Social Sector Statistics

Social Statistics Division
Ministry of Statistics & Programme Implementation
Government of India
13.08.2024

SOCIAL SECTOR STATISTICS

- HEALTH

- EDUCATION

- EMPLOYMENT

- SOCIAL SECURITY AND WELFARE

- GENDER EQUALITY

- WATER AND SANITATION

- HOUSING AND URBAN DEVELOPMENT

- ENVIRONMENT

Women Led Development

An approach that centers on women as active participants and leaders in shaping and driving economic, social, and political progress.

It shifts the focus from seeing women as passive beneficiaries of development to recognizing their potential as agents of change.

Key Aspects

01 **Leadership & Decision Making**
Significnt influence on the planning, policy-making, and implementation of developmental projects

02 **Empowerment**
Empowerment to exercise rights and access to opportunities & resources so as to contribute fully to society's growth and development.

03 **Inclusive Growth**
addressing the specific needs and perspectives of women and ensuring that the benefits of development are equitably shared.

04 **Focus on Gender Equality**
address gender disparities and promote gender equality across various sectors, such as education, healthcare, employment, and political participation.

05 **Community Involvement**
Active involvement of women in community-based projects, ensuring that development efforts are culturally sensitive and locally relevant.

Advantages of women led development

Increased Labour Force Participation

- Broader Talent Pool
- Higher Employment Rates

Enhanced Productivity and Innovation

- Diverse Perspectives
- Better Decision-Making

Improved Health and Education Outcomes

- Better Resource Allocation
- Investment in Human Capital

Economic Resilience and Stability

- Diversified Economic Base
- Reduced Inequality

Increased Gross Domestic Product (GDP)

- GDP Growth
- Closing the Gender Gap

Social and Political Stability

- Inclusive Societies

Global Competitiveness

- Attracting Investment
- Innovation and Competitiveness

Increased Household Incomes

- Dual-Earner Households

Potential Data Points

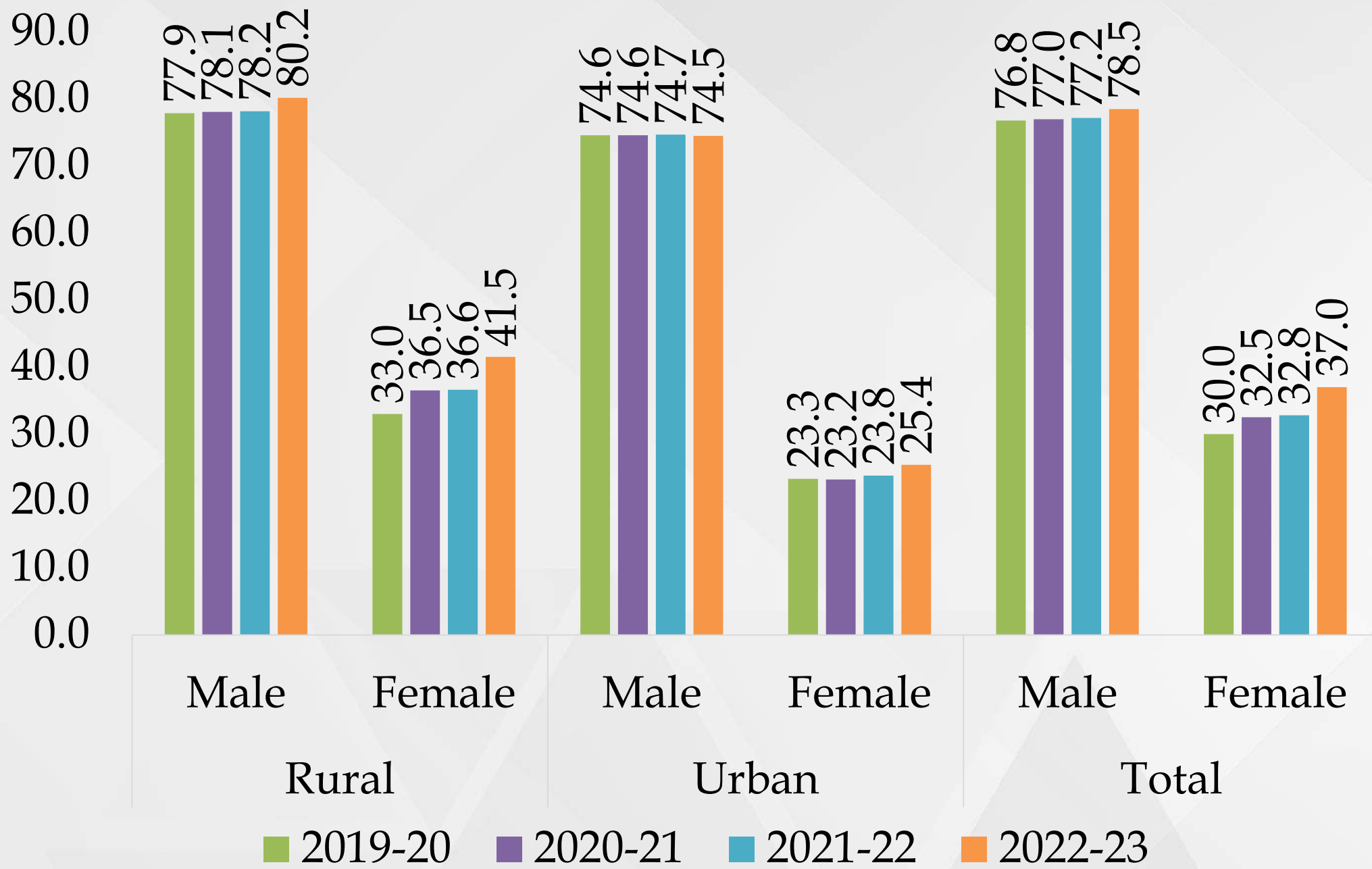|	
Demographic	Sex Ratio, Age Distribution
Economic Participation	LFPR, Employment Rates, Occupational Distribution, Wage Gaps
Entrepreneurship	Number of Women owned Businesses, Access to Finance
Political Participation	Women's Representation in Politics, Leadership Positions, Decision Making Roles
Health Indicators	MMR, IMR, Access to Healthcare
Education	Enrolment Rates, Gender Gaps in Education, Completion Rates
Violence Against Women	Prevalence Rates, Reporting Rates, Conviction Rates

Measuring Women led Development

Age Specific Fertility Rate

Age Group	2014	2015	2016	2017	2018	2019	2020
15 - 19	27.3	11.1	10.7	13.0	12.2	10.6	11.3
20 - 24	174.9	173.8	135.4	137.1	122.9	114.9	113.6
25 - 29	143.7	150.3	166.0	157.1	146.4	141.8	139.6
30 - 34	76.6	77.6	91.7	84.3	94.7	91.2	84.4
35 - 39	26.4	26.2	32.7	30.1	36.9	39.8	35.6
40 - 44	10.5	10.9	11.3	10.9	12.7	13.5	11.7
45 - 49	3.6	3.6	4.1	3.3	4.4	4.6	4.7

- ASFR in the age group of 20-24 and 25-29 has reduced from 174.9 and 143.7 to 113.6 and 139.6 respectively

- Probable reason may be the awareness of economic independence by attaining proper education and securing a job.

- The ASFR for the age 35-39 has increased from 26.4 to 35.6 which shows that after settling in the life, women are thinking of expansion of family

Source: SRS, O/o RGI

Measuring Women led Development

Labour Force Participation Rate (15+ years)

| 2019-20 | 2020-21 | 2021-22 | 2022-23 |

Rural
- Male: 77.9, 78.1, 78.2, 80.2
- Female: 33.0, 36.5, 36.6, 41.5

Urban
- Male: 74.6, 74.6, 74.7, 74.5
- Female: 23.3, 23.2, 23.8, 25.4

Total
- Male: 76.8, 77.0, 77.2, 78.5
- Female: 30.0, 32.5, 32.8, 37.0

Workers in Various Industries

Broad Industry Division	Rural		Urban	
2022-23	Male	Female	Male	Female
Agriculture	49.1	76.2	4.7	11.7
Mining & Quarrying	0.4	0.1	0.6	0.1
Manufacturing	8.2	8.3	20.5	23.9
Electricity, Water, etc.	0.5	0.1	1.3	0.5
Construction	19.0	4.2	12.6	3.1
Trade, Hotel & restaurants	10.5	4.1	26.5	15.2
Transport, Storage & Communications	5.3	0.2	13.2	5.5
Other Services	7.0	6.9	20.6	40.1

Source: Periodic Labour Force Survey, Ministry of Statistics & Programme Implementation

Measuring Women led Development

Average time (in min.) spent in a day per person in paid/unpaid activities
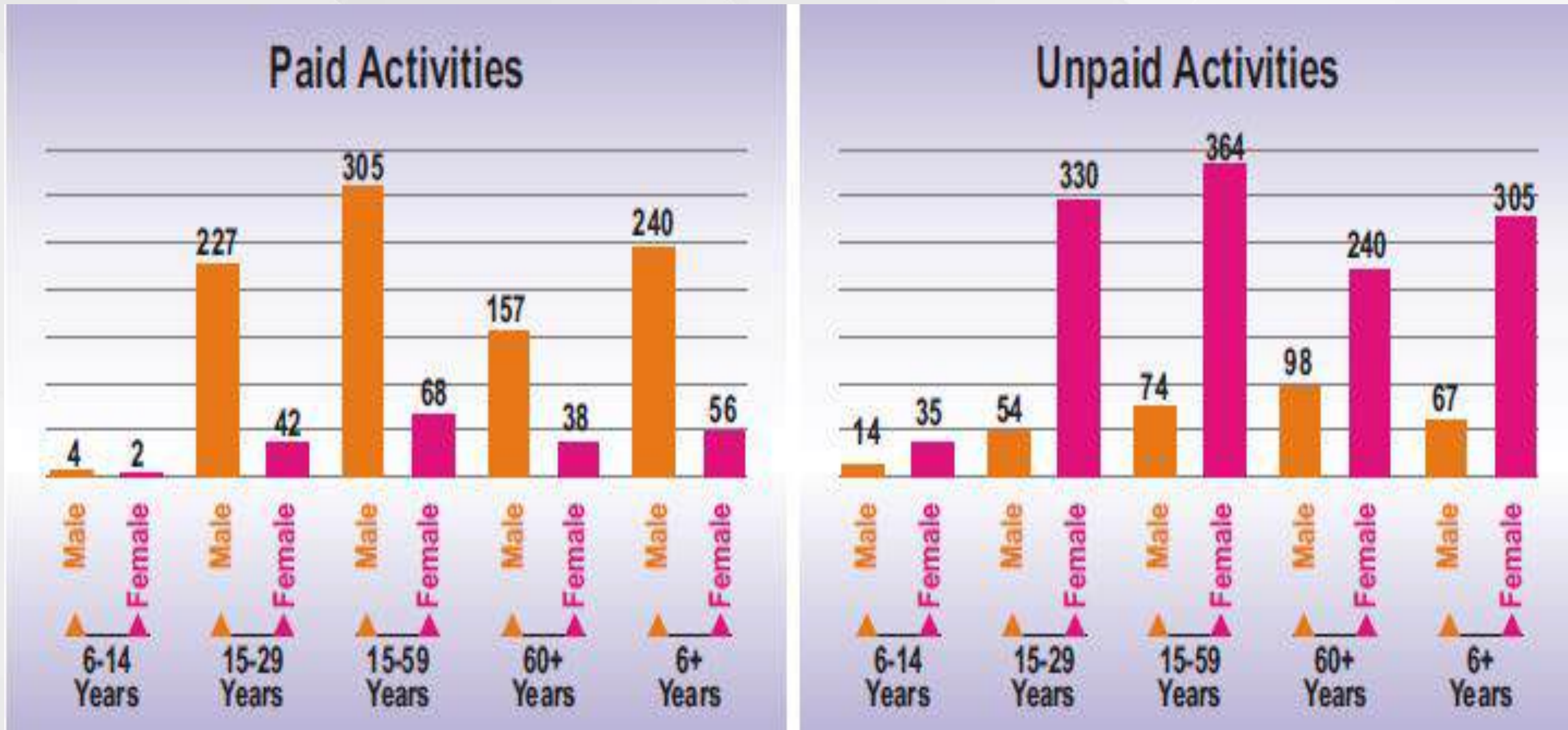
Source: Time Use Survey 2019, MoSPI

Measuring Women led Development

Contribution of Women-owned MSMEs to total MSMEs registered on Udyam registration portal since 1st July 2020 to 31st Jan 2024)

Participation of Women in Start-ups

Category	Total	Employment	Investment (Rs In Crore)	Turnover (Rs In Crore)
Women MSME	4,667,278	28,407,069	1,26,845.12	17,14,992.98
MSMEs	22,819,417	151,668,034	1,137,237	16,784,358
% of Women owned MSMEs	20.5 %	18.73%	11.15%	10.22%

The total number of Start-ups recognised by DPIIT since inception (Jan 2016) till Dec'23 is 1,17,254.

Total number of Women led Start-ups (Startups having at-least 1 woman director) is 55,816 which constitutes 47.6 percent of the total Start-ups.
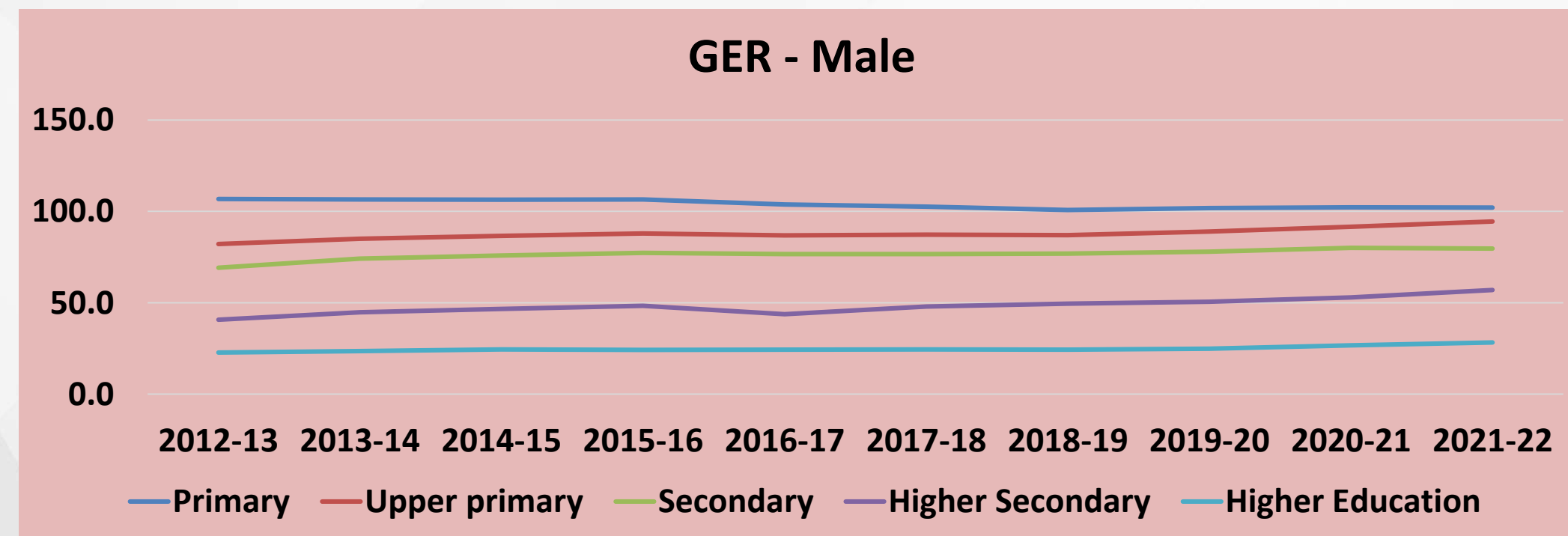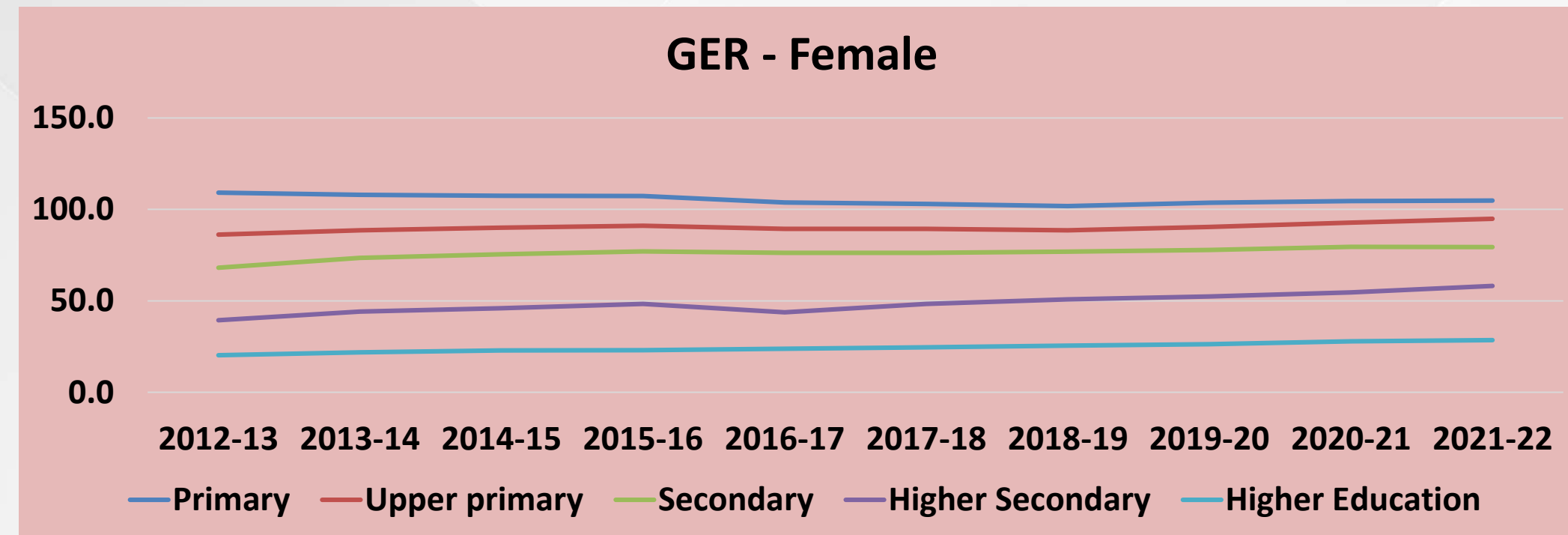
Source: Answer to Lok Sabha unstarred Question No. 263 dated 05.02.2024 by M/o MSME

Source: DPIIT

Measuring Women led Development

Gender Gap in Literacy

Legend:
- NSS 64th round: 2007-08
- NSS 71st round : 2014
- NSS 75th round : 2017-18

	Rural	Urban	Total
NSS 64th round: 2007-08	20.3	11.8	18.2
NSS 71st round : 2014	18.2	10.1	15.8
NSS 75th round : 2017-18	16.5	9.4	14.4
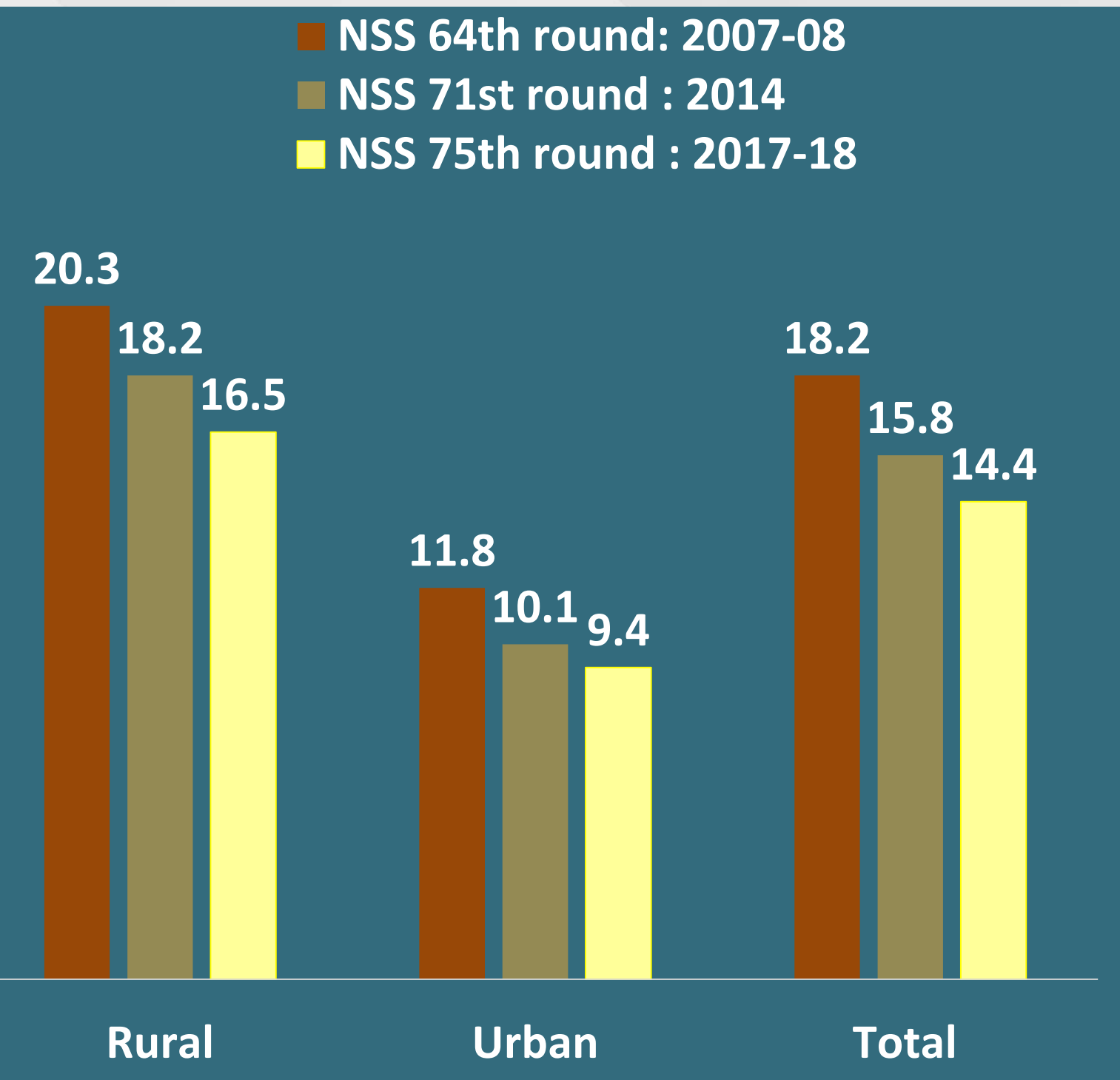
Source: NSS, MoSPI

Gross Enrolement Ratio

GER - Female

2012-13 2013-14 2014-15 2015-16 2016-17 2017-18 2018-19 2019-20 2020-21 2021-22

Primary — Upper primary — Secondary — Higher Secondary — Higher Education

GER - Male

2012-13 2013-14 2014-15 2015-16 2016-17 2017-18 2018-19 2019-20 2020-21 2021-22

Primary — Upper primary — Secondary — Higher Secondary — Higher Education

Source: Udise+, AISHE; M/o Education

Measuring Women led Development
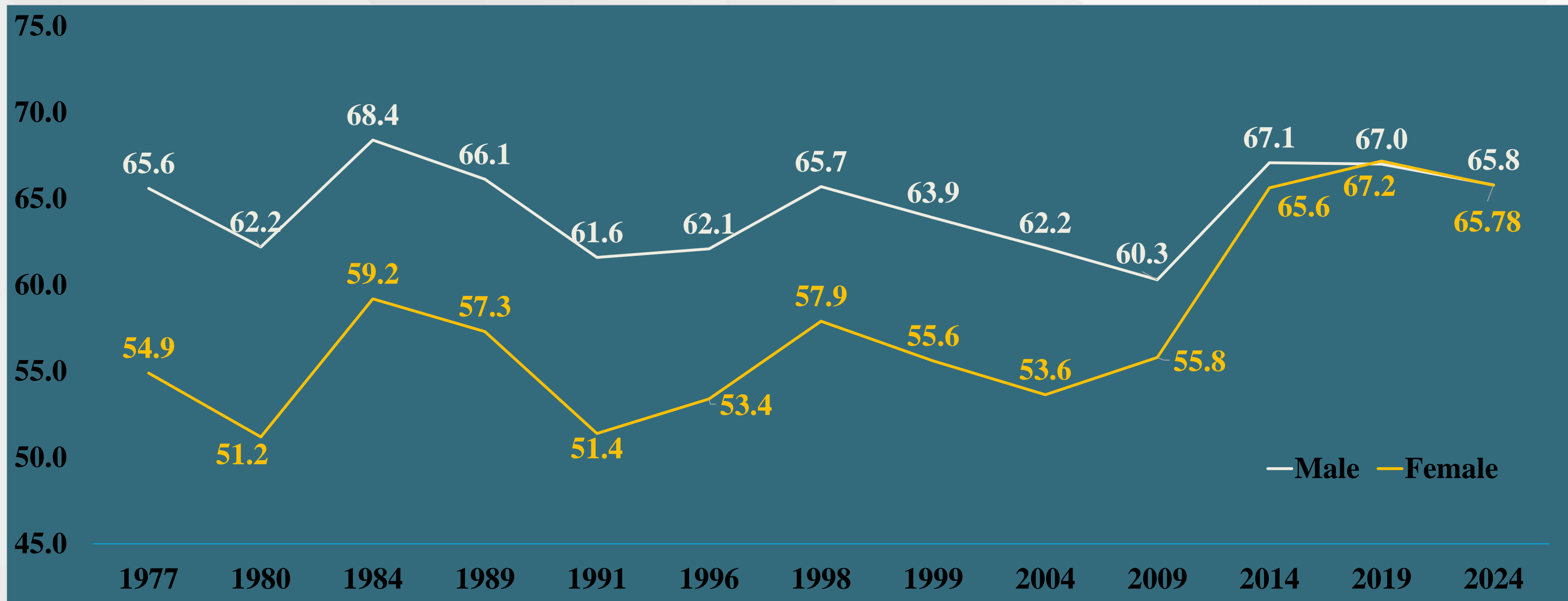
Maternal Mortality Ratio

Infant Mortality Rate

Maternal Mortality Ratio

Year	Value
2004-06	254
2007-09	212
2010-12	178
2011-13	130
2014-16	130
2015-17	122
2016-18	113
2017-19	103
2018-20	97

Male Female Person

Infant Mortality Rate (2008–2020)
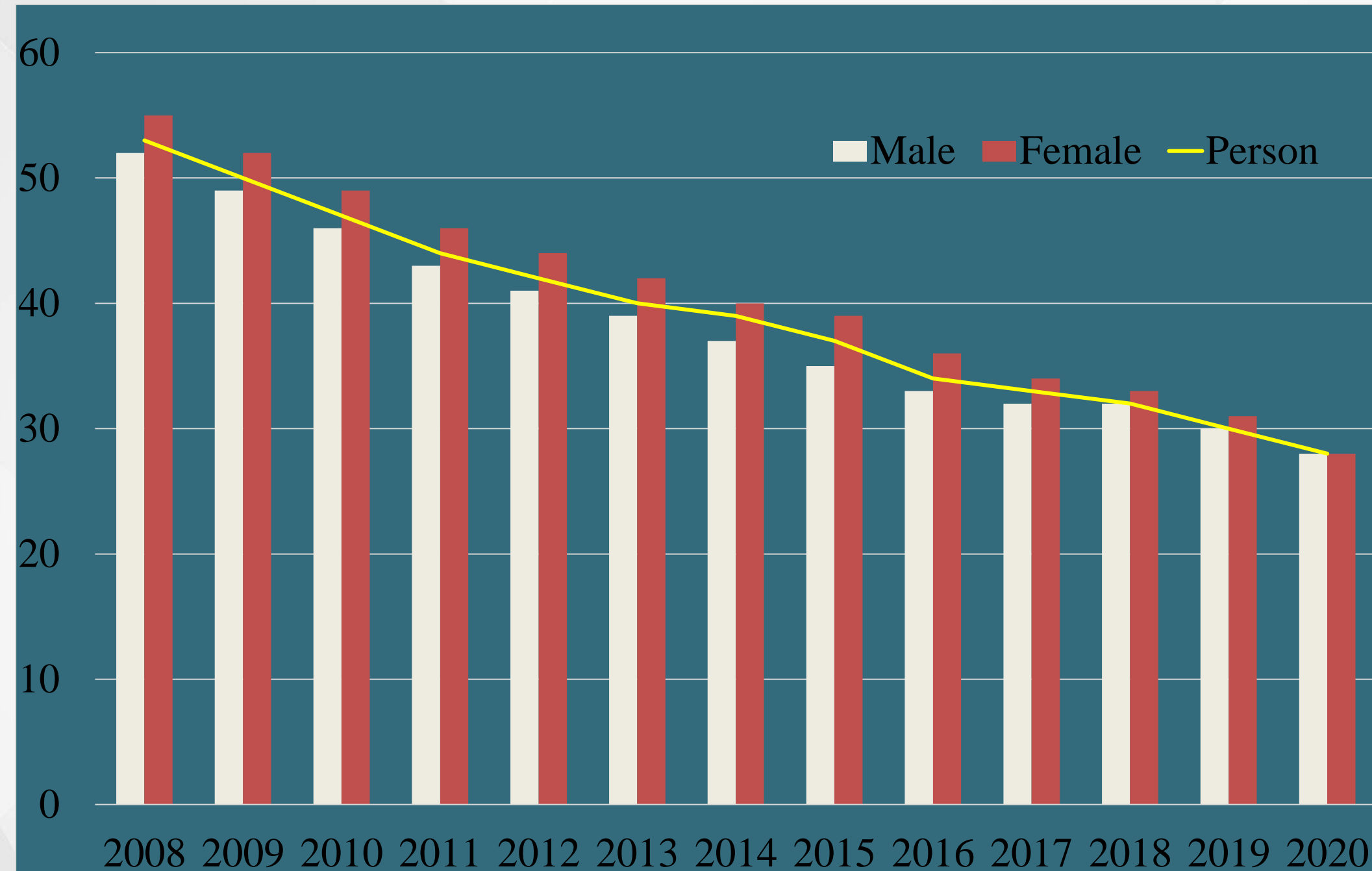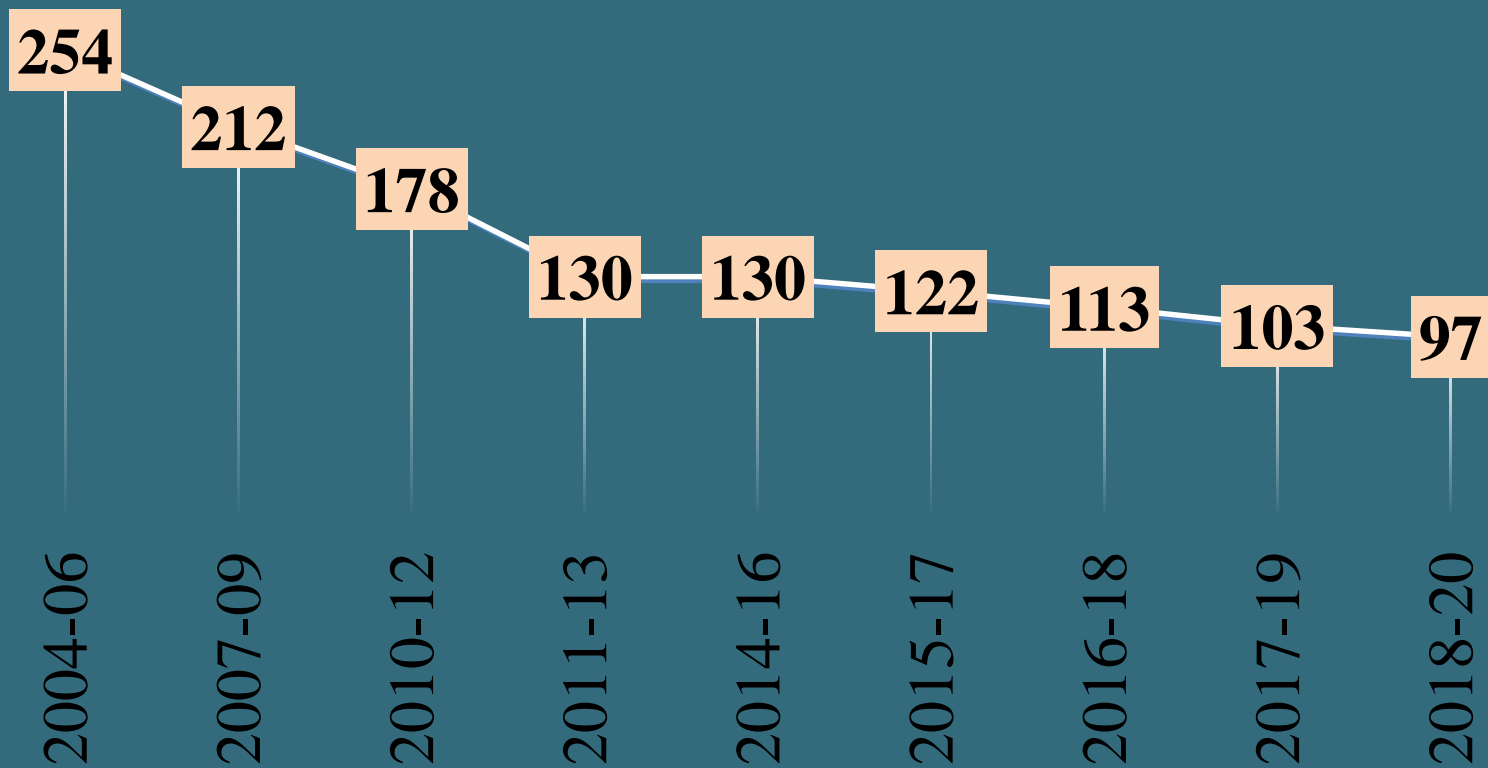
Source: SRS, O/o RGI

Measuring Women led Development

Voter turnout in Lok Sabha Election

Source: Election Commission of India

Government Schemes and Policies

- BETI BACHAO, BETI PADHAO

- SUKANYA SAMRIDHHI YOJANA

- PRADHAN MANTRI MATRU VANDANA YOJANA

- PM MUDRA YOJANA

- STAND UP INDIA

- POSHAN ABHIYAAN

- PM AWAS YOJANA – GRAMIN

- PM UJJWALA YOJANA

- SWACHHA BHARAT MISSION

- JAL JEEVAN MISSION

- MISSION SHAKTI

Key Steps by the Government

❖ **Nari Shakti Adhiniyam passed giving 33% reservation to women**

❖ **Paid maternity leave increased to 26 weeks**

❖ **Over 4.73 Crore pregnant women examined under PM Surakshit Matritvan Abhiyan**

❖ **3.2 Crore Sukanya Samruddhi Yojana accounts**

Key Steps by the Government

❖ Around 10 crore smoke-free kitchens by providing LPG Gas cylinders

❖ 72% women ownership under PM Awas Yojana Gramin

❖ 69% of the loans have been sanctioned to women entrepreneurs under Pradhan Mantri Mudra Yojana

❖ 84% of the beneficiaries under Stand-Up India are women.

❖ 43% STEM graduates in India are women which is highest in the world

Way Forward

- Need to have a proper statistical mechanism for measuring the progress of women led development.
- Availability of disaggregated data for all the indicators need to be ensured.
- Since the data flow is from ground to district to state to central, states may collect and collate data on these indicators.
- Each state may have their own publication on gender statistics.
- State specific issues hindering women led development may be highlighted.

NFHS: Bridging the gap between data and decision making for a healthier India

Reena Singh

Chief Director (Statistics)

Ministry of Health & Family Welfare

ABOUT NFHS

❖ Comparable to globally recognized DHS surveys conducted across more than 90 countries

❖ One of the largest households surveys in the world

Sample coverage : 6,36,699 households

Women (15-49 years) interviewed : 7,24,115

Men (15-54 years) interviewed: 1,01,839

NFHS-5
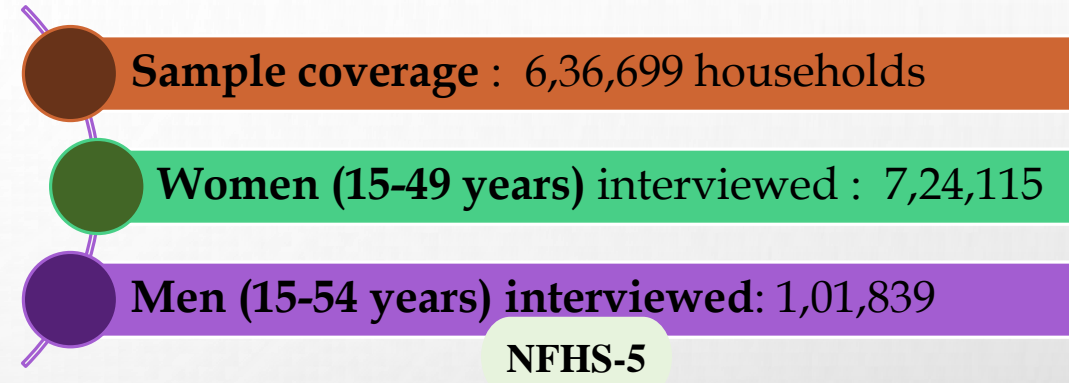
❖Data on population and health indicators and emerging issues in health and family welfare

❖Vital estimates of the prevalence of malnutrition, hypertension, high blood glucose levels, etc. through a series of biomarker tests and measurements

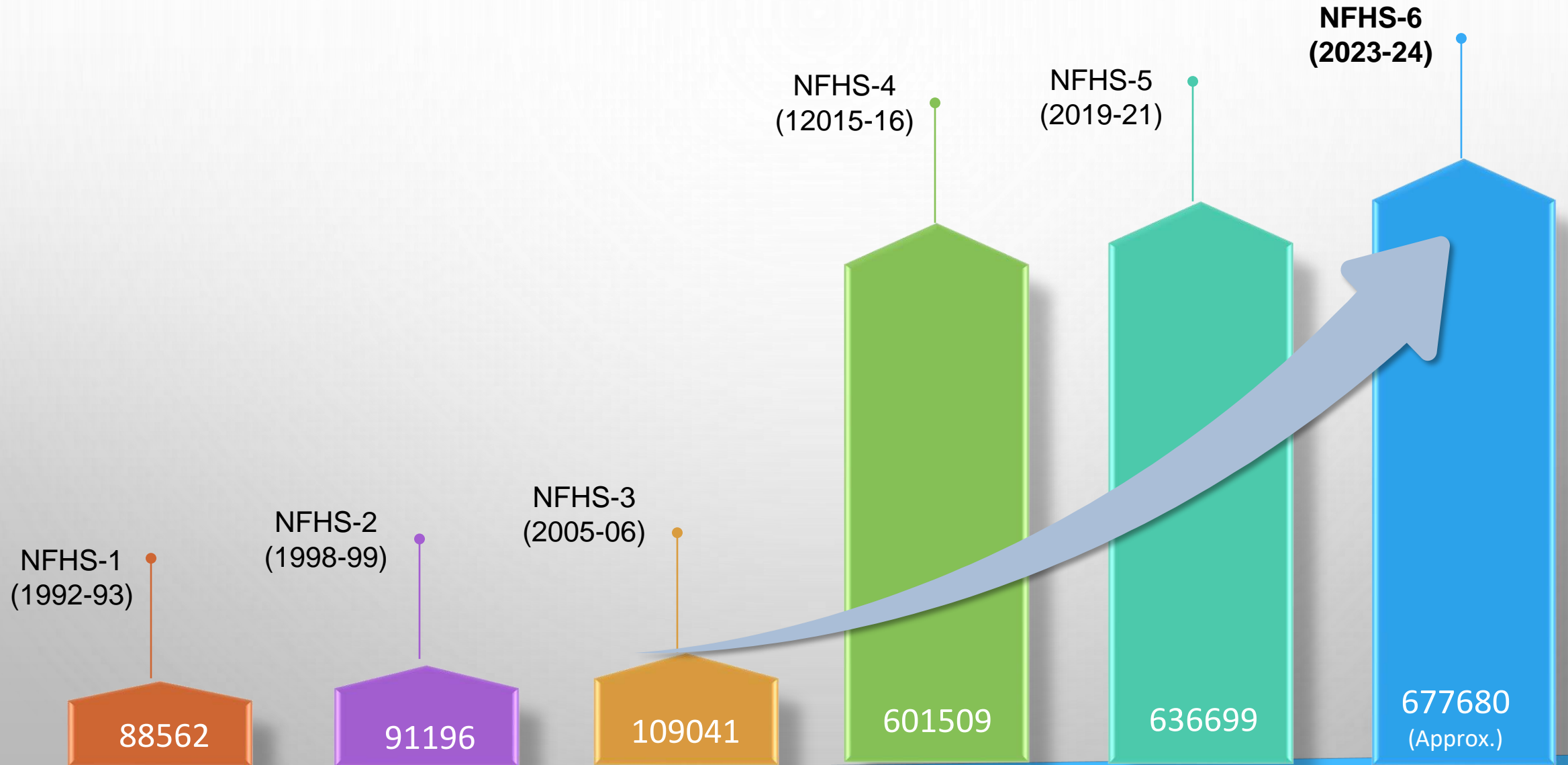❖Provides evidence on the effectiveness of ongoing programmes

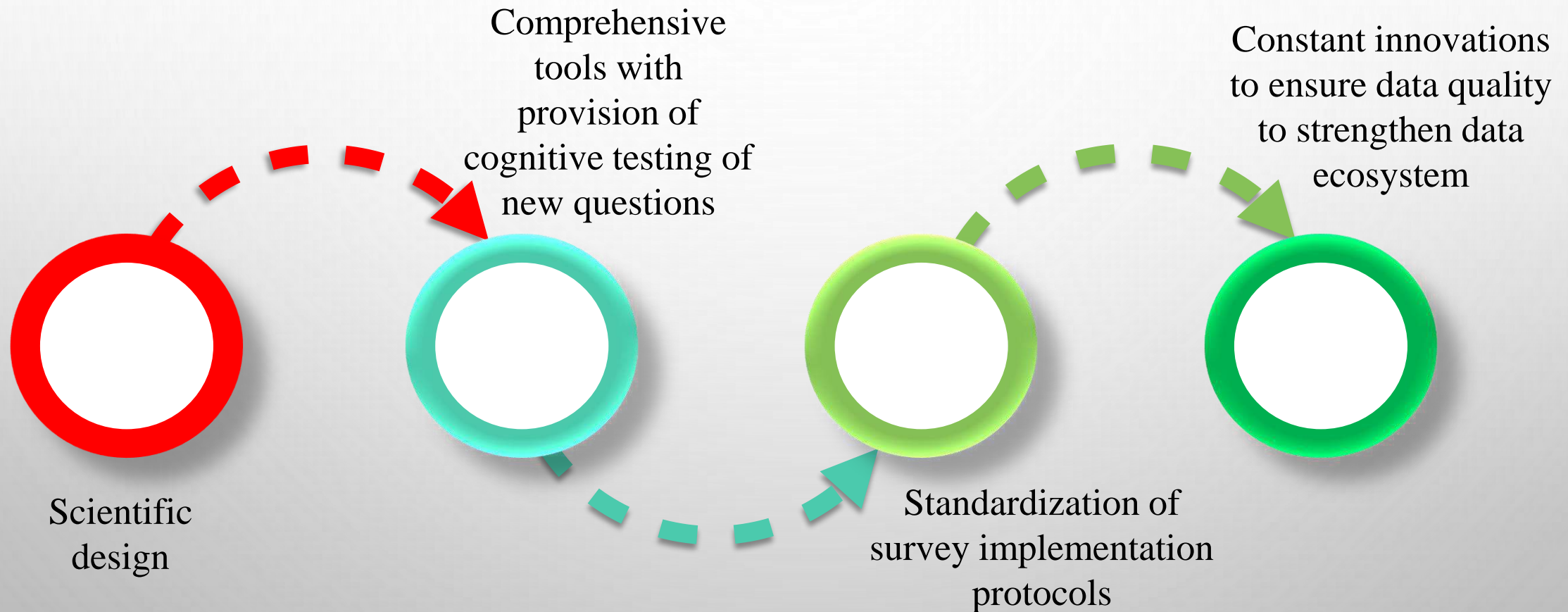❖Assists policymakers in setting benchmarks and examining progress over time in India's health sector

JOURNEY OF NFHS

HH-88,562 — NFHS-1 — 1992-93

HH-91,196 — NFHS-2 — 1998-99

HH-1,09,041 — NFHS-3 — 2005-06

HH-6,01,509 — NFHS-4 — 2015-16

HH-6,36,699 — NFHS-5 — 2019-21

HH-6,77,680 (Approx.) — NFHS-6 — 2023-24

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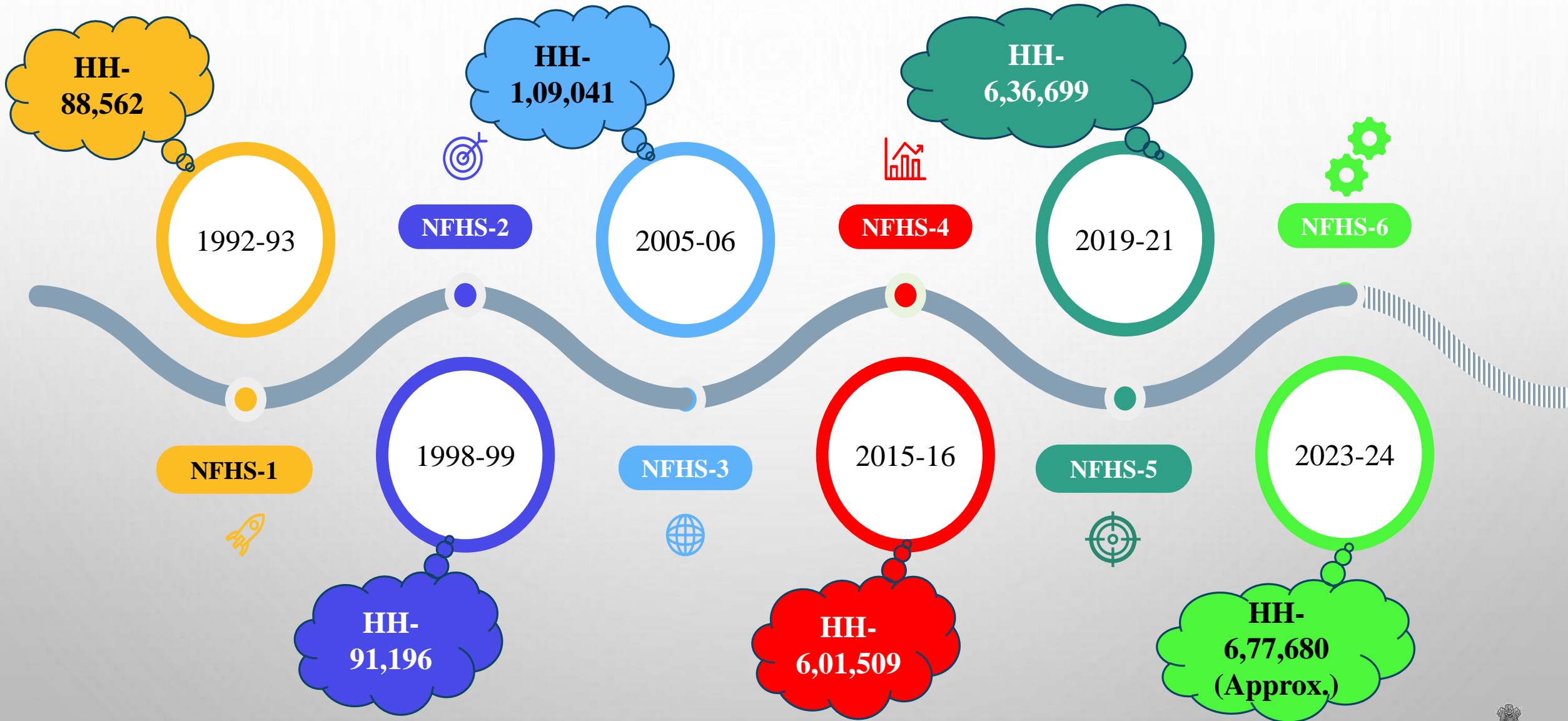
HOUSEHOLDS SURVEYED IN DIFFERENT ROUNDS OF NFHS

NFHS-1
(1992-93)
88562

NFHS-2
(1998-99)
91196

NFHS-3
(2005-06)
109041

NFHS-4
(12015-16)
601509

NFHS-5
(2019-21)
636699

**NFHS-6
(2023-24)**
677680
(Approx.)

STRATEGIES TO STRENGTHEN DATA QUALITY IN IMPLEMENTATION OF NFHS-6

1 Data collection on CAPI software

2 In-built quality checks to provide real time feedback (soft checks & hard checks)

3 Field data transferred to IIPS on daily basis for remote monitoring progress of the field team

4 Increasing number of indicators in POQR to strengthen data quality management plan

5 Real time access to data using field check tables (FCT): an opportunity for immediate feedback

6 Re-interviews (Back checks) in 25% HHs in 20% PSUs in each District on selected indicators and matching with original data (team based movements)

COOPERATION FROM STATE GOVERNMENT

Survey commencement & Planning

- Ministry's Requests State Principal Secretaries (Health) for issuing instructions to:
  - The District Magistrates, CMOs & other concerned officials (Community Health workers) to extend full co-operation and assistance, including necessary security arrangements, wherever required to the FA & field team.
  - All public health facilities to receive Bio-medical waste generated out of biomarker tests under NFHS.
- The Field Agencies, on behalf of IIPS, contacts the State/District administration
- State/District Administration issues instructions to the District Magistrate, CMO & other concerned officials

Survey implementation

- Active Co-operation of CMOs or delegated officials in addressing non-response issues by visiting the PSUs
- Frontline workers (ASHAs/ANMs) involvement

COOPERATION FROM STATE GOVERNMENT

Participation in Trainings

- Public Health Experts and State Government Officials contribute as Resource persons in ToTs/State level trainings

- Resource persons from Central and State NHMs, Universities

Dissemination Workshops for State Reports

- In active presence of State Principal Secretaries (Health), Central/State NHM Mission Directors

- Participation of senior health and administrative officials, District level representatives

- Ensuring that the results are reviewed and integrated into policy decisions.

CONTENTS OF NFHS-6 QUESTIONNAIRES

❖ Listing of household members and visitors & their characteristics

- Age & sex, Relationship with head of HH, Education, Marital status, Migration

❖ Household characteristics

- Water and sanitation, Ownership of assets, Cooking fuel

❖ Salt iodization

❖ Background characteristics, Media exposure

❖ Reproduction: birth history

❖ Menstrual hygiene

❖ Marriage & sexual activity

❖ Fertility & fertility preferences

❖ Family planning knowledge & use

❖ Contacts with community health workers

❖ Gender issues including women's empowerment & domestic violence

❖ Maternal and reproductive health - Antenatal care, Delivery care, Postnatal care

15-49 years

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PRINCIPAL CONTENTS OF NFHS-6 QUESTIONNAIRES

15-49 years

- ❖ Nutrition -Infant & young child feeding practices
- ❖ Beneficiaries of other national GOI programmes, such as JSY and JSSK
- ❖ Child health & Immunization coverage
- ❖ Prevalence, care-seeking behavior, & treatment of childhood diseases (diarrhoea, fever, & symptoms of ARI)
- ❖ HIV /AIDS knowledge, stigma, discrimination & coverage of HIV testing and prevalence
- ❖ Domestic violence
- ❖ Woman's empowerment

15-54 years

- ➢ Background characteristics, media exposure
- ➢ Marriage and sexual activity
- ➢ Presence at ANC visits
- ➢ Sexual behaviour attitudes towards gender roles
- ➢ Gender issues, including domestic violence
- ➢ HIV/AIDS knowledge, stigma and discrimination, HIV testing
- ➢ Tuberculosis
- ➢ Adult health - Non-communicable diseases, Smoking/drinking, Health insurance coverage, etc.

- ❖ **CAB tests**: Height, weight, Blood glucose level, Blood pressure, HIV Sero-prevalence, Hepatitis B&C

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# MAJOR MODIFICATIONS IN NFHS-6 QUESTIONNAIRE

ADDITIONS

➢ COVID-19: hospitalization and vaccination

➢ Migration

➢ Digital Literacy

➢ Financial Inclusion

➢ Additional dimensions on family planning programmes and Child Immunization

➢ Marital choice

➢ New questions on menstrual hygiene

➢ Period of blood transfusion

➢ Membership in Self-help Groups (SHGs)

➢ Death registration in birth history

➢ Knowledge/awareness on anaemia and Hepatitis B & C

➢ **Biomarker tests**: HIV, Hepatitis-B & C

DELETIONS

➢ Disability

➢ consanguineous marriages

➢ Detailed questions on mosquito nets

➢ Community health workers and utilization of integrated child development services (ICDS)

➢ **Biomarker tests:** hemoglobin, HbA1C, malaria parasites & anti-malarial drug resistance and vitamin D3, measurement of waist & hip circumferences

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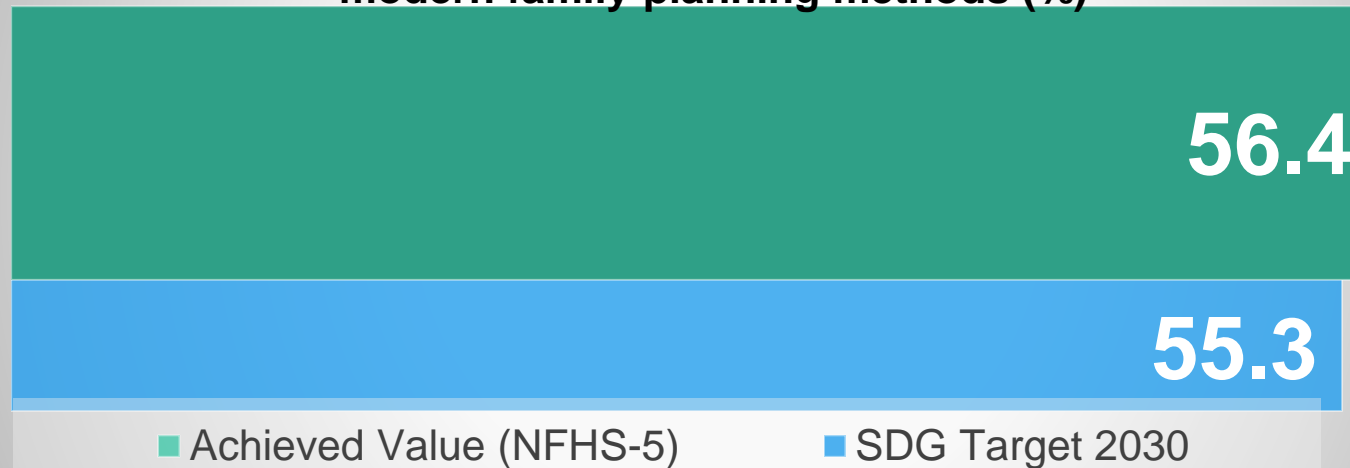
NFHS as Data Source for SDGs
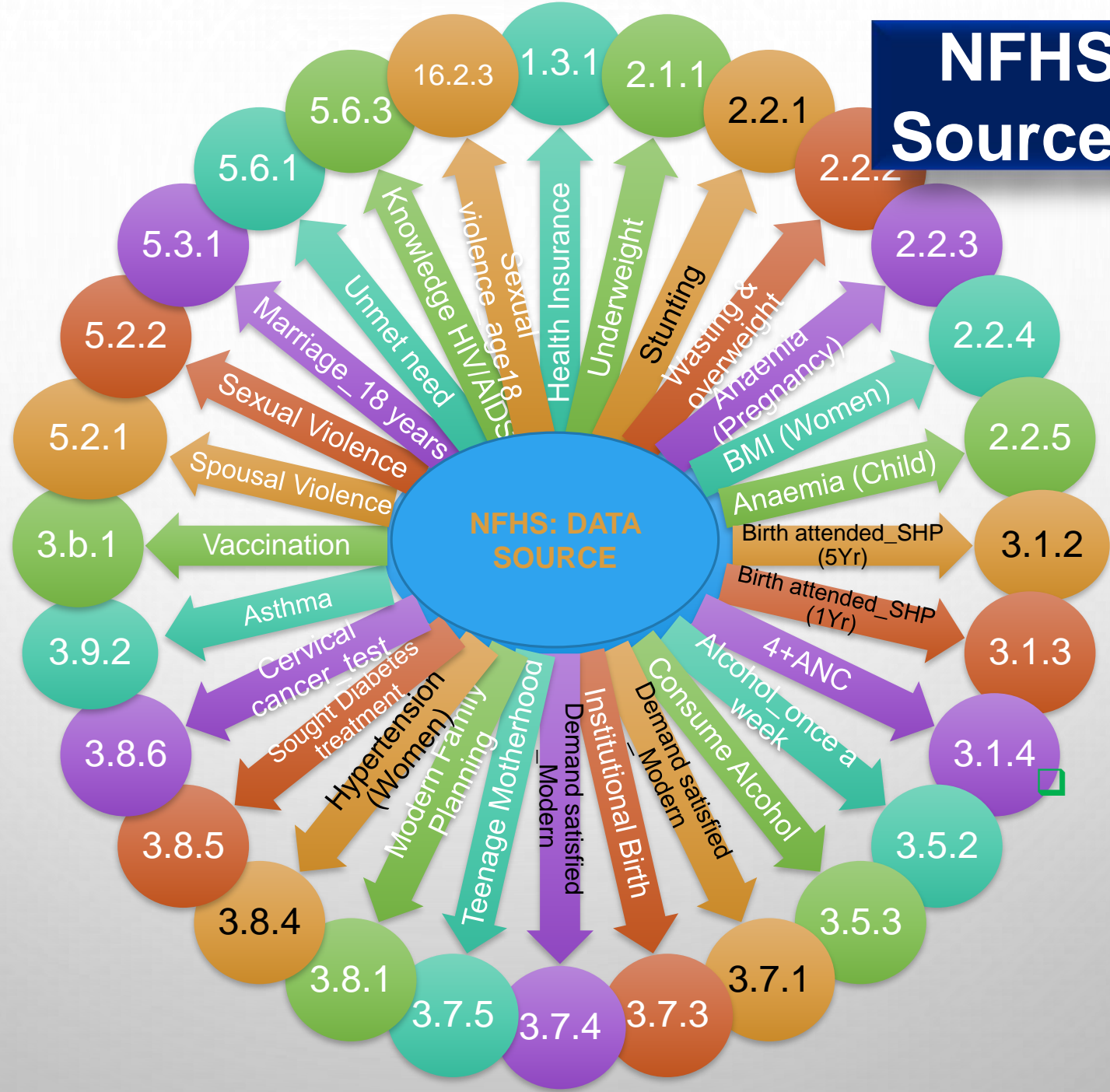
Enhanced contents of NFHS questionnaires and additional biomarkers helps Govt to track progress towards achievement of SDGs 1,2, 3, 5 & 16 by 2030.

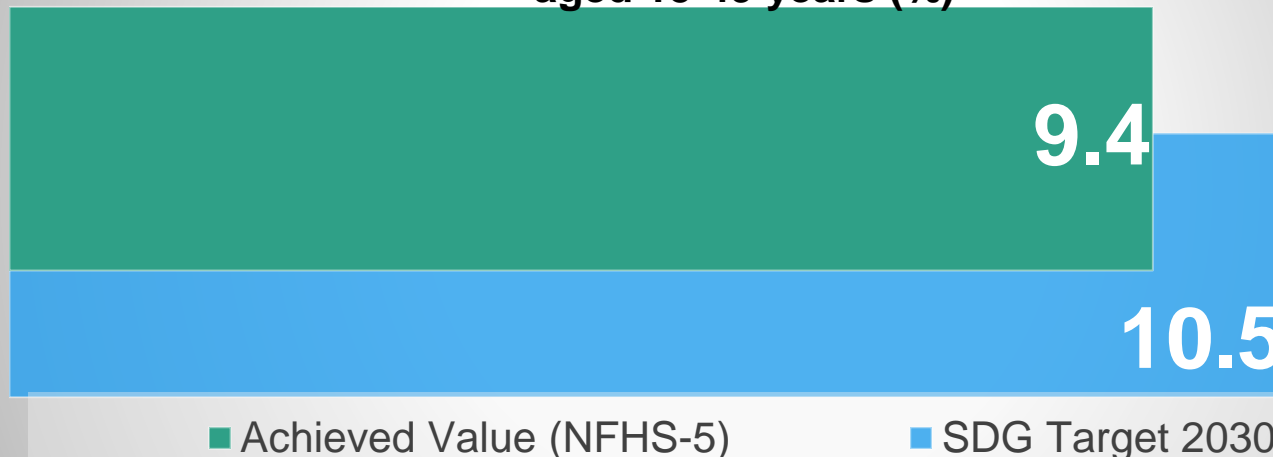MoHFW is the nodal Ministry for SDG-3 "*Ensure healthy lives and promote well-being for all at all ages*".

SDGs: Target Achievement

## 3.7.4: Currently married women (15-49 years) who use any modern family planning methods (%)

- **56.4** — Achieved Value (NFHS-5)
- **55.3** — SDG Target 2030

5.6.1: Unmet need for family planning for currently married women aged 15-49 years (%)

- **9.4** — Achieved Value (NFHS-5)
- **10.5** — SDG Target 2030

3 GOOD HEALTH AND WELL-BEING

UNIVERSAL ACCESS TO SEXUAL AND REPRODUCTIVE CARE, FAMILY PLANNING AND EDUCATION

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SDGs: Towards Target Achievement

3.1.2: Percentage of births attended by skilled health personnel (Period 5 years)
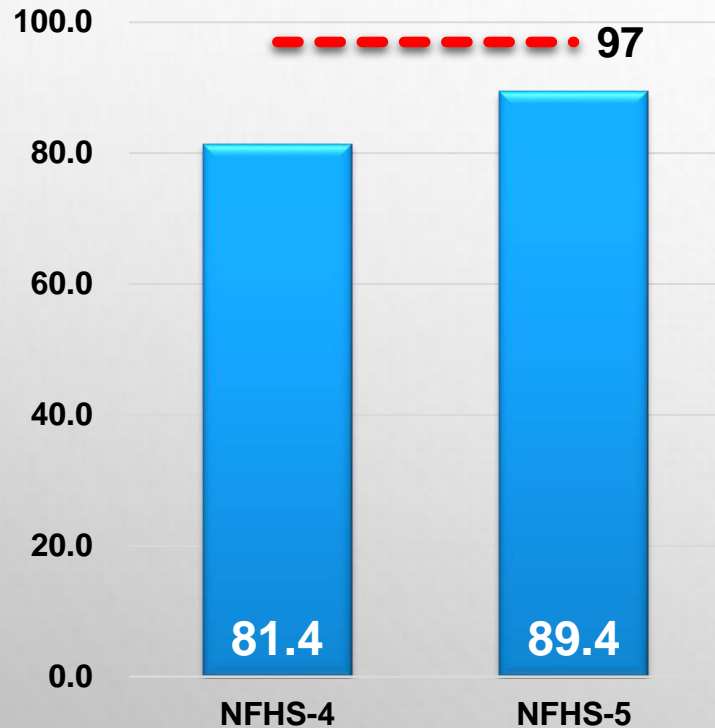
3.7.3: Percentage of Institutional Births (5 years)
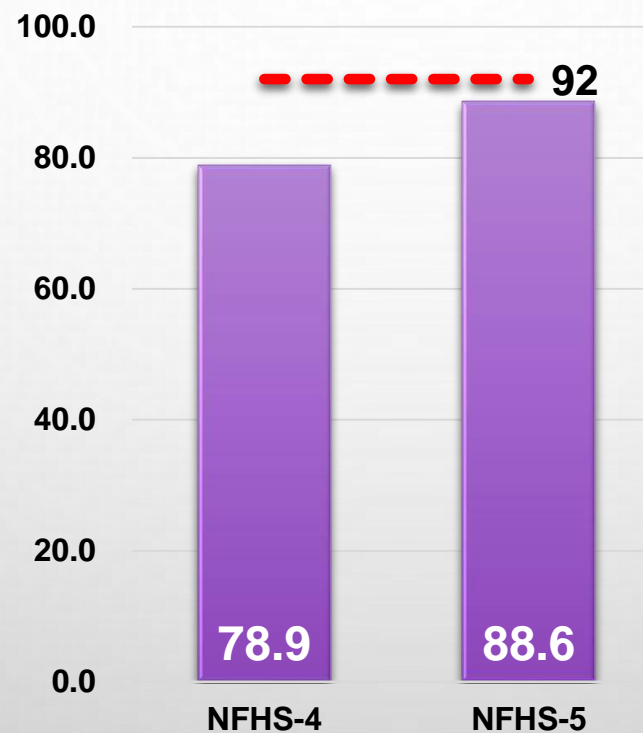
3.7.5: Percentage of women aged 15-19 years who were already mothers or pregnant
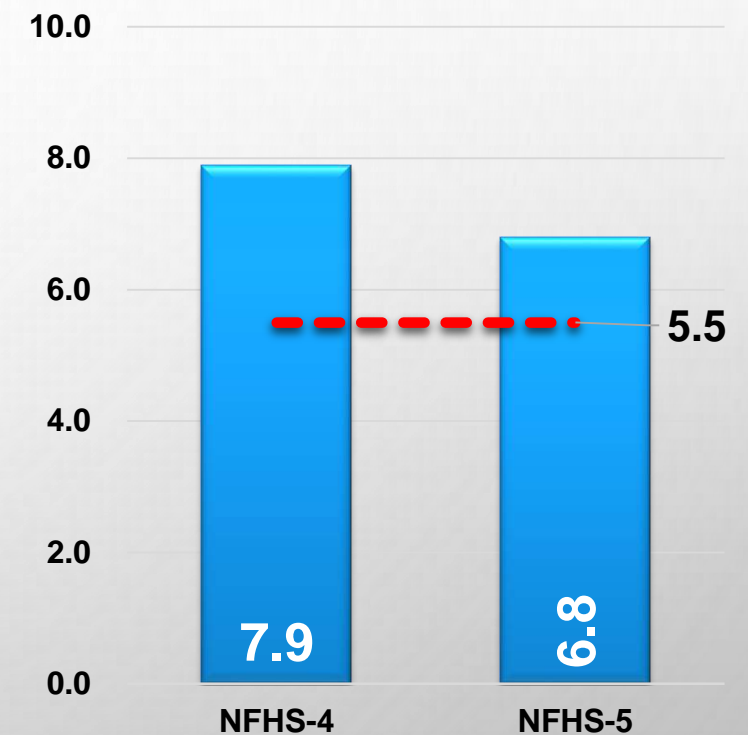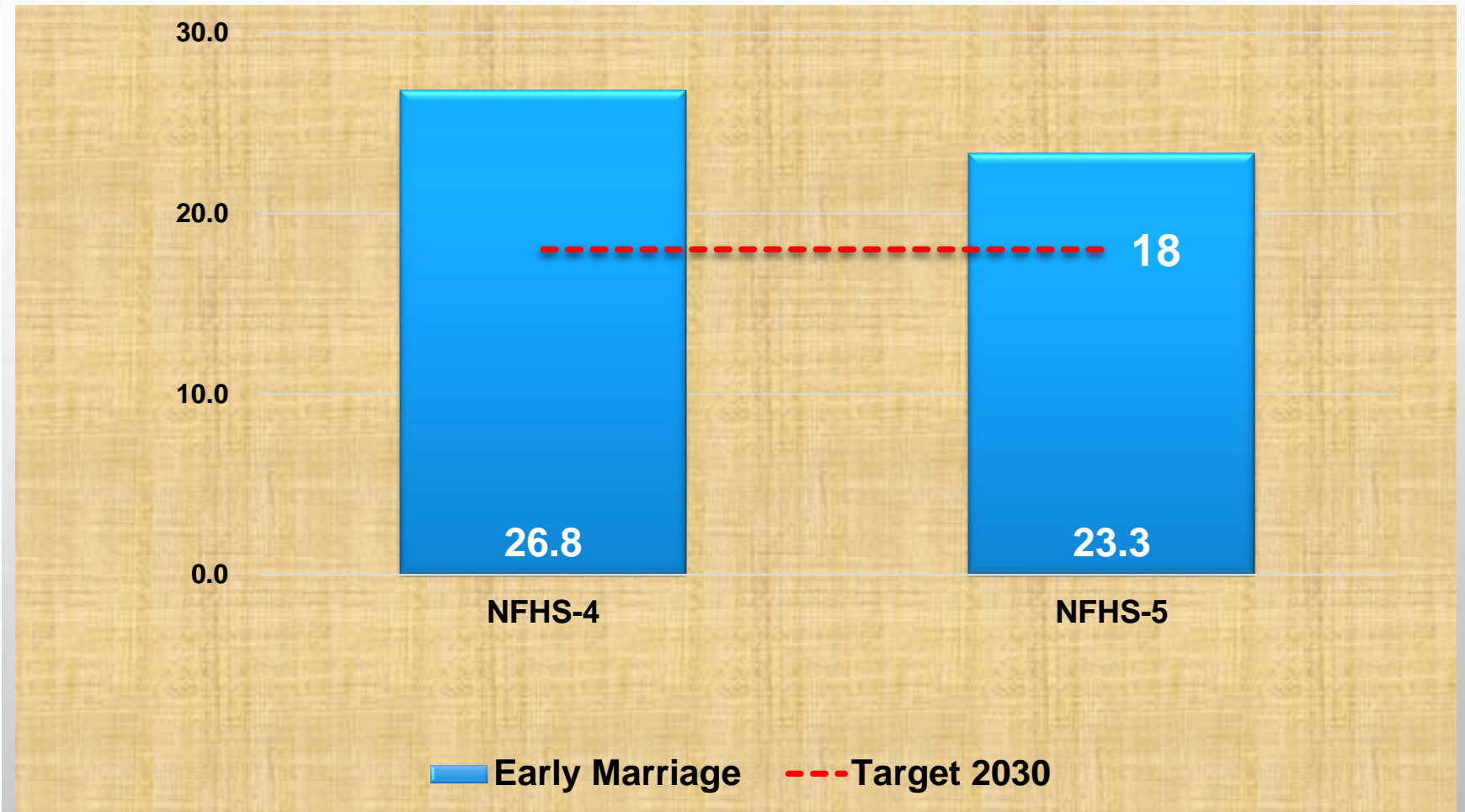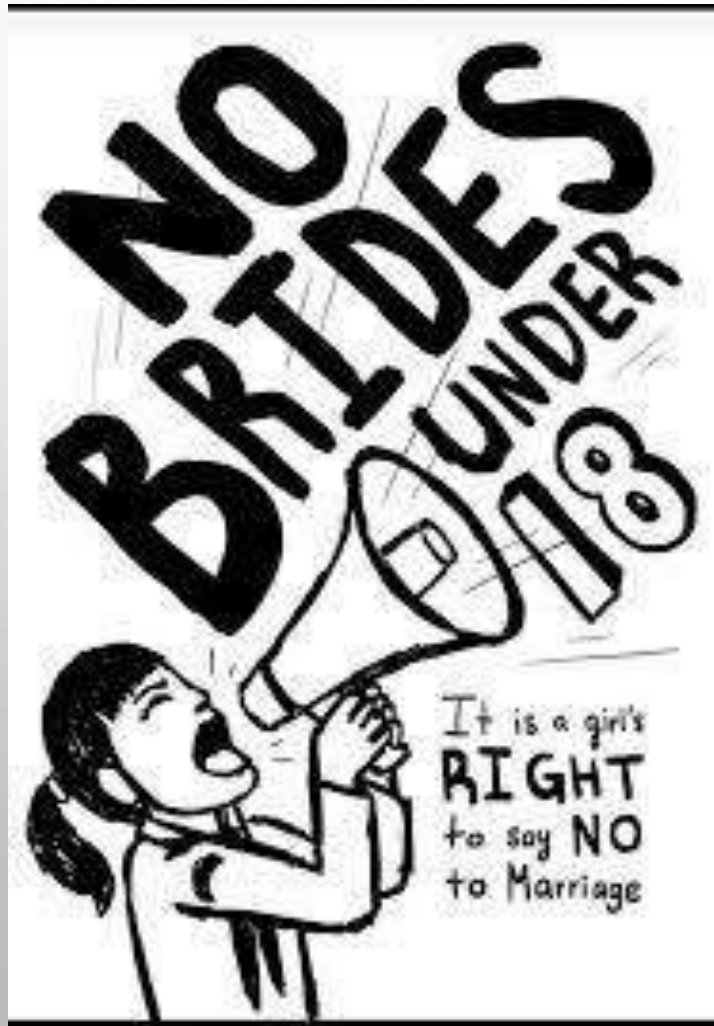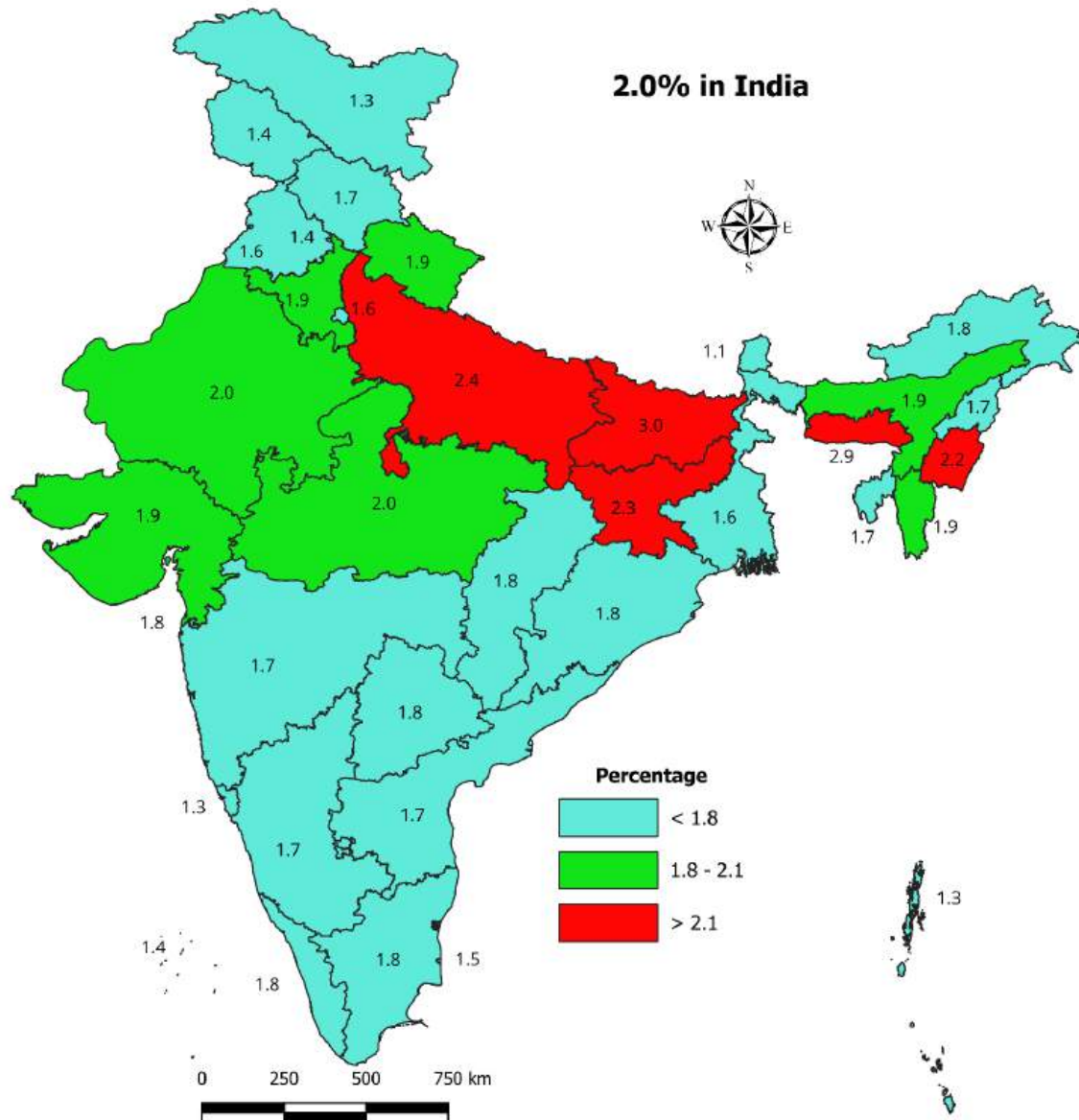
SDGS: TOWARDS TARGET ACHIEVEMENT

5.3.1: Percentage of women aged 20-24 years who were married by exact age 18 years
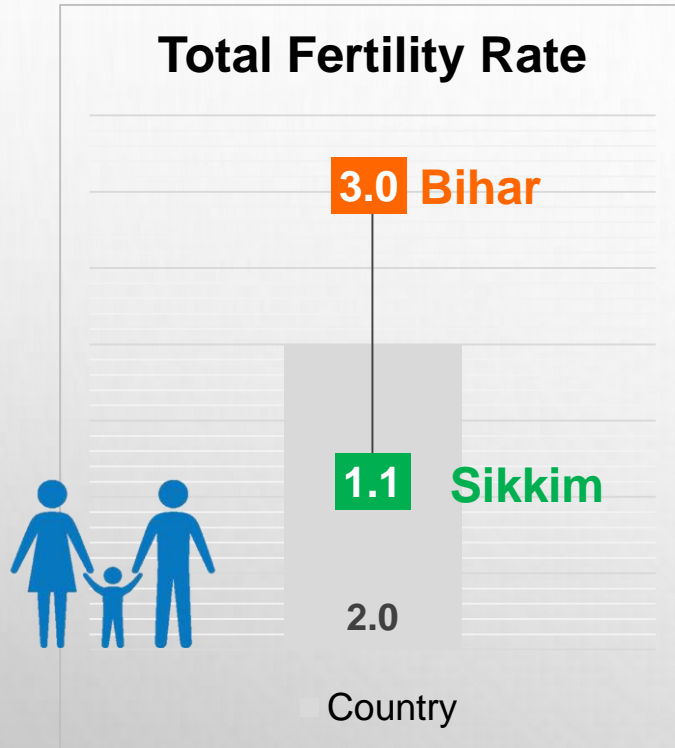
2.0% in India

Percentage
- < 1.8
- 1.8 - 2.1
- > 2.1

India has achieved replacement level of fertility

31 States/UTs with TFR <2

(Meghalaya, Jharkhand, Uttar Pradesh, Mizoram, Bihar TFR >2)

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INEQUITIES ACROSS STATES (NFHS-5)

Total Fertility Rate

3.0 Bihar

1.1 Sikkim

2.0 Country

Teenage Childbearing %

21.9 Tripura

6.8

0 Ladakh

Country

Teenage Marriage %

41.6 West Bengal

23.3

Lakshadweep

1.3

Country

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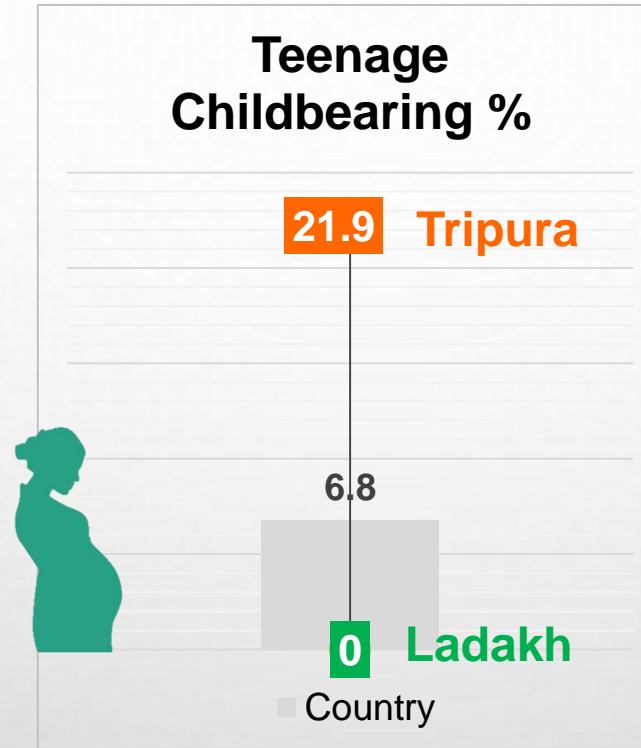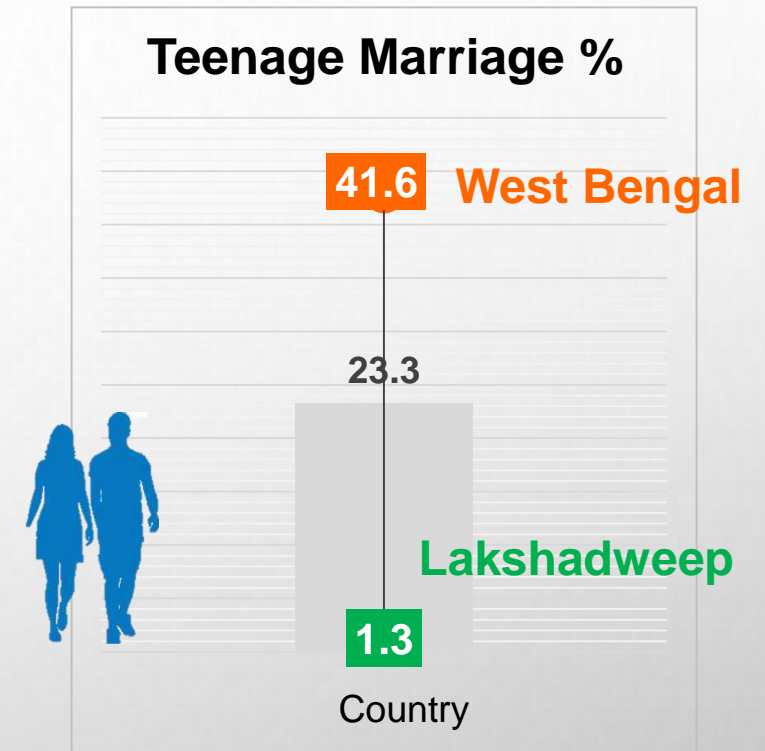
MOTHERS WHO HAD AT LEAST 4 ANTENATAL CARE VISITS (%)

NFHS-4 (51.2%)

87.5
81.2
69.1
68.5
30.9
45.1
38.5
26.4
14.4
35.7
30.3
76.4
70.5
59.1
61.9
72.2
74.9
76.3
70.1
81.1

NFHS-5 (58.5%)

78.4
80.9
70.3
59.3
61.8
6...
55.3
42.4
25.2
57.5
38.6
75.8
76.9
60.1
78.1
70.3
70.4
70.9
67.5
89.9

**Increased in 23 States
Decreased in 13 States**

Sikkim: 16.3% pts.
Tripura: 11.6% pts.
Kerala: 11.5% pts.
Punjab: 9.2% pts.

Range: 20.7% (Nagaland) – 93.0% (Goa)

Legend: <50 | 50-70 | 70-90 | >90

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INSTITUTIONAL DELIVERY IN PUBLIC HEALTH FACILITIES
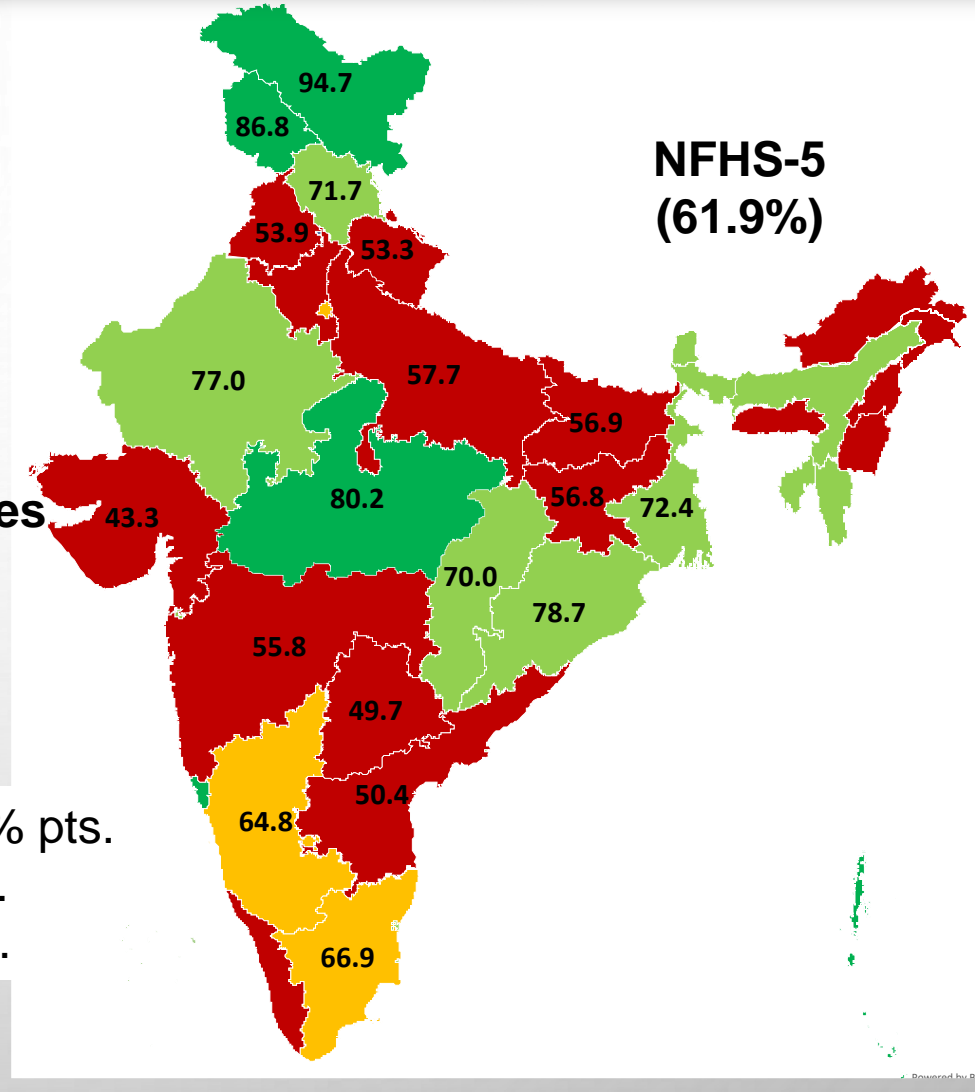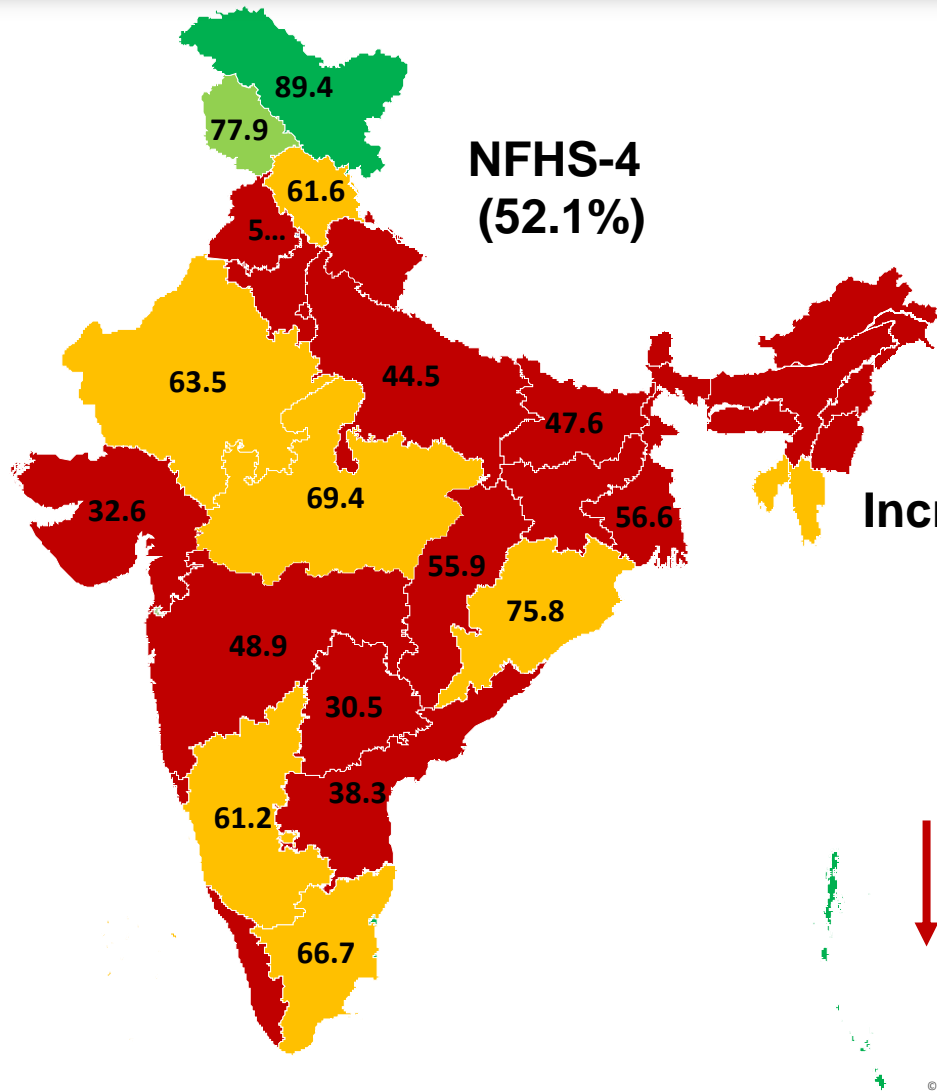
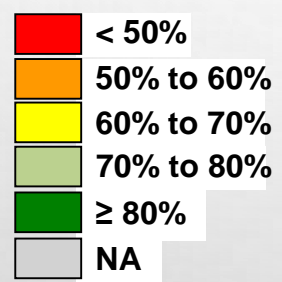NFHS-4
(52.1%)

NFHS-5
(61.9%)

Increased in 31 States

Puducherry: 5.4% pts.
Kerala: 4.2% pts.
Sikkim: 4.1% pts.

<=60   60-70   70-80   >80

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Legend:
- Red: < 50%
- Orange: 50% to 60%
- Yellow: 60% to 70%
- Light Green: 70% to 80%
- Dark Green: ≥ 80%
- Grey: NA
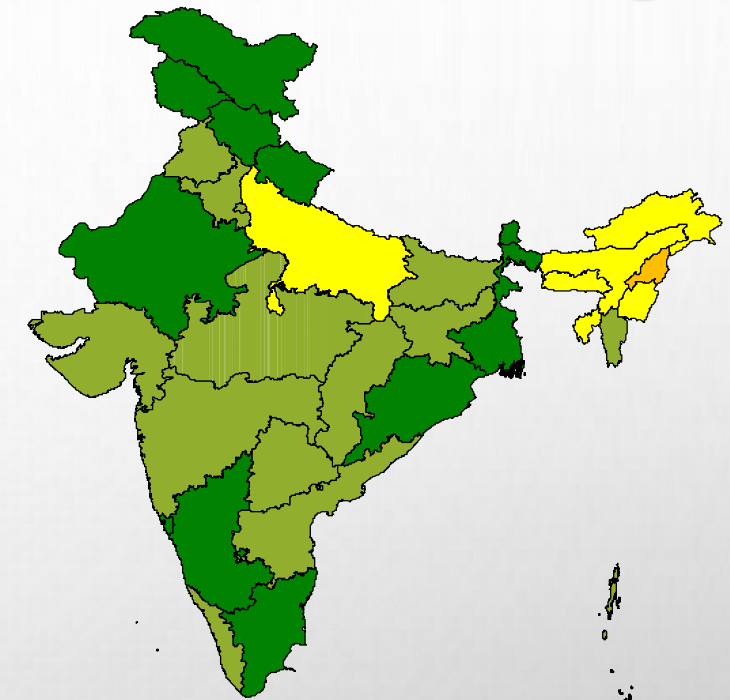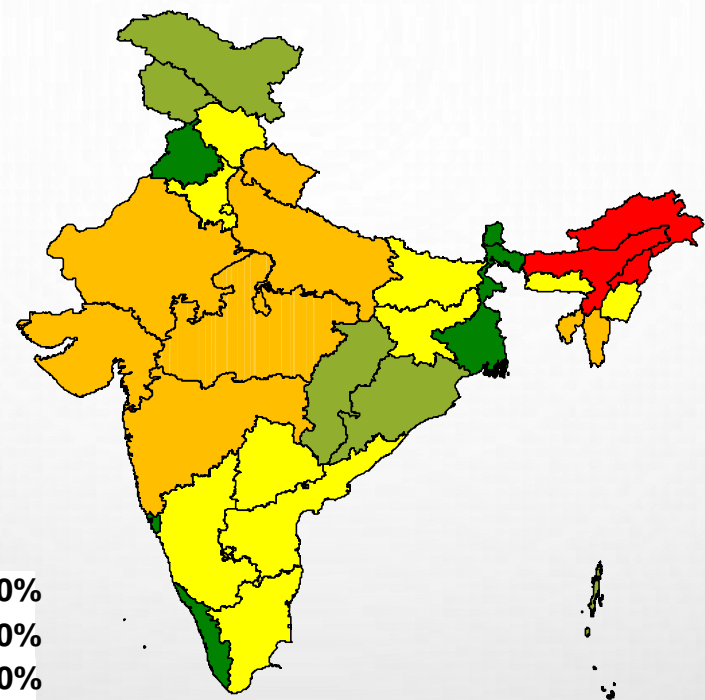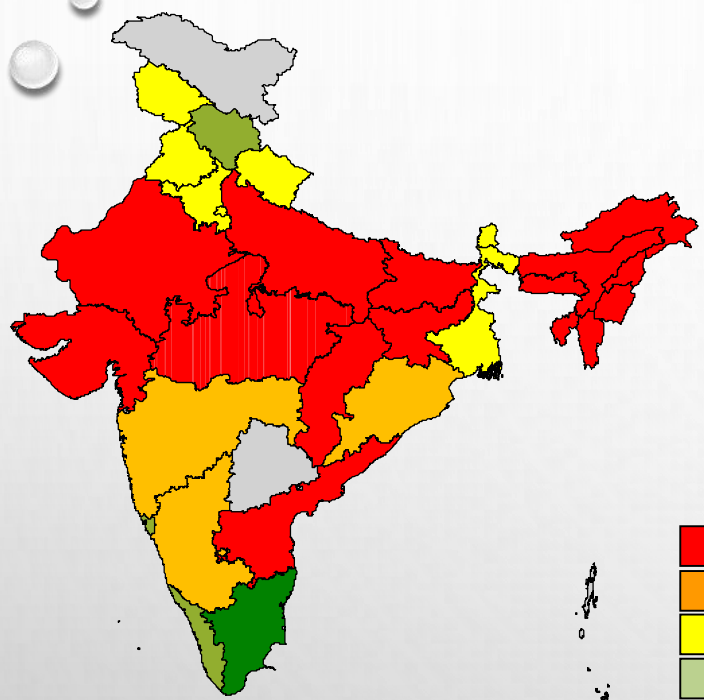
India: 43.5% ranging from 21% to 81%, NFHS-3, 2005-06

India: 62% ranging from 36% to 91%, NFHS-4, 2015-16

India: 76.4% ranging from 58% to 95%, NFHS-5, 2019-21

Six States/UTs shows **decrease** in FIC (%) in NFHS-5 compared to NFHS-4
Punjab (12.9%), Puducherry (9.4%), Goa (6.5%), Kerala (4.3%), Lakshadweep (2.9%) Sikkim (2.4%).

WOMEN (15-24 YRS.) USING HYGIENIC METHODS OF PROTECTION DURING THEIR MENSTRUAL PERIOD (%)

Range: 58.8% (Bihar) – 99.1% (Puducherry)

PERCENTAGE OF HOUSEHOLDS WITH AT LEAST ONE USUAL MEMBER COVERED BY ANY HEALTH INSURANCE OR FINANCING SCHEME
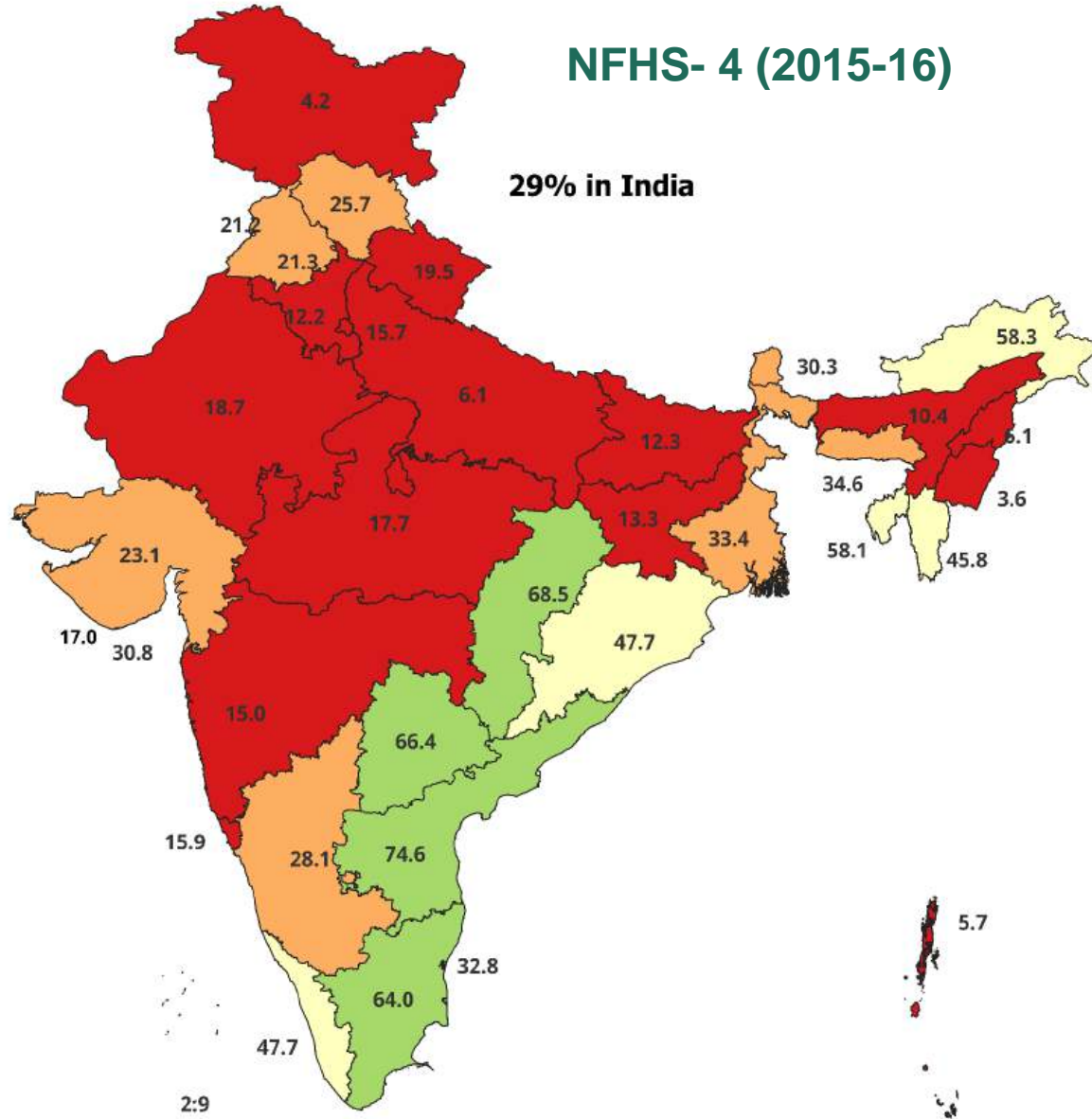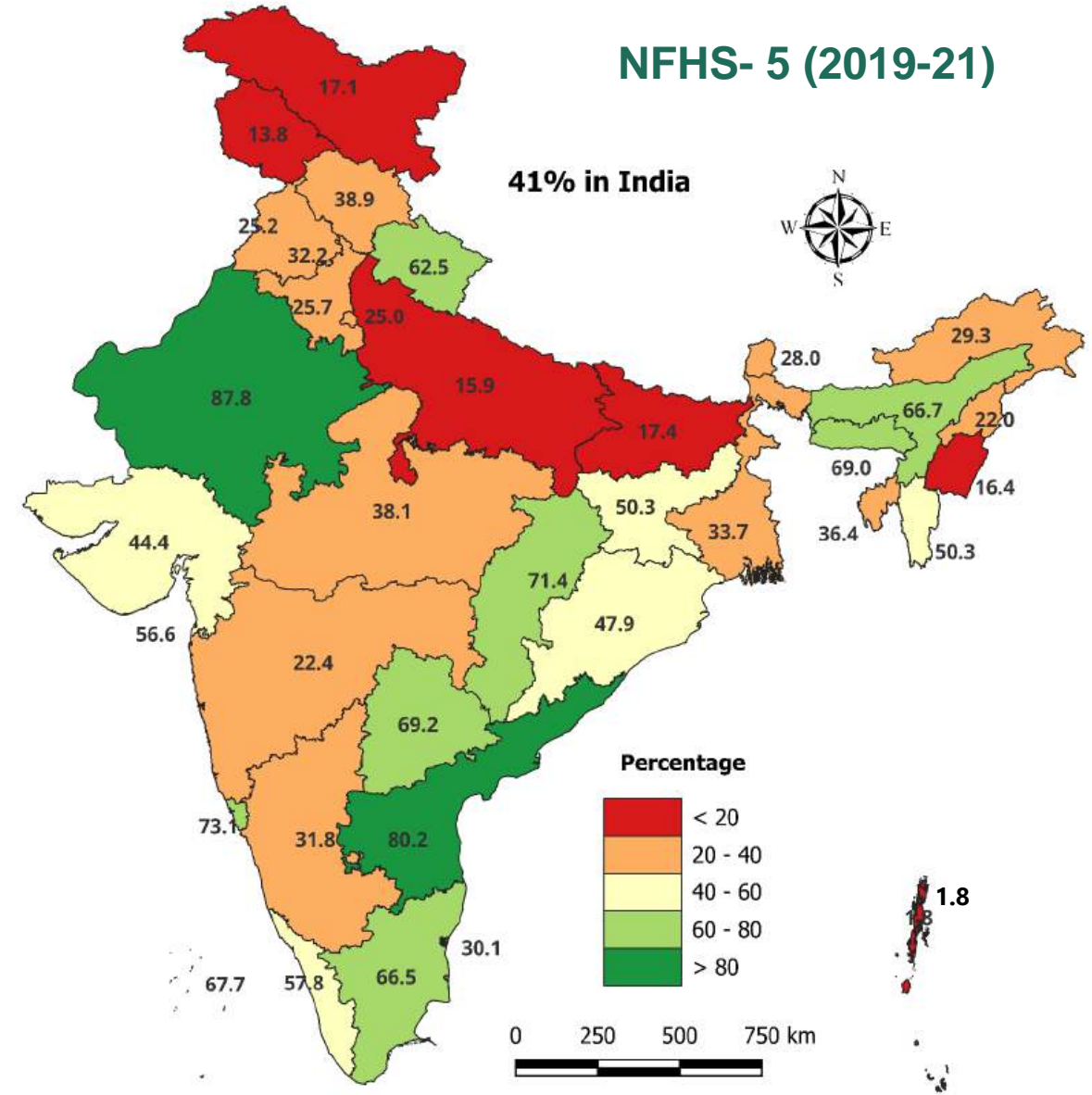
Evidence-based Decision making - Some milestones based on NFHS

- ► *Anaemia Mukt Bharat Mission*
- ▪ *Janani Shishu Suraksha Karyakram*
- ▪ *Ayushman Bharat- Pradhan Mantri Jan Aarogya Yojana*
- ▪ *Mission Indradhanush*
- ▪ *Pradhan Mantri Surakshit Matritwa Abhiyan*
- ▪ *Beti Bachao- Beti Padhao*
- ▪ *Jan Dhan Abhiyan*
- ▪ *Ujjwala Abhiyan*
- ▪ *Promotion of menstrual hygiene among adolescent girls*

❑ Recent landmark Supreme Court ruling on child marriage in India was based on NFHS-4 and NFHS-3 surveys.

❑ Odisha, Kerala State governments have launched 'AMLAN' & 'Vilarchayil Ninnu Valarchayilekku' (ViVa) respectively based on NFHS 5 data, targeting anaemia prevalence.

❑ Chandigarh Welfare Trust in 2023 launched mass awareness compaign to improve sex ratio, promoting women empowerment and girl child education by organizing 'Dheeyan di Lohri'.

❑ 'Ladli Behna Yojna' : Launched by MP government on 15th March 2023 to make the women of the state financially empowered and self- reliant.

❑ Sikkim Govt. in 2023 announced appointment of nannies for a year to take care of babies of women employees as part of initiative to increase declining TFR in state.

❑ Assam Govt in 2023 directed police force to launch statewide crackdown against child marriage.

MEDIA COVERAGE OF NFHS

'Antara' a popular choice among women for family planning

TNN | Jul 12, 2024, 05.27 AM IST

Varanasi: The Antara contraceptive injection is gaining popularity among the women for family planning in Varanasi district. The number of women taking advantage of Antara is increasing year after year in the district.

According to the data of National Family Health Survey (NFHS), while 2.3% women in the district took 'Antara' injection in 2019-21, the figure was 0.3% in 2015-16. According to the data received from the health department, 3,000 to 4,000 women availed its benefits in 2018, which increased to more than 16,000 in 2024. Women believe that Antara is a safe, effective and easy solution for them to keep a gap between two children. Once the injection is administered, it is effective for three months. If the couple wishes for a child, it can be stopped at any time.

A lady doctor at the Sewapuri primary health centre Dr Shalini said that every day, especially on Happy Family Day, Interval Day, PSMA Day, the couples come to the OPD to seek consultation for family planning. They are given detailed information about all the resources. After this, they choose the means as per their wish. She said that most women prefer Antara injection for family planning. It is administered at an interval of three months. Its first dose is being administered by a trained staff nurse, CHO or ANM. This is a very safe and easy method. Its use may cause slight irregularities in menstruation for three months, which is not harmful.

Priya Mall, community health officer (CHO) at Korauta Ayushman Arogya Mandir of Kashi Vidyapeeth block, said that women from adolescence to 45 years of age and women who are breastfeeding (after 6 weeks of delivery) can get the injection. Seriously ill women are advised not to get this injection. After the injection, its positive effect becomes visible. It is applied within seven days after the start of the period. Delayed or missed periods, normal bleeding and other problems occur, which can be cured through medicines.

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bt Business Today

News / IMPACT FEATURE / Is Your Term Insurance ...   Feedback
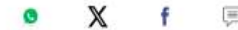
Is Your Term Insurance Expiring? Here's What You Can Expect

While this statistic is thought-provoking, the rationale for a 1 Crore term insurance becomes even more apparent when juxtaposed with today's realities.

ADVERTISEMENT

IMPACT FEATURE
Updated Sep 09, 2023, 6:14 PM IST

The availability of health insurance in India is woefully inadequate. Over two-fifths (41%) of families, according to information taken from the National Family Health Survey India report, had at least one regular member covered by health insurance. While this statistic is thought-provoking, the rationale for a 1 Crore term insurance becomes even more apparent when

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'More couples opt for modern family planning measures'

TNN | Jul 12, 2024, 05.06 AM IST

Lucknow: The number of eligible couples adopting modern family planning measures has increased from 31.7% to 44.5% in the past few years.

The fact came to light after an official programme to roll out the Population Control fortnight here on Thursday.

The launch was part of the national campaign launched by Union health minister JP Nadda and minister of state Anupriya Patel. Officials from UP attended the programme virtually. Later in an official statement, principal secretary health and family welfare Parth Sarthi Sen Sharma said UP's efforts on the family planning front have helped the state reduce its total fertility rate – an indicator of population stabilisation.

"As per the National Family Health Survey, the Total Fertility Rate (TFR) of UP has come down from 2.7 in 2015-16 to 2.4 in 2019-20," he said.

He added that the change reflected in the rise in the number of eligible couples using modern means of family planning.

"Data revealed that the number of such persons has gone up to 44.5% at the time of NFHS-5. The corresponding figures at the time of NFHS-4 was 33.7%," he said.

Sharma said maternal and child mortality were crucial health, social and economic indicators and family planning was a crucial contributor to them.

Published 10:55 IST, November 25th 2021

India's total fertility rate drops below replacement level of 2.1%, reveals NFHS data

The data released by the Union Ministry of Family and Welfare stated that Total Fertility Rate in rural areas was 2.1 while in urban areas it stood at 1.6 only.

India News • 2 min read

Reported by: Bhavyata Kagrana

WELFARE SCHEMES
The Logical Indian Crew

NFHS-5 Data Shows Varying Usage Of Period Products In Different States

Writer: Shweta Singh

India, 30 Nov 2021 2:34 PM | Updated 30 Nov 2021 2:42 PM

Editor : Snehadri Sarkar | Creatives : Snehadri Sarkar

The Indian government had launched various schemes to empower girls and women in society to mitigate these and similar problems. For example, the 'Beti Bachao, Beti Padao' scheme reduced the dropout rates of girl students.

Menstrual hygiene in Indian prisons | Explained

What are the various policies and schemes introduced by the Indian government with respect to menstrual hygiene management? What did a study in a Maharashtra prison reveal about women prisoners and their access to water and sanitation facilities?

Updated – May 28, 2024 10:56 am IST   Published – May 27, 2024 10:56 pm IST

HIMANI GUPTA, M. SIVAKAMI

For representative purposes. | Photo Credit: iStockphoto

The story so far: India has witnessed a promising shift in the landscape of menstrual hygiene management over the years. The fifth round of the National Family Health Survey (NFHS 2019-2020) revealed that about eight out of 10 young women aged 15-24 years are now using safe menstrual hygiene products. While urban areas and certain demographics have seen improved usage of menstrual hygiene products, the plight of one of the most marginalised populations — women in Indian prisons — remains overlooked. In a society where prisoners are deemed unworthy of fundamental rights, female prisoners face an even greater injustice. Society clings to an unrealistic standard of female purity, refusing to accept that women, too, can commit crimes. This bias has led to a systemic oversight and neglect of female prisoner's basic needs, including menstrual hygiene.

Sharp decline in multidimensional poverty in Telangana, Niti Aayog data shows

Headcount of people living in acute poverty in Telangana is calculated to have dropped to 3.76% by 2022–23. It was 13.18% at the time of formation of the new State

Updated – January 16, 2024 11:04 pm IST   Published – January 16, 2024 11:30 am IST – HYDERABAD

SERISH NANISETTI

Campaign launched to free Assam of child marriages

Over 45,000 villages in more than 300 districts across the country with a high prevalence of child marriage participated in the nationwide campaign.The National Family Health Survey-V NFHS 2019-21 said that nationally 23.3 per cent women in the age group of 20 to 24 years were married off before attaining the age of 18.

PTI | Guwahati | Updated: 17-10-2023 20:05 IST | Created: 17-10-2023 20:05 IST

Image used for representational purpose only. | Photo Credit: S. Harpal Singh

Acute poverty in Telangana has shown a sharp decline over the past one decade, the National Multidimensional Poverty Index of Niti Aayog shows. The headcount of people living in acute poverty is calculated to have dropped to 3.76% by 2022-23. It was 13.18% at the time of formation of the new State.

The data has been extrapolated from the National Family Health Survey information of (2019-21) and shows an overall reduction in multidimensional poverty in India from 29.17% in 2013-14 to 11.28% in 2022-23 with about 24.82 crore people escaping poverty during this period.

Also read | TS fares well in Multidimensional Poverty Index, ranks 8th among low multidimensionally poor masses

In 2015-16 immediately after Andhra Pradesh was divided, Telangana had 13.18% people who were acutely poor. The residual State of A.P. had 11.77% poor people. The projected data shows a role reversal with Telangana expected to have only 3.76% poor while A.P. will have 4.19% poor.

"Data-informed decisions are the backbone of effective healthcare policy."

Dr Tom Frieden
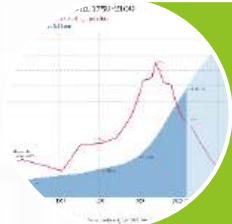
An American Public Health Expert

Thank You

Use of Data for Decision Making

Strengthening State Statistical Systems (Health Sector)

India is one of the fastest growing world economies

Rapid pace of growth requires commensurate improvements in health
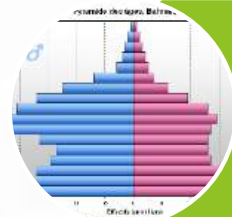
Demographic dynamics & health status of the population being critical in determining success of health policies, interventions and schemes

Health Statistics need to be comprehensive to allow evidence based planning and monitoring outcomes

Sound & Reliable information system is foundation of decision-making

Strategic Focus Areas for Digital Health- India

Citizens empowerment - information & online services

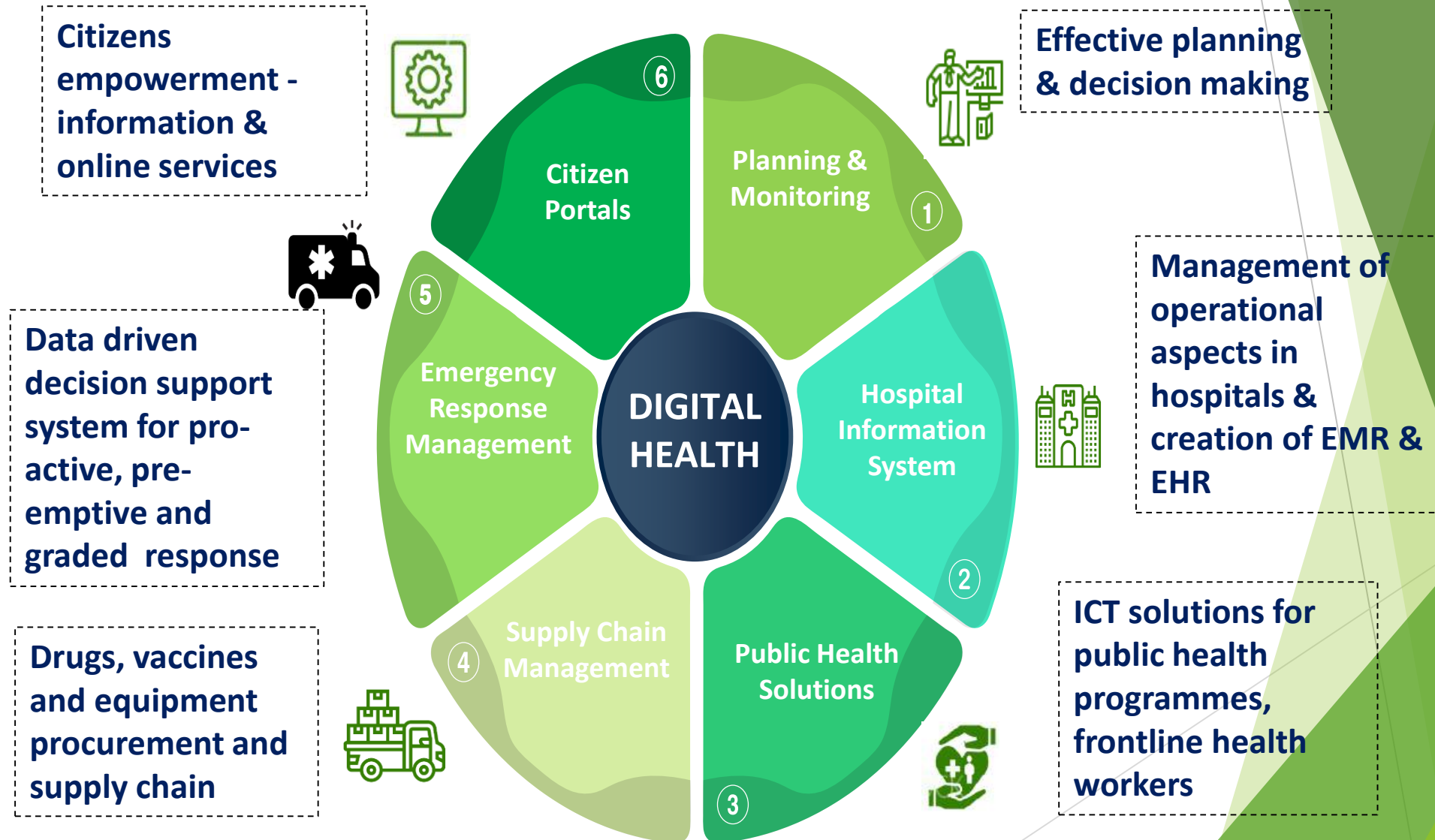**Data driven decision support system for pro-active, pre-emptive and graded response**

Drugs, vaccines and equipment procurement and supply chain

Effective planning & decision making

Management of operational aspects in hospitals & creation of EMR & EHR

ICT solutions for public health programmes, frontline health workers

Central diagram — DIGITAL HEALTH:
- ⑥ Citizen Portals
- ① Planning & Monitoring
- ② Hospital Information System
- ③ Public Health Solutions
- ④ Supply Chain Management
- ⑤ Emergency Response Management

India undertook various initiatives in digital domain for efficient health service delivery and monitoring

IHIP   CPHC-NCD   ORS   MERA ASPATAL   RCH PORTAL

KILKARI   M CESSATION   DVDMS   E VIN   ABHA

EHR   NIN   NHRR

Digital Initiatives of MoHFW

Objectives

➢ Monitor the Performance & Quality of health care services under the National Health Mission.

➢ Act as a tool for evidence based health planning & as a repository of information on health care.

➢ Improve availability and access of health care to the population.

➢ Utilisation of data for various other activities like Grading of Health Facilities, Identifications of aspirational districts, Review of State Programme Implementation Plan etc.

➢ Developing and monitoring performance based health indicators.

➢ To achieve various health targets viz. IMR, MMR, etc by early identification and delivery of due services.

➢ To ensure that Field level health workers can identify, monitor high risk cases and provide essential health services on a timely basis.

➢ Facilitate continuum of care of beneficiaries.

➢ Reduce Out Of Pocket Expenditure (OOPE), particularly for poor and vulnerable groups.

Technical Features

➢ **Compatibility with multiple devices**

➢ **Offline functionality**

➢ **Inbuilt Consistency check for Data Quality i.e. Inter-data validation, compare with last month report**

➢ **Linking through API**

➢ **LGD & NIN Compliant**

➢ **State Specific Hierarchies Incorporated**

➢ **Facility Type and Subtype as per IPHS**

➢ **Analytical reports (Grading/ Ranking etc.)**
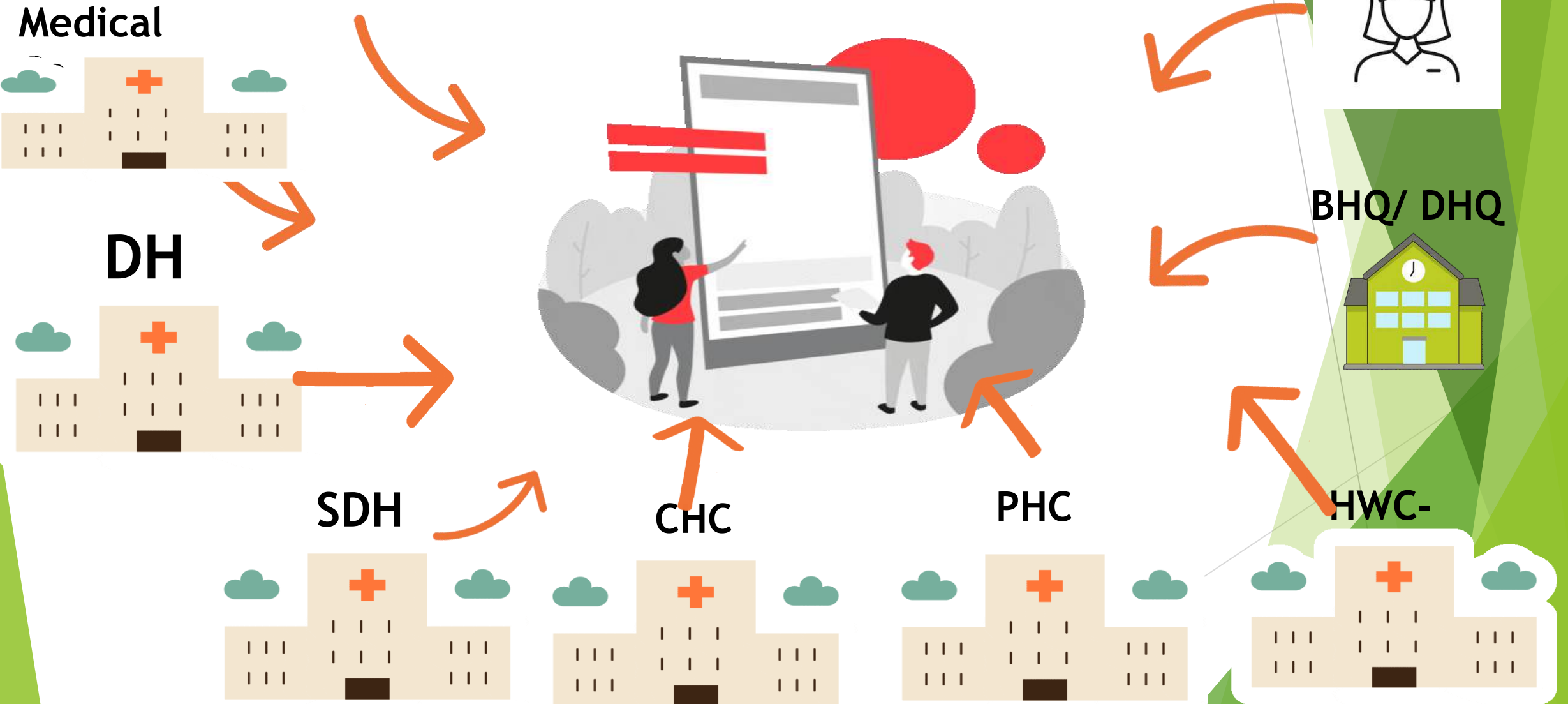
Health Management Information System (HMIS)

- A Web-based Monitoring Information System captures facility-wise information from around 2.52 lakh health facilities across the country.

- Captures Monthly Data on:

  - Service Delivery (Reproductive, Maternal and Child Health related, Immunization family planning, Vector borne disease, Tuberculosis, Morbidity and Mortality, OPD, IPD Services etc.

  - Infrastructure (Manpower, Equipment, Cleanliness, Building, Availability of Medical Services etc.)


About Health Management Information System

About Health Management Information System

Reproductive & Child Health (RCH) Application/ ANMOL

▶ Designed for early identification and tracking of an individual beneficiary throughout the reproductive lifecycle.

▶ Application facilitates to ensure timely delivery of full component of FP, antenatal, postnatal & delivery services and tracking of children for complete immunization services.

▶ Designed to meet the requirements of the RMNCH program by incorporating additional functionalities and features with a provision of continuum of care.

A tablet/mobile application that helps ANMs in capturing the real-time data for tracking of Eligible couple, pregnant woman services, child tracking and immunization

- Android based tablet application called ANMOL i.e. ANM online designed exclusively for the use of ANMs.

- Further strengthen the RCH services, improve registration coverage by real time data entry and to empower the ANMs, MoHFW with support of UNICEF has implemented ANMOL application.
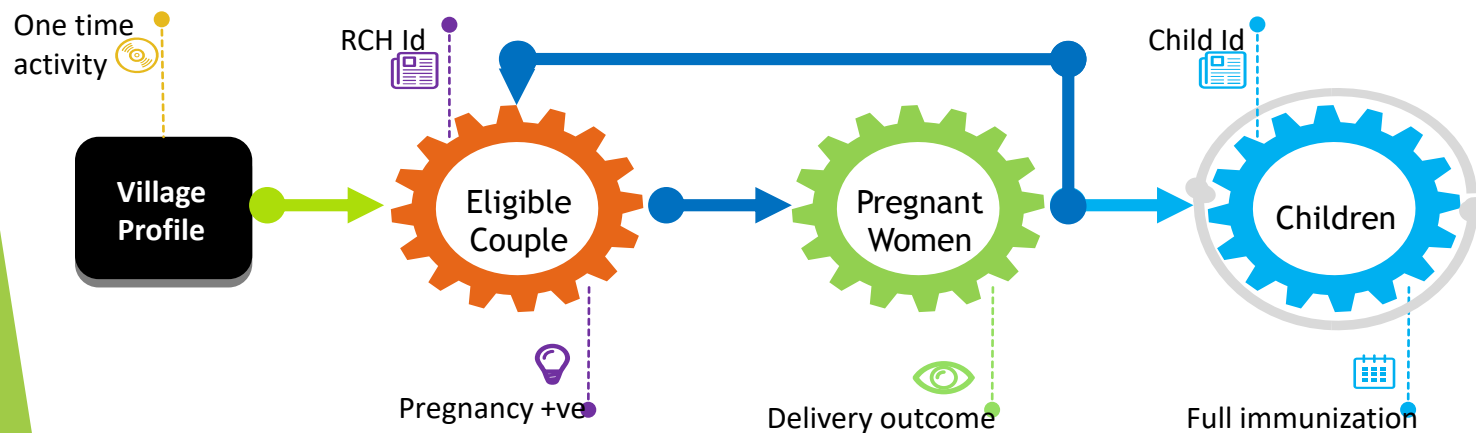
Drugs and Vaccine Distribution Management System (DVDMS)

▶ **Web-based application**

▶ **Generate detailed statistical and analytical reports**

▶ **Demand, Inventory Management & Distribution of drugs, sutures to Drug Warehouses (DWH)**

▶ **Minimizes the occurrence of expired drugs and ensures proper monitoring and controlling of stocks in States/ UTs.**

▶ **Indicators related to stock-out %, consumption pattern, demand & supply trend, storage and procurement, quality control, logistics, etc.**

▶ **Online Rate Contract, Quality assessment of medicines, monitoring**

Electronic Vaccine Intelligence Network (eVIN)

▶ Smartphone and cloud technology-based app that digitizes information on vaccine stocks and temperatures across the country.

▶ An initiative of the Ministry of Health and Family Welfare, Government of India,

▶ Unique innovation brings together technology, people and processes to strengthen the vaccine supply and ensure vaccine availability for every mother and child in time, every time.

▶ eVIN has been supporting continued immunization during the pandemic with uninterrupted vaccine stocks and flows and their efficient management.

Universal Immunization (U-WIN)

▶ U-WIN is a platform that captures each & every vaccination event of all pregnant women & children under Universal Vaccination Programme.

▶ India's Universal Immunization Programme (UIP) is a part of the Reproductive and Child Health (RCH) Program under National Health Mission (NHM).

▶ It is one of the largest public health programs in the world under which vaccination is being provided free of cost to all pregnant women & children.

▶ Vaccination can be availed against 12 vaccine preventable diseases: nationally against 11 diseases

Impact/ Case Studies

CHC Grading using HMIS Data

▶ *To monitor the functioning of the CHCs* grading of Community Health center (CHC) was initiated 2014-15 onwards.

▶ *Grading exercise for the CHCs* is based on the

  ▶ Infrastructure available at the CHC and

  ▶ Services being provided at the CHC.

  The exercise is based on the data reported by the CHCs on HMIS Portal .

▶ CHCs are graded based on 6 aspects/categories,

  Human Resource, Infrastructure, Drug & Supplies, Service Availability, Client Orientation, Service Utilization.

▶ The activity helps in Rationalization of Infrastructure and HR across the CHCs.
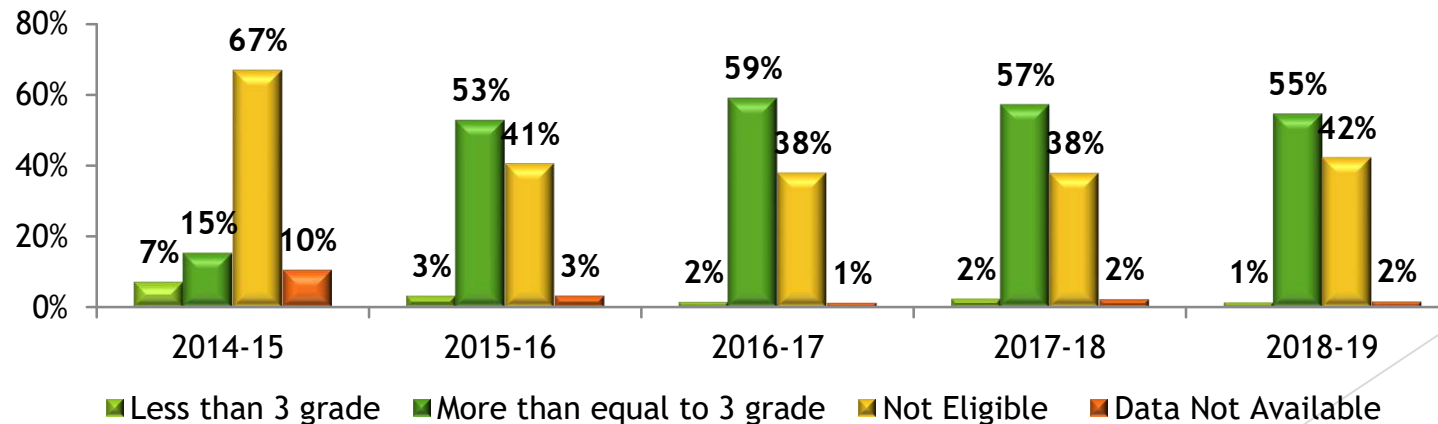
DVDMS –Rajasthan

- States are ranked based on identified parameters
- Rajasthan stands first among all States/UTs

- State managed to keep all health facilities equipped with all medicines as per Essential Drugs List (EDL)
- All patients coming to Govt Facilities are being provided free medicines

ETV Bharat / State

Rajasthan Secures 1st Rank Nationwide to Successfully Implement Free Medicine Scheme

By ETV Bharat English Team
Published : Jul 27, 2024, 7:45 AM IST

f X ☉ 🖶 | 2 Min Read

The free medicine scheme was launched in Rajasthan on October 2, 2011 by the then Chief Minister, Ashok Gehlot. The current government strengthened the project and as per the Ministry of Health and Family Welfare, Rajasthan has secured the maximum marks across all parameters including availability of medicines and rate contracts.

Source: etvbharat.com

मुफ्त दवा देने में राजस्थान देश में पहले नंबर पर: सरकारी अस्पतालों में 76% को मिल रही दवा, 14 करोड़ मरीजों को मिला फायदा

जयपुर | 1 वर्ष पहले
लेखक: सुरेन्द्र स्वामी

f 🐦 ⊘

News Coverage

Source: Bhaskar.com

Other Support to Strengthen State Monitoring systems

Support to Strengthen State Monitoring systems

- Central Software/ Portals have been developed to support the
  - Routine data collection
  - Patient Tracking (specially PW and Children)
  - Logistic Management
- Funds are provided for various related activities
  - Mobility Support for ensuring quality data
  - Printing of formats and guidelines
  - Training and Capacity Building
  - Tablets/ Mobile Phones/ Computers and Internet Connectivity
  - Miscellaneous

Collection and Use of Poshan Tracker Data

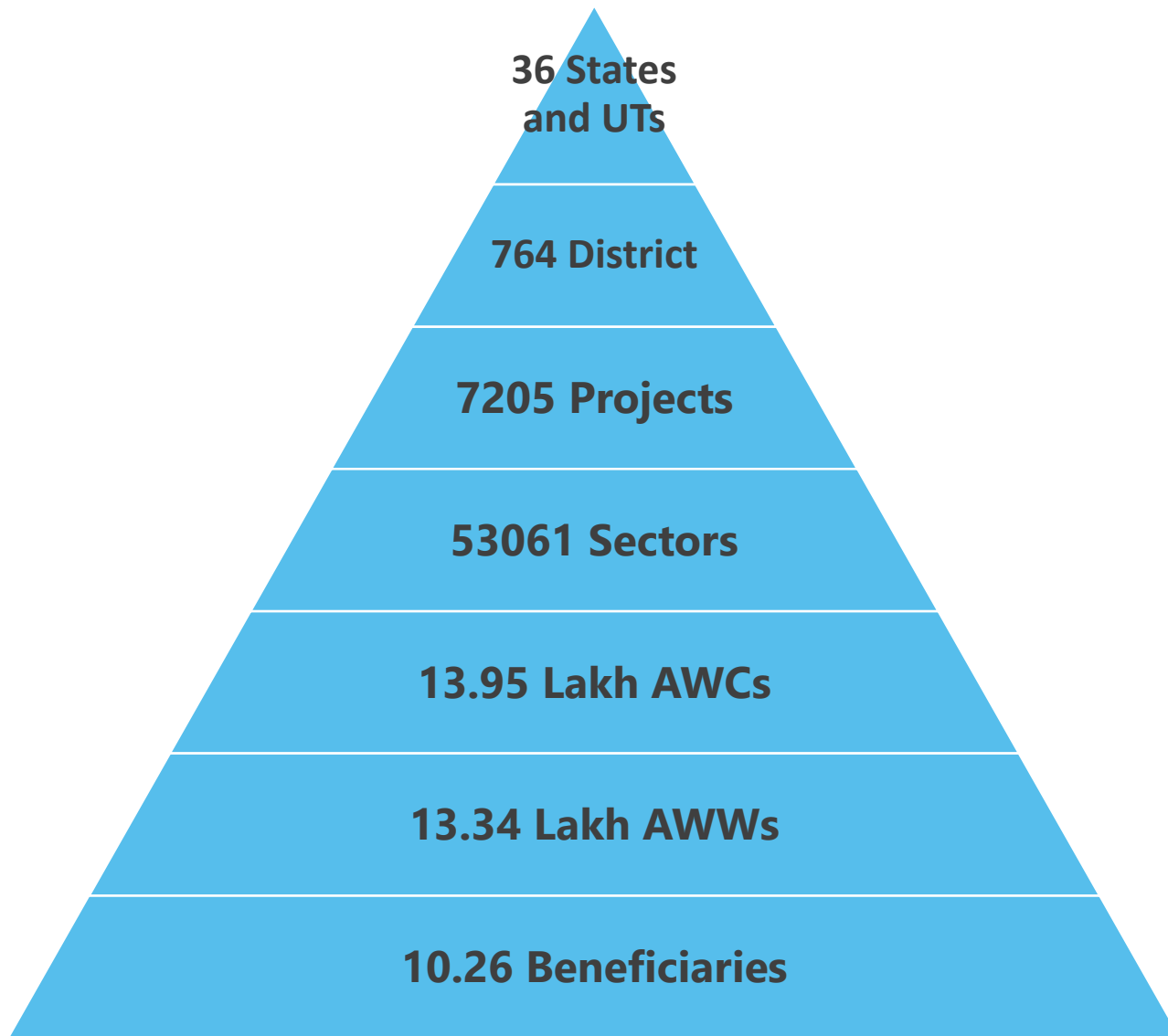Ministry of Women & Child Development
Government of India

13th August 2024

Poshan Tracker – an IT system to address Malnutrition

- Poshan Tracker, launched in April 2021, is an **important governance tool** to ensure transparency in nutrition and Early Childhood Care and Education service delivery at Anganwadi Centres.

- It is a **job aid** for the Anganwadi Worker. Available in **24 languages**

- **13.94 Lakh Anganwadi centers are equipped with smart phones.**

- Anganwadi centers - LGD Compliant and Geo-tagged

- 95% of over 10 crore beneficiaries are Aadhaar authenticated

- **For the first time in the Anganwadi co system- baseline data on nutritional indicators has been made available by Poshan Tracker**

- Monitors nutritional delivery (THR/HCM) and growth measurement on real time basis

Design of the administrative or surveillance system

36 States and UTs

764 District

7205 Projects

53061 Sectors

13.95 Lakh AWCs

13.34 Lakh AWWs

10.26 Beneficiaries

Pregnant Women (69,00,842)

Lactating Mother (43,20,149)

Adolescent Girls (14-18 years) (22,38,643)
(NE States and Aspirational Districts)

Children (0 – 6 months) (38,14,761)

Children (6 months – 3 years) (4,08,93,347)

**Children (3-5 years) (3,18,77,090)**

Children (5-6 years) (1,25,88,284)

Modules and Reporting Systems

- **Beneficiary registration** and life management cycle

- Daily tracking Job aid module for AWW to perform **daily tasks eg:** Marking AWC open/close, Distributing Morning Snacks and Hot cooked meal, marking attendance, delivery of Early childhood education.

- **Measurement of Children for Growth** monitoring (height/weight) as per WHO Standards.

- Distribution of supplementary nutrition. **SMS delivery** to beneficiary for last mile tracking.

- **Home Visit scheduler**

- Aadhaar based beneficiary **migration from one Anganwadi center to another**, both within and outside the state.

- **Auto- upgradation** to respective beneficiary category as per life cycle. Eg: Pregnant Women to Lactating mother.

- Near Real time monitoring through **dashboard and reports.**

- Separate dashboard for monitoring KPIS of selected districts under Hon'ble PM's programme- **Mission Utkarsh**

- Dashboard for monitoring progress of **Saksham Anganwadi centers**.

- **Extensive internal dashboard** giving complete reflection of State and District for all services and important indicators for rapid and informed decision making.

- **Identification of AWW and AWH eligible for incentives,** as per criteria

- **Automated manual registers of AWW** into single window for reading the monthly service delivery tracks
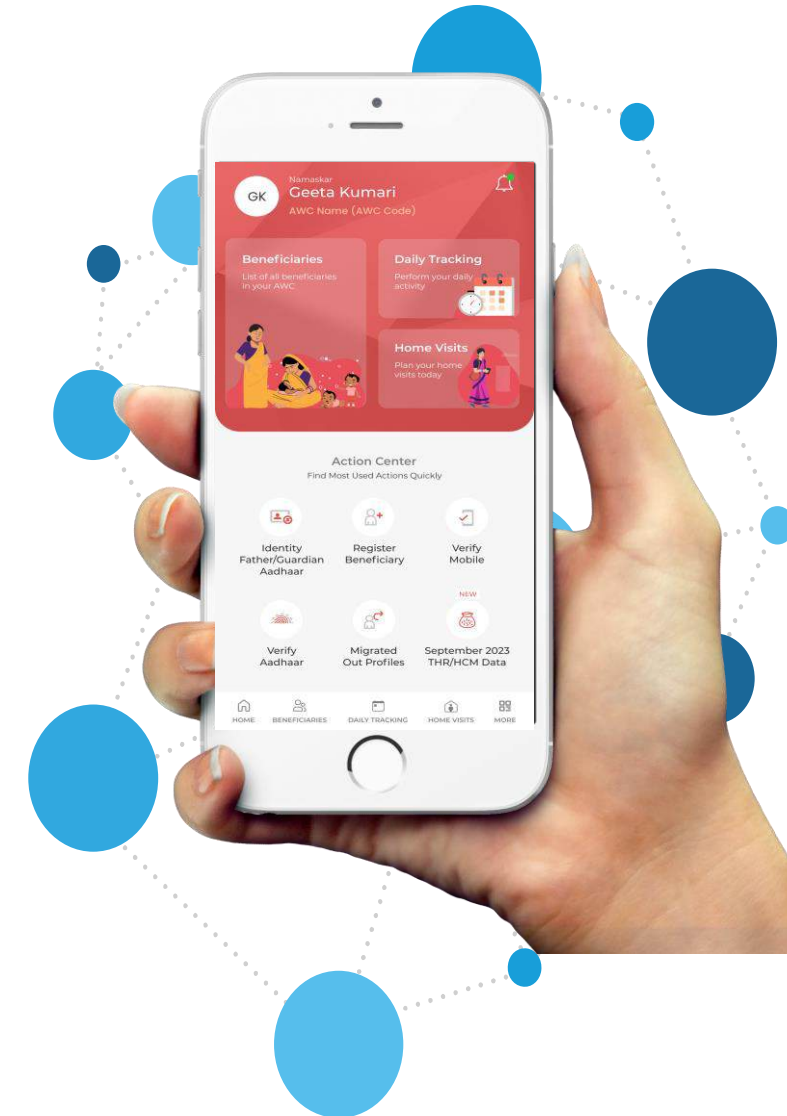
Growth Monitoring at Anganwadi Centres

- Every AWC is provided with Smartphones for data input

- Ministry has issued revised minimum specifications and has increased cost of smartphones to encourage States/ UTs for procurement of good quality smartphones.

- More than 12.5 lakh smartphones have been provided to AWWs

- Each AWC is equipped with Growth Monitoring Devices (GMD) for measurement of height and weight of children in age group (0-6 years) every month

- The Nutritional status of children is calculated automatically as per WHO child growth standards

- Ministry has issued "revised specification policy of Growth Monitoring Devices (GMD)" to encourage States/ UTs for procurement of Standard GMDs. More than 13.85 lakh GMDs have been provided to AWCs

  - Growth Monitoring Devices comprise of:
    - ❑ Infantometer (to measure length)
    - ❑ Stadiometer (to measure height)
    - ❑ Child weighing scale/ salter scale (to measure weight of children under two years)
    - ❑ Adult weighing scale

Authentication of Beneficiaries

Beneficiaries are Aadhaar verified, children not having self Aadhaar are verified based on their mother's or father's aadhaar – **95% Aadhar verified**

Supplementary nutrition distribution is linked to aadhaar verified beneficiaries

Mobile Verification of beneficiaries, for last mile tracking of service delivery
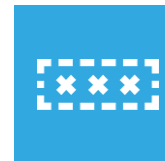
Data Quality

Created various **data quality checks** on application while receiving the data. Eg, Height/Weight predefined ranges

Pre-defined **home visit** scheduler

Anganwadi worker just have to select an option to **mark service delivery** or enter numeric value to update record.

LGD compliant governance system: 96%
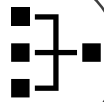
Use of Poshan Tracker data

Supplementary Nutrition Programme Funds are released based on adhaar verified beneficiaries as per Poshan Tracker

Ensuring last mile delivery of Take-Home Ration (THR) to actual beneficiaries by introducing face authorization and OTP verification

Infrastructure development under PM Janman scheme is based on Poshan Tracker data

Malnutrition data analysis is regularly reviewed and discussed at APIP, inter-zonal council, and state-level meetings.
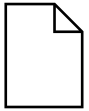
New policy reforms based on Poshan Tracker data analysis are under development for example: distribution of extra THR to severely underweight children

Monitoring of Anganwadi centres for efficient service delivery

Thank you

Growth Chart (for each child)

- Growth chart has been introduced for tracking a child's physical growth and development.
- Growth Chart will show the child's growth throughout the given months/Years as per the height and weight entered by the AWW.
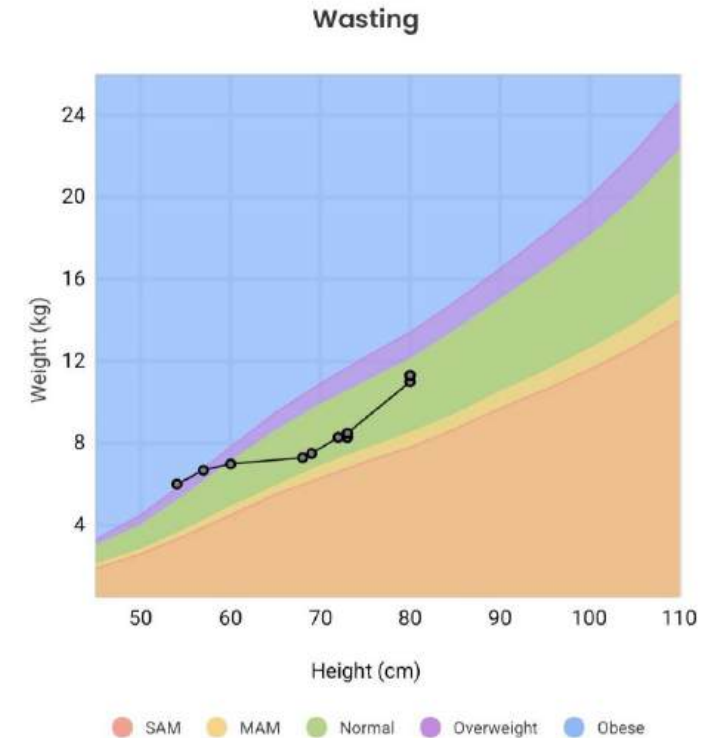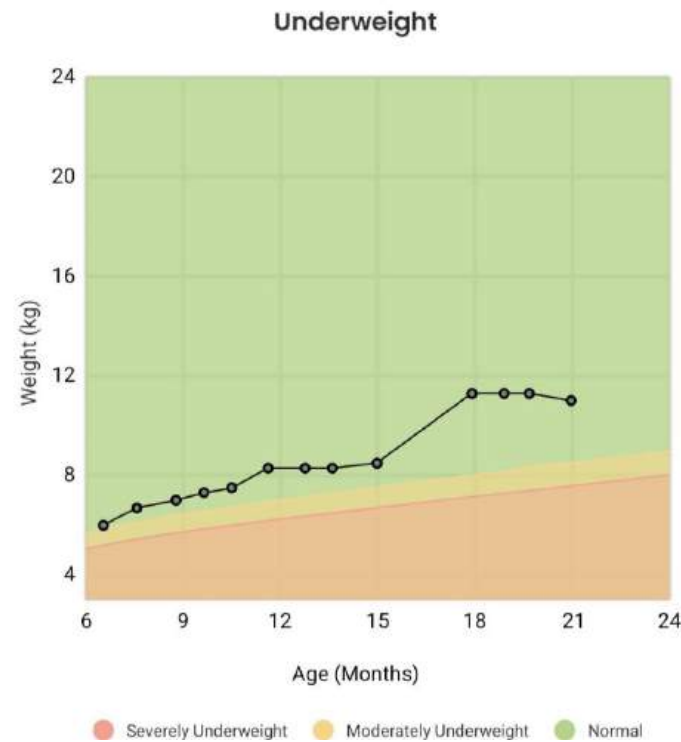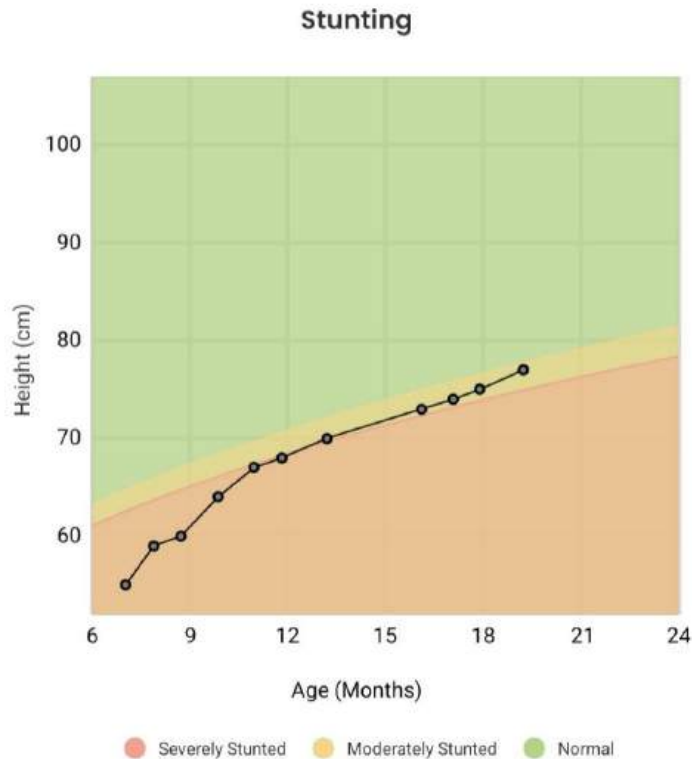
Stunting

Severely Stunted   Moderately Stunted   Normal

Underweight

Severely Underweight   Moderately Underweight   Normal

Wasting

SAM   MAM   Normal   Overweight   Obese

eShram: One Stop Solution for Unorganised Workers

13th August 2024

Introduction

eShram is a National Database of Unorganised Workers such as Domestic workers, Construction workers, Street vendors, Platform Workers etc.

Launch
26th August 2021

Registrations
More than 29.89 crore registrations

Data Fields
Aadhaar No., Name, Occupation, Address, Qualification, Skill, Mobile number, etc.

Universal Account Number (UAN)
12-digit Universal Account Number (UAN)

e-Shram Card
Card with details - Name, DoB, Gender, Occupation, Mobile no., UAN etc.

e-Shram: Key Objectives

Creation of Aadhaar seeded National Database of Unorganised Workers

Integration of social security & welfare schemes of Central & State Govts.

Portability of welfare benefits

Sharing of data with various stakeholders

Support in evidence-based policy making

e-Shram: Data Fields

Mandatory Fields (Fetched from Aadhaar)

- Name
- Date of Birth
- Gender
- Address
- Photograph

Mandatory Fields

- Mobile Number
- Father/ Husband Name
- Marital Status
- Social category
- Disability, If yes, specification
- Village/ Subdistrict/District Name
- Current Address,
- Permanent Address
- Family details in case of migrant
- Platform worker related details
- Primary Occupation
- Working Experience in Primary occupation (in Years)
- Educational Qualification
- Monthly Income

Optional Fields

- Nominee Detail
- Secondary Occupation
- Skill Profile
- Emergency Number
- Blood Group
- Preferred Language
- Alternate Mobile Number
- Email Address
- State Specific ID
- Education Certificate
- Income Certificate
- Occupation Certificate
- Bank Account Details

Registration Facility
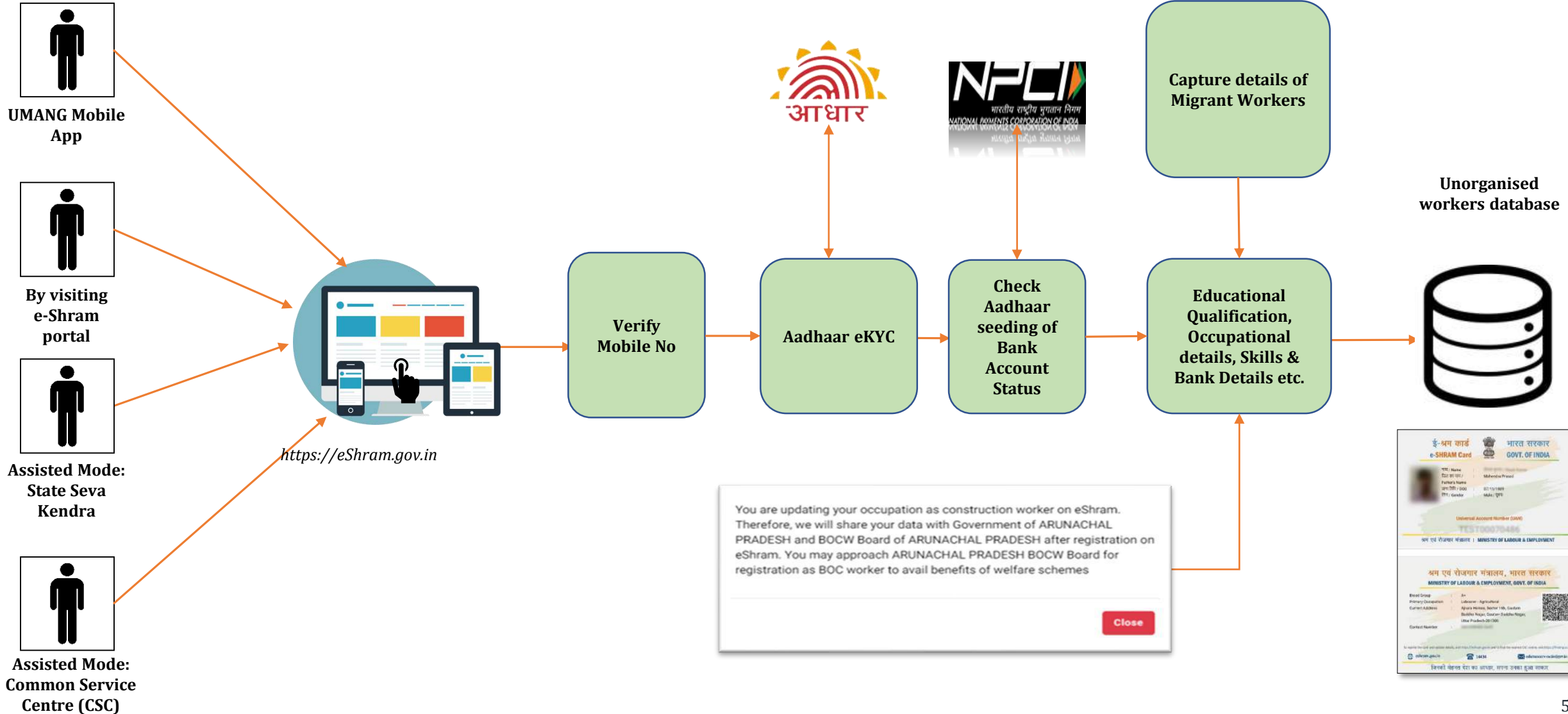
State Wise Registration Achievement

State	Target Achieved
Uttar Pradesh	125.54%
Odisha	103.50%
Chhattisgarh	102.77%
Uttarakhand	96.19%
Himachal Pradesh	94.54%
West Bengal	94.46%
Jammu And Kashmir	91.45%
Jharkhand	86.87%
Bihar	84.10%
Tripura	74.93%
Madhya Pradesh	74.39%
Assam	73.82%
Punjab	67.53%
Haryana	67.50%
Gujarat	65.85%
Delhi	64.85%
Rajasthan	61.67%
KERALA	59.82%
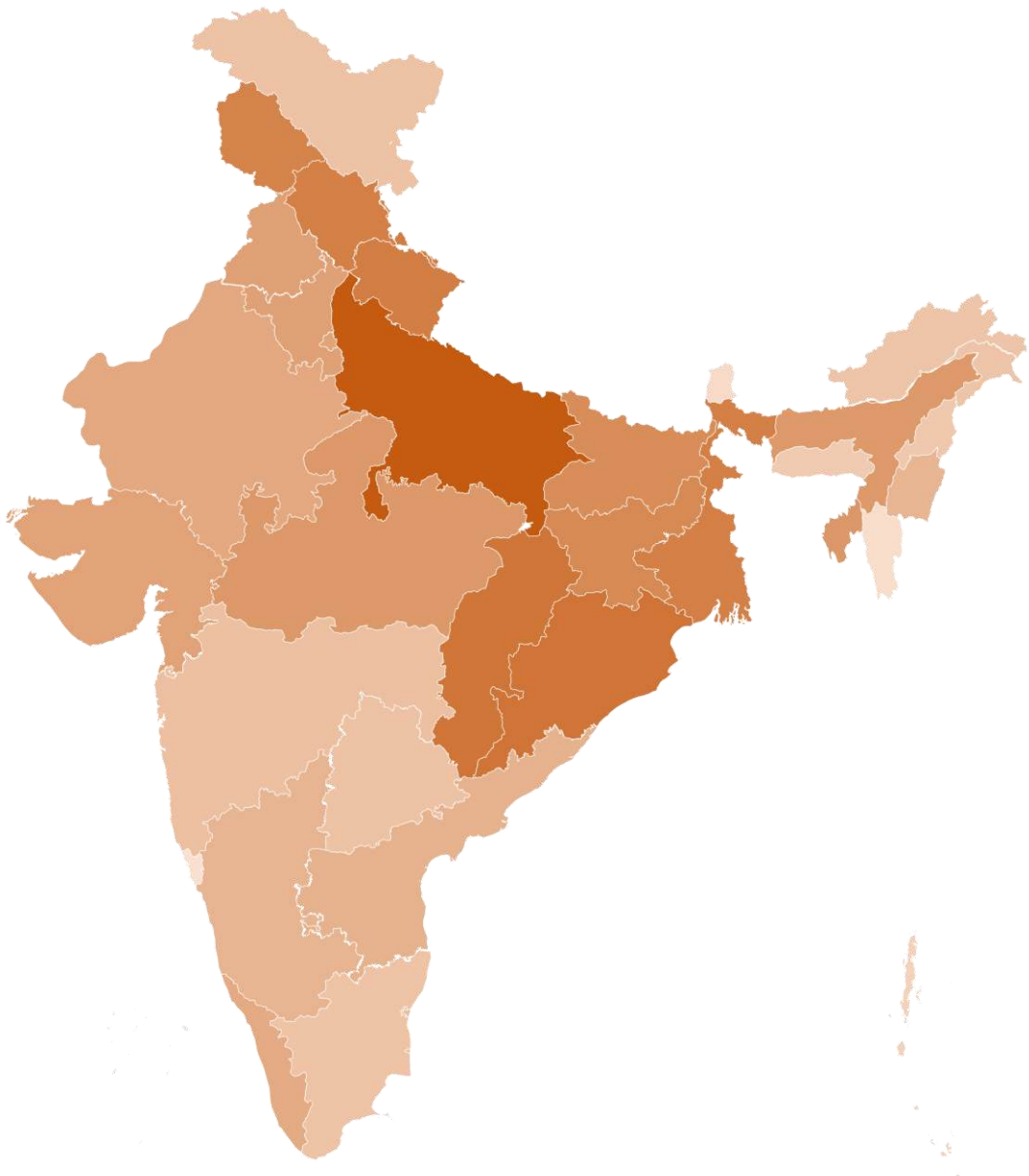
State	Target Achieved
Chandigarh	56.58%
Andhra Pradesh	53.61%
Karnataka	51.62%
Manipur	51.16%
Puducherry	46.79%
Maharashtra	42.86%
The Dadra & Nagar Haveli and Daman & Diu	42.85%
Telangana	40.80%
Ladakh	40.70%
Tamil Nadu	39.97%
Arunachal Pradesh	38.59%
Nagaland	35.94%
Meghalaya	33.76%
Andaman And Nicobar Islands	27.22%
Sikkim	21.18%
Mizoram	18.62%
Goa	16.25%
Lakshadweep	12.56%

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Source: e-Shram portal [https://eshram.gov.in/dashboard]
As on 08th August 2024

Registration Statistics

Mode of Registration

- Self, 0.51 Cr., 2%
- SSK, 11.64 Cr., 39%
- CSC, 17.75 Cr., 59%
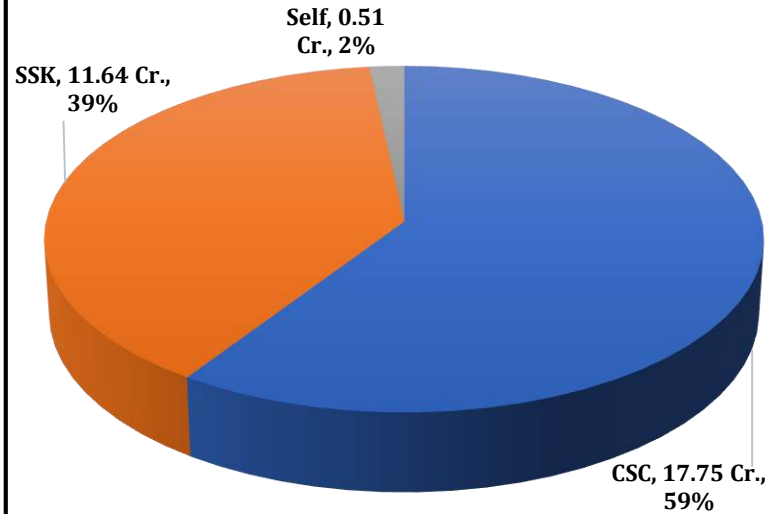
Through UMANG Mobile App: 28,699

Gender Wise Registration

- Female, 13.95 Cr, 47%
- Male, 15.94 Cr., 53%
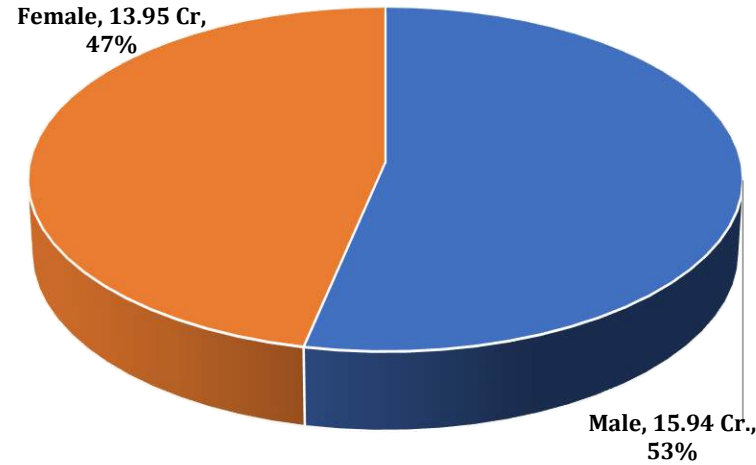
Others: 6,847

Age Group Wise

- 50 Years & Above, 4.98 Cr., 17%
- 16 to 18 Yrs, 0.07 Cr., 0%
- 40 to 50 Yrs, 6.99 Cr., 23%
- 18 to 40 Yrs, 17.85 Cr., 60%

Source: e-Shram portal [https://eshram.gov.in/dashboard]
As on 08th August 2024

Skill Enhancement

Pension

eShram Universal Account Number (UAN)

Find Schemes

Employment Portal
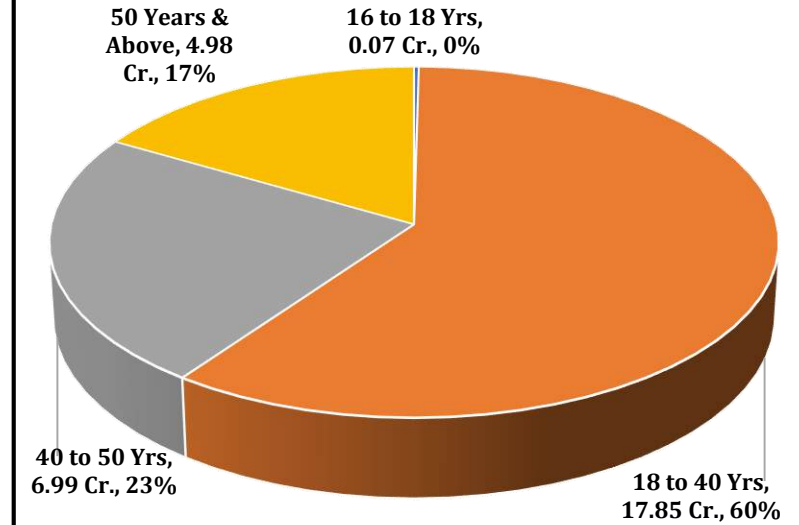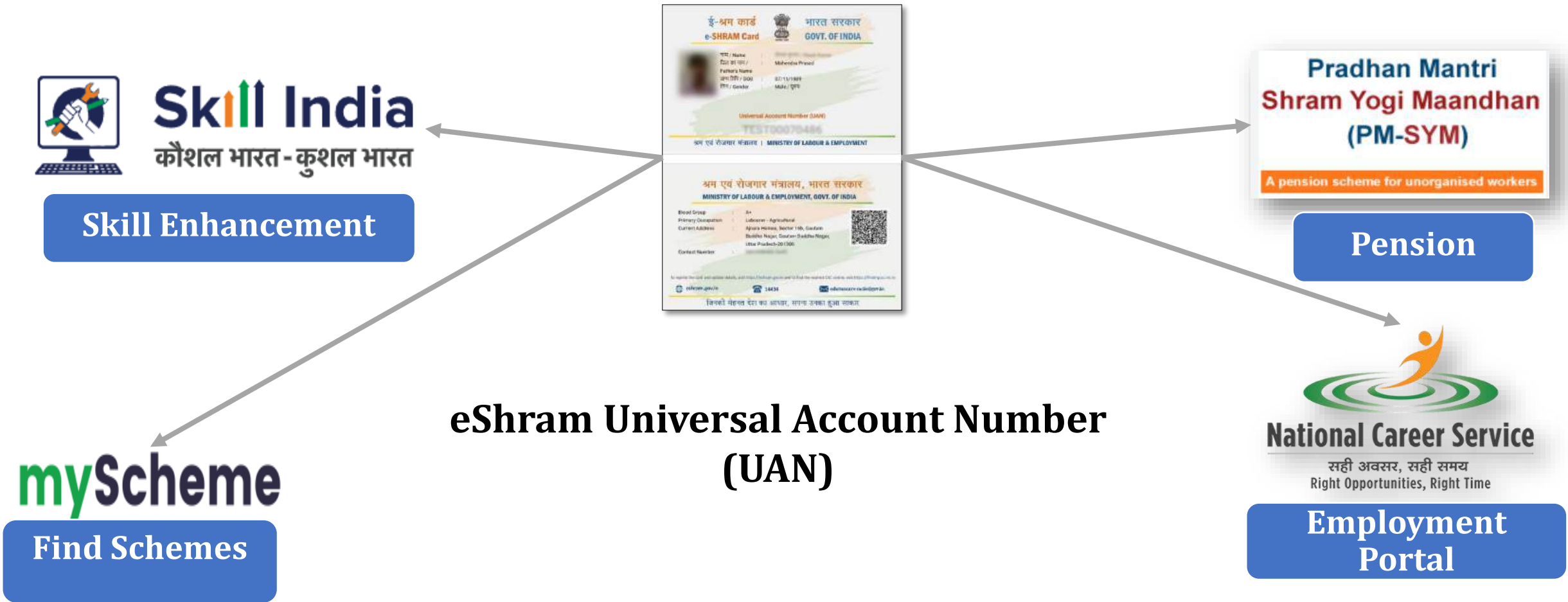
e-Shram: Data Sharing
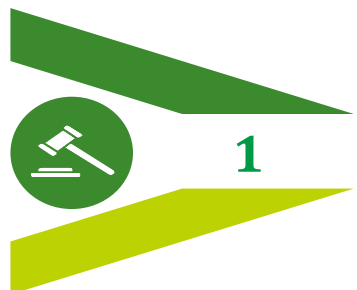
1 Data Sharing Guidelines
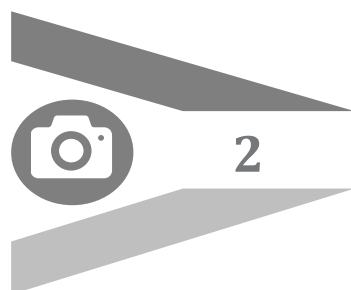
2 Sharing data with States/ UTs

3 Targeted delivery of schemes
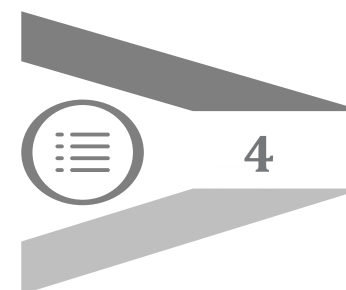
4 Increased coverage

e-Shram data sharing is operational through two modes

Through API	Through Data Sharing Portal (DSP)

✓ All 36 States/ UTs onboarded for Data Sharing through either of mechanism

- Ration Card to left-out workers
  - ➢ Bihar and Telangana have identified 100% left-out eligible eShram registrants for issuance of ration cards
- Mapping of eShram data on PM Gati shakti to match demand and supply of workers
- SDG 1.3.1. - pooling and matching of data of schemes of central Ministries/ departments

Construction workers registered on eShram portal **2.69 Crore**

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- 30 Lakh and above
- 20 Lakh to 30 Lakh
- 10 Lakh to 20 Lakh
- 5 Lakh to 10 Lakh
- 30 Thousand to 5 Lakh
- 0 to 30 Thousand
- Upto 30 Thousand
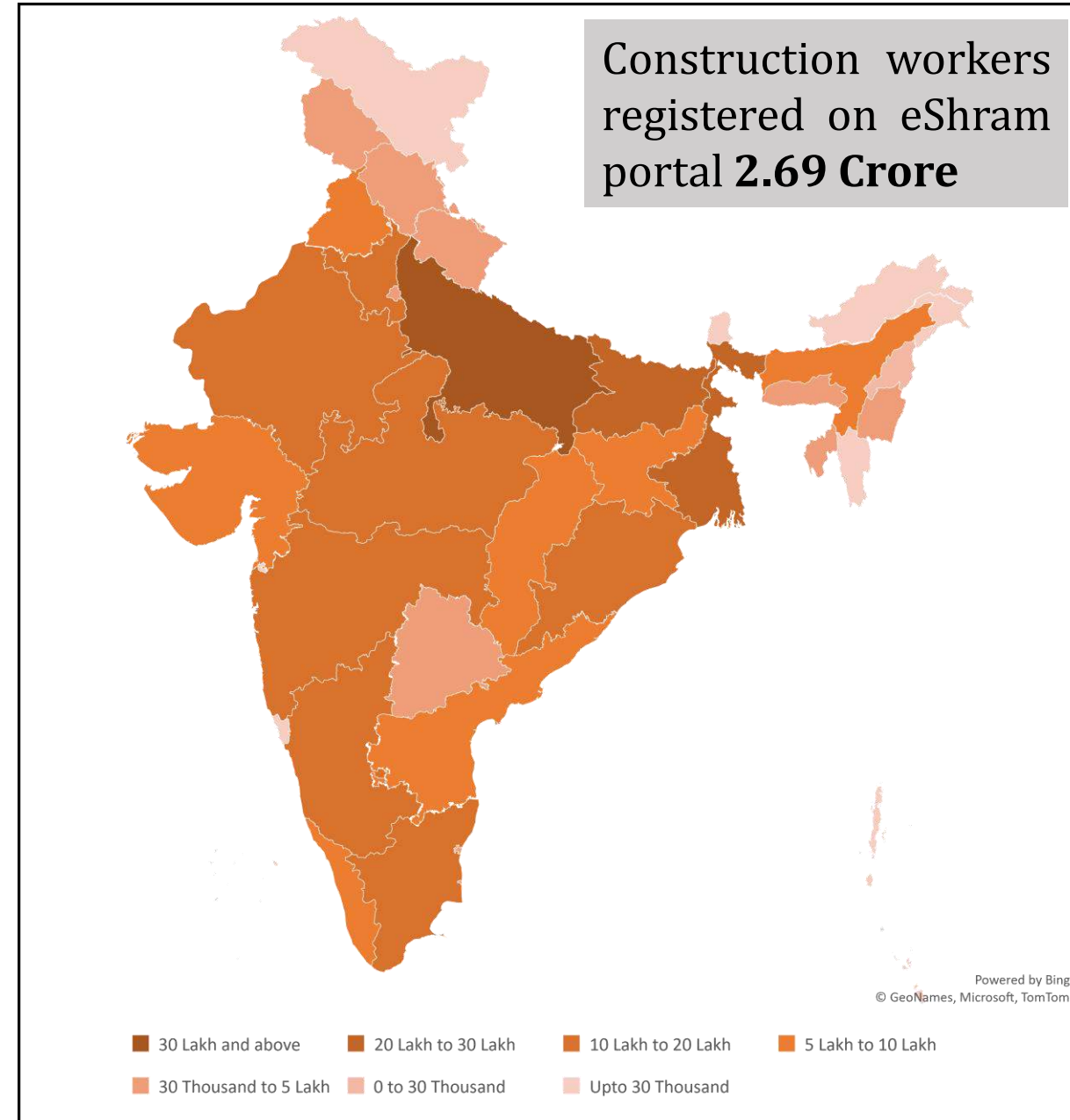
Data Pooling of Schemes :
Empowering Governance from Global to Individual level

1.3.1 Proportion of population covered by at least one social protection benefit, by sex (%)

India - 24.4 %
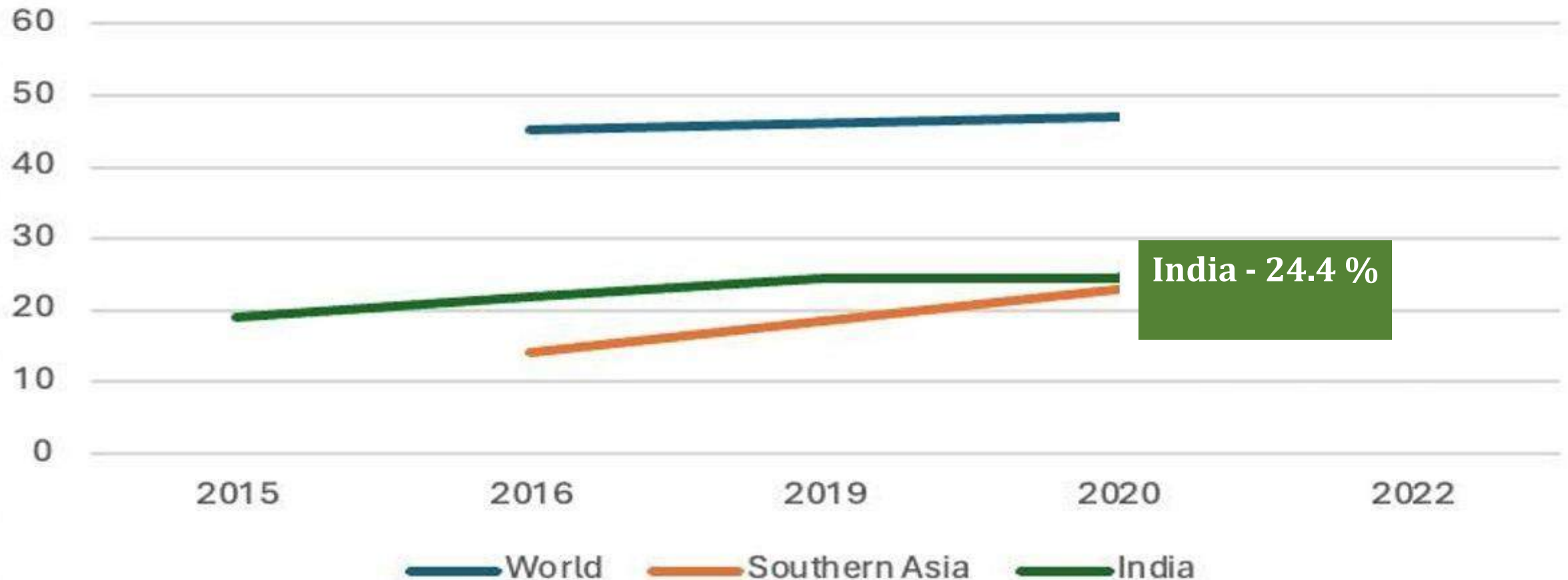
...the process

- ILO publishes World Social Protection Report every 3 years, which is cited by all other international reports

- MoLE took up exercise of pooling and matching of welfare schemes' data

- Several meetings held with ILO team to ensure common understanding

- NIC developed Portal to receive data in secured way

- Aadhaar hashed data of 34 Social Protection schemes and Aggregate data of 17 Schemes received from Ministries/Departments

- Whole exercise completed in three months and data sent to ILO for upcoming WSPR

- Data from India will impact other Global estimates

Results of data deduplication exercise (1/2)

Total Schemes	Total Beneficiaries	Unique Beneficiaries	Unique Beneficiaries (without ONORC)
34	162.36 Crore	92.35 Crore	61.88 crore

Sl.	Category Name (ILO classification)	Number of Schemes	Unique Beneficiaries (crore)
1	**Old age Benefit**	19	14.38
2	**Survivor Benefit**	17	6.71
3	**Family Benefit**		
	Family Benefit	19	8.42
	Scholarship Benefit	18	0.31
	Child Benefit	2	10.34

Results of data deduplication exercise (2/2)

Sl.	Category Name	Number of Schemes	Unique Beneficiaries (crore)
4	**Maternity Benefit**	3	7.08
5	**Unemployment Benefit**	2	15.75
6	**Employment Injury Benefit**	2	3.88
7	**Medical Care** (Health Benefit)	3	20.09
8	**Invalidity benefit** (Disability Benefit)	3	3.81
9	**Sickness Benefit**	1	12.03
10	**Other Benefit**	13	64.86

The Outcome

1.3.1 Proportion of population covered by at least one social protection benefit, by sex (%)

India - 48.8 %

Legend: World — Southern Asia — India
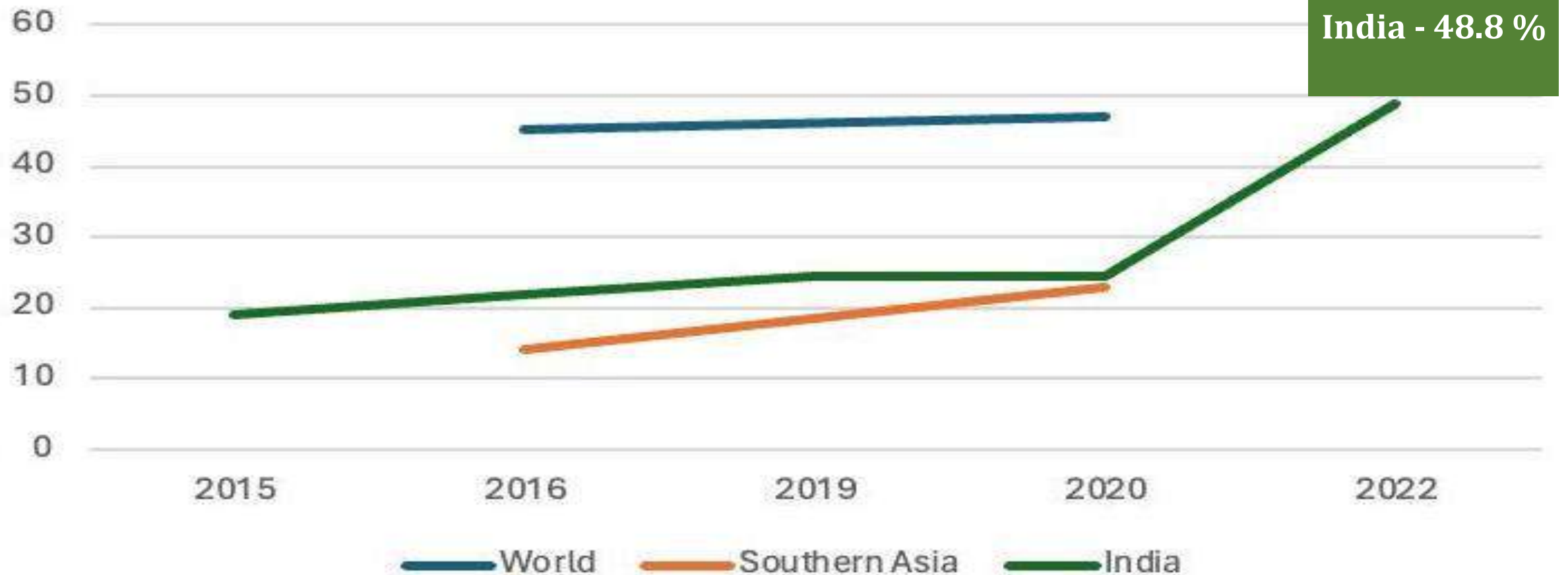
Insights from the data pooling exercise: some Data Analytics

Since the One Nation One Ration[ONORC]scheme has the biggest Aadhaar seeded database, that was taken as a base for overlaying and matching Aadhar numbers (hash) of all other schemes

Percentage of population availing benefit of at least one scheme
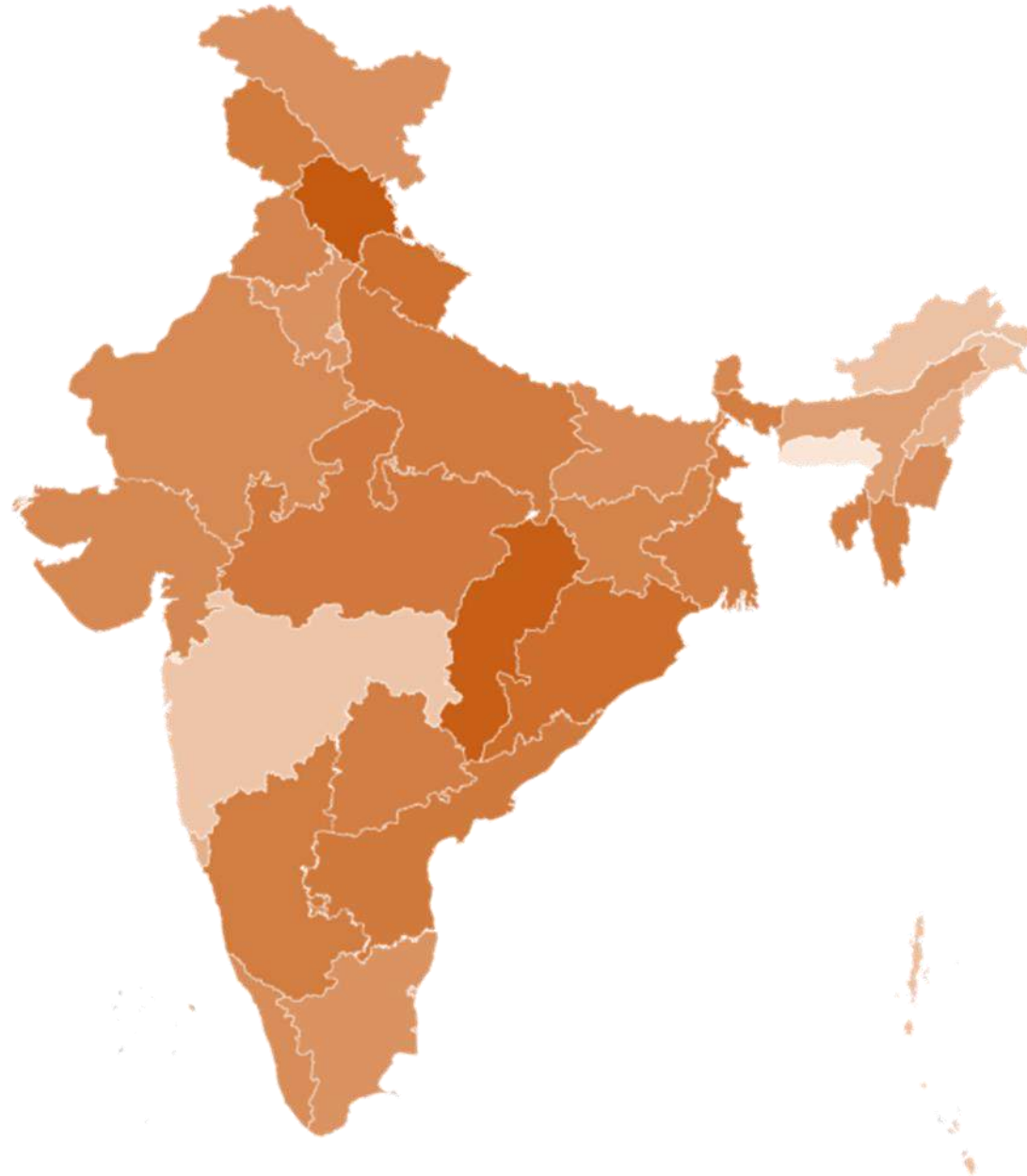
Beneficiaries as % of population*
86.96%

27.97%

Can rank States by coverage of population under one or different Social Protection Schemes

Top 5 States:
- Himachal Pradesh (86.9%)
- Chhattisgarh (84.7%)
- Odisha (78.5 %)
- Uttarakhand (77.2%)
- Madhya Pradesh (73.6%)

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Families in country availing benefit of multiple schemes

Total Unique Beneficiaries in 34 Schemes 92.35 Cr.	Beneficiaries with Ration Card 69.11 Cr.	Ration card Families 18.27 Cr.	Schemes 10

PMJAY 6.37

PMKISAN 4.67

DAY-NRLM 3.56

PAHAL 13.42

UJJAWALA 6.89

MGNREGA 6.24

PMFBY 1.87

PMAY-G 1.43

PMAY-U 0.45

PM SAVANidhi 0.22
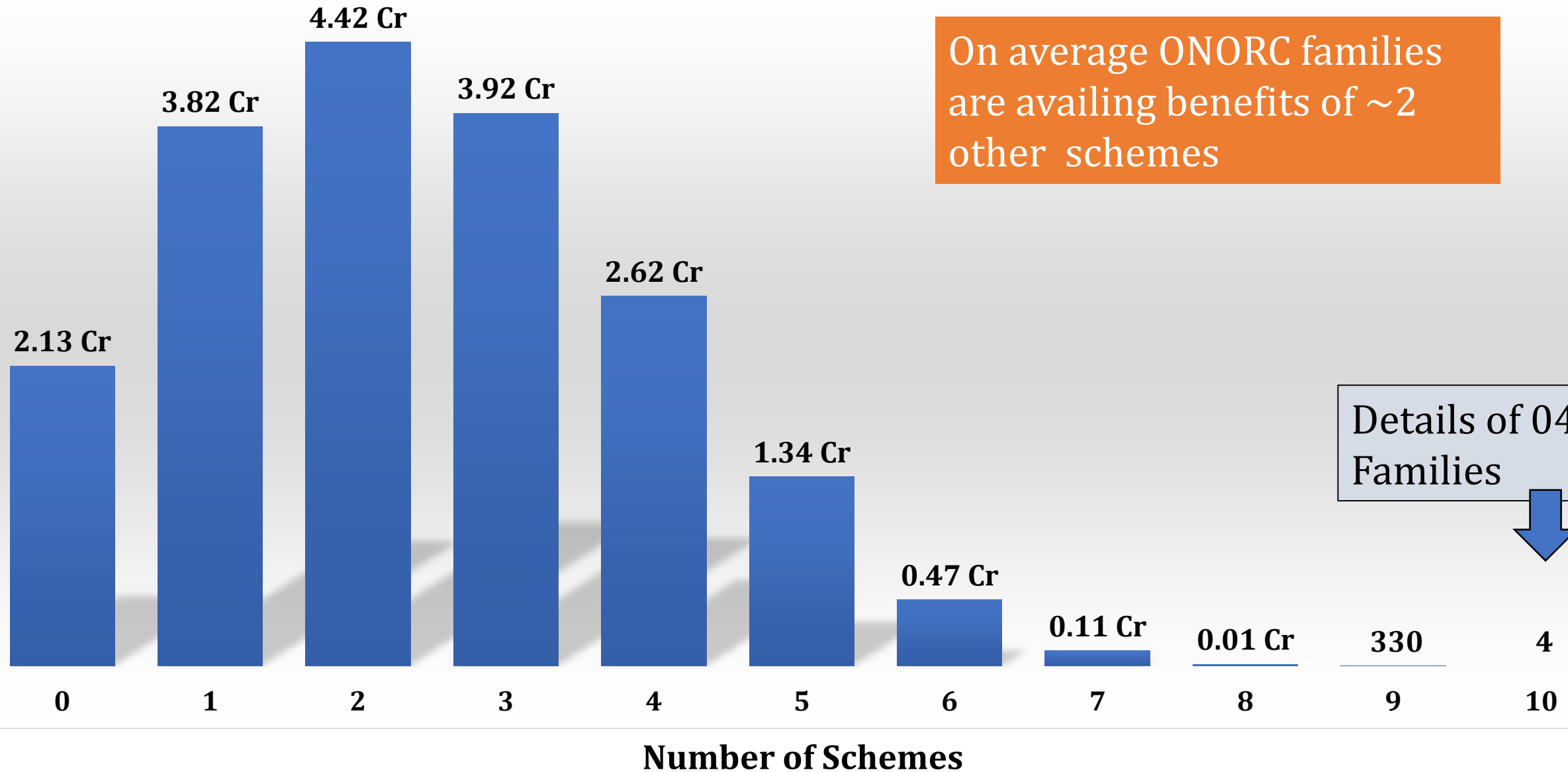
Deep dive of 04 families getting 10 schemes

Family ID	Unique Families	Family ID	No. of Family Members
All	4	All Families	35

Benefits of Schemes Availed by Family Members

● DAY-NRLM ● PM-SVANIDHI ● MGNREGA ● PAHAL ● PMAY-G ● PMAY-U ● PMFBY ● PMJAY ● PMKISAN ● UJJAWALA

PMJAY				
18	PAHAL **9**	PM-SVANIDHI **5**	PMAY-U **5**	
MGNREGA	PMFBY **7**	DAY-NRLM **4**	UJJAWALA **4**	
15	PMKISAN **6**	PMAY-G **4**	**4**	

Name	Age	Gender	State	District	PAH AL	PMJA Y	MGNRE GA	UJJAW ALA	PMKIS AN	DAY-NRLM	PMFB Y	PMAY -G	PMAY-URBAN	PM-SVA
	40	FEMALE	MAHARASHTRA	NAGPUR	Y	N	Y	Y	N	Y	N	N	N	N
	41	MALE	MAHARASHTRA	NAGPUR	Y	N	Y	N	N	N	N	N	N	N
	45	MALE	MAHARASHTRA	NAGPUR	Y	N	N	N	N	N	N	N	Y	N
	74	MALE	MAHARASHTRA	NAGPUR	N	Y	N	N	Y	N	Y	Y	N	N

Individual Level

Family ID	Unique Families	Family ID	No. of Family Members
Multiple selections ∨	1	272008291189	7

Benefits of Schemes Availed by Family Members

● DAY-NRLM ● PM-SVANIDHI ● MGNREGA ● PAHAL ● PMAY-G ● PMAY-U ● PMFBY ● PMJAY ● PMKISAN ● UJJAWALA
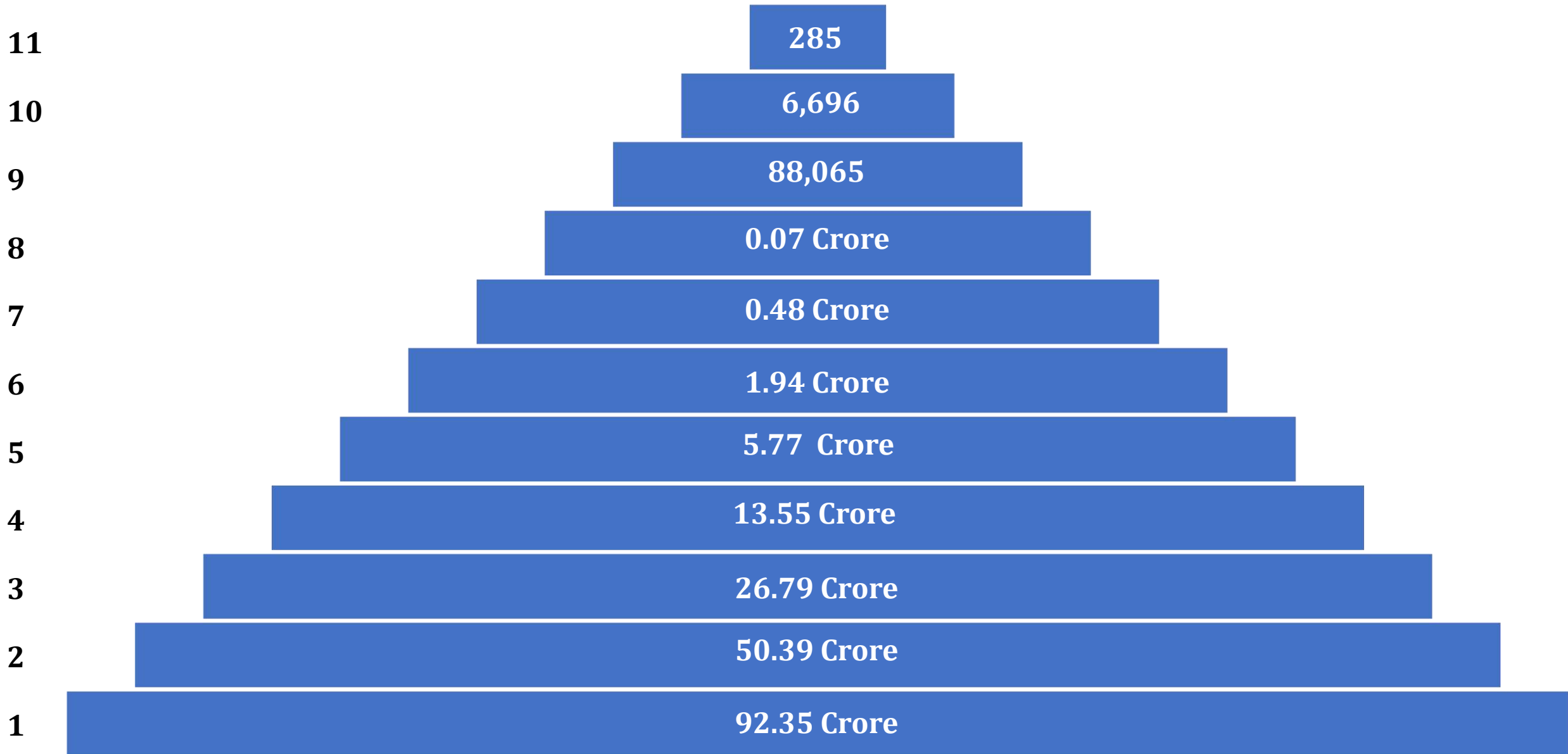
Name	Age	Gender	State	District	PAHAL	PMJAY	MGNREGA	UJJAWALA	PMKISAN	DAY-NRLM	PMFBY	PMAY-G	PMAY-URBAN	PM-SVA
	34	FEMALE	MAHARASHTRA	NAGPUR	N	N	N	N	N	N	N	N	N	Y
	74	MALE	MAHARASHTRA	NAGPUR	N	Y	N	N	Y	N	Y	Y	N	N
	40	FEMALE	MAHARASHTRA	NAGPUR	Y	N	Y	Y	N	Y	N	N	N	N
	41	MALE	MAHARASHTRA	NAGPUR	Y	N	Y	N	N	N	N	N	N	N
	45	MALE	MAHARASHTRA	NAGPUR	Y	N	N	N	N	N	N	N	Y	N

Individuals availing benefits of multiple schemes (34 Schemes)

Level	Value
11	285
10	6,696
9	88,065
8	0.07 Crore
7	0.48 Crore
6	1.94 Crore
5	5.77 Crore
4	13.55 Crore
3	26.79 Crore
2	50.39 Crore
1	92.35 Crore

eShram: One-Stop-Solution for Unorganised Workers

Services through e-Shram

Universal Account Number (UAN)

Skill Enhancement

Pension

Envisaged

Find Schemes

Employment Portal

Ration Card

MGNREGA

PM SVANidhi

NSAP

PMJAY

PMJJBY

PMSBY

PM Ujjwala

PAHAL

Proposed Extended Services
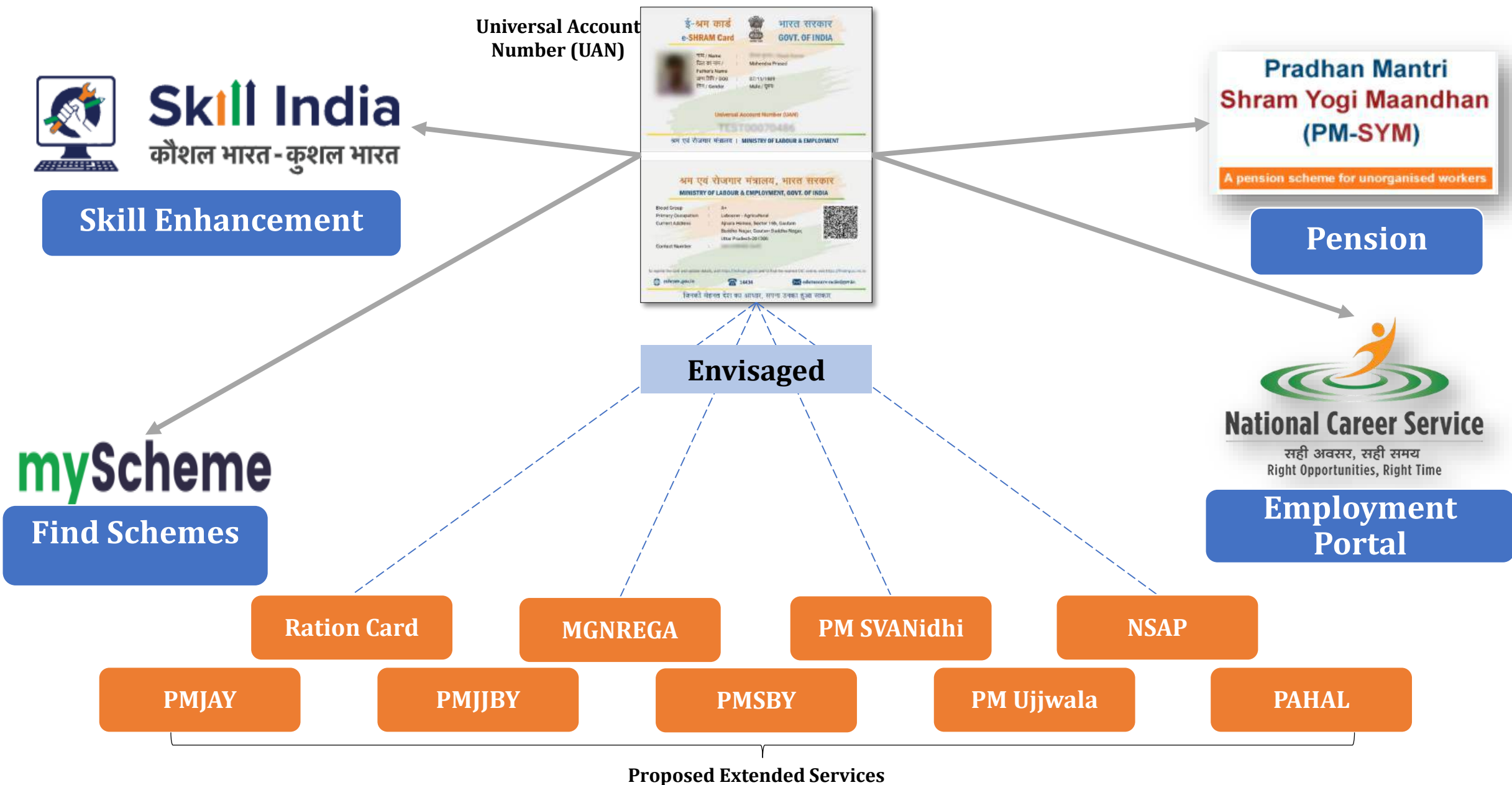
e-Shram: As a "One-Stop-Solution" for Unorganised Workers

Budget 2024-2025

- A comprehensive integration of eShram portal with other portals will facilitate one-stop solution.

Single window for Unorganised Workers

Two-way integration with key welfare Schemes

- To find out left-out unorganised workers
- To verify eShram registrants and support in registration

All Schemes at one place for unorganised workers for:

- Facilitating access to social welfare scheme
- Saturation of Schemes
- "Ask only once" approach
- Employment & Skilling opportunities

Portability of schemes for migrant workers

THANK YOU