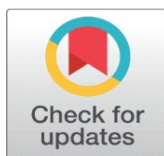
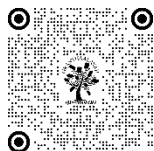


A COMPREHENSIVE ANALYSIS OF MAHARASHTRA'S SOCIAL WELFARE PROGRAMS

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ABSTRACT

Independence came with both visible and invisible costs. The Indian economy was crawling post-partition. India's economic stature can be seen through its share of the world's GDP which resulted in a stupendous increase in population, and a higher percentage of the population in poverty, which created a massive inequality in society. These inequalities become hindrances for society, further widening the gap between rich and poor. This article is a sincere attempt to examine the social welfare programs implemented by the federal and state governments, with a focus on the state of Maharashtra, and how they have helped those in need. and investigating a few facets of migrant assistance programs. It examines every state revenue division and evaluates its success using metrics including GDP contribution, literacy, sex ratio, and HDI.

Methodology

A comprehensive review was carried out by the way of electronic databases, including the World Bank Report, Niti Ayog website, Economic Survey, and Google Scholar, to identify the impact of social welfare schemes in Maharashtra.

Results

The impoverished have benefited from a number of programs implemented by the federal and state governments, but much more needs to be done. Amaravati and the Nasik revenue division have low to medium HDI classification, whereas rural Maharashtra has been designated ODF.

Conclusion

The many measures that the federal and state governments have taken have paid off. Their standard of living has increased as a result of improved literacy and sex ratio rates brought about by effective education-based programs and other backward community initiatives. Given that about half of the population lives in rural regions, more attention should be paid to execution in order to benefit the most impoverished.

Keywords: Sex Ratio, Public Health, Poverty, Welfare Schemes, GDP

1. INTRODUCTION

About 80% of Indians, or 250 million people, lived in poverty at the time of independence. The economy expanded at an average annual rate of 3.1 percent in constant prices, or 1.0 percent per capita, from 1951 and 1979. Agriculture increased at an average annual rate of 3.0 percent during this time, while industry grew at an average annual rate of 4.5 percent. When the Planning Commission's BS Minhas started taking poverty statistics seriously in 1956, they calculated that 215 million Indians, or 65% of the population, lived below the poverty line (with an annual income of Rs 220). The population of India's second-largest state in terms of area is equal to that of Japan, which has 122cr. The largest contribution to India's GDP is the state.

India has 787 districts in all. Three hundred and fifty-seven talukas, 109 subdivisions, and six revenue divisions make up the state of Maharashtra. In the state, rural areas are home to about 55% of the population. Maharashtra is home to approximately 7.3% of India's rural population, while 13.5 percent of the country's urban population resides there.

OBJECTIVE

- To investigate the need for social factors in the state of Maharashtra
- To evaluate the beneficiaries of various welfare schemes
- To investigate the division-wise impact of welfare schemes

THE STUDY'S SCOPE

Social welfare is a broader concept, so we restricted ourselves to the following areas such as improvement of the sex ratio and literacy ratio, public health service, HDI, and GDP per capita.

LIMITATION

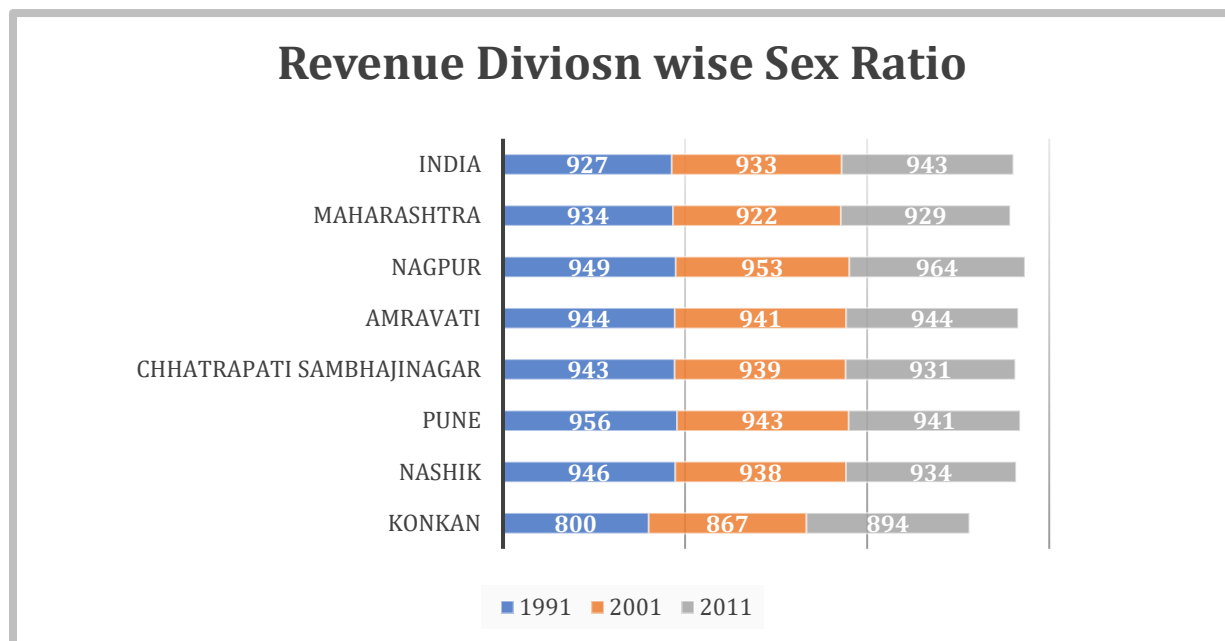
Any city, state, or country's development is greatly influenced by social variables, although it might be challenging to discuss every facet. Hence, for this study, we have considered only a few factors. Secondly, the study is based on secondary work, so all the data was taken from the available sources.

WE HAVE TAKEN INTO ACCOUNT THE FOLLOWING SOCIAL ELEMENTS FOR THE STUDY:

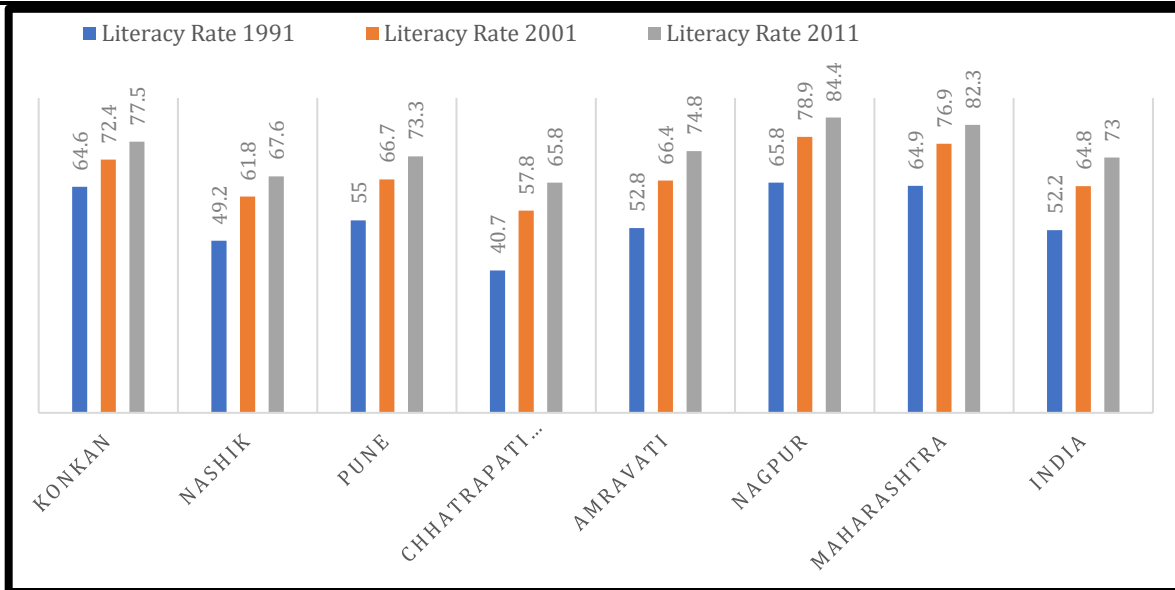
I. THE REVENUE DIVISION-WISE SEX RATIO AND LITERACY RATIO

In 2011, the state sex ratio improved a little to 929 from 922 in 2001. Despite improvements, the Konkan revenue division still lags much behind the Nagpur division, which has the highest sex ratio in the state, as well as the state and national averages.

"The literacy rate is the percentage of literate among persons of age 7 years and above".



Literacy Rate is a key indicator of a country's socio-economic progress. Over the years, the country has made progress in raising literacy levels for both women and men.



The state's literacy rate (for those aged 7 and older) rose from 64.9 percent in 1991 to 82.3 percent in 2011. As reported by the 2011 Census, the Mumbai Suburban district had the highest literacy rate (89.9 percent) and Nandurbar district had the lowest (64.4 percent).

The gender gap is one vital aspect of social parameters. The data mentioned below shows a comparison study of Maharashtra with some states.

State	Rural			Urban			Total		
	Male	Female	Gender Gap	Male	Female	Gender Gap	Male	Female	Gender Gap
Kerala	96.7	94.1	2.6	98.2	96.4	1.8	97.4	95.2	2.2
West Bengal	82	72.6	9.4	91.4	84.7	6.7	84.8	76.1	8.7
Assam	89.4	79.9	9.5	86.3	91.4	-5.1	90.1	81.2	8.9
Tamil Nadu	84.2	70.8	13.4	92.3	85.9	6.4	87.9	77.9	10
Maharashtra	87	71.4	15.6	95.3	87.6	7.7	90.7	78.4	12.3
Rajasthan	77.6	52.6	25	91.1	74.6	16.5	80.8	57.6	23.2
India	81.5	65	16.5	92.2	82.8	9.4	84.7	70.3	14.4

Ref: 17th Round NSS report.

The above data reflect the picture of the gender disparity in literacy among rural and urban India. Maharashtra has an overall 12.3 percent gender gap literacy ratio which is 2 percent less than the national average but 2.3 percent more than Tamil Nadu which is the second highest grosser in India's GDP. With more than 52 percent of the state population-based in remote areas, the gender disparity in literacy has widened. The stated quantity of elementary education institutions in the state has decreased from 106338(2020-21) to 104781 (2022-23), about 99.1 percent of the schools have functional girls' toilets as well as proper drinking water facilities. The state dropout ratio in both primary and upper primary has seen a steep increase from 2020-21 at (1.0 & 1.53) to (5.05 & 5.72) in 2022-23.

Since 2018–19, the State has been implementing Samagra Shiksha to give pupils high-quality education. As envisioned by the Sustainable Development Goal, this initiative combines three schemes—Sarva Shiksha Abhiyan (SSA), Rashtriya Madhyamik Shiksha Abhiyan (RMSA), and Teacher Education (TE)—to guarantee inclusive and equitable quality education from preschool to upper secondary school. The state government's commitment is demonstrated by the 1543 crore total expenditure for 2022–2023 and the 2378.60 crore sustainable increase for 2023–2024.

The 'Inclusive Education for *Divyang*' program is being implemented in the State to ensure quality education to Children With Special Needs (CWSN) in a normal setup with a normal peer group for their emotional progress and their social integration. Midday Meal was floated in August 1995 and has been renamed as Pradhan Mantri Poshan Shakti Nirman

Yojana in November 2022. This scheme is being put in place to increase enrollment and turning up of children in elementary and upper elementary schools, as well as enhance their nutritional status.

The state introduced the concept of Model School to upgrade the existing infrastructure of 1500 schools. These schools will have better classrooms, proper toilets, handwash facilities, and a good library. During 2022-23, for the construction of the first 328 model schools expenditure was incurred ` 183.64 crore. During 2023-24, for the construction of 140 model schools and the remaining work of 328 model schools expenditure was incurred 299.13 crore. The number of beneficiaries of the state's **Ahilyabai Holkar Scheme**, which promotes girl education, has increased threefold, from 7 lakh in 2021-2022 to 22 lakh in 2023-2024.

From 2021-2022 to 2023-2024, around 9 lakh recipients were registered across all educational streams under the Rajarshi Chhatrapati Shahu Maharaj tuition fee scholarship scheme.

2. PUBLIC HEALTH

One key measure of social welfare is health care. The state's three-tiered healthcare system offers its residents comprehensive medical treatment that is affordable, accountable, and effective in order to improve their quality of life. Health infrastructure of the State Government *as of 31st March 2024*.

Sub-Centre	10,748
PHC	1,913
CHC	364
Primary Health Unit	121
Mobile Medical Unit	66
Sub-District Hospital	95
District Hospital	19
Hospitals Attached to Medical College	25
PHC attached to Medical College	5
General Hospital	8
Women Hospital	20
Metal Hospital	4
Leprosy Hospital	2
TB Hospital	5
Orthopedic Hospital	1
Regional Referral Hospital	2

Source: Directorate of Health Services, GoM

The PM Ayushman Bharat Scheme has been put into effect for the people of the state. Up until March 2024, the following medical facilities are approved and available under this mission:

- In all 11,177 HWCs are functional.
- In Ahmednagar, Pune, Bhandara, Dharashiv, Beed, Gadchiroli, Buldhana, Raigad, Dhule, Satara, Parbhani, Hingoli, Washim, and Wardha, district hospitals have approved IPHLs.
- Approved CCHBs with 100 beds in DH Pune and DH Nagpur
- Approved CCHBs with 50 beds each in DH Ahmednagar, DH Buldhana, DH Beed, DH Akola, DH Gadchiroli, DH Bhandara, GMC Solapur, GMC Dharashiv, GMC Nandurbar, GMC Satara, GMC Miraj (Sangli) and GMC Parbhani.

Upto March, 2024 in all 11,177 **Ayushman Arogya Mandirs** are functional in the State.

(NHRM) National Rural Health Mission

- 14132 medical officers and 63401 ASHA workers were serving the population.
- 24 hospitals, 49 sub-district hospitals/CHC, and six medical colleges have telemedicine facilities.
- For remotely located people, 20 Units of Mobile Medical by NGOs/*Rugna Kalyan Samitis* are operational to dispense care services.
- Expenditure incurred for 2022-23, was 3,630.97 crore and 3,824.80 crore during 2023-24

Janani Suraksha Yojana is being implemented to promote institutional deliveries and reduce infant & maternal mortality in BPL, SC & ST families. The scheme aims at lowering MMR by ensuring that all deliveries are conducted by skilled birth attendants (SBA).

Year	Beneficiaries (in lakhs)	Expenditure (in lakhs)
2021-22	2.08	19.88
2022-23	4.15	52.08
2023-24	3.56	46.54

Source: State Family Welfare Bureau, GoM

The total number of beneficiaries increased upto 3.56 lakh which is a good sign.

Pradhan Mantri Surakshit Matritva Abhiyaan is being implemented by the Government of India to guarantee pregnant women receive high-quality prenatal care on a designated day each month. In addition to standard prenatal care, the services are offered at the health facility center at no cost. Under NSY, the *Matrutva Anudan Yojana* is being implemented to give pregnant women in tribal areas access to health services like prenatal care registration, routine health checkups, and necessary medications. Under the program, a monetary payment of ₹ 400 is made to a health center for prenatal checkups, and ~ ₹ 400 worth of free medications are delivered.

Ayushman Bharat-Pradhan Mantri and Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) were combined. On April 1, 2020, the Jan Arogya Yojana (AB-PMJAY) was introduced in its updated form throughout the state. Through participating hospitals, the program offers comprehensive, cashless, high-quality medical care for conditions that have been detected. According to data from the State Health Assurance Society, GOM, there are now 33,62,831 beneficiaries (2023-24) as opposed to 30,923 in 2012-13. The overall claim amount for 2023-24 was 1,845.20 lakhs, 21 times higher than in 2012-13, while the number of procedures has climbed 20fold. There are currently over 22 healthcare programs in operation in the state.

*The doctor-population ratio in the State is 1: 363, compared to 1: 836 nationally.

3. POVERTY, PER CAPITA & GROSS DOMESTIC PRODUCT

Chart A

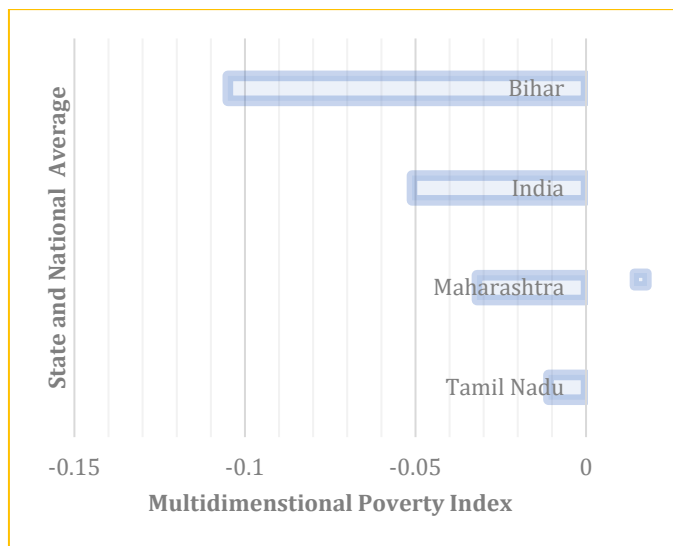
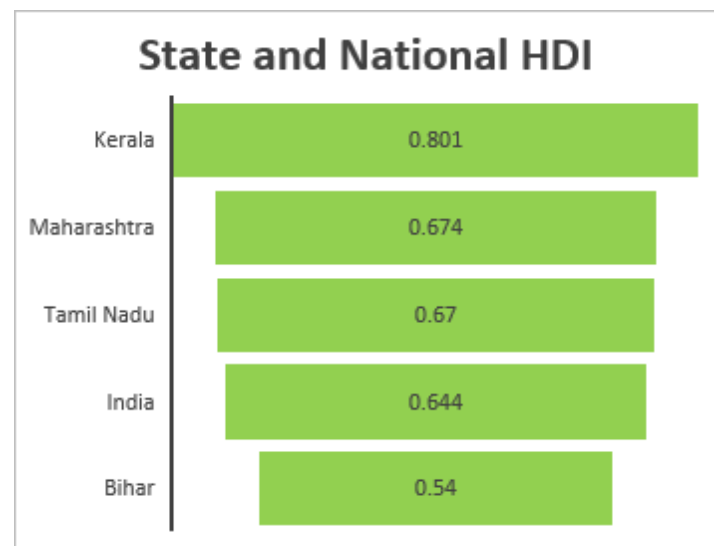
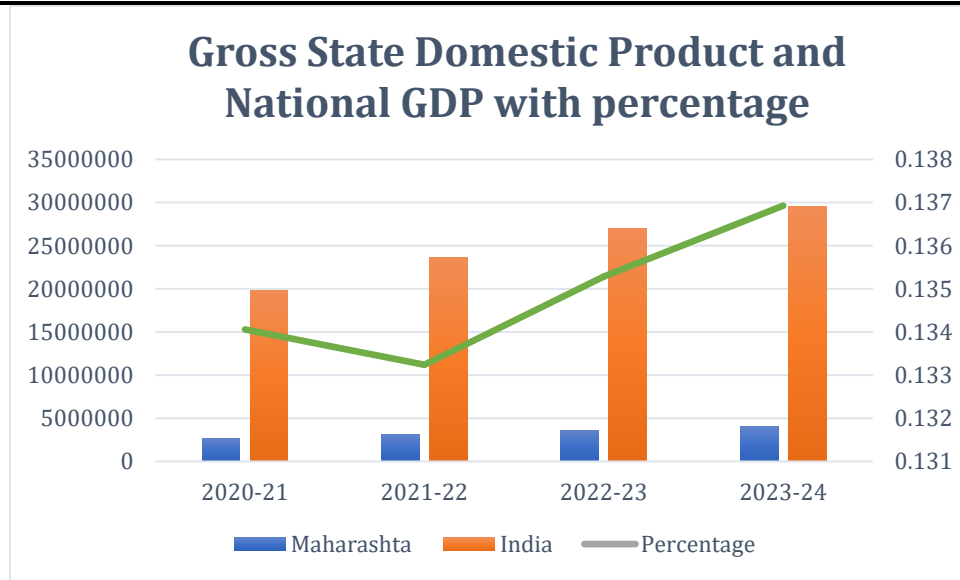


Chart B



Source: Niti Ayog Report & Maharashtra Economic Survey 2023-24



Source: RBI Handbook on Indian Economy 2023-24

CHART C

Maharashtra has India's fourth largest: (i) rural population at 71.6 million people, or 51.5% of the state, and (ii) share of people living below the poverty line. In 2011, 24.2% of rural, against just 9.0% of urban, dwellers lived in poverty line (the urban rate was 5 percentage points below the national urban average). The 2017–2018 consumer expenditure survey (unreleased) estimates rural poverty rose by 5 points in Maharashtra, the highest in prosperous states. Based on the Periodic Labor Force Survey 2018–2019, however, ADB estimates that in rural areas, the share of poor is 48.8%, more than double the share in urban areas (20.4%). The poverty imbalance is stark. Despite Maharashtra's per-capita income being 1.5 times the national average, in rural areas 72.2% of the working population earns below the recommended national minimum wage (RNMW). In the Eastern Region, 90% of rural dwellers earn below the RNMW—at the aggregate level, Nandurbar and Gadchiroli districts have the highest rates of poverty in India. Even in the richer Coastal Region, the share of low-wage earners in rural areas is approximately 60%. Further, 43% of low-income households reported to have lost 100% of their income in the COVID-19 crisis.

Chart A shows the multidimensional poverty index and the state of Maharashtra -0.032, which is lower than the national average of -0.051. This indicates that the state has successfully removed more people from poverty than the country.

Chart B shows the state-wise Human Development Index (HDI). The available data in the economic survey and Niti Ayaog, India's HDI ranking has improved overall. In state HDI, Kerala has a score of 0.801, Maharashtra secures 0.674, a slight lead from Tamil Nadu at 0.670, and India's score stands at 0.644.

Chart C displays the state's contribution to India's GDP. Maharashtra has maintained its numero uno. The state contributes 13.69 percent to the Indian economy. The state witnessed a good amount of FDI inflow in the preceding year, fostering the economy. The state attracted nearly 30% of overall FDI from 2000 to 2024. With 12.2 percent of total investment, the state saw the same trend this year. For 2022–2023, the state's nominal gross state domestic product (GSDP) is Rs 3645884cr, or 13.5% of the national GDP. In 2022–2023, the state's per capita income was Rs252389, up from Rs219573 in 2021–2022.

4. FINDING

1. The gender gap ratio (GGR) in rural Maharashtra is among the highest in the country, which impacts the overall GGR of the state.
2. The high GGR may directly impact the state literacy ratio.
3. As per the data given the doctor population ratio is below the national average, which is a good sign.
4. The state's public infrastructure can see some improvements.

5. The poverty level in the state has improved in comparison to the past. The majority of the measures have been successfully implemented throughout the state, according to this statement.
6. The state has maintained its superiority in the contribution towards the country's GDP.
7. All the above factors are comparatively good, which is one of the prime pull factors for migrants.

8. CONCLUSION

- The GGR widening has to be overcome by creating more awareness about the scholarship schemes provided by the State for the girl child.
- Even though the DPR is less than national average, the state needs to look in more rural specific health schemes. In some revenue division the state needs to provide more PHC, and in remote areas more mobile health units to be set-up.
- Since the state continues to contribute the most to the country's GDP, more money is coming in, more jobs are being made, and the populace is getting access to good public infrastructure.
- The scope of further studies can be undertaken.

CONFLICT OF INTERESTS

None.

ACKNOWLEDGMENTS

None.

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