

TOWARDS VIKSIT BHARAT 2047: STRATEGIES FOR BRIDGING GAPS IN EDUCATION, HEALTHCARE, AND SOCIAL INCLUSION FOR EQUITABLE DEVELOPMENT

*** Sakshi Jatin Mehta, **Drashti Nilesh Anawadia, ***Vidhika Vijaysingh Chauhan,
**** Sachin Vilas Acharekar & *****Sayali Nene**

* Research Students of B.Com (Accounting and Finance),

**Assistant Professor, Department of Accounting and Finance (Mentors)

***S. K. Somaiya College, Somaiya Vidyavihar University, Mumbai, Maharashtra, India

Abstract:

India aims to become a developed nation by 2047 through its "Viksit Bharat 2047" plan, which focuses on improving education, healthcare, infrastructure, and social inclusion. However, challenges include unequal access to education, inadequate rural healthcare, and the limited representation of marginalized groups. This study examines these problems using secondary data and government reports to analyze sectors such as education, health, and inclusive governance.

India has also achieved universal enrolment in primary schools and lifted people out of poverty with access to universal healthcare through schemes such as Ayushman Bharat. Some issues remained in only 80% of secondary school enrolment. There is a need to improve healthcare delivery in rural health centers. Fewer youths (18%) received vocational training. Governance is not representative of women or marginalized groups. For India to become a developed country by 2047, it must invest aggressively in the macro areas of secondary education, rural health systems across the country, skill development, and inclusive governance. Policies such as digital education, vocational training, and increased representation of women and marginalized communities can catalyze stimulating changes.

Keywords: Viksit Bharat 2047, education access, healthcare infrastructure, social inclusion, vocational training, marginalized representation, sustainable progress.

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Introduction:

India's aim to become a developed nation by 2047, called Viksit Bharat 2047, is to plan for overall growth in areas such as education, healthcare, and social inclusion. However, issues such as disparities in educational access, outdated healthcare infrastructure, and underrepresentation of marginalized communities must be addressed. This study explores these issues and recommends solutions for analyzing fair development for all citizens of the country.

A better society can only be built through education and healthcare. However, economic and geographical

disparities remain. *Banerjee (2021)* pointed out that elderly people in rural areas of India use healthcare services less than those in cities, indicating the need for fair access. *Mundhe et al. (2017)* emphasize the need to reduce literacy gaps in rural areas. Programs such as Ayushman Bharat have made a difference but still face challenges, as discussed by *(Akshay et al. 2021)* and *(Husain et al. 2024)*. Closing these gaps is essential to creating a more inclusive society.

Developing skills is important to empower young people to provide a better chance of obtaining better jobs. As *(Yoganandham 2024)*, states, vocational

training and entrepreneurship help one to be self-reliant. According to

Tripathi and Sharma (2024), skills development should be integrated into regular education to help create manpower capable of contributing to India's economic and social development. As (*Oza 2024*) also highlights, there needs to be a strong social development index, both to assess the actual state, and track efforts to reduce inequalities.

It is necessary to develop better infrastructure, particularly in rural and remote areas that lack basic infrastructure. (*Dash et al. 2023*) called for improvements such as schools and hospitals, as part of balanced growth across regions. (*Singh 2024*) shows how Ayushman Bharat Health and Wellness Centers help close the healthcare gaps in rural areas. Improving physical and digital infrastructure is crucial for ensuring that everyone has access to essential services. Inclusive governance and fair representation are the key to creating social equality. Bhatia, Singhal, and (*Bhatia et al. 2024*) emphasized the importance of women in leadership and decision-making. Similarly, (*Aggarwal et al. 2024*) discussed how media can help break stereotypes and support the inclusion of disabled people. Involving underrepresented groups in politics and governance, as (*Lal 2016*) explains, helps them feel valued and empowered.

This study aimed to achieve the following four primary objectives.

- 1) Helps determine how to make schools and hospitals available to everyone, irrespective of their economic position.
- 2) Exploring how skill development can be included in education to improve job opportunities.
- 3) Studying how better infrastructure can reduce regional differences.
- 4) Discovering ways to involve marginalized communities in governance and decision-making.

This study builds on earlier research such as (Endalamaw et al. 2024) on creating the healthcare workforce and (Rajesh, Khandai, and Mishra 2024) on the role of higher education in national growth. This study provides practical solutions by combining the findings of several studies. tangible solutions to overcome challenges in sectors such as education, healthcare, and social inclusion, as we aspire to a developed and inclusive India in 2047.

Literature Review :

The journey toward achieving Viksit Bharat 2047 requires a deep understanding of the interconnected challenges in education, healthcare, and social inclusion. This literature review synthesizes existing research, identifies critical barriers, and proposes strategies to overcome them.

Education and Skill Development:

Education is a key instrument in social and economic development; however, it causes serious inequalities. (*Mundhe et al. 2017*) studied literacy in rural and urban areas, and found major gaps. (*Tripathi and Sharma 2024*) emphasized how national education policies can help students achieve sustainable growth and argue for wider reforms. Upskilling education to facilitate new job opportunities for youth (*Yoganandham 2024*) emphasizes the importance of vocational training and entrepreneurship in enabling marginalized communities to attain self-reliance.

Social media have become a powerful tool in education. (*Tripathi 2024*), explained how digital platforms are known to bridge knowledge gaps, provide equal access to resources, and create awareness of government schemes. Looking at practical interventions and community involvement, (*Rajesh et al. 2024*) examined the role of Unnat Bharat Abhiyan in local development, where higher education can research community problems and encourage innovation.

Healthcare Accessibility and Infrastructure:

Disparities in healthcare, especially between rural and urban areas, are a major barrier to development. Socioeconomic and geographic factors create obstacles to healthcare use among older people (*Banerjee, 2021*). Similarly, (*Khanna et al. 2024*) examined disparities in cancer care and called for improved health care services in rural communities. (*Reilly 2021*) also pointed out healthcare gaps, showing that focused actions are needed to address these issues.

Ayushman Bharat, a major health program, has shown potential but struggles with awareness and use. (*Akshay et al. 2021*) and (*Husain et al. 2024*) examined its impact and found knowledge gaps among both healthcare workers and the public. (*Singh 2024*) conducted a study on Ayushman Bharat Health and Wellness Centers, highlighting how they could help fill healthcare gaps in rural areas.

Infrastructure is an important factor for equal access. (*Dash et al. 2023*) highlighted the critical importance of enhancing healthcare and educational facilities as shown by the levels of removal in districts across Maharashtra. (*Endalamaw et al. 2024*) examined studies on primary healthcare workers and made recommendations for the training and retention of workers in understaffed areas.

Social Inclusion and Governance:

This promotes a fair society, in which everyone is included. (*Aggarwal et al. 2024*) discussed how the media can alter the way the public sees people with disabilities and issues a call for diversity of representation. According to (*Bhatia et al. 2024*), to ensure the progress of any nation, its women must be empowered, and more women should be in leadership and government positions.

(*Oza 2024*), suggested an additional Social Development Index to measure the progress of inequality reduction. (*Lal 2016*), emphasized that

marginalized communities in governance were also emphasized by (*Lal 2016*), who called for their participation in decision making.

The literature review highlights the interlinkage of education, healthcare, and social inclusion in fulfilling the objectives of Viksit Bharat 2047. India can progress toward a developed country by addressing system issues, improving infrastructure, and supporting inclusive governance. These ideas provide a strong foundation for further research and policy development.

Research Objectives:

- 1) To find and study universal access to education and healthcare for every individual regardless of their socioeconomic background.
- 2) To find and study skill development for students, such as integrating vocational training to enhance employability among the youth.
- 3) To identify and study infrastructure development, such as hospitals, clinics, and campaigns, even in remote areas.
- 4) To find and study the participation of less-presented communities in politics, governance, and decision-making roles.

RESEARCH METHODOLOGY:

Research Design	:	Descriptive and Exploratory
Data Collection	:	Secondary Data
Data Presentation tool	:	Table

DATA COLLECTION AND ANALYSIS:

A detailed table summarizing the main areas of data collection and study focused on goals such as universal access to education and healthcare, skill development, infrastructure improvement, and inclusive governance. Each section included important data, current statistics, and progress updates.

A] Universal Access to Education and Healthcare

Indicator	Current Data (Post-2014)	Target/Goal for Viksit Bharat
Gross Enrollment Ratio (Primary Education)	100.0% (2021)	Sustain 100%
Gross Enrollment Ratio (Secondary Education)	80% (2021)	100% universal enrolment
Institutional Deliveries	89% (2019-21)	Universal coverage
Access to PHCs in Rural Areas	>85% (2021)	100% access
Ayushman Bharat Beneficiaries	23 crore beneficiaries (2023)	Universal health insurance

B] Skill Development for Students

Indicator	Current Data (Post-2014)	Target/Goal for Viksit Bharat
Youth Enrolled in Vocational Training	18% of youth aged 15-24 (2022)	50% enrolment by 2047
Pradhan Mantri Kaushal Vikas Yojana (PMKVY) Beneficiaries	12 million youth trained (2023)	50 million youth skilled by 2047
Integration of Vocational Education in Schools	60% of CBSE schools offer vocational courses (2021)	100% integration

C] Infrastructure Development

Indicator	Current Data (Post-2014)	Target/Goal for Viksit Bharat
Number of New Hospitals Built (Post-2014)	157 AIIMS-like hospitals under construction (2023)	Increase rural and remote hospital access
Increase in *PHCs and *CHCs (Post-2014)	>6,000 PHCs upgraded (2021)	Universal rural healthcare access
Vaccination Campaigns (2014–2023)	Over 500 million vaccinated during COVID-19	Sustain immunization drives

D] Representation of Inclusion of underrepresented communities in governance

Indicator	Current Data (Post-2014)	Target/Goal for Viksit Bharat
Women's Representation in Parliament	14% (2023)	Increase to 33% via Women's Reservation Bill
SC/ST Representation in Parliament	SC: 15%, ST: 7.5% (2023)	Maintain constitutional guarantees
Panchayat Leadership by Women	46% of elected members are women (2021)	Sustain 50% quota

Source:¹National Family Health Survey (NFHS): NFHS Website,²Unified District Information System for Education (UDISE+): [UDISE+ Website](#)³Ayushman Bharat: [PM-JAY Website](#)⁴Pradhan Mantri Kaushal Vikas Yojana (PMKVY): [PMKVY Portal](#)

⁵Ministry of Panchayati Raj (MoPR): [MoPR Website](#)

⁶Election Commission of India (ECI): [ECI Website](#)

⁷Ministry of Health and Family Welfare (MoHFW): [MoHFW Website](#)

A]

Universal Access to Education and Healthcare

- **Primary education:** The gross Enrolment ratio (GER) was 100%, reflecting full access to primary education.
- **Secondary Education:** GER is 80%, indicating significant progress, but still 20% short of universal enrolment.
- **Institutional delivery:** 89% of births occur in healthcare institutions, which improves maternal and child health.
- **Access to PHCs:** Over 85% of rural areas have access to health centers, with a target of 100% access.
- **Ayushman Bharat:** Health insurance has benefited 23 crore individuals, a step toward universal healthcare.

B] Skill Development for Students

- **Vocational Training:** Only 18% of the youth aged 15-24 year were enrolled, far below the 50% target for 2047.
- **PMKVY Beneficiaries:** Twelve million youths have been trained with the aim of skipping 50 million by 2047.
- **Integration of Vocational Education:** 60% of CBSE schools offer vocational courses.

C] Infrastructure Development

- **Hospitals:** 157 AIIMS-like hospitals are under construction, improving rural and remote health care.
- **PHCs and CHCs:** Over 6,000 primary and community health centers have been upgraded.
- **Vaccination Campaigns:** Over 500 million people were vaccinated against COVID-19.

D] Representation of Underrepresented Communities in Governance

- **Women in Parliament:** Women hold 14% of seats, with a target of 33%.
- **SC/ST Representation:** Constitutional guarantees ensure 15% SC and 7.5% ST representation.
- **Women in Panchayats:** 46% of elected leaders were women.

RESEARCH FINDING:

A] Universal Access to Education and Healthcare

- Universal access to primary education has been achieved, but secondary education enrollment requires targeted interventions.
- Institutional delivery rates and access to PHCs highlight progress in rural healthcare but require further expansion.
- Ayushman Bharat has significantly improved financial protection in healthcare for millions.

B] Skill Development for Students

- Vocational training is underutilized, limiting employability among the youth.
- PMKVY is a strong initiative but requires scaling to meet future workforce needs.
- The integration of vocational education in schools has progressed but needs further adoption.

C] Infrastructure Development

- Infrastructure upgrades are reducing the urban-rural healthcare gap, but challenges remain in reaching the remotest regions.
- Vaccination effectively drives India's ability to handle large-scale public-health campaigns.

D] Representation of Underrepresented Communities in Governance

- Women's participation in governance has improved but is far from the 33% target in the

Parliament.

- Panchayat leadership by women is nearing the 50% goal, showing an effective grassroots representation.

SUGGESTIONS AND RECOMMENDATIONS

A] Universal Access to Education and Healthcare

- Enhance secondary education outreach through incentives such as scholarships and digital education platforms.
- Improving rural healthcare infrastructure to close the gap in PHC access.
- Strengthening awareness campaigns about Ayushman Bharat to maximize enrollment.

B] Skill Development for Students

- Increase the availability of vocational training centers, especially in rural areas.
- Provide incentives for industries to collaborate with skill development programs.
- Ensure that vocational education is included in all school curricula by offering diverse career-relevant courses.

C] Infrastructure Development

- Expedite the construction of hospitals in underserved areas.
- Regularly monitor and upgrade PHCs and CHCs to meet evolving healthcare needs.
- Institutionalize vaccination infrastructure for sustained immunization campaigns.

D] Representation of Underrepresented Communities in Governance

- Implement the Women's Reservation Bill to increase women's representation in Parliament.
- Promote leadership training and capacity-building programs for SC/ST and women leaders.

- Ensure robust mechanisms for monitoring and supporting elected representatives from underrepresented communities.

Conclusion:

Achieving equal access to education, healthcare, skill development, and fair representation is essential to building a fair and sustainable society. Although some progress has been made, there are still challenges in meeting these goals by 2047.

Education and Healthcare: Everyone should have access to education and healthcare. To achieve this, we need to reduce the number of students dropping out of school, especially after primary education, and improve healthcare in rural areas. Programs, such as Ayushman Bharat, should continue to help fill these gaps.

Skill development: Training programs should be relevant to meeting the demands of modern industries and technology. Young people need more vocational training and schools need to offer more practical skills to prepare students for future jobs.

Infrastructure Development: Adequate healthcare facilities, timely hospital construction, and vaccination drives are necessary for equitable access to healthcare. Technology, particularly e-health tools, can promote access in rural regions.

Representation and Inclusion: Women and other marginalized groups remain underrepresented in decision-making. Laws and programs must support this while also tackling cultural and social barriers.

To achieve these goals by 2047, the government, businesses, and communities must work together. Focusing on quality, fairness, and long-term solutions will help to create a better and more equal future for everyone.

References:

1. Aggarwal, Sakshi, Durgesh Tripathi, Dr Jagriti Basera, and Ketan Kataria. 2024. "The Role of Media in Shaping Perceptions Towards Persons with Disabilities (Divyangs) in India: Challenges and Possible Solutions." pp. 1–6 in *cBharati Vidyapeeth's Institute of Computer Applications and Management (BVICAM)*. New Delhi.
2. Akshay, V., Umashankar G. K., Pramila M., Ritu Maiti, Aswini M., and Manjusha P. C. 2021. "Oral Health Utilization and Awareness of Ayushman Bharat (PMJAY) Health Insurance Scheme in Bangalore." *International Journal Of Community Medicine And Public Health* 8(8):4012. doi: 10.18203/2394-6040.ijcmph20213037.
3. Banerjee, Shreya. 2021. "Determinants of Rural-Urban Differential in Healthcare Utilization among the Elderly Population in India." *BMC Public Health* 21(1):939. doi: 10.1186/s12889-021-10773-1.
4. Bhatia, Dr Avneet Kaur, Dr Gazal Singhal, and Shweta Arora. 2024. "Towards an Empowered India: Women's Role in Achieving the Viksit Bharat 2047 Vision." Pp. 1–8 in *cBharati Vidyapeeth's Institute of Computer Applications and Management (BVICAM)*. New Delhi.
5. Dash, Ranjan Kumar, Jyoti Chandiramani, Varun Miglani, Shrabani Mukherjee, and Bidyut Kumar Ghosh. 2023. "The Status of Rural Infrastructure: A District Level Study of Maharashtra." *Journal of Rural Development* 41(3):318–39. doi: 10.25175/jrd/2022/v41/i3/155750.
6. Endalamaw, Aklilu, Resham B. Khatri, Daniel Erku, Anteneh Zewdie, Eskinder Wolka, Frehiwot Nigatu, and Yibeltal Assefa. 2024. "Barriers and Strategies for Primary Health Care Workforce Development: Synthesis of Evidence." *BMC Primary Care* 25(1):1–11. doi: 10.1186/s12875-024-02336-1.
7. Husain, Mushahid, Gaurav Kumar, and Raj Vishnoi. 2024. "Knowledge Regarding Ayushman Bharat Yojana among Nursing Personnel at Health Care Centers." *International Journal For Multidisciplinary Research* 6(2):1–5. doi: 10.36948/ijfmr.2024.v06i02.17005.
8. Khanna, Divya, Priyanka Sharma, Atul Budukh, Rajesh Vishwakarma, Anand N. Sharma, Sonali Bagal, Varsha Tripathi, Vijay Kumar Maurya, Pankaj Chaturvedi, and Satyajit Pradhan. 2024. "Rural-Urban Disparity in Cancer Burden and Care: Findings from an Indian Cancer Registry." *BMC Cancer* 24(1):308. doi: 10.1186/s12885-024-12041-y.
9. Lal, Jyotsana. 2016. "Assistant Professor, Department of Economics, Smt. M.M.P.Shah College of Arts & Commerce, Matunga." pp. 1–13 in "Rural India in 21st Century." Mumbai.
10. Mundhe, Nitin N., Dhondiram B. Pawar, and Priyanka D. Rokade. 2017. "USE OF DISPARITY INDEX FOR IDENTIFYING RURAL - URBAN LITERACY PATTERN OF PUNE DISTRICT, MAHARASHTRA." *International Journal of Research in Humanities, Arts and Literature* 5(8):61–70.
11. Oza, Preeti. 2024. "Inclusion of the Social Development Index in Context of Viksit Bharat." *SSRN Electronic Journal*. doi: 10.2139/ssrn.4807045.
12. Rajesh, Sujata Khandai, and Geeta Mishra, eds. 2024. *Unnat Bharat Abhiyan to Viksit Bharat 2047: A Journey of Higher Education since 2014: Some Regional Efforts*. Delhi, India: Global Books Organisation.
13. Reilly, Megan. 2021. "Health Disparities and Access to Healthcare in Rural vs. Urban Areas." *Theory in Action* 14(2):6–27. doi: 10.3798/tia.1937-0237.2109.

14. Singh, Dr Anjali. 2024. "Ayushman Bharat Health and Wellness Centre: A Case Study of Baragoan Village of Lucknow District, Uttar Pradesh." Pp. 160–68 in *Role and Impact of Social Protection Programmes*. Vol. 2. Utarpradesh: KUNAL BOOKS.
15. Tripathi, Dr Sheel Nidhi. 2024. "SOCIAL MEDIA'S TRANSFORMATIVE IMPACT ON EDUCATION: A VISION FOR VIKSIT BHARAT 2047." *Annals of the Bhandarkar Oriental Research Institute* C1(10):112–20.
16. Tripathi, Shivam, and Komal Sharma. 2024. "Exploring the Synergy between National Education Policies and The Holistic Sustainable Development of Students." Pp. 203–29 in *DEMYSTIFYING VIKSIT BHARAT 2047*. BOOKENDS PUBLISHING NEW DELHI.
17. Yoganandham, Dr G. 2024. "EMPOWERING INDIA'S FUTURE: THE ROLE OF VOCATIONAL EDUCATION, SKILL DEVELOPMENT, AND ENTREPRENEURSHIP IN SHAPING A SELF-RELIANT NATION UNDER ATMANIRBHAR BHARAT." *GIS Science Journal* 11(11):438–55.

Cite This Article:

Mehta S.J., Anawadia D.N., Chauhan V.V., Acharekar S.V.& Nene S. (2025). *Viksit Bharat: A Nation's Aspiration - India's \$5 Trillion Economy - The Vision, Challenges, and Roadmap.* In **Aarhat Multidisciplinary International Education Research Journal**: Vol. XIV (Number I, pp. 357–364)