the all India level. However, state-wise analyses depict that in states like Rajasthan, GPI was less than 1 in upper primary, secondary and higher secondary levels. Similarly, Uttar Pradesh, Maharashtra, Karnataka, and Manipur were some states that recorded a less than 1 GPI in at least one level of education.

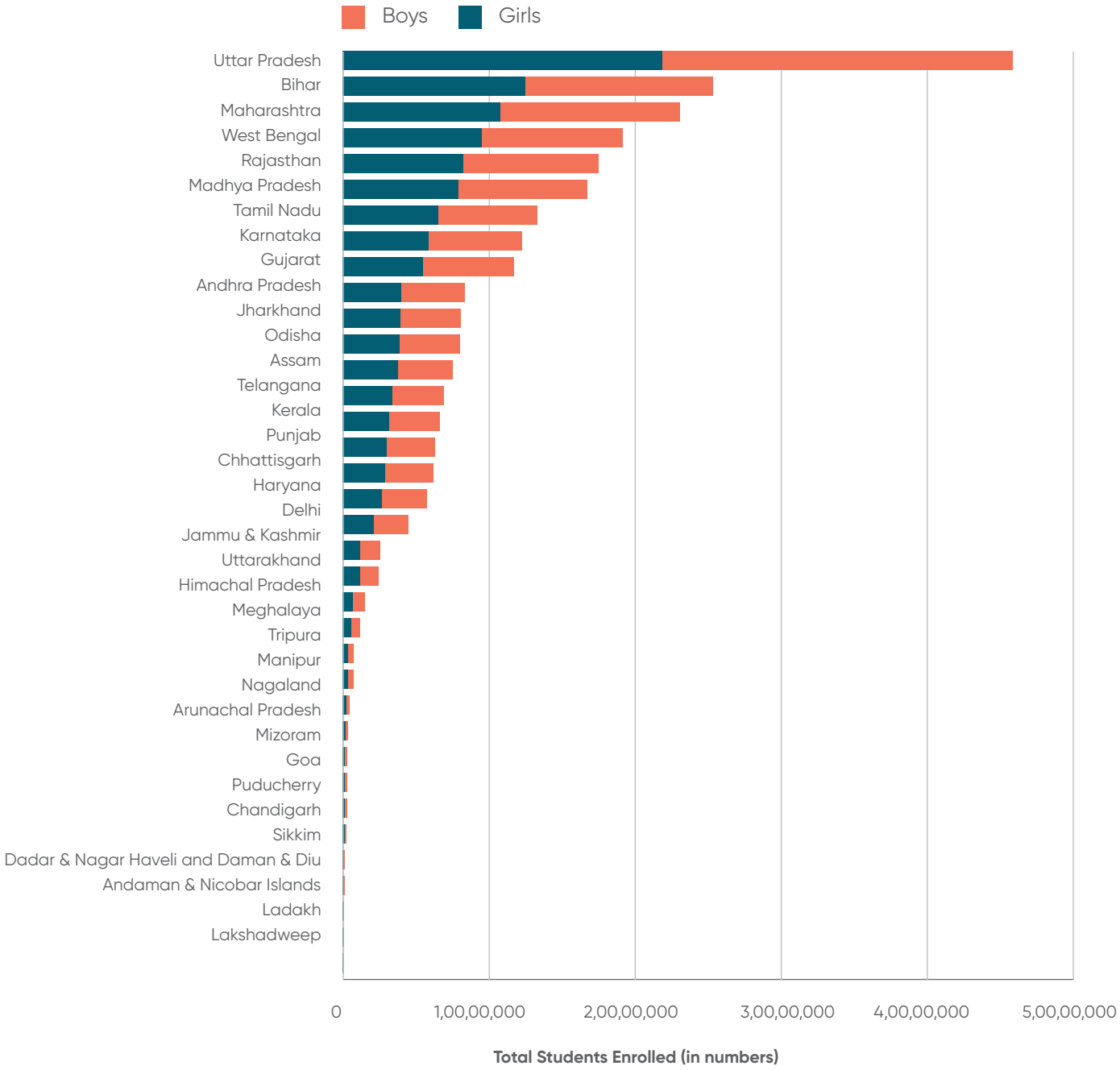


Fig. 4.3 The total number of girls and boys enrolled in school (pre-primary, grade 10 and grade 12) in all states and UTs (Source: UDISE+ 2019)

In terms of dropout rates, the percentage of students dropping out from various levels of education has significantly improved from 2018-19, with a decline from 4.45% overall to only 1.4% at the primary level. The falling dropout rates are across female and male students. Likewise, in upper primary, the dropout rate has fallen from 4.68% to 2.60% in 2019-20 and from 17.9% to 16.09% in secondary. In terms of social categories, students from Scheduled Castes (SC) and Scheduled Tribes (ST) have had a higher dropout rate in comparison

to students from Other Backward Communities (OBCs). In 2018-19, 24.9% of ST students and 20.2% of SC students dropped out at the secondary level. In 2019-20, this number marginally reduced to 24.18 % of ST students and 18.5% of SC students dropping out of secondary education. Despite the reducing trend, the dropout percentage remains higher in marginalised communities

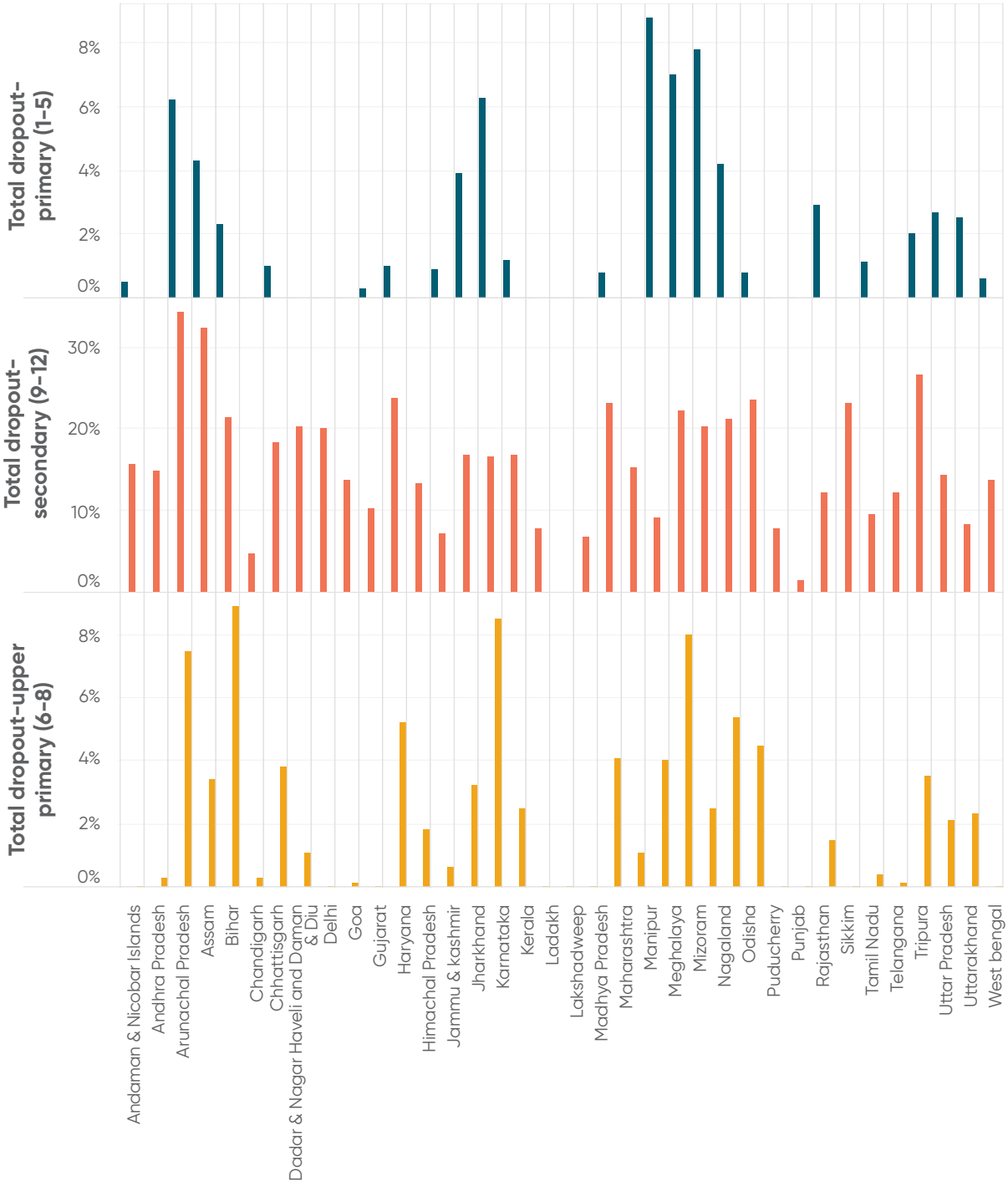


Fig. 4.4 The graph shows the percentage of dropouts amongst students in all states and UTs (Source: UDISE+ 2019)

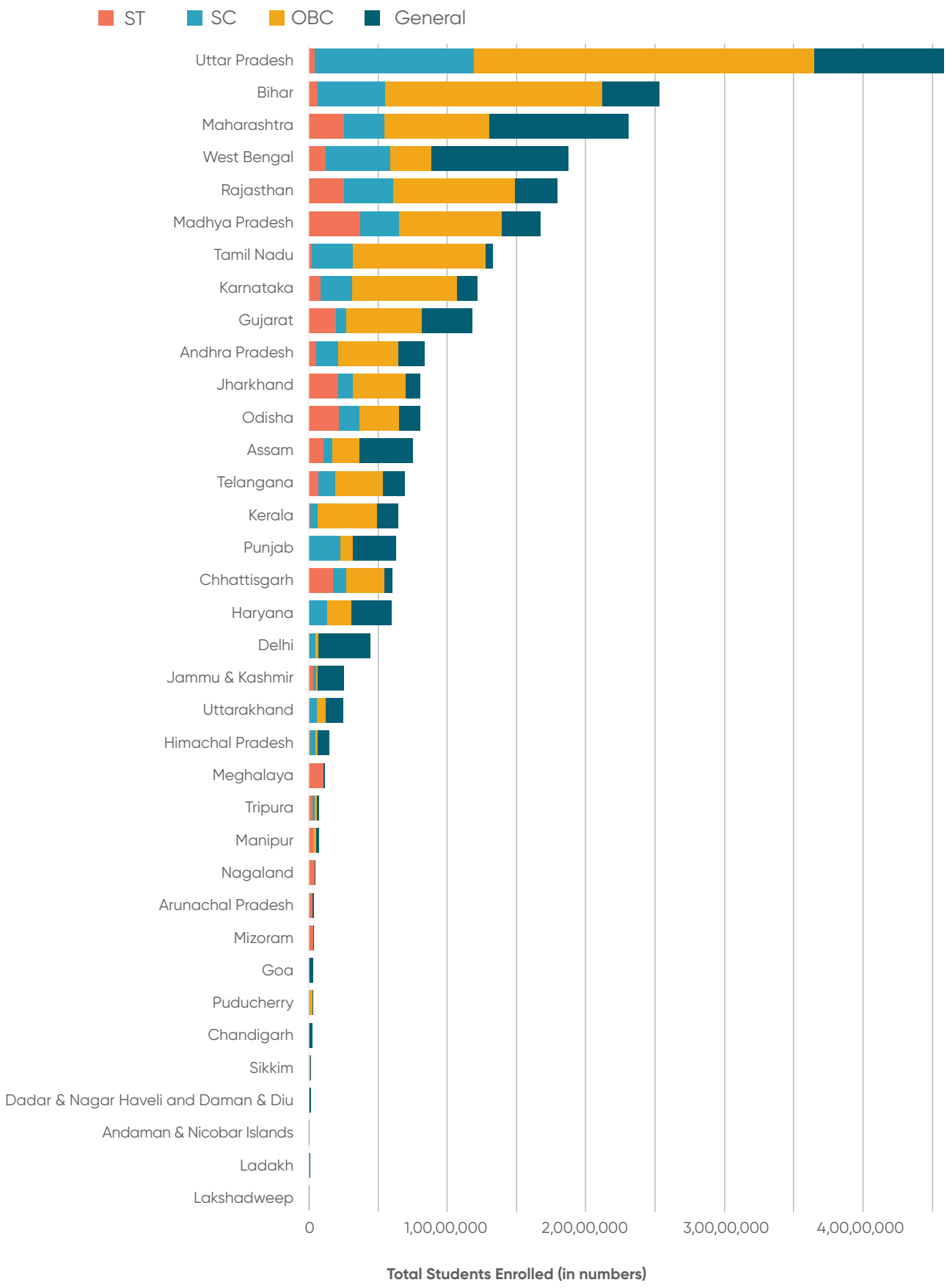


Fig. 4.5 Number of enrolments by each social category in all states and UTs (Source: UDISE+ 2019)

Insights

An increase in enrolment is symbolic of increasing investments in the education sector. Out of approximately 26.6cr total enrolments, nearly 37.13% of students were enrolled in private unaided (recognised) schools, and about 49.5% of students were enrolled in government schools across different grades (rest were enrolled in schools with different management types).

Targeted efforts at making schools equitable for all socio-religious categories have led to achieving critical goals like reducing dropout rates, increasing retention rate, achieving gender equity, and a higher gross enrolment ratio. At the same time, access to quality education to reduce poverty and socio-economic inequalities requires regular investment in the overall infrastructure of the school. This entails physical infrastructure and making sure that pupil to teacher ratio is optimal and the schools are responsive to each student's needs.

At the same time, realising the mission of equality of education requires a focus on not only increasing enrolments but making sure that every learner is able to finish the course of their education from primary to higher secondary, wherein they are able to develop necessary skills for professional and intellectual development. This requires a close attention on a child's education cycle beginning from the foundational years – three years of pre-school followed by grade 1&2. Emphasis on foundational learning provides a base on which future education qualifications rests. Focus on these years is also essential to make sure that children don't drop out because of poverty.
Building a comprehensive schooling system for imparting quality and modern education triggers social mobility and ensures that barriers like social or economic discrimination and unavailability of basic facilities are removed from the way to our inclusive classrooms. With initiatives like Swachh Bharat Abhiyan, Jal Jeewan Mission, Mid-day Meals and Samagra Shiksha, schools become safe spaces for children to gain lifelong skills and make behavioural changes conducive to their well-being.


05
Prakash
weds
Mamuni

Household Characteristics

The everyday experiences of inequality and poverty are intensely reflected in the living standards of the population, and therefore mapping the household conditions becomes essential to ascertain the extent of inequality and its socio-economic manifestations.

Closely tied to Goal 6 – "Clean Water and Sanitation" and Goal 10 – "Reducing Inequalities" of the Sustainable Development Goals, it should be in our collective vision to build sustainable as well as resilient households as our step towards universal equity. An empowered household represents not only a harmonious environment but also an equitable distribution of goods and resources that are required by all members of the society for individual and collective growth. While India is not yet there in terms of achieving this utopia, it has made remarkable strides in ensuring accessibility to bare necessities for its population. As per the National Family and Health Surveys conducted by the Ministry of Health and Family Welfare, household characteristics are broadly studied on the availability of safe drinking water, improved sanitation facilities with individual household toilets, asset holdings, access to resources like electricity, iodised salt, cooking fuel and the position accorded to the women of the house in terms of role in decision making and ownership of assets.

Approaching inequality at the most basic level – the households – is important for understanding how experiences of deprivation are felt in the most ordinary and extraordinary manners. The impact of economic depravity on the social existence of a household is significant to all approaches to inequality reduction. In cases where low incomes limit a household's consumption capacity where they have to make choices between necessities, the experience of poverty and inequality becomes more profound. Food insecurity is one such occurrence where socio-economic manifestations of inequality are most visible as a low economic position hinders access to adequate food and nutrition,

leading to undernourishment and, in extreme cases, mortality.

As per Global Health Index 2021[34], India ranks 101 out of 116 countries with a score of 27.5, indicating that inadequate food supply, undernourishment (leading to wasting and stunting among children) and child mortality due to hunger are serious issues that India needs to deal with starting at the grassroots. Empowering households also extends to ensuring that sanitation facilities and safe drinking water are available to each household to reduce the chances of contracting dangerous infections and diseases. At the same time, it is imperative to ensure that empowerment happens across regions and reduces the gap between rural and urban landscapes. The strong bias towards the urban spaces with favourable provisions of facilities required for an adequate standard of living is an antithesis to achieving equitable growth and reducing inequalities[35].

This chapter looks at analysing the household profile by looking at indicators like wealth concentration, sanitation and water availability, access to electricity, iodised salt and cooking fuel. These together also form a basis of bare necessities[36] as defined in the Economic Survey of 2021-22[37]. Furthermore, women's roles and position within households are also studied to understand gender dynamics that impact the distribution and access to resources.

Wealth Concentration

The **National Family and Health Survey (NFHS) 2015-16**[38] has prepared a wealth index based on the quantity and kinds of consumer goods they own like television, vehicle or housing characteristics such as access to safe drinking water or toilet facilities inside the home. Understanding patterns of asset consumption and concentration gives us an insight into the gap between the topmost with saturated wealth and the bottom-most population living with scarce resources.

The data has revealed that there exists a huge gap in terms of household wealth between rural and urban spaces. A **44.4% wealth concentration in the highest quintile in urban areas is contrasted with a meagre 7.1% concentration in the highest quintile in rural India.** Similarly, **28.4 % of households fall in the lowest quintile in the rural landscape,** while **only 3.1 of households in the urban regions**[39]. Notably, **more than 50% of the households fall in the bottom two quintiles of wealth concentration (approx. 54.9%).**

The staggering gap between the rural and urban spaces indicates huge income disparity and the choices households

[34] https://www.globalhungerindex.org/india.html (Accessed on 27th March, 2022).
[35] H.S. Shergill, "Rural–Urban Disparity in the Standard of Living across States of India A Preliminary Estimate", Economic and Political Weekly, 56(45-46): 2021, pp 44-50.
[36] Bare Necessities comprising of housing, water, sanitation, electricity and clean cooking fuel, are important for leading a descent life. To this respect, a Bare Necessities Index (BNI) is created at the rural, urban and India level in 2012 and 2018 using NSO rounds of 69th and 76th on drinking water, sanitation, hygine and housing conditions. (Economic Survey 2021-22, 2022).

make between necessities and luxuries due to limited capacities. Among the States and the Union Territories, **Chandigarh, Delhi, Punjab, and Goa** have accounted for **more than 50% of households in the highest quintile**. At the same time, states **like Bihar and Jharkhand have recorded the highest concentration in the bottom-most quintile (with Bihar capturing nearly 51% of households in the lowest quintile).** Both states happen to have less than **10% of the concentration in the topmost quintile as well (Bihar at a mere 3.3% and Jharkhand at 8.8%).**

Table 5.1

Maximum	
States/UT	
CHANDIGARH	80.80
DELHI	62.80
PUNJAB	62.00
GOA	55.90

Maximum concentration of wealth in the highest quintile.

Table 5.2

Minimum	
States/UT	
BIHAR	3.300
TRIPURA	6.200
MEGHALAYA	6.300
ASSAM	6.400
ODISHA	7.300
JHARKHAND	8.800
WEST BENGAL	9.400

Minimum concentration of wealth in the highest quintile.

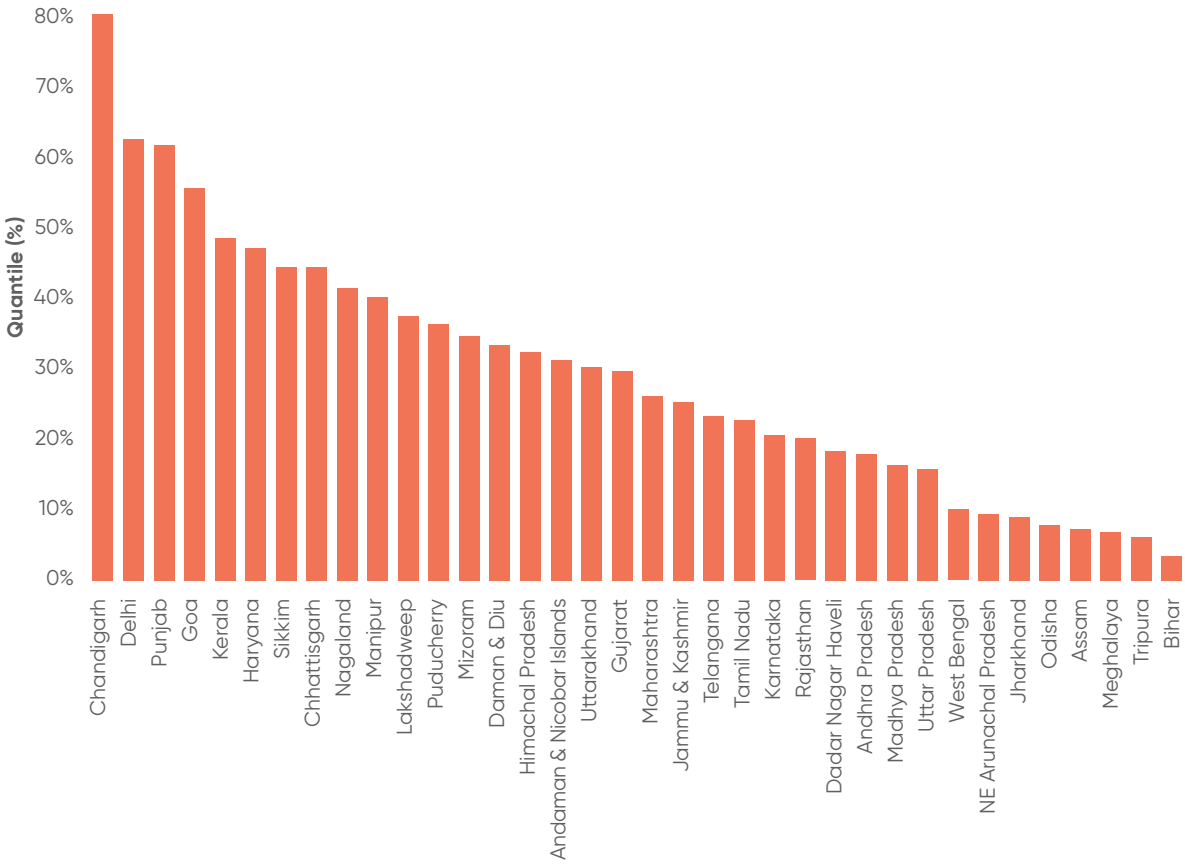


Fig. 5.1 Highest wealth quintile for all states and UTs (Source: NFHS-4 2015-16

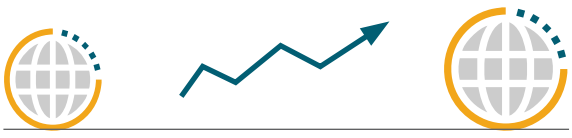
[37] Economic Survey 2021-22 https://www.indiabudget.gov.in/economicsurvey/doc/echapter.pdf (Accessed on 25th March, 2022).
[38] NFHS 4- 2015-16
[39] Ibid.

The Survey has also recorded information on household goods, means of transportation, and owning any agricultural land. In 2015, mobile phones emerged as the highest own commodity across rural and urban regions, with **approximately 96% of urban households with mobile phones and about 87% in rural. Apart from it, almost 11% of total households (as per the sample size) were recorded to have internet facilities. In 2015, the total percentage of rural subscribers (both wireless and wireline) stayed at approximately 42%, increasing to 44% in 2020.**

Households with mobile phones

Rural Areas
87%
Urban Areas
96%

Rural subscribers (both wireless and wireline)



42%
2015

44%
2020

With technology and innovation as significant drivers of growth, the digital divide only enforces socio-economic inequalities. In this respect, the Telecom Regulatory Authority of India (TRAI) has attempted to build a digitally inclusive environment by involving important stakeholders like mobile service providers, device manufacturers and internet companies. By **2020, there was a registered increase in internet subscribers by 22% from 2019, with approximately 743 million subscribers. Total rural internet subscribers per 100 still remain at a low of 34.4% compared to 55.12 urban subscribers per 100, emphasising** the need for better internet coverage across villages and smaller districts.[40]

In terms of owning land, the NFHS-4 revealed that agricultural land is predominantly owned in rural regions, **with nearly 88% of non-agricultural land being held in urban areas and almost 47% in rural areas.**

A wealth based assessment helps understand the socio-economic manifestation of inequality at the household level. There is a direct relationship between income and consumption patterns. [41] Access to and ownership of assets is fundamental to the sustainability and well-being of a household.

With a significant concentration of wealth among urban areas, the wealth index of 2015 has depicted the gaps in the distribution of wealth and assets, indicating that much work is needed in this regard. Additionally, it is essential to pay attention to the distribution patterns among the urban-dwellers where the NFHS data might fall short.

[40] TRAI Annual Report 2019-20. https://trai.gov.in/sites/default/files/Annaul_Report_02032021_0.pdf (accessed on 20th March, 2022).
[41] U.S. Mishra and William Joe, "Household Assets and Wealth Quintiles, India 2006–16 Insights on Economic Inequalities", Economic and Politicly Weekly, 55(6): 2020, pp 77-82.

Water, Sanitation and Standard of Living

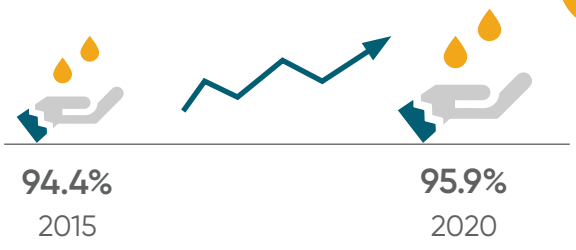
Universal access to clean water, sanitation and hygiene is the basis of all approaches to achieving health equity and raising living standards. Colloquially, food, clothing and housing have always been considered as bare necessities vital for basic survival. Using the data from the two survey rounds of NSO (69th and 76th), A Bare Necessities Index was calculated as part of the Economic Survey 2020-21. The Index is developed across six indicators like housing, water, sanitation, electricity and clean cooking fuel based on Data from 2012 (69th round) and 2018 (76th round).[42]

The BNI assesses households' access to these resources to make sound public policies on improving overall access to these resources. At a global level, WHO and UNICEF reports have suggested that as high as 2.6 billion people have improved access to clean drinking water.[43]

Access to clean and safe drinking water is not only a fundamental right but also leads to a reduction in a lot of water-based diseases and infections like cholera, diarrhoea and typhoid. Various rounds of NFHS have helped assess the state of water and sanitation poverty in the country. In India, as per NFHS-5 (2019-21), 95.9% of households in the country have access to improved drinking water sources[44]. This is an improvement from 94.4% as per NFHS-4 (2015-16). The rural areas have also reported a 94.6% coverage and 98.7% household access to improved drinking-water sources. To this end, the Jal Jeevan Mission (JJM) envisages providing safe and adequate drinking water through functional tap connections (FHTC).

The mission aims to increase the living standards among rural households by building a water supply infrastructure with regular and long-term functioning. The JJM Dashboard presents the extensiveness of the mission, with states like **Goa, Telangana and Haryana achieving 100% coverage of FHTCs. By 15th August 2019, 16.75% of households had tap water connections, and most recently, nearly 49% of households had tap water connections.**[45]

Access to improved drinking water sources



Rural areas

Coverage
94.6%

household access to water
98.7%

[42] Economic Survey 2021-22 https://www.indiabudget.gov.in/economicsurvey/doc/echapter.pdf (Accessed on 25th March, 2022).
[43] Pritam Ghosh et al, "Water, Sanitation, and Hygiene (WASH) poverty in India: A district-level geospatial assessment", Regionl Science Policy and Practice, 2021, pp 1-21.
[44] These sources have been defined as piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well, or borehole protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[45] https://ejalshakti.gov.in/jjmreport/JJMIndia.aspx (Accessed on 18th March, 2022).

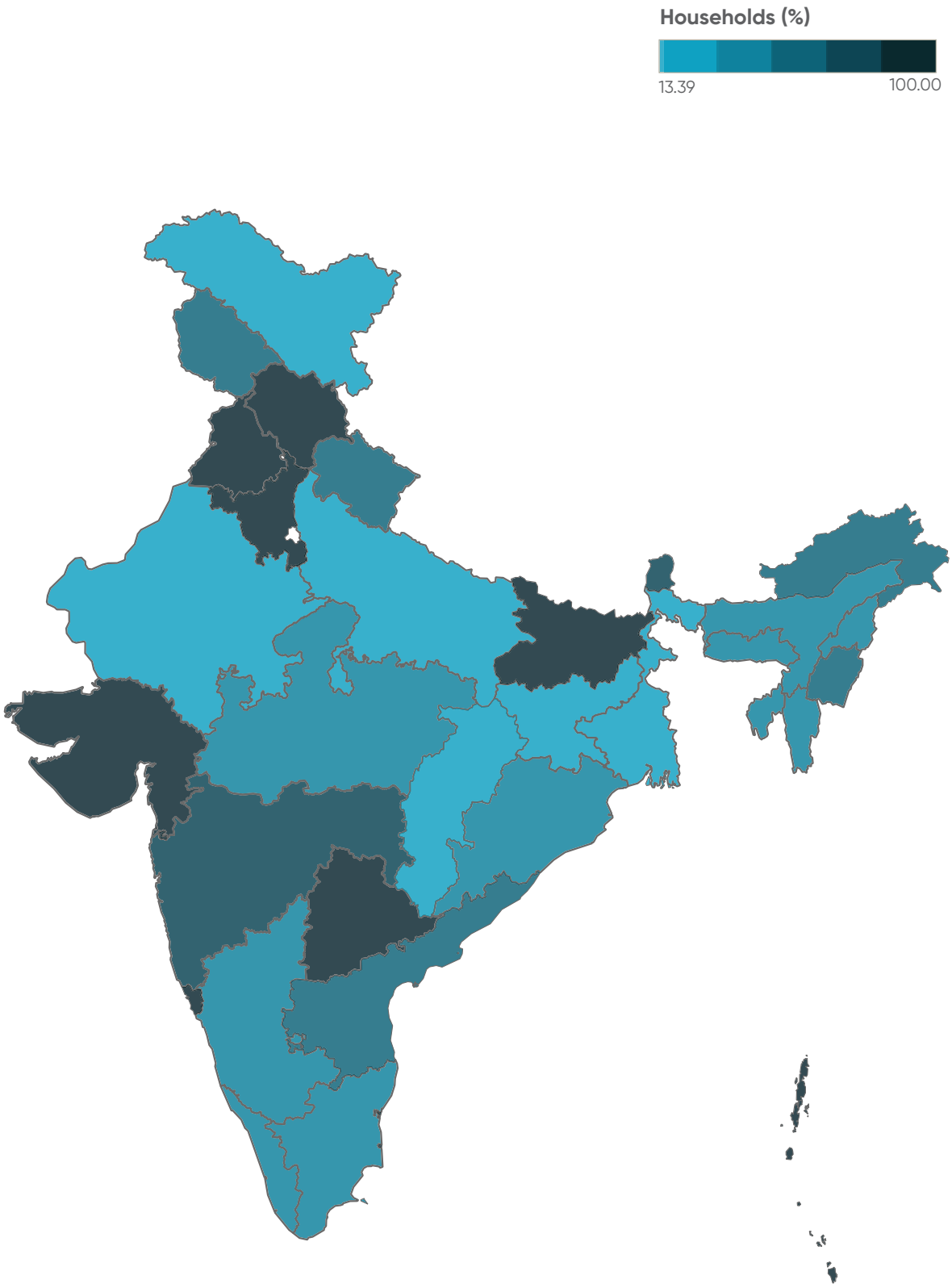


Fig. 5.2 The map above shows the percentage of households with tap water supply (Source: Ministry of Jal Shakti)

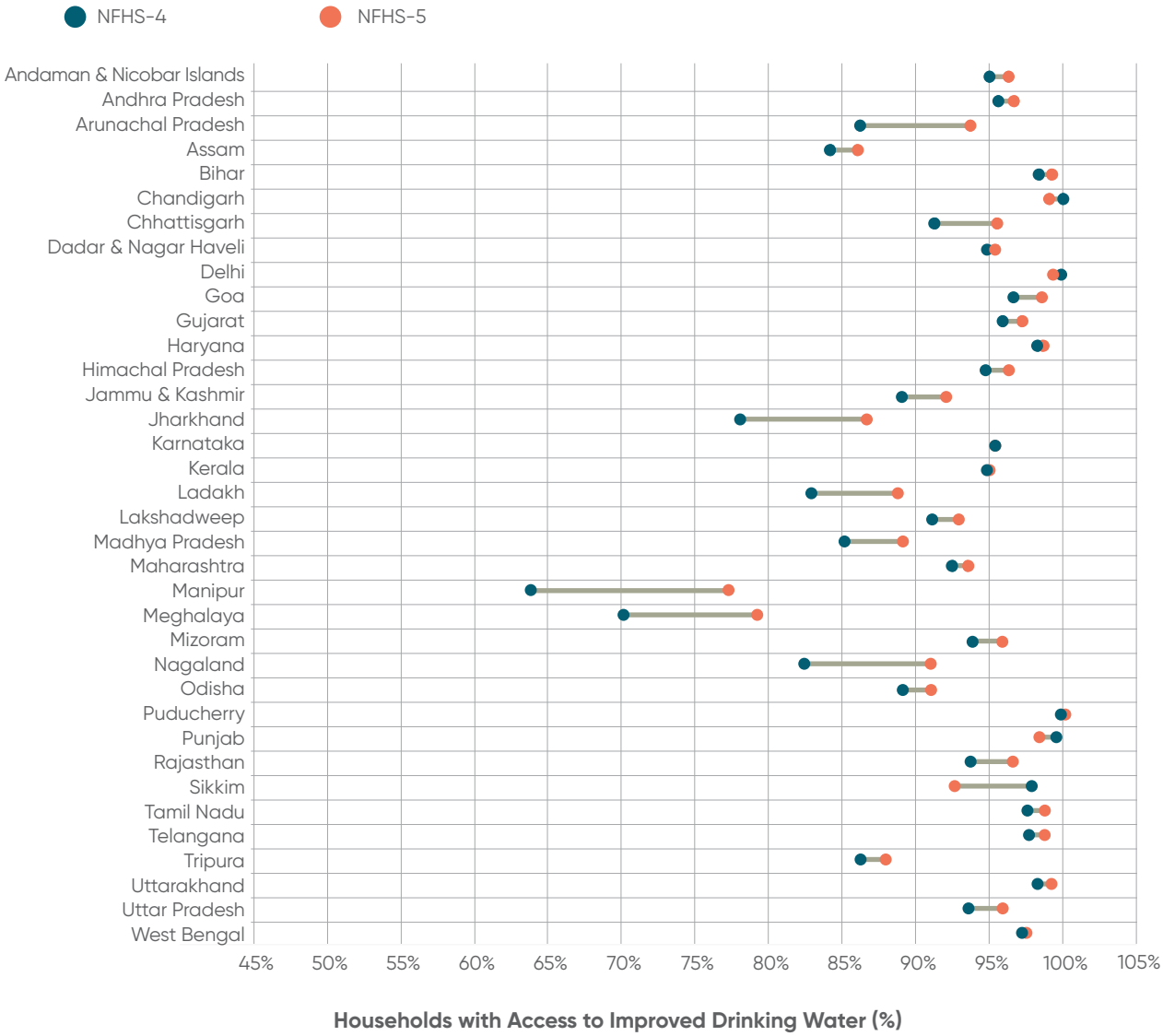


Fig. 5.3 The graph above shows the percentage of households with access to improved drinking water (Source: NFHS 5 2019-21 and NFHS 4 2015-16)

Access to improved sanitation and hygiene is vitally important for enhanced well-being and increased living standards for populations. Improved sanitation facilities are defined as flush to a piped sewer system, flush to a septic tank, flush to pit latrine, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, composting toilet with exclusive household access. The 5th round of NFHS has depicted that 70.2% of households have access to improved sanitation facilities which is a significant improvement from a dismal 48.5% in 2015-16 (NFHS-4). The gap between rural and urban areas remains, with the former having nearly 65% of households with improved access in contrast with approximately 82% in urban areas. A tremendous stride towards improving access to toilet facilities has also been made under the Swachh Bharat Mission – Gramin (SBMG), due to which massive progress is made towards putting an end to open defecation. Since the start of the program, there has been a reported increase of 61.24% in the number of households with toilet facilities in rural areas. From 38.7% coverage in 2014, India has achieved 100% coverage in Individual Household Latrine (IHHL).[46]

[46] https://sbm.gov.in/sbmreport/home.aspx (Accessed on 18th March, 2022).

Regarding electrification, 88% of the population lived in households with electricity in 2015-16. This number increased to 96.8% by 2019-21, with urban areas reporting 98.7% and the rural regions 96.8%.[47] As part of Sustainable Development Goal 7 – "Affordable and Clean Energy", 99.99 % of households are electrified as per the SDG India Index. As many as 92.02% of LPG+PNG connections against the number of households were made.[48] As per NFHS 5 (2019-20), States like Goa (96.5%), Telangana (91.8%), Mizoram (83.8%), Andhra Pradesh (83.6%) and Tamil Nadu (82.9%) have had the top percentage in households using clean fuel for cooking[49] with huge improvement from the NFHS-4. There has been a remarkable improvement at the All-India level from 43.8% in 2015-16 to 58.6% in 2019-21. However, the performance of rural areas still remains disappointing at 43.2%, with a huge gap between rural and urban (89.7%) access and usage to clean cooking fuel.

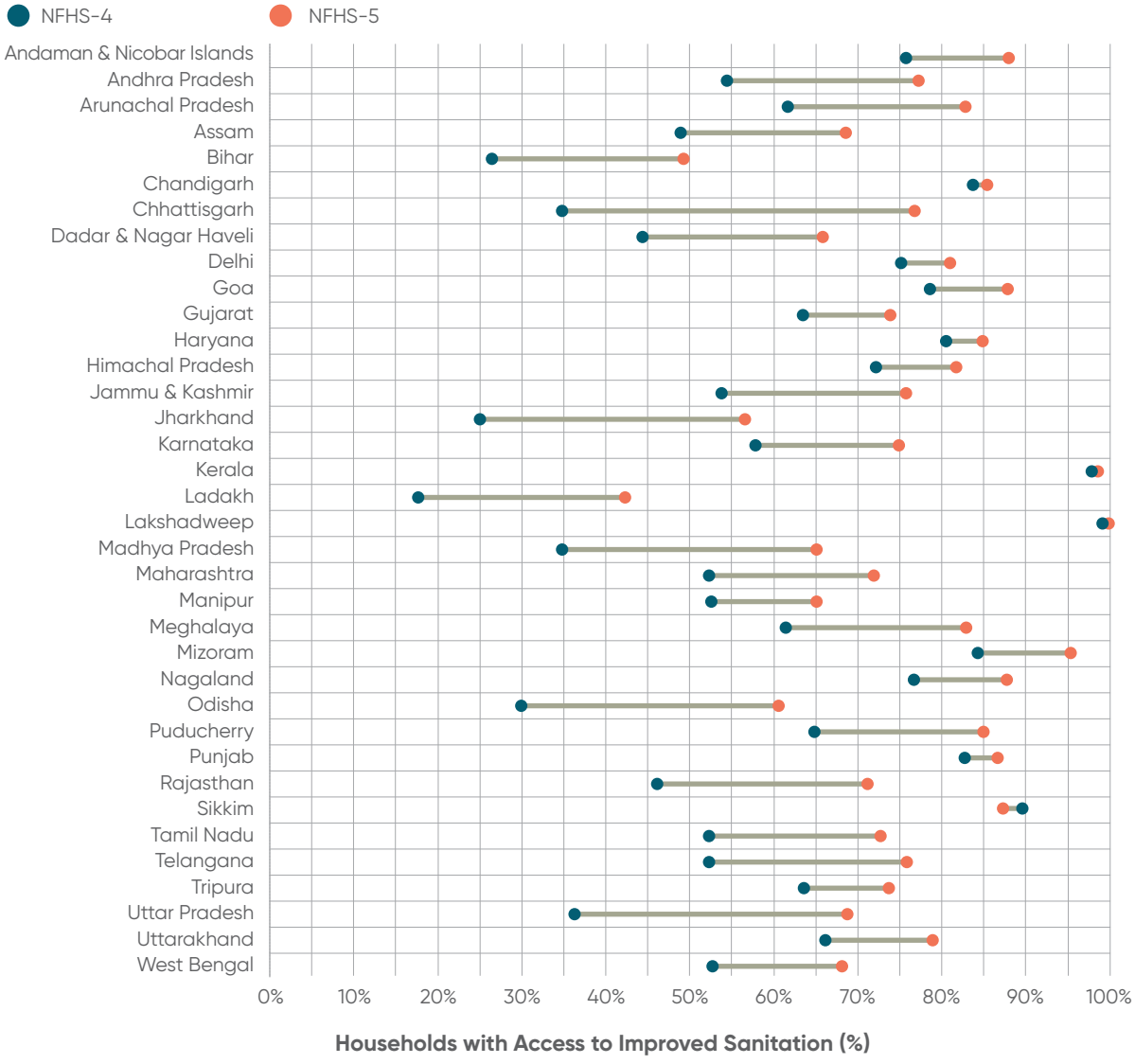


Fig. 5.4 The graph above shows the percentage of households with access to improved sanitation (Source: NFHS 5 2019-21 and NFHS 4 2015-16)

[47] NFHS-4 (2015-16) and NFHS-5 (2019-21).
[48] https://sdgindiaindex.niti.gov.in/#/ranking (Accessed on 20th March, 2022).
[49] Clean cooking fuel is defined as Electricity, LPG/natural gas and bio gas.

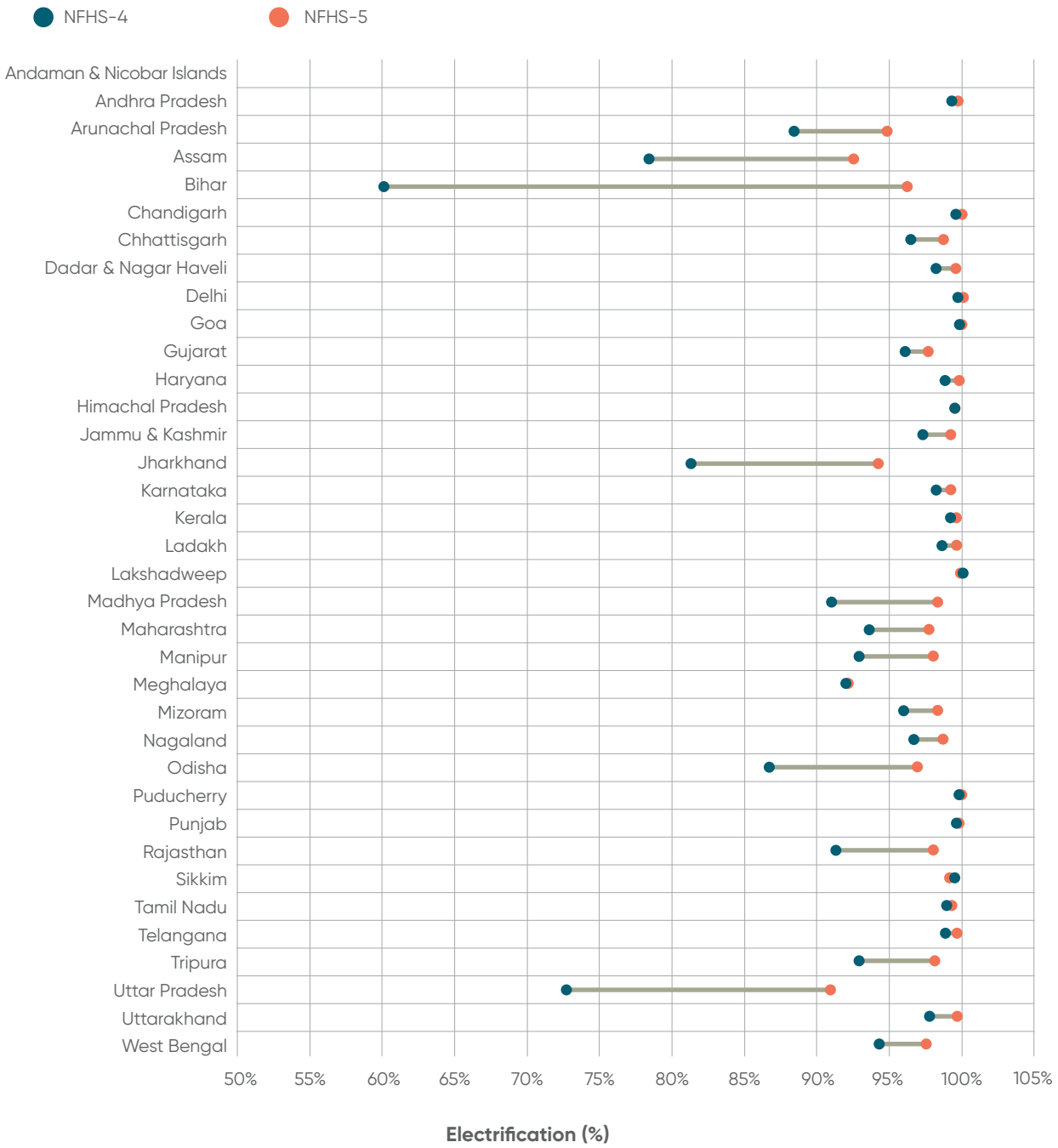


Fig. 5.5 The figure above shows the percentage of households with electricity (Source: NFHS 5 2019-21 and NFHS 4 2015-16)

Additionally, most of the State and Union Territories saw an improvement in kitchen requirements like iodised salt usage. From 93.1% in NFHS-4, it has increased to 94.3% at the All-India level. Iodine is an essential micronutrient important for growth and avoiding health ailments like hypothyroidism and goitre, with a daily recommended intake of 110-150 mcg for adults. Tamil Nadu (92%), Meghalaya (90.6%), and Andhra Pradesh (83.1%) are the states with the lowest presence of iodised salt among the household sampled.

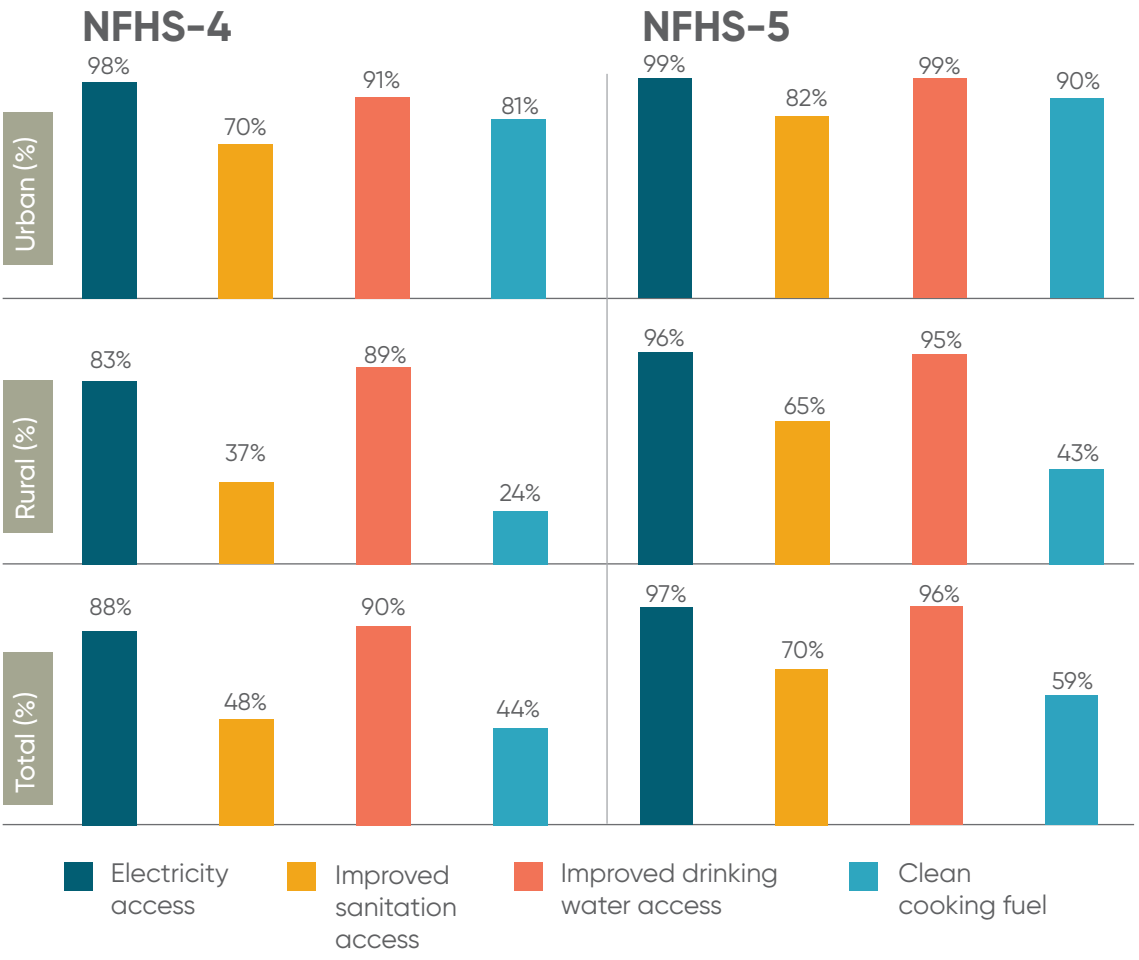


Fig. 5.6 shows the percentage of households with access to clean cooking fuel, electricity, improved drinking water and improved sanitation (Source: NFHS 5 2019-21 and NFHS 4 2015-16)

Empowering Indian Households

Reducing gender gaps is vital for reducing poverty overall and promoting equity and equality. Targeted efforts toward equitable development and integration require a strategic intervention at the household level itself. To this end, India has done extensive work to make households resilient to sudden socio-economic shocks and empower women to enhance their access and usage of resources.

The results of NFHS-5 have shown that currently, 88.7% of married women usually participates in three household decisions which is an improvement from 84% in NFHS-4. These decisions are classified as decisions about healthcare for herself, making major household purchases and visits to family or relatives. While these decisions do not indicate the major household decisions related to financial expenditure, it is critical to our understanding of their position in the households. Similarly, 78.6%

of women have a bank or savings account for their personal use. This is a boost from a disappointing 53% of NFHS-4. In rural India, 77.4% of women have a bank account. At the same time, the coverage of mobile phone access remains low, with only 54% women having mobile phones at the all-India level and less than 50% (46.6%) in rural India.

Land ownership or house ownership (jointly or alone) also remains excessively low, especially in urban areas. A meagre 38.3% of women in urban spaces own a house or land compared to 45.7% of women in rural India.

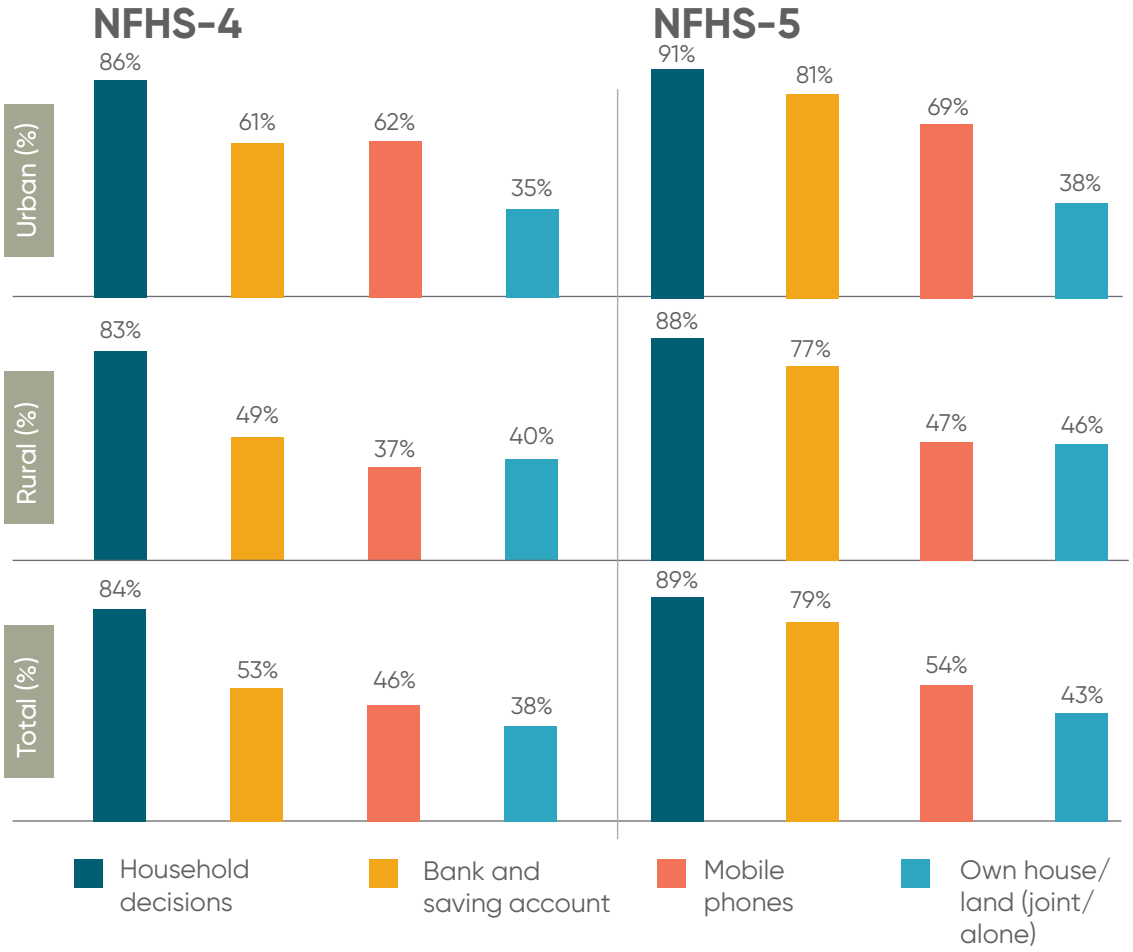


Fig. 5.7 the graphs above represent the position of women in households as per their bank accounts, household decision making, access to mobile phones and ownership of houses and lands (Source: NFHS 5 2019-21 and NFHS 4 2015-16)

Box 5.1

JAM (Jan Dhan-Aadhar-Mobile) Trinity

The **JAM Trinity** is an initiative by the government of India to link Jan Dhan Accounts, Mobile numbers and Aadhar cards of the population. Proposed in the Economic Survey 2014-15, the initiative aims to promote direct benefit transfers to the beneficiaries and plug leakages in the subsidies without reducing the subsidies itself. The two components- mobile numbers and post office accounts as alternative financial delivery mechanisms to make sure that benefits reach the poor households seamlessly. Till now, 19.72 crore bank accounts have been opened and linked with various direct cash transfer schemes (like PAHAL Yojana) and insurance coverages like Pradhan Mantri Suraksha Bima Yojana, Pradhan Mantri Jivan Jyoti Bima Yojana and Atal Pension Yojana. The JAM Trinity has removed administrative bottlenecks by linking mobile numbers with Aadhar cards and Jan Dhan accounts making sure that even the poor households are integrated in the digital leap that India has taken making sure maximum technology penetration among the masses and last mile delivery of all benefits to the poorest and geographically isolated households.

Insights

The results have shown us that improvements have been made in enhancing people's living standards across the expansive indicators- sanitation, water, electrification and household wealth. Additionally, targeted efforts towards providing safe drinking water and sanitation facilities have contributed to providing a dignified living to the most marginalised. This has a direct impact on reducing capability deprivation and making sure socio-economic inequities restrict no individual or community to lead a dignified and inclusive life.

Proactive initiatives like Jal Jeevan Mission and Swacch Bharat Mission-Gramin have ensured that households do not have to make consumption choices between necessities at the cost of their self-respect. The dearth of these "bare necessities" makes the experiences of living with inequities more difficult. More importantly, it is the result of concerted efforts towards equitable access to facilities necessary for everyday functioning that the gap between rural and urban is reducing. While the schemes and initiatives should be more responsive to gender inequities, the significant improvement in the consolidated position of women in terms of access, usage and ownership over the periods of the surveys cannot be underplayed. Technological integration, financial independence and increasing disposable incomes are the bedrock of overall empowerment across sections of society. In this respect, leveraging the power of JAM Trinity has ensured maximum coverage and made fundamental behavioural changes in the direction of financial literacy. Bottom-up interventions right at the household level ensure that temporal and structural causes of inequality and inequity are taken care of.

06

Conclusion and Recommendations

The State of Inequality in India Report seeks to present the scenario pertaining to economic and socio-economic inequities in the country across indicators like income profile, labour market, health, education, and household characteristics that are multi-faceted in nature. The concentration of these kinds of inequities in either of the areas magnifies the overall experience of living with deprivations.

It is challenging to arrive at a singular definition of a deprived household or vulnerability, but we can assume that a household devoid of essential means of survival or not having the purchasing capacity to access life-saving or life-nurturing services can be called a deprived household. This deprivation has both social and economic roots that reinforce oppressive structures that limit an individual's (and by extension, the whole society) capabilities and liberties. Economic factors like loss of job, informalisation of work that takes away worker benefits, low incomes and having no assets or wealth transcend into the social lives by restricting their mobility and trapping the households in a vicious circle of dearth and inequities. Thus, a complete assessment of inequality in a society needs to pay attention to every sub-structure (from the labour market to the service sector) in the larger structure of inequality. This would also mean evaluating how a radical life shock like loss of job or health scare impacts the other dimensions of their lives – i.e. education for learners in the household to changes in expenditure patterns. In other words, how easily a household is pushed into a situation of making choices among basic necessities determines the extent of inequality in the country. In this respect, it is pertinent to make sure that these sub-structures are not only accessible but affordable as well, leading to equitable distribution of resources throughout.

In terms of income inequality, the income concentration among the top-few skews the distribution of income among the earning population leading to inconsistency in the distribution of gains.

The income disparity is more pronounced as the distance between the top-most and the bottom-most is only increasing.

Even though it is difficult to trace the movement from one income class to another due to the absence of class definitions, the share held by the Top 1% is only increasing, thereby further marginalising the poor. In this context, low incomes need to be viewed in the context of multi-dimensional deprivations. Similarly, the positive changes in the labour market, like the expansion of the working-age population, have created a massive potential for exploiting the demographic dividend to increase the country's economic productivity. However, this potential rests on critical interventions like creating new jobs, integrating the informal sector with the formal sector, and empowering the female labour force to increase their participation rate. The latter also rests on the shift in the mindset of the society to view women as the secondary "bread-earners".

These economic variables translate into the heightening of socio-economic inequities where access to health, education and household commodities is impacted in the face of low earnings. Concerning the health infrastructure, there has been considerable improvement in solidifying the primary health care system with the prime focus on rural integration with the peripheral health infrastructure. The concerted investment into this sector has also led to an increase in child and maternal healthcare (higher life expectancy rate and lower infant mortality rate). However, the challenges of nutritional deprivation, triggering hunger insecurity, remain (more so among children than adults), affecting their physical and cognitive development. This nutrient deficiency has also given rise to public health crises like anaemia. Likewise, education is another sector where investment has been brought to fruition (despite the marginal reduction in expenditure), with schools becoming more infrastructurally developed.

Making schools infrastructurally sound, directly impacts high enrolment rates and low dropout rates.

This influences the inequality discourse as accessible and affordable education leads upward mobility (even coming out of the poverty cycle). Education corrects inequality as a long-term measure by making structural changes in society. At a household level, the availability of essential commodities and resources responsible for the day-to-day functioning of a healthy household leads to capability enhancement starting from the grass-root level. In part, this has been a result of the government's targeted efforts in the areas of water availability and sanitation that have raised the standard of living and reduced the contraction of diseases and infection due to contaminated water and polluted surroundings.

Recommendations

01 The most important aspect of measuring poverty in a multi-dimensional context requires mapping the mobility in and out of poverty. Therefore, it is recommended to establish airtight slabs that make class-based distinctions clear to trace movement within a class and in and out of the class. Additionally, this will help define the middle-class income share and target beneficiaries of social protection schemes that constitute the lower-middle-class, lower-class, and those below the poverty line.

02 Raising minimum income and introducing universal basic income are some of the recommendations that can reduce the income gap and equal distribution of earnings in the labour market.

03 Looking at the difference between the labour force participation rate in rural and urban areas, it is our understanding that the urban equivalent of schemes like MGNREGS that are demand-based and offer guaranteed employment should be introduced so that the surplus-labour is rehabilitated.

04 Most importantly, the government must allocate more percentage of the expenditure towards social services and the social sector to make the most-vulnerable population resilient to sudden shocks and stop their descent into poverty.

05 Equitable access to education and creation of more jobs with long-term growth are vital for triggering an upward mobility among the poor.

06 The government should also encourage regular exercises like the Foundational Learning and Numeracy Index and Ease of living Index for the purpose of stock taking of the extent vulnerability among households and how to promote their overall well-being.

The Way Forward

The State of Inequality in India Report aims to contribute to more informed policy debates and discussions by evaluating variables that reflect the causal effects of inequality as well as its manifestations in social life. The report provides a descriptive and analytical study of factors that trigger inequality, areas requiring thorough sectoral transformation, and ways to improve standards and ease of living. Inequality is also closely tied to social and economic exclusion, which sustains an ecosystem of impoverishment. Therefore, there is an urgent need to develop a comprehensive understanding of lived experiences of inequality which translates into multidimensional deprivations. In this light, the objective is to extend the scope of conversation from only economic basis of inequality to socio-economic facets by providing information on developments in the context of health and education sectors and household empowerment along with labour market and income dynamics.

Additionally, the emphasis on the interaction between social and economic aspects of inequality helps us holistically drive policy action through social protection frameworks. It raises pertinent issues related to ease of living, and sectoral outcomes, especially learning outcomes, as the importance of education in bringing structural shifts in patterns of inequality cannot be understated. This report should engage in conversations that develop methodological frameworks to assess the Ease of Living to ascertain if the overall well-being of the citizens of the country has improved or not. Assessments of these kinds help establish what proportion of the population can live decently and what could be the role of all tiers of government to increase the quality of living.

The information available on inequality, the kind that this report seeks to bring out, will help formulate reform strategies, a roadmap for social progress and shared prosperity. It will help determine the nature of change required for the reduction of inequality and poverty as well as sustained growth of the country. Moreover, information transparency with the public on matters of such intense importance as inequality leads to proactive involvement of all stakeholders resulting in innovative and sustainable solutions. This cannot be achieved if debates and discussions take place in echo chambers. The State of Inequality in India Report, thus brings the conversation to the public and encourages the governmental institutions to foster public deliberation on the matter. India has always been able to translate its challenges into unique opportunities. With continued and determined intervention in the field of reducing inequality, the future ahead is full of potential with equitable development and inclusive growth. There can never be one understanding of inequality, nor a single solution. Therefore, consistent and comprehensive efforts that intend to break the inequality trap through structural means should be the basis of all policies and reforms ahead.

Appendix I

Details the various social protection schemes in the country –

Education and Skill Development

National Apprenticeship Training Scheme	The National Apprenticeship Training Scheme in India is a one-year programme equipping technically qualified youth with practical knowledge and skills required in their field of work. The Apprentices are imparted training by the organisations at their place of work. Trained Managers with well-developed training modules ensure that Apprentices learn the job quickly and competently.
Academic Bank of Credit	The scheme would digitally store the academic credits earned from various recognised Higher Educational Institutions (HEI) such that credits so earned can be accounted for award of degree by any given HEI. Appropriate amendments in regulations by University Grants Commission (UGC) have been affected to facilitate multiple entry/exit in academic programmes at HEIs and offering of offshore courses by Institutions of Eminence (IOE).
e-PGPathshala	e-PG Pathshala is an initiative of the MHRD under its National Mission on Education through ICT (NME-ICT) being executed by the UGC.
Unnat Bharat Abhiyan	The Mission of Unnat Bharat Abhiyan is to enable higher educational institutions to work with the people of rural India in identifying development challenges and evolving appropriate solutions for accelerating sustainable growth. It also aims to create a virtuous cycle between society and an inclusive academic system by providing knowledge and practices for emerging professions and to upgrade the capabilities of both the public and the private sectors in responding to the development needs of rural India.

Pradhan Mantri Kaushal Vikas Yojana	Pradhan Mantri Kaushal Vikas Yojana (PMKVY) is the flagship scheme of the Ministry of Skill Development & Entrepreneurship (MSDE) implemented by the National Skill Development Corporation. The objective of this Skill Certification Scheme is to enable a large number of Indian youth to take up industry-relevant skill training that will help them in securing a better livelihood. Individuals with prior learning experience or skills will also be assessed and certified under the Recognition of Prior Learning (RPL).
Jan Shikshan Sansthan (JSS) Scheme	Jan Shikshan Sansthan aims to provide vocational training to non-literates, neo-literates as well as school drop-outs in rural regions by identifying skills that have a relevant market in that region. Over two-thirds of India's population comprises rural citizens. The objective of JSS is to uplift this rural population economically by imparting essential skills training, thereby enabling local trades to grow and creating new opportunities for the natives of the region.
Sarva Shiksha Abhiyaan	Sarva Shiksha Abhiyaan, or SSA, is an Indian Government programme aimed at the universalisation of Elementary education "in a time bound manner", the 86th Amendment to the Constitution of India making free and compulsory education to children between the ages of 6 to 14 (estimated to be 206 million children in 2001) a fundamental right (Article- 21A).
Rashtriya Madhyamik Shiksha Abhiyan	The Rashtriya Madhyamik Shiksha Abhiyan (RMSA) is a flagship scheme of Government of India, to enhance access to secondary education and improve its quality. Rashtriya Madhyamik Shiksha Abhiyan (RMSA) aims to increase the enrolment rate by providing a secondary school within reasonable distance of every home. It also aims to improve the quality

of secondary education by making all secondary schools conform to prescribed norms, removing gender, socio-economic and disability barriers, and providing universal access to secondary level education.

PM e-VIDYA

The Government of India has launched the PM eVIDYA program. Under this scheme, the top hundred universities of the country will start educating students through online education after 30th May 2020. PM eVIDYA will also be called a one Nation digital platform. Other than that a TV channel called one class one channel will also be launched for students who are studying in class 1st to 12th. For visually and hearing impaired students the government will also do radio podcasts.

National Digital Education Architecture

The National Digital Education Architecture (NDEAR) is an architectural blueprint that aims to facilitate achieving the goals laid out in the National Education Policy, 2020 through a unified digital infrastructure in the education ecosystem. Simply put, the document states that under the NDEAR framework, the government will play the role of an enabler by providing a framework in which technology can be built by the government, society or market actors.

NIPUN Bharat Mission

NIPUN Bharat Mission or National Initiative for Proficiency in Reading with Understanding and Numeracy is launched by the Education Ministry of India under National Education Policy 2020. This scheme ensures that every child in India gains foundational numeracy and literacy by the end of Grade 3.NIPUN Bharat focuses on transforming the monotonous education system into an integrated, enjoyable, all-inclusive and engaging.

Employment

Aatmanirbhar Bharat Rojgar Yojana (ABRY)	ABRY was announced as a part of Aatmanirbhar Bharat 3.0 package to boost the economy, increase the employment generation in post Covid recovery phase and to incentivise creation of new employment along with social security benefits and restoration of loss of employment during COVID-19 pandemic.
MGNREGS	The MGNREGS Act aims at enhancing the livelihood security of people in rural areas by guaranteeing hundred days of wage-employment in a financial year to a rural household whose adult members volunteer to do unskilled manual work.
The Deendayal Antyodaya Yojana – National Rural Livelihoods Mission (DAY-NRLM)	Aajeevika - National Rural Livelihoods Mission (NRLM) was launched by the Ministry of Rural Development (MoRD), Government of India in June 2011. Aided in part through investment support by the World Bank, the Mission aims at creating efficient and effective institutional platforms of the rural poor, enabling them to increase household income through sustainable livelihood enhancements and improved access to financial services.
Pradhan Mantri Shram Yogi Maan-Dhan (PM-SYM) Yojana	Pradhan Mantri Shram Yogi Maandhan is a government scheme meant for old age protection and social security of Unorganised workers.
National Pension Scheme for Traders, Shopkeepers and Self-Employed Persons	The National Pension Scheme for Traders and Self Employed Persons Yojana (Pradhan Mantri Laghu Vyapari Maan-dhan Yojana) is a pension scheme for shopkeeper's/ retail traders and self-employed persons for providing monthly minimum assured pension of Rs 3000/- for the entry age group of 18-40 years. It is a voluntary and contribution based central sector scheme.

Ayushman Bharat Health and Wellness Centres (AB-HWCs)	Ayushman Bharat (AB) is an attempt to move from a selective approach to health care to deliver comprehensive range of services spanning preventive, promotive, curative, rehabilitative and palliative care. It has two components which are complementary to each other. Under its first component, 1,50,000 Health & Wellness Centres (HWCs) will be created to deliver Comprehensive Primary Health Care, that is universal and free to users, with a focus on wellness and the delivery of an expanded range of services closer to the community. The second component is the Pradhan Mantri Jan Arogya Yojana (PM-JAY) which provides health insurance cover of Rs. 5 lakhs per year to over 10 crore poor and vulnerable families for seeking secondary and tertiary care.
Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)	Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is the flagship scheme of Government of India that provides a cover of up to Rs. 5 lacs per family per year, for secondary and tertiary care hospitalisation to over 10.74 crore vulnerable entitled families (approximately 50 crore beneficiaries).
PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)	Mission (PM-ABHIM), is envisaged to develop two self-contained Container Based Mobile Hospitals as a part of Strengthening Disaster and Epidemic Preparedness. These can be deployed at a short notice, during emergencies such as natural calamities or disasters and epidemic outbreaks, as per the needs of the country. Government of India is developing critical care hospital blocks in 602 districts under PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM).
Ayushman Bharat Digital Mission (ABDM)	The Ayushman Bharat Digital Mission (ABDM) aims to develop the backbone necessary to support the integrated digital health infrastructure of the country. It will bridge the existing gap amongst different stakeholders of Healthcare ecosystem through digital highways.

e-Sanjeevani

The Union Ministry of Health and Family Welfare had conceptualised eSanjeevani – a doctor to doctor telemedicine platform in November 2019 for implementation at 1,55,000 Health and Wellness Centres under Govt. of India's Ayushman Bharat Scheme in a Hub & Spokes model. Owing to the COVID-19 pandemic in March 2020, as OPDs across the country were closed, the Union Health Ministry ensured a rapid development and roll out of this initiative in collaboration with The Centre for Development of Advanced Computing (Mohali).

Drinking-Water, Sanitation and Safe Fuel

Jal Jeevan Mission (JJM)

Jal Jeevan Mission, is envisioned to provide safe and adequate drinking water through individual household tap connections by 2024 to all households in rural India. The programme will also implement source sustainability measures as mandatory elements, such as recharge and reuse through grey water management, water conservation, rain water harvesting. The Jal Jeevan Mission will be based on a community approach to water and will include extensive Information, Education and communication as a key component of the mission.

Swachh Bharat Mission (Grameen) [SBM-G]

To accelerate the efforts to achieve universal sanitation coverage and to put the focus on sanitation, the Prime Minister of India had launched the Swachh Bharat Mission on 2nd October 2014. Under the mission, all villages, Gram Panchayats, Districts, States and Union Territories in India declared themselves "open-defecation free" (ODF) by 2 October 2019, the 150th birth anniversary of Mahatma Gandhi, by constructing over 100 million toilets in rural India.

Pradhan Mantri Ujjwala Yojana (PMUY)

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

areas collecting firewood. Pradhan Mantri Ujjwala Yojana was launched by Hon'ble Prime Minister Shri Narendra Modi on May 1st, 2016 in Ballia, Uttar Pradesh. Under this scheme, 5 Cr LPG connections will be provided to BPL families with a support of Rs.1600 per connection in the next 3 years. Ensuring women's empowerment, especially in rural India, the connections will be issued in the name of women of the households.

Housing and Infrastructure

Pradhan Mantri Awaas Yojana-Gramin (PMAY-G)

Pradhan Mantri Awas Yojana – Urban (PMAY-U), a flagship Mission of Government of India being implemented by Ministry of Housing and Urban Affairs (MoHUA), was launched on 25th June 2015. The Mission addresses urban housing shortage among the EWS/LIG and MIG categories including the slum dwellers by ensuring a pucca house to all eligible urban households

Pradhan Mantri Gram Sadak Yojana (PMGSY)

The Pradhan Mantri Gram Sadak Yojana (PMGSY), was launched by the Govt. of India to provide connectivity to unconnected Habitations as part of a poverty reduction strategy. Govt. of India is endeavoring to set high and uniform technical and management standards and facilitating policy development and planning at State level in order to ensure sustainable management of the rural roads network.

Pradhan Mantri Sahaj Bijli Har Ghar Yojana

Pradhan Mantri Sahaj Bijli Har Ghar Yojana - Saubhagya is to provide energy access to all by last mile connectivity and electricity connections to all remaining un-electrified households in rural as well as urban areas to achieve universal household electrification in the country.

Unnat Jyoti by Affordable LEDs for All (UJALA)

The Unnat Jyoti by Affordable LEDs for All was launched in 2015 with a target of replacing 77cr incandescent lamps with LED bulbs. To nullify the high-cost of LEDs that acted as a barrier previously in adoption of energy efficient systems, the scheme

was implemented to set up phase wise LED distribution across the nation to provide people with affordable LED bulbs and energy efficient appliances. The objective is to promote efficient lighting, enhance awareness on using efficient equipment that will reduce electricity bills and preserve the environment.

POSHAN Abhiyaan

The Prime Minister's Overarching Scheme for Holistic Nutrition or POSHAN Abhiyaan or National Nutrition Mission, is Government of India's flagship programme to improve nutritional outcomes for children, pregnant women and lactating mothers. The POSHAN Abhiyaan directs the attention of the country towards the problem of malnutrition and address it in a mission-mode.

Anaemia Mukt Bharat

The Anaemia Mukt Bharat- intensified Iron-plus Initiative aims to strengthen the existing mechanisms and foster newer strategies for tackling anaemia. It focuses on six target beneficiary groups, through six interventions and six institutional mechanisms to achieve the envisaged target under the POSHAN Abhiyan.

Bibliography:

- Banerjee, Abhijit, Bardhan, Pranab et al. (eds.). Poverty and Income Distribution in India. New Delhi: Juggernaut. 2017.
- Bhalla, Surjit, Karan Bhasin and Arvind Virmani, "Pandemic, Poverty and Inequality: Evidence from India" (Working Paper of IMF), 2022.
- Chancel, Lucas and Piketty, Thomas. "Indian Income Inequality, 1922-2015: From British Raj to Billionaire Raj?", The Review of Income and Wealth, 65(1): 2019, 33-62.
- EAC-PM & Institute for Competitiveness. State of Foundational Literacy and Numeracy in India. New Delhi. 2021.
- Ghosh, Pritam et al, "Water, Sanitation, and Hygiene (WASH) poverty in India: A district-level geospatial assessment", Regionl Science Policy and Practice. 2021
- H.S. Shergill, "Rural–Urban Disparity in the Standard of Living across States of India A Preliminary Estimate", Economic and Political Weekly, 56(45-46): 2021, pp 44-50.
- International Institute for Population Sciences. National Family Health Survey (NFHS-4), 2015-16. Mumbai. 2017.
- International Institute for Population Sciences. National Family Health Survey (NFHS-5), 2019-21. Mumbai. 2021.
- Mehta, Balwant Singh and Sarkar, Sandip. "Income Inequality in India: Pre-and Post-Reform Periods", Economic and Political Weekly, 45(37): 2010, 45-55.
- Ministry of Finance, Government of India. Economic Survey 2016-17. New Delhi. 2017.
- Ministry of Finance, Government of India. Economic Survey 2017-18. New Delhi. 2018.
- Ministry of Finance, Government of India. Economic Survey 2018-19. New Delhi. 2019.
- Ministry of Finance, Government of India. Economic Survey 2019-20. New Delhi. 2020.
- Ministry of Finance, Government of India. Economic Survey 2020-21. New Delhi. 2021.
- Ministry of Finance, Government of India. Economic Survey 2021-22. New Delhi. 2022.
- Ministry of Statistics and Programme Implementation, Periodic Labour Force Participation Rate 2017-18. New Delhi 2018.
- Ministry of Statistics and Programme Implementation, Periodic Labour Force Participation Rate 2017-18. New Delhi 2019.
- Ministry of Statistics and Programme Implementation, Periodic Labour Force Participation Rate 2017-18. New Delhi 2021.
- National Sample Survey Office, Ministry of Statistics. National Sample Survey (NSS). New Delhi. 2016.
- Sutirtha Sinha Roy & Roy van der Weide, "Poverty in India Has Declined over the Last Decade But Not As Much As Previously Thought", Policy Research Working Paper, World Bank. 2022.
- Telecom Regulatory Authority of India. TRAI Annual Report 2019-20. New Delhi. 2020.
- U.S. Mishra and William Joe, "Household Assets and Wealth Quintiles, India 2006–16 Insights on Economic Inequalities", Economic and Politicly Weekly, 55(6): 2020, pp 77-82.

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