

## Social Sectors

The ultimate objective of planned development is to ensure human well-being through sustained improvement in the quality of life of the people, particularly the poor and the vulnerable segments of the population. In terms of policy measures it requires emphasis on social sector development and programmes. The development of human resources contributes to sustained growth and productive employment. A healthy, educated and skilled workforce can contribute more significantly and effectively to economic development.

### HUMAN DEVELOPMENT AND GENDER SITUATION

10.2 As per the UNDP's Global Human Development Report (HDR) 2007, in spite of the

absolute value of the human development index (HDI) for India improving from 0.577 in 2000 to 0.611 in 2004 and further to 0.619 in 2005, the relative ranking of India has not changed much. India ranks at 128 among the countries with medium human development out of 177 countries of the world as against 126 in the previous year. In terms of Gender Development Index (GDI), India ranks 113 out of 157 countries ranked on the basis of their GDI value (Table 10.1). A zero count for HDI rank minus GDI rank for India is indicative of almost similar status of ranking in terms of gender development and human development. At the same time, while India's HDI rank reflects low relative achievement in the level of human development, a negative count of (-11) for GDP per capita (PPP US\$) rank minus HDI rank is also indicative that

**Table 10.1** India's global position on human and gender development

Country	HDI Rank		GDP per capita (PPP US\$) minus HDI rank	GDI Rank		HDI rank minus GDI rank	Life Expectancy at Birth (years)	Combin- ed GER (Primary, Secondary & Tertiary education)	Physi- cians per one lakh people	Infants with low birth weight (%)
	2000	2005		2000	2005					
Norway	1	2	1	3	3	-1	79.8	99.2	313	5
Australia	5	3	13	1	2	1	80.9	113	247	7
Sri Lanka	89	99	07	70	89	-1	71.6	62.7	55	22
China	96	81	05	77	73	1	72.5	69.1	106	4
Indonesia	110	107	06	91	94	1	69.7	68.2	13	9
<b>India</b>	<b>124</b>	<b>128</b>	<b>-11</b>	<b>105</b>	<b>113</b>	<b>0</b>	<b>63.7</b>	<b>63.8</b>	<b>60</b>	<b>30</b>
Pakistan	138	136	-8	120	125	-7	64.6	40	74	19
Bangladesh	145	140	0	121	121	1	63.1	56	26	36
Nepal	142	142	08	119	128	-4	62.6	58.1	21	21
Mozambique	170	172	-16	144	150	2	42.8	52.9	3	15
Niger	172	174	-1	146	155	-1	55.8	22.7	2	13

Source: UNDP Human Development Reports 2002 and 2007.

the country has done better in terms of per capita income than in other components of human development. The other indicators related to Health and Education also indicate the same. The situation reinforces the need for greater focus on this area in our development planning. It is this concern that is reflected in the Eleventh Plan which seeks to reduce not only poverty but also the various kinds of disparities across regions and communities by ensuring better access to not only basic physical infrastructure but also health and education services to one and all.

### Major Initiatives in Social Sector

10.3 In consonance with the commitment to faster social sector development under the National Common Minimum Programme (NCMP), the Central Government has launched new initiatives for social sector development during 2007-08 (Box 10.1). Substantial progress was also made on the major initiatives launched in earlier years (Box 10.2).

10.4 Central Government expenditure on social services and rural development have gone up consistently over the years (Table 10.2). The share of Central Government expenditure on social services, including rural development in total expenditure (plan and non-plan), has increased from 11 per cent in 2001-02 to 16.4 per cent in 2007-08 (BE). Central support for social programmes has continued to expand in various forms although most social sector areas fall within the purview of the States. Significant amount of programme specific funding is available to the States through the Centrally Sponsored Schemes. The pattern of funding for these schemes varies depending upon the priority laid on the sector. At the same time, the objective is to make States more and more self-reliant in supporting these scheme as is borne out by the funding pattern proposed for Sarva Shiksha Abhiyan.

10.5 Increasing trend of expenditure on social services by the general government (Centre and States combined) in recent years (Table 10.3)

#### Box 10.1 Major initiatives in the Social Sector in 2007-08

##### Aam Admi Bima Yojana

Under a new scheme called "Aam Admi Bima Yojana" (AABY), launched on October 2, 2007, insurance to the head of the family of rural landless households in the country will be provided against natural death as well as accidental death and partial/permanent disability. This cover is Rs. 75,000 on death due to accident and permanent disability due to accident, Rs. 37,500 in case of partial permanent disability due to accident and Rs. 30,000 in case of death of a member, prior to terminal date. The premium to be charged under the scheme is Rs. 200 per annum per member, 50 per cent of which is to be contributed by the Central Government and remaining by State Governments.

##### Rashtriya Swasthya Bima Yojana

The Rashtriya Swasthya Bima Yojana was formally launched on October 1, 2007. All workers in the unorganized sector who come in the category of Below Poverty Line (BPL) and their families will be covered under the Scheme. The scheme also has a provision of smart card to be issued to the beneficiaries to enable cashless transaction for health care. Total sum insured would be Rs. 30,000 per family per annum with Government of India contributing 75 per cent of the annual estimated premium amount of Rs. 750 subject to a maximum of Rs. 565 per family per annum while State Governments are expected to contribute 25 per cent of the annual premium as well as any additional premium. The cost of smart card would also be borne by Central Government.

##### National Old Age Pension Scheme (NOAPS)

Under the Scheme, the Central Government provides Rs. 200 per month of financial assistance per beneficiary. The eligibility criteria for NOAPS has been recently modified from "who is 65 years or above and a destitute" to one "who is 65 years and above and belonging to a household below the poverty line". The scheme is administered by the Ministry of Rural Development.

##### Ujjawala Scheme for Prevention of Trafficking and Rescue, Rehabilitation and Reintegration of victims of trafficking for commercial sexual exploitation

The Scheme was launched on December 4, 2007. It has five components namely, prevention, rescue, rehabilitation, reintegration and repatriation.

**Box 10.2 Progress on major initiatives under implementation in the Social Sector****National Rural Employment Guarantee Scheme (NREGS)**

NREGS, which was launched on February 2, 2006, in 200 most backward districts in the first phase, has been expanded to 330 districts in the second phase.. The remaining 266 districts have been notified on September 28, 2007 where the scheme will come into effect from April 1, 2008. As against the employment demanded by 2.61 crore rural households, 2.57 households have been provided wage employment during 2007-08. A budget allocation of Rs. 12,000 crore (including NER component) was made for 2007-08 and Rs. 10,501.02 crore has been released till 30.01.2008.

**Bharat Nirman**

This programme, which was launched in 2005-06 for building infrastructure and basic amenities in rural areas, has six components, viz. rural housing, irrigation potential, drinking water, rural roads, electrification and rural telephony. Bharat Nirman has received a budgetary outlay of Rs. 24,603 crore in 2007-08 as against Rs. 18,696 crore (including NER component) in 2006-07.

**Mid-day Meal Scheme**

This Scheme, which was launched in August 1995, is intended to give boost to universalization of primary education by increasing enrolment, retention and attendance while contributing to the nutrition of students in primary classes. The allocation has been enhanced to Rs. 7,324 crore in 2007-08 from Rs. 5,348 crore in 2006-07.

**Rajiv Gandhi National Drinking Water Mission**

This programme was introduced as one of the five Societal Missions in 1986 and was called the National Drinking Water Mission. It was renamed as Rajiv Gandhi National Drinking Water Mission in 1991. Allocation of funds has been increased from Rs. 4,680 crore in 2006-07 to Rs. 5,850 crore in 2007-08.

**National Rural Health Mission**

The National Rural Health Mission was launched on April 12, 2005, to provide accessible, affordable and accountable quality health services to the poorest households in the remotest rural regions. Allocation increased to Rs. 9,947 crore in 2007-08 from Rs. 8,207 crore in the previous year.

**Jawaharlal Nehru National Urban Renewal Mission (JNNURM)**

JNNURM, which is for a seven-year period from 2005-06, has two main components – Basic Services to the Urban Poor (BSUP) Programme and Integrated Housing & Slum Development Programme (IHSDP). BSUP was launched to assist cities and towns in taking up housing and infrastructural facilities for the urban poor in 63 selected cities in the country. IHSDP, which was launched simultaneously with BSUP in December 2005, is taking up housing and slum upgradation programmes in non-BSUP cities. A budgetary provision of Rs. 4,987 crore has been made in 2007-08 as against Rs. 4,595 crore in 2006-07.

reflects the high priority attached to these sectors. Expenditure on social sectors as a proportion of total expenditure, after decreasing from 20.4 per cent in 2002-03 to 19.5 per cent in 2003-04, increased steadily to 22.3 per cent in 2006-07 (RE) and 22.5 per cent in 2007-08 (BE). Expenditure on education as a proportion of total expenditure has increased from 9.8 per cent in 2004-05 to 10.4 per cent in 2006-07 (RE). Share of health in total expenditure has also increased from 4.4 per cent in 2004-05 to 4.9 per cent in 2006-07 (RE).

10.6 Inter-State comparisons based upon important socio-economic indicators discussed earlier in chapter 2 bring out disparities between States in development outcomes. The performance of States across various sub-sectors, be it poverty,

health or education related, reinforce each other. To some extent this disparity in performance between states may be accounted for by extraneous factors but largely can be attributed to governance and delivery of services. This calls for a greater emphasis on governance issues. While governance is a broader area to be tackled at various fronts, use of e-governance is becoming an important method to ensure better delivery and monitoring of services in different sectors including social sectors.

**POVERTY AND INCLUSIVE GROWTH**

10.7 Incidence of poverty is estimated by the Planning Commission on the basis of quinquennial large sample surveys on household consumer expenditure conducted by the National Sample

**Table 10.2 Central Government expenditure (Plan and non-Plan) on social services and rural development**

(as per cent of total expenditure)

ITEM	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
	Actual	Actual	Actual	Actual	Actual	FE	BE
1. Social service							
a. Education, Sports, Youth affairs	2.39	2.39	2.32	2.81	3.48	4.04	4.58
b. Health & Family welfare	1.65	1.58	1.53	1.64	1.96	1.85	2.11
c. Water supply, housing etc.	1.65	1.65	1.67	1.81	1.88	1.68	1.95
d. Information & Broadcasting	0.35	0.34	0.28	0.26	0.30	0.27	0.23
e. Welfare of SC/ST and OBC	0.30	0.28	0.24	0.27	0.29	0.32	0.37
f. Labour & Employment	0.23	0.19	0.18	0.20	0.25	0.24	0.24
g. Social Welfare & Nutrition	0.72	0.57	0.50	0.52	0.73	0.80	0.82
h. North Eastern areas	0.00	0.00	0.00	0.00	1.52	1.77	1.91
i. other Social services	0.55	0.11	0.15	0.34	0.40	0.24	0.13
<b>Sub Total</b>	<b>7.86</b>	<b>7.10</b>	<b>6.86</b>	<b>7.85</b>	<b>10.81</b>	<b>11.21</b>	<b>12.35</b>
2. Rural Development	1.72	2.89	2.59	1.91	2.75	2.69	2.46
3. I) Pradhan Mantri Gramodaya Yojana (PMGY) <sup>a</sup>	0.70	0.63	0.51	0.56	0.00	0.00	0.00
II) Pradhan Mantri Gram Sadak Yojana (PMGSY)	0.69	0.60	0.49	0.49	0.83	0.94	1.62 <sup>b</sup>
4. Social Services, Rural Dev., PMGY and PMGSY	10.97	11.23	10.46	10.81	14.40	14.84	16.42
5. Total Central Government Expenditure	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Budget documents and Ministry of Rural Development.

<sup>a</sup> Launched in 2000-01 as a new initiative for basic rural needs. However, PMGY has been discontinued from 2005-06.

<sup>b</sup> Includes Rs. 4500 crore as loan taken from a separate RIDF window of NABARD.

**Table 10.3 Trends of social sector expenditure by General Government (Centre and State Governments combined)**

ITEMS	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
	Actual	Actual	Actual	Actual	RE	BE
<b>Centre &amp; States (Rs. crore)</b>						
Total expenditure	6,95,203	7,86,212	8,59,545	9,59,855	11,48,824	13,09,897
Expenditure on social sector	1,41,740	1,53,454	1,72,812	2,03,995	2,56,521	2,94,412
Education	71,298	75,607	84,111	96,365	1,19,199	1,33,284
Health	30,184	33,504	37,535	45,428	56,378	65,158
Others	40,258	44,343	51,166	62,202	80,944	95,970
<b>As percentage of GDP</b>						
Total expenditure	28.32	28.54	27.29	26.81	27.71	27.91
Expenditure on social sector	5.77	5.57	5.49	5.70	6.19	6.27
Education	2.9	2.74	2.67	2.69	2.88	2.84
Health	1.23	1.22	1.19	1.27	1.36	1.39
Others	1.64	1.61	1.62	1.74	1.95	2.04
<b>As percentage of total expenditure</b>						
Expenditure on social sector	20.4	19.5	20.1	21.3	22.3	22.5
Education	10.3	9.6	9.8	10	10.4	10.2
Health	4.3	4.3	4.4	4.7	4.9	5.0
Others	5.8	5.6	6	6.5	7	7.3
<b>As percentage of social sector expenditure</b>						
Education	50.3	49.3	48.7	47.2	46.5	45.3
Health	21.3	21.8	21.7	22.3	22	22.1
Others	28.4	28.9	29.6	30.5	31.6	32.6

Source: Budget documents of Centre and State Governments/RBI.

Survey Organisation (NSSO). The Uniform Recall Period (URP) consumption distribution data of NSS 61st Round yields a poverty ratio of 28.3 per cent in rural areas, 25.7 per cent in urban areas and 27.5 per cent for the country as a whole in 2004-05. The corresponding poverty ratios from the Mixed Recall Period (MRP) consumption distribution data are 21.8 per cent for rural areas, 21.7 per cent for urban areas and 21.8 per cent for country as a whole. While the former consumption data uses 30-day recall/reference period for all items of consumption, the latter uses 365-day recall/reference period for five infrequently purchased non-food items, namely, clothing, footwear, durable goods, education and institutional medical expenses and 30-day recall/reference period for remaining items. The percentage of poor in 2004-05 estimated from URP consumption distribution of NSS 61st Round of consumer expenditure data are comparable with the poverty estimates of 1993-94(50th round) which was 36 per cent for the country as a whole. The percentage of poor in 2004-05 estimated from MRP consumption distribution of NSS 61st Round of consumer expenditure data are roughly comparable with the poverty estimates of 1999-2000 (55th round) which was 26.1 per cent for the country as a whole (Table 10.4).

### Consumption Patterns below and above Poverty Line

10.8 There are concerns about vulnerability of people who have crossed the poverty line (PL) and are at present above it. Vulnerability is a relative term and could be gauged from the consumption patterns (in the absence of a better

**Table 10.4**

#### Poverty Ratios by URP and MRP

		(per cent)	
Sr. No.	Category	1993-94	2004-05
<b>By Uniform Recall Period (URP) Method</b>			
1.	Rural	37.3	28.3
2.	Urban	32.4	25.7
3.	All India	36.0	27.5
<b>By Mixed Recall Period (MRP) Method</b>			
		1999-2000	2004-05
4.	Rural	27.1	21.8
5.	Urban	23.6	21.7
6.	All India	26.1	21.8

Source: Planning Commission

available alternative). Given meagre resources, higher share of expenditure on food items, which is the most basic of all basic needs, would be indicative of vulnerability to some extent.

10.9 The average per capita consumption expenditure for rural and urban population as per 61st Round (2004-05) is Rs. 558.78 and Rs. 1,052.36, respectively. NSSO data also reveals that rural population on an average spends about 55 per cent of its consumption on food and remaining 45 per cent on non-food items (Table 10.5). Rural population divided on the basis of their monthly per capita expenditures (MPCEs) exhibit consumption patterns as follows.:

- Rural poor (below PL) are spending about 31 to 35 per cent of their total consumption expenditure on non-food items and remaining on food items.
- In the group of population between PL. and 1.5 PL., non-food items take up between 36 and 40 per cent of the total consumption expenditure.
- For rural population between PL and 2PL, non-food items take up between 36 per cent and 46 per cent of the total consumption expenditure.

**Table 10.5**

#### Consumption pattern across different MPCE classes of population (per cent)

MPCE classes of population—rural	Food	Non-Food
	55.05	44.95
<b>I Poor (roughly below PL)</b>		
1. 0-235	68.45	31.55
2. 235-270	67.16	32.84
3. 270-320	66.35	33.65
4. 320-365 <sup>a</sup>	64.78	35.22
<b>II Roughly between PL and 2PL</b>		
5. 365-410	63.99	36.01
6. 410-455	62.93	37.06
7. 455-510	61.61	38.39
8. 510-580 <sup>b</sup>	60.11	39.88
9. 580-690	58.02	41.98
10. 690-890 <sup>c</sup>	53.92	46.08
<b>III Roughly above 2 PL</b>		
11. 890-1155	49.80	50.20

Source: NSSO: Estimated from Table 5R of NSS Report No. 508: Level and Pattern of Consumer Expenditure, 2004-05

<sup>a</sup> MPCE class having poverty line(PL) at Rs 356.30

<sup>b</sup> MPCE class having 1.5 times the poverty line(1.5PL) at Rs. 534.45

<sup>c</sup> MPCE class having twice the poverty line(2PL) at Rs. 712.60

**Table 10.6****Consumption pattern across different MPCE classes of population**

(percent)		
MPCE classes of population—urban	Food	Non-Food
<b>I Poor (roughly below PL)</b>	42.51	57.48
1. 0-335	64.86	35.14
2. 335-395	63.11	36.89
3. 395-485	60.04	39.96
4. 485-580 <sup>a</sup>	57.30	42.70
<b>II Roughly between PL and 2 PL</b>		
5. 580-675	55.35	44.65
6. 675-790	52.37	47.62
7. 790-930 <sup>b</sup>	49.69	50.31
8. 930-1100 <sup>c</sup>	46.61	53.39
<b>III Roughly above 2 PL</b>		
9. 1100-1380	44.44	55.56
10. 1380-1880	40.17	59.83

Source: NSSO: Estimated from Table 5U of NSS Report No. 508: Level and Pattern of Consumer Expenditure, 2004-05

<sup>a</sup> MPCE class having poverty line(pl) at Rs 538.60

<sup>b</sup> MPCE class having 1.5 times the poverty line (1.5 PL) at Rs. 807.90

<sup>c</sup> MPCE class having twice the poverty line(2 PL) at Rs. 1077.20

A similar classification of urban population indicates a consumption pattern (Table 10.6) as follows:

- while about 43 per cent of total consumption on an average is spent on food items and remaining 57 per cent is spent on non-food items, urban poor (below PL) are spending

about 35 to 43 per cent of their total consumption on non-food items.

- In the group of population between PL. and 1.5 PL., non-food items take up between 45 to 50 per cent of the total consumption expenditure.
- However, in the group of population between PL. and 2 PL., non-food items take up between 45 and 53 per cent of the total consumption expenditure.
- It is noticeable that on expected lines, the average consumption pattern of urban population in general is more skewed in favour of non-food items.

**Trends in Consumption Growth (Rural Urban Disparity)**

10.10 The Compound Annual Growth Rate (CAGR) of consumption for rural as well as urban population for different percentile groups of population over the period between 1993-94 and 2004-05 based on NSSO data on monthly per capita consumption for various rounds at constant prices (Table 10.7) indicate the following:

- While, on an average, the growth in consumption expenditures over this period may not appear too different for rural (CAGR 1.16 per cent) and urban (CAGR 1.35 per cent) population, differences are noticeable if different MPCE based percentile groups of population are taken into consideration.
- For all percentile groups except top 10 per cent in rural population between 1993-94 and

**Table 10.7 Growth in MPCEs between 1993-94 and 2004-05**

No.	Percentile grp. of popln.	Rural 1993-94 (Rs.)	Rural 2004-05 (Rs.)	Rural CAGR (%)	Urban 1993-94 (Rs.)	Urban 2004-05 (Rs.)	Urban CAGR (%)
1.	0% - 10%	115.5	129.5	1.05	154.5	163.5	0.52
2.	10% - 20%	153	169	0.91	211	223	0.50
3.	20% - 30%	178	195	0.83	248	269	0.74
4.	30% - 40%	200	221	0.91	287	316	0.88
5.	40% - 50%	222	246	0.94	332	368	0.94
6.	50% - 60%	249	275	0.91	381	433	1.17
7.	60% - 70%	282	310	0.86	448	512	1.22
8.	70% - 80%	325	359	0.91	543	619	1.20
9.	80% - 90%	398	442	0.96	698	804	1.29
10.	90% - 100%	686	843	1.89	1283	1612.5	2.10
11.	All classes	281	319	1.16	458	531	1.35

Source: NSSO: Estimated from Table No. P7: Comparison of average MPCE at constant prices over rounds, NSS Report No. 508: Level and Pattern of Consumer Expenditure, 2004-05.

2004-05, CAGR has been around 1 per cent.

- At the same time, the CAGR of the upper 50 percentile group in the urban population is consistently above 1 per cent and higher as compared with those of lower 50 percentile urban population.
- It is also noticeable that while in urban population, a CAGR of more than 1 per cent is for entire upper 50 percentile, only the uppermost 10 percentile group is registering a CAGR of consumption (MPCE) above 1 per cent for rural population.
- Further, the growth in consumption of lower 40 percentile of urban population is consistently lower than its counterpart rural population.

Hence, changes in MPCEs over this period within urban population may have been less uniform than in the rural population. (Rural urban migration may be behind this phenomenon as influx of migrant population may be neutralizing the rise in average incomes of lower half of urban population. At the same time, migrant workers may be sending back funds to support their poor families back home thus raising consumption levels). This also signals the importance of programmes that improve the supply of public goods and services to urban poor.

### Food Availability and Hunger

10.11 On the basis of NSSO data for various rounds, it is observed that reporting of inadequate food has also come down between 1993-94 and 2004-05 with 1.9 per cent households reporting inadequate food availability for the country as a whole in 2004-05 as against 4.2 per cent households in 1993-94. Of these, 1.6 per cent households reported inadequate food for some months while 0.3 per cent reported inadequate food for all months. Further, rural households accounted for a predominant share of inadequate food availability. In respect of State-wise comparison, as discussed in chapter 2, West Bengal followed by Orissa has an unusually high percentage of households reporting food inadequacy (Table 10.8).

### Poverty alleviation and employment generation programmes

10.12 Poverty reduction has been an important goal of development policy since the inception of

**Table 10.8**

### Food Inadequacy Status of Households

Total	some (aggregate)	(in per cent)	
		All months	All months
50th (1993-94)	...	...	4.2
55th (1999-00)	...	...	2.6
61st (2004-05)	1.6	0.3	1.9
<b>Rural</b>			
50th (1993-94)	4.2	0.9	5.1
55th ((1999-00)	2.6	0.7	3.3
61st (2004-05)	2.0	0.4	2.4
<b>Urban</b>			
50th (1993-94)	1.1	0.5	1.6
55th (1999-00)	0.6	0.3	0.9
61st (2004-05)	0.4	0.1	0.5

Source: NSSO: Estimated from Statement 2: Statewise Food Availability Status, NSS Report No. 512: Perceived Adequacy of Food Consumption in Indian Households, 2004-05.

planning in India. Various anti-poverty, employment generation and basic services programmes are being implemented at present (Box 10.3). The ongoing reforms attach great importance to removal of poverty and addressing specifically the wide variations across States and the rural-urban divide. However, there is a need for better implementation of schemes especially NREGS, through web enabled information generation and monitoring system. The lessons learnt from earlier phases of implementation need to be utilized in the third phase of implementation of the programme.

### EMPLOYMENT

10.13 Last year, the Economic Survey had given estimates of employment and unemployment on Usual Principal Status (UPS) basis from various rounds of NSSO survey. In the meantime, the Eleventh Five year Plan has largely used the Current Daily Status(CDS) basis of estimation of employment and unemployment in the country. It has also been observed that the estimates based on daily status is the most inclusive rate of 'unemployment' giving the average level of unemployment on a day during the survey year. It captures the unemployed days of the chronically unemployed, the unemployed days of usually employed who become intermittently unemployed during the reference week and unemployed days

**Box 10.3 Major Anti Poverty, employment generation and basic services programmes****Pradhan Mantri Gram Sadak Yojana (PMGSY)**

The PMGSY was launched on December 25, 2000 as a 100 per cent Centrally Sponsored Scheme with the primary objective of providing all-weather connectivity to the eligible unconnected habitations in the rural areas. The programme is funded mainly from the accruals of diesel cess in the Central Road Fund. In addition, support of the multilateral funding agencies and the domestic financial institutions is being obtained to meet the financial requirements of the programme. Up to December, 2007, about 1,42,750 kilometre-long roadworks have been completed with a cumulative expenditure of Rs. 27,382.24 crore.

**Indira Awaas Yojana (IAY)**

This scheme aims at providing dwelling units, free of cost, to the poor families of the Scheduled Castes, Scheduled Tribes, freed bonded labourers and also the non-SC/ST persons below the poverty line in rural areas. The scheme is funded on a cost sharing basis of 75:25 between the Centre and the States. During the current financial year, Rs. 4,032.70 crore have been earmarked for release to DRDAs under Indira Awaas Yojana (IAY) for construction of 21.27 lakh houses. As per the information received from the State Governments, 9.39 lakh houses have been constructed up to November 2007.

**Swarnjayanti Gram Swarozgar Yojana (SGSY)**

The Swarnjayanti Gram Swarozgar Yojana (SGSY) was launched in April 1999 after restructuring the Integrated Rural Development Programme (IRDP) and allied programmes. It is the only Self Employment Programme currently being implemented for the rural poor. The objective of the SGSY is to bring the assisted swarozgaris above the poverty line by providing them income generating assets through bank credit and Government subsidy. The scheme is being implemented on cost sharing basis of 75:25 between the Centre and States. Up to December 2007, 27.37 lakh self-help groups (SHGs) have been formed and 93.21 lakh swarozgaris have been assisted with a total outlay of Rs. 19,340.32 crore.

**Sampoorna Grameen Rozgar Yojana (SGRY)**

The Sampoorna Grameen Rozgar Yojana (SGRY) was launched on September 25, 2001. The objective of the programme is to provide additional wage employment in the rural areas as also food security, alongside creation of durable community, social and economic infrastructure in the rural areas. In 2007-08 up to December 31, 2007, the number of person-days of employment generated under SGRY was 11.60 crore while the Centre's contributions in terms of cash and foodgrain component up to December 31, 2007, were Rs. 1,142.27 crore and 9.55 lakh tonnes, respectively. Under the special component, about 0.55 lakh tonnes of foodgrain have been released to calamity hit States in the current year up to December 2007. SGRY programme in 330 districts has already been subsumed in National Rural Employment Guarantee Scheme (NREGS) (200 districts in first phase during the year 2006-07 and 130 additional districts in second phase during 2007-08). SGRY programme will be entirely subsumed in NREGS with effect from April 1, 2008.

**Swarna Jayanti Shahari Rozgar Yojana (SJSRY)**

In December 1997, the Urban Self-Employment Programme (USEP) and the Urban Wage Employment Programme (UWEP), which are the two special components of the Swarna Jayanti Shahari Rozgar Yojana, were substituted for various programmes operated earlier for urban poverty alleviation. The fund allocation for the scheme was Rs. 344 crore during 2007-08 and Rs. 256.41 crore has been released up to December 4, 2007. During 2007-08, under USEP, 0.44 lakh urban poor were assisted to set up micro/group enterprise and 0.60 lakh urban poor were imparted skill training up to end of November 2007. Under UWEP, the mandays of employment generated was 6.77 lakh up to end of November 2007. Cumulative coverage of beneficiaries under the Community Structure Component was 358.13 lakh up to end of November 2007.

**Table 10.9** Employment and Unemployment in million person years (by CDS basis)

	million	million	million	Million	Growth p.a.(%)		
	1983	1993-94	1999-00	2004-05	1983 to 1993-94	1993-94 to 1999-00	1999-00 to 2004-05
Population	718.10	893.68	1005.05	1092.83	2.11	1.98	1.69
Labour Force	263.82	334.20	364.88	419.65	2.28	1.47	2.84
Workforce	239.49	313.93	338.19	384.91	2.61	1.25	2.62
Unemployment Rate (per cent)	9.22	6.06	7.31	8.28			
No. of unemployed	24.34	20.27	26.68	34.74			

Source: Various rounds of NSSO survey on employment and unemployment/Planning Commission.

of those classified as employed according to the criterion of current weekly status. The estimates presented earlier also need revisiting so as to be based on population projections released by National Commission on Population. Estimates on employment and unemployment on CDS basis (Table 10.9) indicate that employment growth during 1999-2000 to 2004-05 has accelerated significantly as compared to the growth witnessed during 1993-94 to 1999-2000. During 1999-2000 to 2004-05, about 47 million work opportunities were created compared to only 24 million in the period between 1993-94 and 1999-00. Employment growth accelerated from 1.25 per cent per annum to 2.62 per cent per annum. However, since the labour force grew at a faster rate of 2.84 per cent than the workforce, unemployment rate also rose. The incidence of unemployment on CDS basis increased from 7.31 per cent in 1999-00 to 8.28 per cent in 2004-05.

10.14 The decline in overall growth of employment during 1993-94 to 1999-00 was largely

due to the lower absorption in agriculture. The share of agriculture in total employment dropped from 61 per cent to 57 per cent. This trend continued and the share of agriculture in total employment further dropped to 52 per cent in 2004-05. While the manufacturing sector's share increased marginally during this period, trade, hotel and restaurant sector contributed significantly higher to the overall employment than in earlier years. The other important sectors whose shares in employment have increased are transport, storage and communications apart from financial, insurance, real estate, business and community, social and personal services (Table 10.10).

### Labour Force and Workforce Participation Rates

10.15 Male participation remained higher both in labour and workforce, throughout the period between 1983 and 2004-05. Female participation per se in rural areas was much higher than in urban areas. Urban male participation rates (both labour force and workforce) were higher than rural

**Table 10.10** Sectoral Employment shares by Current Daily Status (CDS Basis)

Industry	1983	1993-94	1999-00	2004-05
Agriculture	65.42	61.03	56.64	52.06
Mining & Quarrying	0.66	0.78	0.67	0.63
Manufacturing	11.27	11.10	12.13	12.90
Electricity, water etc.	0.34	0.41	0.34	0.35
Construction	2.56	3.63	4.44	5.57
Trade, hotel & restaurant	6.98	8.26	11.20	12.62
Transport, storage & communication	2.88	3.22	4.06	4.61
Fin., Insur., Real est., & busi. Services	0.78	1.08	1.36	2.00
Comty., social & personal Services	9.10	10.50	9.16	9.24
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: Various rounds of NSSO survey on employment and unemployment/Planning Commission.

**Table 10.11****Labour Force and Workforce Participation Rates (CDS basis)(percent)**

	1983	1993-94	1999-00	2004-05
<b>Labour force participation rates(LFPR)</b>				
Rural male	52.7	53.4	51.5	53.1
Rural female	21.9	23.2	22.0	23.7
Urban male	52.7	53.2	52.8	56.1
Urban female	12.1	13.2	12.3	15.0
<b>Work force participation rates(WFPR)</b>				
Rural male	48.2	50.4	47.8	48.8
Rural female	19.8	21.9	20.4	21.6
Urban male	47.3	49.6	49.0	51.9
Urban female	10.6	12.0	11.1	13.3

Source: Various rounds of NSSO survey on employment and unemployment/planning commission.

LFPR/WFPR represents No. of persons/person days in the labour force/work force per 1000 persons/person days.

male participation in 1999-2000 and 2004-05 (Table 10.11).

10.16 In urban India, in 2004-05, "trade, hotel and restaurant" sector had engaged about 28 per cent of the male workers while "manufacturing" and "other services" sectors accounted for nearly 24 and 21 per cent, respectively, of the usually employed males. On the other hand, for urban females, "services" sector accounted for the highest proportion (36 per cent) of the total usually employed, followed by "manufacturing" (28 per cent) and "agriculture" (18 per cent). Work opportunities for women in urban services and manufacturing sector probably exist but there is need for facilitating and improving their WPR through better education, skill development and removal of gender associated hurdles like lack of crèches, etc.

### Unemployment Rates by level of education

10.17 NSSO data indicates that compared to 1993-94, unemployment rates for persons of higher education level has declined in rural areas both for males and females in 1999-2000 and it has further declined in 2004-05 compared to 1999-2000. Unemployment rate of graduate and above female population is much higher in rural areas than in urban areas which is indicative of lack of opportunities in rural India combined with lack of mobility of this population segment.

website:<http://indiabudget.nic.in>

### NSS 62nd Round on Employment and Unemployment

10.18 Subsequent to the 61st round in 2004-05 which was a quinquennial round, NSSO conducted an All India Survey (62nd Round) of moderately large sample size on the situation of employment and unemployment in India during the period July, 2005 to June, 2006 as part of the annual series of rounds. The main findings of this survey are as follows:

- Overall unemployment rate for rural areas according to usual status approach was around 2 per cent (3 per cent for male and 2 per cent for females). Urban rates were higher than the rural rates except for the CDS approach in which unemployment rates for rural and urban areas were almost equal (nearly 8 per cent).
- The unemployment rate, obtained by any of the approaches, was higher for females than that for males in the urban areas, but it was lower than that for males in the rural areas.

### Employment in Organized Sector

10.19 The employment growth in the organized sector, public and private combined, has declined during the period between 1994 and 2005. This has primarily happened due to decline of employment in public organized sector. Employment in establishments covered by Employment Market Information System of the Ministry of Labour grew at 1.20 per cent per annum during 1983-1994 but decelerated to -0.31 per cent per annum during 1994-2004. However, the latter decline was mainly due to a decrease in employment in public sector establishments, whereas the private sector had shown acceleration in the pace of growth in employment from 0.44 per cent to 0.58 per cent per annum (Table 10.12).

**Table 10.12****Rate of growth of employment in Organized Sector**

	(% per annum)	
	1983-1994	1994-2005
Public Sector	1.53	-0.70
Private Sector	0.44	0.58
<b>Total Organized</b>	<b>1.20</b>	<b>-0.31</b>

Source: Eleventh Plan Document.

10.20 As per the National Commission for Enterprises in the Unorganized Sector (NCEUS), which uses different classification of organized/unorganized sector, the organized sector employment has increased from 54.12 million in 1999-00 to 62.57 million in 2004-05. However, the increase has been accounted for by increase in unorganized workers in organized enterprises from 20.46 million in 1999-00 to 29.14 million in 2004-05. Thus, increase in employment in organized sector has been on account of informal employment of workers.

### Employment in the Eleventh Plan

10.21 The Eleventh Plan envisages rapid growth in employment opportunities while ensuring improvement in the quality of employment. It recognizes the need to increase the share of regular employees in total employment and a corresponding reduction in casual employment. The employment generation strategy of the Eleventh Plan is also predicated on the reduction of underemployment and the movement of surplus labour in agriculture sector to higher wage and more gainful employment in non-agricultural sector. Agriculture sector is projected to generate no increase in employment during the Eleventh Plan period. Employment in manufacturing is expected to grow at 4 per cent while construction and transport and communication are expected to grow at 8.2 per cent and 7.6 per cent, respectively. The projected increase in total labour force during the Eleventh Plan is 45 million. As against this, 58 million employment opportunities would be created in the Eleventh Plan. This would be greater than the projected increase in labour force leading to a reduction in the unemployment rate to below 5 per cent.

### Skill Development

10.22 The Eleventh Plan notes that the growth in various sectors of the economy can be achieved smoothly only if supported by appropriate skill development programmes at various levels. The Eleventh Plan document has spelt out certain deficiencies in the skill development scenario in the country as it exists presently.

10.23 The Eleventh Plan thrust will be on creating a pool of skilled personnel in appropriate numbers with adequate skills, in line with the requirements of the ultimate users such as the industry, trade and service sectors. Such an effort

is necessary to support the employment expansion envisaged as a result of inclusive growth including in particular the shift of surplus labour from agriculture to non-agriculture.

### Demographic Dividend

10.24 The well-known "demographic dividend" will manifest in the proportion of population in the working age group of 15-64 years increasing steadily from 62.9 per cent in 2006 to 68.4 per cent in 2026. For actual tapping of this demographic dividend, the Eleventh Plan relies upon not only ensuring proper health care but also a major emphasis on skill development and encouragement of labour intensive industries. The projected decline in the dependency ratio (ratio of dependent to working age population) from 0.8 in 1991 to 0.73 in 2001 is expected to further decline sharply to 0.59 by 2011. This decline sharply contrasts with the demographic trend in the industrialized countries and also in China, where the dependency ratio is rising. Low dependency ratio gives India a comparative cost advantage and a progressively lower dependency ratio will result in improving our competitiveness. The Eleventh Plan document rightly points out that if we get our skill development act right, we will be harnessing a "demographic dividend". However, if we fail to create skills we could be facing a "demographic nightmare".

## EDUCATION

### Primary Education

10.25 The 86th Constitutional Amendment of 2002 led to inclusion of a new Article 21-A in Part III of the Constitution that made Free and Compulsory Education to all children of 6 to 14 years of age a Fundamental Right. Pending enactment of a suitable follow-up legislation envisaged in Article 21-A, the 86th Constitutional Amendment has not yet been enforced. However, it is imperative to give good quality elementary education to all children in the age group of 6 to 14 years. Policies and programmes in this direction are also necessary for honouring the country's commitment to the "Millennium Development Goals" and "Education For All" as well as commitment under the NCMP for increasing public expenditure on education to 6 per cent of GDP and for universalizing elementary education at the national level.

**Box 10.4 Primary Education Schemes****Sarva Shiksha Abhiyan (SSA)**

The Sarva Shiksha Abhiyan (SSA) is being implemented in partnership with States to address the needs of children in age group of 6-14 years. The achievements under SSA up to September 30, 2007, include construction of 1,70,320 school buildings, construction of 7,13,179 additional classrooms, 1,72,381 drinking water facilities, construction of 2,18,075 toilets, supply of free textbooks to 6.64 crore children and appointment of 8.10 lakh teachers besides opening of 1,86,985 (till 31.3.07) new schools. About 35 lakh teachers receive in-service training each year. Central allocation for SSA in 2007-08 was Rs. 10,671. With significant success in enrolling children in schools, the SSA's thrust areas are now on reduction of dropouts and improving quality of student learning.

**National Programme for Education of Girls at Elementary Education (NPEGEL)**

The programme is aimed at enhancing girls' education by providing additional support for development of a "model girl child friendly school" in every cluster with more intense community mobilization and supervision of girls enrolment in schools. Under NPEGEL, 35,252 model schools have been opened in addition to supporting 25,537 Early Childhood Care and Education (ECCE) centres. Besides, 24,387 additional classrooms have been constructed, and 1.85 lakh teachers have been given training on gender sensitization. Remedial teaching has also been provided to 9.67 lakh girls, apart from holding bridge courses covering 1.53 lakh girls and additional incentives like uniforms, etc. to about 71.46 lakh girls (up to October 31, 2007). An outlay of Rs. 708.44 crore was provided under NPEGEL for 2007-08.

**Kasturba Gandhi Balika Vidyalaya (KGBV)**

The Kasturba Gandhi Balika Vidyalaya (KGBV) scheme was launched in July 2004 for setting up residential schools at upper primary level for girls belonging predominantly to the SC, ST, OBC and minority communities. The Kasturba Gandhi Balika Vidyalaya scheme ran as separate scheme for two years but was merged with Sarva Shiksha Abhiyan w.e.f. April 1, 2007. About 2,180 KGBVs were sanctioned by Government of India up to March 2007. Of these, 270 KGBVs have been sanctioned in Muslim concentration blocks, 583 in ST blocks, 622 in SC blocks. As on October 31, 2007, 1,564 KGBVs are functional (71.74 per cent) and 1,09,786 girls (26 per cent SC girls, 33 per cent ST girls, 26 per cent OBC girls, 11 per cent BPL girls and 5 per cent minority girls) were enrolled in them.

**National programme of mid-day meals in schools**

The National Programme of Mid-Day Meals in Schools covers approximately 9.70 crore children studying at the primary stage of education in 9.50 lakh Government (including local bodies), Government aided schools and the Centres run under Education Guarantee Scheme (EGS) and Alternative & Innovative Education (AIE) scheme. The programme was extended, with effect from 1.10.2007, to children in the upper primary stage of education (classes VI-VIII) in 3,479 Educationally Backward Blocks (EBBs). Approximately 1.7 crore additional children in classes VI-VIII in EBBs are expected to be included. In 2007-08, a provision of Rs. 7,324 crore was made under the scheme.

The programme provides a mid-day meal of 450 calories and 12 grams of protein to children at the primary stage. For children at the upper primary stage, the nutritional value is fixed at 700 calories and 20 grams of protein. Adequate quantities of micro-nutrients like iron, folic acid and vitamin-A are also recommended under the programme. To meet the nutritional norm, the Central Government provides foodgrain @ 100 grams per primary school child/school day and 150 grams per upper primary school child/school day.

In 2007-08, Central Government also approved the inclusion of Inflation Adjusted Index (Consumer Price Index) for calculation of Central assistance towards cooking cost once in every two years. This will be applicable from 2008-09 for primary and upper primary stages. The programme has helped in promoting school participation, preventing classroom hunger, instilling educational values and fostering social and gender equality.

**Secondary Education**

10.26 The number of secondary and higher secondary schools has increased from 7,416 in 1950-51 to 1,52,049 in 2004-05. Total enrolment in secondary and higher secondary stage has increased correspondingly from 1.5 million in 1950-51 to 37.1 million in 2004-05. Gross Enrolment Ratio (GER), which shows total enrolment in

secondary stage (Class IX to XII as a percentage of total population in the relevant age group has also increased steadily from 19.3 in 1990-91 to 39.91 in 2004-05. GER for Class IX-X (14-16 years) was 51.65 and for Class XI-XII (16-18 years) was 27.82 in 2004-05. With the rapid growth of Indian economy, coupled with the need to improve quality of life and reduce poverty, skill development

is essential at school level also. It is essential that a student at the end of secondary education acquires a level of knowledge and skills.

#### **Box 10.5 Scheme for Universalization of Access to Secondary Education**

Since universalization of elementary education has become an important goal, it is also essential to push this vision forward to move towards universalization of secondary education, something which has already been achieved in a large number of developed countries and several developing countries. Not only universal enrolment, but universal retention and satisfactory quality of learning should also be a priority. The major challenge before secondary education is that of meeting the surge in demand due to success of Sarva Shiksha Abhiyan (SSA) whose target is to ensure that all children of elementary school going age enroll by 2010. It has been therefore decided to launch a centrally- sponsored scheme viz., Scheme for Universalization of Access to Secondary Education (SUCCESS) and improvement of quality at secondary stage during the Eleventh Five Year Plan. The main objective of the programme is to make secondary education of good quality available, accessible and affordable to all young students in the age group 15-16 years (classes IX and X). The target of the scheme is (i) Universal access of Secondary level education to all students in the age group 15-16 years by 2015 and (ii) Universal retention by 2020. It envisages (i) provision of necessary infrastructure and resources in the secondary education sector to create higher capacity in secondary schools in the country and for improvement in quality of learning in the school; (ii) provision for filling the missing gaps in the existing secondary schools system (iii) provision of extra support for education of girls, rural children and students belonging to SC/ST, minority and other weaker sections of the society and (iv) a holistic convergent framework for implementation of various schemes in secondary education.

### **Higher & Technical Education**

10.27 There has been significant growth in higher education during the academic year 2005-06. According to the University Grants Commission (UGC), enrolment in various courses at all levels in universities/colleges and other institutions of higher education in 2005-06 was 11.34 million as compared to 10.50 million in the previous year. Out of this, the number of women students was 4.58 million constituting 40.39 per cent. There has also been a significant expansion of central institutions of higher education in recent years (Box 10.6). With the increased demand for higher quality education, training of teachers has become even more important and out of box thinking is required to ensure adequate supply of quality teachers.

### **HEALTH**

10.28 There has been some improvement in the quality of health care over the years (Table 10.13), but wide inter-State, male-female and rural-urban disparities in outcomes and impacts continue to persist. While population stabilization is in the Concurrent List, health is a State subject. The reproductive and child health services reach community and household levels through the primary health care infrastructure. Inadequacies in the existing health infrastructure have led to gaps in coverage and outreach services in rural areas.

10.29 India's position on health parameters compared even to some of its neighbours continues to be unsatisfactory. While India has improved with respect to some important health indicators

#### **Box 10.6 Recent Expansion of Higher Educational Institutions**

- Two State Universities in Arunachal Pradesh and Tripura were converted into Central Universities and a new Central University has been established in Sikkim. With this, all the eight States in the North-eastern Region have at least one Central University each.
- Central Institute of English and Foreign Languages, which was earlier a Deemed University, has been converted into a Central University.
- Two Indian Institutes of Science Education and Research (IISERs) were established during 2005-06 at Kolkata and Pune, and a third one at Mohali in 2006-07. Two more IISERs have been approved at Bhopal and Thiruvananthapuram during the Eleventh Plan.
- The 20 National Institutes of Technology (NITs) were earlier being managed by individual registered societies. They were brought under a common statutory framework during 2007-08 by enacting the National Institutes of Technology Act which came into force on 15.08.2007.
- The seventh IIM, namely the Rajiv Gandhi Indian Institute of Management, has been established at Shilong in 2007-08. It will admit the first batch of students in 2008.
- The Indian Institute of Information Technology, Design & Manufacturing, Kanchipuram, has also come into being during 2007-08.

**Table 10.13 India — Selected Health Indicators**

Sl. No.	Parameter	1981	1991	Current level
1.	Crude Birth Rate (CBR) (Per 1000 Population)	33.9	29.5	23.5 (2006)
2.	Crude Death Rate (CDR)(Per 1000 Population)	12.5	9.8	7.5 (2006)
3.	Total Fertility Rate (TFR)(Per women)	4.5	3.6	2.9 (2005)
4.	Maternal Mortality Rate (MMR) (Per 100,000 live births)	NA	NA	301 (2001-03)
5.	Infant Mortality Rate (IMR)(Per 1000 live births)	110	80	57 (2006)
6.	Child (0-4 years) Mortality Rate per 1000 children	41.2	26.5	17.3 (2005)
7.	Life Expectancy at Birth:	(1981-85)	(1989-93)	(2001-05)
	Male	55.4	59.0	62.3
	Female	55.7	59.7	63.9

Source: Office of Registrar General India.

NA: Not Available.

over the years, it compares poorly with countries like China and Sri Lanka (Table 10.14).

### National Rural Health Mission (NRHM)

10.30 The National Rural Health Mission was launched on April 12, 2005, to provide accessible, affordable and accountable quality health services to the poorest households in the remotest rural regions. The thrust of the Mission was on establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health like water, sanitation, education, nutrition, social and gender equality. Under the NRHM, the focus was on a functional

health system at all levels, from the village to the district.

10.31 NRHM has successfully provided a platform for community health action at all levels. Besides merger of Departments of Health and Family Welfare in all States, NRHM has successfully moved towards a single State and District level Health Society for effective integration and convergence. Through a concerted effort at decentralized planning through preparation of District Health Action Plans, NRHM has managed to bring about intra-health sector and inter-sectoral convergence for effectiveness and efficiency. In all the States, specific health needs of people have been articulated for local action. With the

**Table 10.14 Some health parameters: India and its Neighbours**

Country	Life expectancy at birth (years)	Under-five mortality rate (per 1000 live births)		Infant Mortality Rate (per 1000 live births)		Maternal mortality Rate (per 1,00,000 live births)
	2000-05	1990	2005	1990	2005	2005
China	72	49	27	38	23	45
<b>India</b>	<b>62.9</b>	<b>123</b>	<b>74</b>	<b>80</b>	<b>56</b>	<b>450</b>
Nepal	61.3	145	74	100	56	830
Pakistan	63.6	128	99	96	79	320
Sri Lanka	70.8	23	14	19	12	58
Bangladesh	62.0	144	73	96	54	570
South Asia	62.9	126	80	84	60	NA

Source : UNDP, Human Development Report 2007-08.

NA: Not available. Figures shown for India are at variance with the official figures of the Office of Registrar General of India (RGI) for Maternal Mortality Rate and Infant Mortality Rate. Data shown in the table are as per the methodology and adjustment made by UNDP.

establishment of public institutions like the Village Health and Sanitation Committees (VH&SCs), Hospital Development Committees and PRI led Committees, it is the civil society to which the health system is being made increasingly accountable. Through untied and flexible financing, NRHM is trying to drive reforms that empower local communities to make their own decisions. It is thus a serious effort at putting people's health in people's hands (Box 10.7).

### Funding for Support Mechanism of ASHA

10.32 One of the key strategies under the NRHM is a community health worker, i.e., Accredited Social Health Activist (ASHA) for every village at a norm of 1,000 population. The role of ASHA vis-à-vis that of Anganwadi Worker (AWW) and Auxiliary Nurse Mid-wife (ANM) is also clearly laid down. Under the implementation framework for the

NRHM, the scheme of ASHA has now been extended to all the 18 high focus States. Besides, the scheme would also be implemented in the tribal districts of the other States. In the new implementation framework, a provision has been made for an expenditure of Rs. 10,000 per ASHA during a financial year. This ceiling does not include the performance-based compensation, which the different programme divisions would disburse from their own funds. The earlier ASHA guidelines had visualized an expenditure of Rs. 7,415 per ASHA. The increased outlay gives a valuable opportunity to further strengthen the support mechanism.

### Strengthening of Primary Health Infrastructure & Improving Service delivery

10.33 Though there has been a steady increase in health care infrastructure available over

#### Box 10.7 Broad achievements under the Mission

- 5,43,315 ASHAs/Link Workers have been selected so far in the States.
- 1,86,606 ASHAs/Link Workers have drug kits.
- In all the States, ASHAs/Link Workers have facilitated the households' links with the health facilities.
- 1,77,578 VH&SCs are already functional. Many other States have also issued Government Orders in this regard and are in the process of activating the Committees.
- Of the 1,41,492 functional Sub-Health Centres, 1,11,979 have operationalized a joint bank account of ANM and Sarpanch for united funds.
- ANMs are playing an important role in the organization of Village Health and Sanitation Days and nearly 4.8 lakh such days have been organized in the last two years.
- 25,987 ANMs have been appointed on contract so far. 14,440 Sub-Centres are reporting 2 ANMs.
- Strengthening of the PHCs for 24x7 services is a priority of NRHM. Of the 22,669 PHCs in the country, only 1,634 of them were working 24x7 on March 31, 2005 (before the NRHM). The number of 24x7 PHCs today, as reported by the States is 8,755 signifying the great leap forward in getting patients to the government system.
- 2,852 PHCs having three nurses
- More than 50 lakh women have been brought under the Janani Suraksha Yojana (JSY) for institutional deliveries in the last two-and-a-half years.
- So far, 4,380 other para medical staff have been appointed on contract.
- 6,232 doctors, 2,282 specialists, 11,537 staff nurses have been appointed on contract in the States so far, reducing the human resource gaps in many institutions.
- 2,335 CHCs have completed their Facility Surveys and 441 their physical upgradation so far.
- IPH standards have been finalized and a first grant of Rs. 20 lakh was made available to all the District Hospitals of the country to improve their basic services, given the increased patient load due to JSY and other programmes.
- State level Societies have merged in 32 States/UTs and 527 districts so far.
- Project Management Units have been set up in 506 district and 2,432 blocks of 30 States.
- The Indian Public Health Standards developed for eight different level of public institutions in health, provide a basis for all programmes in the health sector.
- Most States have completed the Facility Surveys up to CHCs.
- 319 districts have received funds for Mobile Medical Units.
- So far, 188 Mobile Medical Units are operational in the States.

**Table 10.15****Trends in Health care Infrastructure**

	1991	2005/ 2006
SC/PHC/CHC <sup>a</sup> (March 2006)	57353	171567
Dispensaries and Hospitals (all) <sup>b</sup> (1.4.2006)	23555	32156
Nursing Personnel (2005) <sup>b</sup>	143887	1481270
Doctors (Modern System) (2005) <sup>b</sup>	268700	660801

<sup>a</sup> RHS: Rural Health Statistics in India-2006 – Special Revised Edition

<sup>b</sup> National Health Profile, 2006

the plan period (Table 10.15) as per the Bulletin on Rural Health Statistics in India-2006 – Special Revised Edition, as in March 2006, there is a shortage of 20,903 Sub-Centres (SCs), 4,803 Primary Health Centres (PHCs) and 2,653 Community Health Centres (CHCs) as per 2001 population norm. Further, almost 50 per cent of the existing health infrastructure is in rented buildings. Poor upkeep and maintenance and high absenteeism of manpower in rural areas have also eroded the credibility of the health delivery system in the public sector. NRHM seeks to strengthen the public health delivery system at all levels. In addition to strengthening the health delivery system under NRHM, several other programmes in the area of health are being implemented in the country (Box 10.8).

### **Integrated Disease Surveillance Project (IDSP)**

10.34 Integrated Disease Surveillance Project (IDSP) was launched in November 2004. It is a decentralized, State-based Surveillance Program in the country. It is intended to detect early warning signals of impending outbreaks and help initiate an effective response in a timely manner. In Phase-I, 9 States, in Phase-II, 14 States and in Phase-III, 12 States are included. Major components of IDSP are integration and decentralization of surveillance activities, strengthening of public health laboratories, human resource development and use of information technology for collection, collation, compilation, analysis and dissemination of data.

### **User charges in government health facilities in India**

10.35 User charges came to be levied from patients belonging to families above poverty line for diagnostic and curative services offered in health institutions while free or highly subsidized services continued to be provided to the poor and needy patients. A majority of States have introduced user charges for services in public health facilities although there are differences in levying, collecting and utilizing user charges among the States. User charges, as an option of financing health care delivery system, need to be supported by efficient system of collection and utilizing user charges combined with improvement in the quality of health services and facilities for patients in health institutions. At the same time, access of poor and needy patients to health care should not suffer

10.36 India has one of the highest out of pocket household expenditure for health services. User charges further augment this expenditure. Hence it is pertinent that mechanisms of risk pooling are designed and implemented towards improving access to health services. Under NRHM, Rogi Kalyan Samitis (RKS)/Hospital Development Committees have been created as legal entities to enable greater flexibility and retention as well as use of resources that they generate through their services. All the Samitis have also been provided untied funds to carry out locally relevant action to ensure better services for the poor households that visit the Government facilities. RKS have the mandate to ensure that the poor and needy receive cashless hospitalized treatment and to charge for services only from those who can pay. However, since the state of public health facilities sometimes force the poor and needy patients also to approach private health care facilities which are available at high cost, health insurance and other innovative schemes in this area are vital.

### **Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH)**

10.37 Under AYUSH, there is a network of 3,203 hospitals and 21,351 dispensaries across the country. The health services provided by this network is largely focused on primary health care. The sector has a marginal presence in secondary and tertiary health care. In the private and non-

**Box 10.8 Major Public Health Programmes****Universal Immunization Programme**

The coverage of the programme, first launched in the urban areas in 1985, was progressively extended to cover the entire country by 1990. Between 1988 and 2006, there has been a decline of 83 per cent in diphtheria, 83 per cent in pertussis, 59 per cent in measles, 94 per cent in neonatal tetanus and 97 per cent in poliomyelitis. Hepatitis-B vaccination programme which was started in 2002 in 33 districts and 15 cities as a pilot has been expanded to all districts of good performing States. Vaccination against Japanese encephalitis was started in 2006.

**Pulse Polio Immunization Programme**

An outbreak of polio has been witnessed in 2006 with the spread of polio virus. During 2007 (as on 14.12.2007) a total of 471 cases have been reported. To respond to this, supplementary immunization activities have been intensified in the high risk areas. The initiatives include use of Monovalent Oral Polio Vaccine (mOPV1 & mOPV3) in the high risk districts and States to enhance immunity against P1 and P3 virus, vaccinating the children in transit and covering children of migratory population from Uttar Pradesh and Bihar. Special rounds have been conducted in Haryana, Punjab, Gujarat and West Bengal during August, September, October and November 2007.

**National Vector Borne Disease Control Programme**

The National Vector Borne Disease Control Programme (NVBDCP) is being implemented for prevention and control of vector borne diseases like malaria, filariasis, kala-azar, Japanese encephalitis (JE), dengue and chikungunya. Most of these diseases are epidemic prone and have seasonal fluctuations. During 2007 (till October), 0.99 million positive cases, 0.44 million plasmodium falciparum cases and 940 deaths have been reported. Currently about 100 districts are identified as highly malaria endemic where focused interventions are being undertaken. To achieve NHP-2002 goal for Elimination of Lymphatic Filariasis by 2015, the Government of India initiated Annual Mass Drug Administration (MDA) with single dose of Diethylcarbamazine citrate tablets to all individuals living at risk of filariasis excluding pregnant women, children below 2 years of age and seriously ill persons. During 2007, MDA has been observed in 19 States. The reported coverage of 19 States is 87.28 per cent.

Kala-azar is endemic in 4 States of the country, namely Bihar, West Bengal, Jharkhand and Uttar Pradesh. However, about 80 per cent of the total cases are reported from Bihar. During 2007 (up to October), 37,525 cases and 169 deaths have been reported. The National Health Policy (2002) envisages kala-azar elimination by 2010. Under the elimination programme the Central Government provides 100 per cent operational cost to the State Governments, besides anti kala-azar medicines, drugs and insecticides.

Acute Encephalitis Syndrome (AES)/Japanese encephalitis (JE) has been reported frequently from 12 States/UTs. During 2007 (till 28.12.07), 3,887 cases and 910 deaths have been reported. Dengue is prevalent in different parts of the country but the outbreak of the disease is reported mainly in urban areas. However, in the recent past, dengue is reported from rural areas as well. In 2007 (up to December), 5,025 cases and 64 deaths have been reported. During 2006, chikungunya fever had re-emerged in the country in epidemic proportions after a quiescence of about three decades.. During 2007 (up to 28.12.2007), 56,355 suspected chikungunya fever cases have been reported. The Government has taken various steps to tackle the vector borne diseases (VBDs) including dengue and chikungunya which, include implementation of strategic action plan for prevention and control of chikungunya by the State Governments,

**Revised National Tuberculosis Control Programme (RNTCP)**

The Revised National Tuberculosis Control Programme (RNTCP) using Directly Observed Treatment Short-course (DOTS) is being implemented with the objective of curing at least 85 per cent of the new sputum positive patients initiated on treatment, and detecting at least 70 per cent of such cases. Since its inception, RNTCP has initiated more than 8.4 million TB patients on treatment, thereby saving over 1.4 million additional lives. Deaths have been reduced from over 5 lakh per year at the beginning of programme to less than 3.7 lakh per year currently. Good quality assured anti-TB drugs are provided in the patient-wise drug boxes, free of cost. Padiatric Patient Wise Drug Boxes have been introduced in the programme from January 2007. The treatment success of new infectious TB cases under RNTCP has consistently exceeded the

global benchmark of 85 per cent. RNTCP detected 66 per cent of the estimated new infectious cases in 2006, which is close to the global target of 70 per cent. In the third quarter of 2007, the detection rate was 70 per cent. The national programme has initiated the DOTS plus services for management of Multi drug resistant TB (MDR-TB), The community based Drug resistance surveillance (DRS) conducted in Gujarat and Maharashtra recently estimated the prevalence of MDR-TB to be around 3 per cent among new cases, in terms of absolute numbers the burden is quite significant.

### **National AIDS Control Programme**

Nearly 20,408 AIDS cases were reported in 2007 (December 2007), out of which, 87.4 per cent of the infections were transmitted through the sexual route and pre-natal transmission accounted for 4.7 per cent of infections. About 1.8 per cent and 1.7 per cent of infections were acquired through injecting drug use and contaminated blood and blood products respectively. The HIV prevalence among high risk groups continues to be nearly 6 to 8 times greater than that among the general population. Based on the HIV Sentinel Surveillance data from the last three years (2004-06), districts have been classified into four categories. About 156 districts have been identified as category A where the HIV prevalence among ANC clinic attendees is greater than 1 per cent and 39 districts have been classified as category B where HIV prevalence among high risk population has been found to be more than 5 per cent. These districts are being given priority attention. National AIDS Control Organisation has tried to increase access to services and communicate effectively for behavior change. Government of India has launched National AIDS Control Programme Phase III, with the goal to halt and reverse the epidemic in the country over the next 5 years by integrating programmes for prevention, care, support and treatment.

During NACP III, an investment of Rs. 11,585 crore is required. Of this, an amount of Rs. 8,023 crore is provided in the budget, the rest being extra budgetary funding largely from private donations, direct funding from bilateral and UN organizations. A total expenditure of Rs. 482.94 crore upto 15th January 2008 has been made for implementing various interventions during the financial year 2007-08. An outlay of Rs. 11,585 crore has been approved for the next 5 years (2007-12).

profit sector, there are several thousand AYUSH clinics and around 250 hospitals and nursing homes for in-patient care and specialized therapies like Panchkarma. The key interventions and strategies in the Eleventh Five Year Plan include training for AYUSH personnel, mainstreaming the system of AYUSH in National Health Care Delivery System, strengthening the regulatory mechanism for ensuring quality control, R&D and processing technology involving accredited laboratories in the Government and non-Government sector, and establishing centres of excellence.

### **Family Planning Programme**

10.38 The Family Planning Programme is now repositioned as a "Family planning program for achieving MDG goals" as this is one of the major means through which both maternal and child mortality and morbidity can be reduced. Increasing age at marriage and spacing between births are major interventions for achieving both these objectives. Intra-uterine Device (IUD) services in the country is being given a thrust as this is one of the most effective spacing methods available

in the country. An alternative training methodology in IUD is being introduced through which expansion of services as well as ensuring their quality is being addressed. This is expected to increase the demand on IUD along with scaling up information. Education and Communication (IEC) on IUD is presently introduced in 12 States as a pilot project. Increasing the basket of choice in contraceptives through introduction of newer contraceptives is essential for increasing contraceptive acceptance. Government has now modified the earlier compensation scheme for sterilization and has increased the payment to compensate for loss of wages to those accepting sterilization. Quality of care in family planning is one of the major thrust areas and monitoring of quality of services in family planning is done through quality assurance committees set up at State and district levels. Government introduced a National Family Planning Insurance Scheme which provides compensation to sterilization acceptors as well as to provide indemnity insurance to the provider (qualified doctors) against failures, complications and deaths

following sterilizations. These measures are introduced as confidence building mechanisms among the family planning clients. Increased availability of infrastructure as a result of NRHM would assist in increasing access to family planning services.

## RURAL WATER SUPPLY AND SANITATION

10.39 Water supply and sanitation is a critical determinant of public health outcomes, particularly in low and lower middle income countries. Drinking water supply schemes are implemented by the States. The Government of India supplements the efforts of the States by providing financial assistance under the Accelerated Rural Water Supply Programme (ARWSP). Additional assistance is also available to States for Rural Water Supply Programme under various externally-aided projects.

10.40 The entire programme (ARWSP) was given a mission approach when the Technology Mission on Drinking Water Management, called the National Drinking Water Mission (NDWM) was introduced as one of the five Societal Missions in 1986. NDWM was renamed as Rajiv Gandhi National Drinking Water Mission (RGNDWM) in 1991. ARWSP, is currently being implemented through the Rajiv Gandhi National Drinking Water Mission. The prime objectives of the Mission are:

- (a) To ensure coverage of all rural habitations especially to reach the unreached with access to safe drinking water.
- (b) To ensure sustainability of the systems and sources; and
- (c) To tackle the water quality problems in affected habitations.

10.41 With an investment of over Rs. 76,000 crore, considerable success has been achieved in meeting drinking water needs of the rural population. The status of State wise uncovered habitations (Table 10.16) under Bharat Nirman indicates the need for accelerated implementation in the lagging States. The problem of water quality on account of contamination due to arsenic, salinity, fluoride, iron, nitrate etc. in a large amount of habitations also needs to be addressed on a priority basis. Large incidence of slippage from

**Table 10.16**

**Number of habitations to be covered/addressed under Bharat Nirman-Rural Water Supply (as on April 1, 2007)**

States/UT	UC	SB	QA
Andhra Pradesh	0	22271	1330
Arunachal Pradesh	169	2681	213
Assam	2456	10636	23170
Bihar	0	30545	19126
Chattisgarh	0	459	4956
Goa	4	0	0
Gujarat	0	2206	3370
Haryana	0	1470	189
Himachal Pradesh	2268	8287	0
Jammu & Kashmir	2407	2930	114
Jharkhand	0	13272	907
Karnataka	2604	0	17607
Kerala	5018	0	628
Madhya Pradesh	0	13753	2567
Maharashtra	11828	8827	10704
Manipur	0	0	0
Meghalaya	46	3018	11
Mizoram	26	119	0
Nagaland	570	138	0
Orissa	0	0	25364
Punjab	418	4334	1671
Rajasthan	1512	14228	23135
Sikkim	0	599	76
Tamil Nadu	0	29644	725
Tripura	0	81	1381
Uttar Pradesh	0	0	4682
Uttarakhand	175	5284	0
West Bengal	0	0	17337
Andaman & Nicobar Islands	8	0	26
Dadra & Nagar Haveli	15	0	0
Daman & Diu	0	0	0
Delhi	0	0	0
Lakshdweep	10	0	0
Puducherry	0	0	59
Chandigarh	0	0	0
<b>Total</b>	<b>29534</b>	<b>174782</b>	<b>159348</b>

**UC: UNCOVERED SB: SLIPPED BACK  
QA: QUALITY AFFECTED**

“fully covered” to “partially/not covered” categories is due to a number of factors such as sources going dry; lowering of the ground water table; systems outliving their lifespan; and increase in population resulting in lower per capita availability. The Central allocation of funds for Rural Water Supply (ARWSP) has been stepped up from Rs. Rs. 5,200 crore in 2006-07 to Rs. 6,500 crore in 2007-08.

## Drinking water supply under Bharat Nirman

10.42 Drinking water supply is one of the six components of Bharat Nirman, which has been conceived as a plan to be implemented in four years from 2005-06 to 2008-09 for building rural infrastructure. During the Bharat Nirman period, 55,067 uncovered habitations and about 3.31 lakh slipped-back habitations were to be covered and 2.17 lakh quality-affected habitations were to be addressed. Tackling arsenic and fluoride contamination has been given priority. Under Bharat Nirman, in the first two years, impressive achievements have been made. In 2006-07, against the target to cover 73,120 habitations, 1,07,350 habitations have been covered. As on 1.4.2007, there are 29,534 uncovered habitations, 1,74,782 slipped-back habitations and 1,59,348 quality affected habitations. These habitations are proposed to be covered/addressed during the Bharat Nirman period.

## Rural Sanitation

10.43 The Centrally Sponsored Scheme of Central Rural Sanitation Programme (CRSP), remodeled as the Total Sanitation Campaign (TSC), has the main objectives of bringing about an improvement in the general quality of life in rural areas, accelerate sanitation coverage, generate demand through awareness and health education, cover all schools and Anganwadis in rural areas with sanitation facilities and promote hygiene behaviour among students and teachers, encourage cost effective and appropriate technology development and application, and endeavour to reduce water and sanitation related diseases.

10.44 TSC is currently operational in 578 districts with an outlay of Rs. 13,426 crore. The thrust areas for TSC are construction of individual household latrines, coverage of rural schools, solid waste management, provision of revolving fund for Self Help Groups & Cooperative Societies, School Sanitation & Hygiene Education (SSHE), and co-ordination with other departments. The sanitation coverage in 1981 was only 1 per cent which increased to 11 per cent in 1991. By the year 2001, the access to toilets improved to 21.9 per cent of the rural population. However, in the last few years, with the launch of demand-based TSC, there has been tremendous improvement in rural sanitation coverage in the country, which has

reached 50 per cent. In the success of TSC, Panchayati Raj Institutions (PRIs) have played a key role in further acceleration of sanitation coverage. However, in a few States, there is a need to improve the implementation so that goal of total sanitation by the year 2012 is achieved.

## WOMEN AND CHILD DEVELOPMENT

10.45 As women and children constitute roughly 72 per cent of the population of this country; the Ministry of Women and Child Development was carved out as a separate Ministry in 2006 to further accelerate their development. Two schemes are being implemented for the development of adolescent girls viz. Kishori Shakti Yojana (KSY) and Nutrition Programme for Adolescent Girls (NPAG). KSY aims at addressing the needs of self- development, nutrition and health status, literacy and numerical skills, and vocational skills of adolescent girls in the age group of 11-18 years. The scheme is currently operational in 6,118 ICDS projects. NPAG is being implemented in 51 identified districts across the country to provide free foodgrain @ 6 kg per beneficiary per month to undernourished adolescent girls (11-19 years) irrespective of financial status of the family to which they belong. Both the schemes are being implemented through the infrastructure of Integrated Child Development Services Scheme (ICDS).

10.46 The Support to Training and Employment Programme (STEP) seeks to provide updated skills and new knowledge to poor assets-less women in 10 traditional sectors viz. agriculture, animal husbandry, dairying, fisheries, handlooms, handicrafts, khadi and village industries, sericulture, social forestry and wasteland development, through mobilizing them into cohesive groups. Thirteen new projects have been sanctioned during 2007-08 (up to 30.11.2007). To facilitate employment of women away from their homes/towns, schemes such as Working Women Hostels with day-care centres and crèches/day centres continue. Care and protection of women in distress is a focused area for attention and is provided through Swadhar Homes and Short Stay Homes. A Comprehensive Scheme for Prevention of Trafficking and Rescue, Rehabilitation and Re-integration of Victims of Trafficking and Commercial Sexual Exploitation—"Ujjawala"—has been launched recently. The scheme has five components—prevention, rescue, rehabilitation, re-integration and repatriation.

10.47 The National Commission for Women (NCW) safeguards the interests of women with a mandate to cover all aspects of women's rights. The Protection of Women from Domestic Violence Act, 2005, which came into force on October 26, 2006, seeks to provide immediate relief to women facing situations of violence in their homes. Gender Budgeting as an application of gender mainstreaming in the budgetary process has also been adopted. It encompasses incorporating a gender perspective at all levels and stages of the budgetary process, and paves the way to translating gender commitments of the Government to budgetary commitments.

10.48 A rights-based approach has been continued in the Eleventh Plan for promoting survival, protection and development of children. The National Commission for Protection of Child Rights (NCPCR) was set up on March 5, 2007, for effective implementation of child rights in the country. Initiated in 1975, ICDS is one of the largest child intervention programmes in the world with a holistic package of six basic services for children up to 6 years of age, and for pregnant and nursing mothers. These services are health check up, immunization, referral services, supplementary feeding, preschool education, and health and nutrition education through one platform, i.e. Anganwadi Centre (AWC). Starting with a modest 33 blocks/ projects, it has gradually expanded to 6,284 projects with 10,52,638 AWCs, of which 5,885 projects with 8,63,472 AWCs became operational as on June, 30, 2007. ICDS covers 736.96 lakh beneficiaries consisting of 606.50 lakh children below 6 years of age and 130.46 lakh pregnant women and lactating mothers as on June 30, 2007. To fulfill the NCMP commitment of providing a functional Anganwadi in every settlement and ensuring full coverage of all children, and also to comply with the Supreme Court's directives, Government has sanctioned 466 additional ICDS projects and 1,88,168 AWCs during 2005-06 and 166 additional ICDS projects, 1,06,833 AWCs and 25,961 mini-AWCs during 2006-07. A number of new initiatives have been taken to improve the impact of the programme, which includes sharing of one half of the cost of supplementary nutrition with the States under ICDS.

10.49 The scheme of Rajiv Gandhi National Creche Scheme for Children of Working Mothers provides its services to the children of age group

0-6 years which includes supplementary nutrition, emergency medicines and contingencies. At present about 28,000 crèches are functioning under the scheme benefiting about 7 lakh children.

10.50 The Juvenile Justice (Care and Protection of Children) Act, 2000 is the primary law relating to juveniles in conflict with law as well as children in need of care and protection. This Act provides for proper care, protection and treatment for juveniles, by adopting a child friendly approach in the adjudication and disposition of matters in the best interest of children and for their ultimate rehabilitation through various institutions established under the Act. The Juvenile Justice (Care and Protection of Children) Amendment Act, 2006 came into effect from August 23, 2006 and has made the law more child friendly. Under the scheme "A Programme for Juvenile Justice," 50 per cent expenditure requirements of States/UTs are being provided for establishment and maintenance of various homes under the Juvenile Justice (Care and Protection of Children) Act, 2000. The Integrated Programme for Street Children provides basic facilities like shelter, nutrition, health care, education and recreation facilities, and seeks to protect street children from abuse and exploitation. Childline with dedicated telephone number 1098, a 24-hour toll-free telephone service for all children in distress, is also available in 76 cities under the scheme. The Implementation of "Scheme for Welfare of Working Children in Need of Care and Protection" commenced in January 2005 to provide non-formal education and vocational training to working children to facilitate their entry/ re-entry into mainstream education.

10.51 The Central Adoption Resource Agency (CARA), an autonomous organization of Ministry of Women and Child Development is functioning with the goal to promote domestic adoption and regulate inter-country adoption as provided under the Guidelines of Government of India. CARA is also implementing the Shishu Greh Scheme for providing institutional care to children up to the age of 6 years and their rehabilitation through inter-country adoption.

10.52 The bias against the girl child is reflected in the fall in child sex ratio (0-6 yrs) which has declined drastically from 945 in 1991 to 927 per 1,000 males in 2001. Female Foeticide is found more in the urban educated prosperous classes,

and in the States of Punjab, Haryana and Gujarat with low sex ratios. Efforts are therefore being made to ensure the survival of the girl child and her right to be born, and nurture her so that she grows up to be an informed, secure and productive participating member of the community and society. A multi-dimensional strategy has been adopted with legislative, preventive, advocacy and programmatic inputs.

### **Welfare and Development Of Scheduled Castes, Scheduled Tribes, Backward Classes and other weaker sections**

10.53 The programmes for educational development and economic and social empowerment of socially disadvantaged groups and marginalized sections of the society are implemented through the close participation of State Governments, UT Administrations and Non-Governmental Organizations (NGOs). Public Private Partnership (PPP) approach is also one of the strategies for attaining objectives of development of the targeted groups. National level Finance and Development Corporations for Scheduled Castes, Safaikaramcharis, Scheduled Tribes, Backward Classes, and the disabled are working towards economic empowerment of the beneficiaries. Allocation for schemes exclusively for welfare and development of SCs and STs has been enhanced to Rs. 3,271 crore in 2007-08.

### **Scheduled Castes Development**

10.54 A number of schemes are being implemented to encourage Scheduled Caste students for continuing their education from school level to higher education. During the current financial year up to November 2007, Rs. 3.09 crore has been released under the Scheme of Pre-Matric Scholarships to the children of those engaged in unclean occupation and Rs. 458.98 crore has been released under the scheme of Post-Matric Scholarships to an estimated number of over 33.86 lakh SC students. A sum of Rs. 3.94 crore has been released for construction of 8 hostels for 610 boys and 117 girls belonging to the Scheduled Castes. For Upgradation of Merit of SC students, Rs. 0.95 crore has been released for benefiting 706 students. For free coaching to 2,230 students belonging to SCs and OBCs, Rs. 1.57 crore has been released. An allocation of Rs. 88 crore has been made under Rajiv Gandhi National Fellowship for SC students for pursuing M.Phil and Ph.D

courses. During the current year 1,333 fresh students will be given fellowship.

10.55 The scheme of Top Class Education for SCs aims at promoting quality education among students belonging to SCs by providing full financial support for pursuing education at graduate and post graduate levels in identified reputed institutions. Under this scheme, Rs. 0.96 crore has been released up to November 2007 out of budget allocation of Rs. 16 crore. The scheme of National Overseas Scholarships for Scheduled Caste candidates provides financial assistance to the finally selected candidates for pursuing higher studies abroad in specified fields of master level courses and Ph.D in the field of engineering, technology and sciences. Thirty awards to Scheduled Castes (27), denotified, nomadic and semi-nomadic tribes (2) and landless agricultural laborers and traditional artisans (1) are given every year. Rs. 1.70 crore has been released to selected students up to November 2007 out of the budget allocation of Rs. 4 crore. Special Central Assistance to Scheduled Caste Sub-Plan is a major scheme for economic advancement of persons belonging to Scheduled Castes. During 2007-08, an allocation of Rs. 470 crore has been made under this scheme. Up to November 30, 2007, Rs. 252.70 crore has been released to States/Union Territory Administrations for overall socio-economic development of SC persons. The formulation and implementation of Scheduled Caste Sub-Plan for welfare of Scheduled Castes by the State Governments is being monitored intensively. National Scheduled Castes Finance & Development Corporation provides credit facilities to the beneficiaries who are living below double the poverty line. Under the National Safaikaramcharis Finance & Development Corporation schemes, there is no income criteria. National Scheduled Castes Finance & Development Corporation has disbursed Rs. 21.64 crore benefitting 4,445 persons up to November 2007 and National Safaikaramcharis Finance & Development Corporation has disbursed Rs. 38.06 crore benefitting 6,806 persons. A sum of Rs. 20 crore has been released as equity support to National Scheduled Castes Finance and Development Cooperation up to November, 2007 and Rs. 15 crore has been released to National Safaikaramcharis Finance & Development Corporation. Under Self-Employment Scheme for Rehabilitation of Manual Scavengers, Rs. 25 crore has been released out of Budget allocation of Rs. 50 crore up to November 2007. The scheme,

launched in January 2007, is being implemented through National Safaikaramcharis Finance & Development Corporation and other Apex Corporations of the Ministry.

10.56 To abolish the practice of untouchability and curb the high incidence of crimes and atrocities against SCs, efforts are made through effective implementation of the Protection of Civil Rights (PCR) Act, 1955 and the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act, 1989.

### Scheduled Tribes

10.57 According to the 2001 Census, Scheduled Tribes (STs) accounted for 84.32 million, corresponding to 8.2 per cent of the country's total population. The objective of the Tenth Plan was to empower the STs through their educational, economic and social development. For the welfare and development of the STs, an outlay of Rs. 1,719.71 crore has been provided in the Annual Plan for 2007-08, which is 3.79 per cent higher than the outlay of Rs. 1,656.90 crore for the year 2006-07 (RE). The outlay of 2007-08 includes Rs. 816.71 crore provided as Special Central Assistance (SCA) to Tribal-Sub Plan (TSP) which includes Rs. 220.00 crore for development of forest villages and Rs. 150 crore for Minor Irrigation of tribal lands.

10.58 SCA to Tribal Sub-Plan is a 100 per cent grant extended to States as an additional funding to undertake a number of developmental schemes on family-oriented income-generating schemes, creation of critical infrastructure, extending financial assistance to Self Help Groups (SHGs) for community-based activities, and development of Primitive Tribal Groups (PTGs) and forest villages. Grant-in-aid under Article 275(1) is also being provided to the States with an objective to promote the welfare of the STs and improve administration in the States to bring them at par with the rest of the States, and to take up such special welfare and development programmes which are otherwise not included in the Plan programmes. Under the scheme of Post-Matric Scholarships (PMS), all eligible ST students are provided with stipend to pursue their education beyond matric including professional and graduate and post-graduate courses in recognized institutions. The scheme of Rajiv Gandhi National Fellowship for ST students to pursue higher education was launched during the year 2005-06 and has been entrusted to UGC for implementation.

10.59 A new Central Sector Scholarship Scheme of Top Class Education for ST Students was launched during the year 2007-08 with the objective of encouraging meritorious ST students to pursue studies at degree and post-degree level in any of the identified institutes. There are 127 institutes identified under the scheme in both the Government and private sectors covering the field of management, medicine, engineering, law and commercial course. Each institute has been allocated five awards, with a ceiling of 635 scholarships per year. The family income of the ST students from all the sources shall not exceed Rs. 2.00 lakh per annum.

10.60 Economic empowerment of the STs continued through extension of financial support to National Scheduled Tribes Finance and Development Corporation (NSTFDC). Financial support is being extended to ST beneficiaries/entrepreneurs in the form of term loans and micro credit at concessional rate of interests from income generating activities. Tribal Cooperative Marketing Federation of India Limited (TRIFED) is engaged in marketing development of tribal products and their retail marketing through its sales outlets.

10.61 In order to address the problems of tribal communities, who are dependent on forests and to undo the historical injustice done to them, the Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Bill, 2006 was passed by Parliament in 2006. This Act recognizes the forest rights of forest dwelling Scheduled Tribes and other traditional forest dwellers over the forest land under their occupation for self-cultivation, rights over minor forest produce and traditional rights. There is great emphasis on the education of ST girls, especially in the low literacy areas. From 2007-08, keeping in view the habitat/hamlet development approach and also to give a boost to the socio-economic development of the most marginalized community among STs, i.e. Primitive Tribal Groups, the long-term Conservation-cum-Development (CCD) Plans have been formulated on the basis of results of Baseline Surveys conducted by various State Governments and Union Territory of A&N Islands.

### Minorities

10.62 Five communities, viz., Muslims, Christians, Sikhs, Buddhists and Parsis were notified by government as minority communities under section 2(c) of the National Commission for Minorities Act, 1992. As per the 2001 Census the

minority communities constitute 18.42 per cent of the total population. A new Ministry of Minority Affairs was created in January 2006, to ensure a focused approach to issues relating to the minorities and to play a pivotal role in the overall policy, planning, coordination, evaluation and review of the regulatory and development programmes for the benefit of the minority communities. The Prime Minister's New 15-Point Programme for the Welfare of Minorities was announced in June 2006. An important aim of this programme is to ensure that the benefits of various government schemes for the underprivileged reach the disadvantaged sections of the minority communities. It provides that, wherever possible, 15 per cent of the targets and outlays under various schemes, included in the programme, should be earmarked for minorities. Targets for 2007-08 have been fixed and efforts have been made to refine the method of targeting to ensure that the targets are as close as possible to the 15 per cent.

10.63 A high level committee under the chairmanship of Justice Rajindar Sachar was set up to look into the social, economic and educational status of the Muslim community of India. The committee submitted its report in November 2006. A total of 76 recommendations and suggestions contained in the report were examined. A statement on the "Follow-up Action on the Recommendations of the Sachar Committee" was laid in both Houses of Parliament on August 31, 2007.

10.64 Maulana Azad Education Foundation provides financial assistance to implement educational schemes for the benefit of the educationally backward minorities. The National Minorities Development & Finance Corporation (NMDFC) is engaged in promoting self-employment and other ventures among backward sections of the minority communities through term loans and micro-finance.

### **Other Backward Classes Development**

10.65 Government provides central assistance to State Governments/UT Administrations for educational development of Other Backward Classes. Till November 2007, Rs. 59.16 crore has been released to States/UT Administrations against an allocation of Rs. 100 crore under Post-Matric Scholarships for OBCs and Rs. 9.46 crore has been released under Pre-Matric Scholarships against an allocation of Rs. 25 crore. For

construction of hostels for OBC boys and girls, State Governments/UT Administrations/NGOs have been released Rs. 5.92 crore against an allocation of Rs. 21 crore up to November 2007. The National Backward Classes Finance & Development Corporation extends credit facilities to persons living below double the poverty line for undertaking various income generating activities. During the year 2007-08, the Corporation has disbursed Rs. 73.23 crore till November 2007 to benefit 82,955 persons. National Backward Classes Finance & Development Corporation has released Rs. 25 crore as equity support against an allocation of Rs. 28 crore up to November 2007.

### **Welfare and Development of Persons with Disabilities**

10.66 During 2007-08, an allocation of Rs. 221 crore has been made for the Welfare of Persons with Disabilities. Expenditure of Rs. 63.9 crore has been incurred up to November 2007. The programmes are implemented through National and Apex Institutes dealing with various categories of disabilities. These institutes conduct short term and long-term courses for various categories of personnel for providing rehabilitation services to those needing them. Till November 2007, Rs. 20.20 crore (Plan) has been released to these institutes. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 is under implementation. Five Composite Rehabilitation Centres (CRCs) at Srinagar, Lucknow, Bhopal, Guwahati and Sundernagar provide facilities for manpower development and ensuring availability of rehabilitation services for all categories of persons with disabilities. Four Regional Rehabilitation Centres (RRCs) provide services to persons with spinal injuries at Chandigarh, Cuttack, Jabalpur and Bareilly. About 199 District Disability Rehabilitation Centres (DDRCs) have been sanctioned in the country for providing comprehensive rehabilitation services at the grass root level.

10.67 Under the scheme of Assistance to the Disabled for Purchase/Fitting of Aids and Appliances (ADIP), Rs. 10.31 crore has been released during 2007-08 up to November 2007. Deen Dayal Disabled Rehabilitation Scheme provides financial assistance to voluntary organizations for running special schools for children with hearing, visual and mental disability,

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rehabilitation centres for persons with various disabilities including leprosy cured persons, manpower development in the field of mental retardation and cerebral palsy. Under this scheme organizations are given grant-in-aid for both recurring and non-recurring expenditure to the extent of 90 per cent of the total approved cost of the project. During the year 2007-08, Rs. 22.30 crore has been released up to November 2007 to voluntary organizations. The National Handicapped Finance & Development Corporation provides credit facilities to persons with disability for their economic empowerment and Rs. 7 crore has been released to the corporation till the end of November 2007.

### Social Defence Sector

10.68 Older persons who, in the wake of declining family support systems and other socio-economic circumstances are left helpless, also require the support and protection of the State. To fulfill the commitments of the National Policy on Older Persons for providing health, shelter, vocational training, recreation, protection of life etc. for the aged, special emphasis is being placed on expanding the on-going programmes of old age homes, day care centres and mobile medicare units being implemented under the scheme of Integrated Programme for Older Persons. During 2007-08, Rs. 4.80 crore has been released under this scheme till the end of November 2007. The Maintenance and Welfare of Parents and Senior Citizens Bill, 2007 has been passed by both Houses of Parliament. The Bill contains provisions for the maintenance and welfare of parents and senior citizens guaranteed and recognized under the Constitution.

10.69 Rigorous efforts are being made to tackle the growing problem of drug abuse and alcoholism through an integrated and comprehensive community based approach in the country. The programme is implemented through voluntary organizations running Treatment-Cum-Rehabilitation Centres and Awareness and Counseling Centres. An amount of Rs. 6.62 crore has been released to voluntary organizations under the scheme of Prevention of Alcoholism and Substance (Drugs) Abuse up to November 2007 during the year 2007-08. For effective implementation of the social defence programmes, personnel engaged in delivery of services in this area are being trained under various training programmes being organized by National Institute of Social Defence.

10.70 With the objective of inclusive growth taking centre stage, the Government has strengthened its efforts for social sector development in recent years. Expenditures of the Government of India on social services and rural development have more than doubled over the last four years. Impressive outlays on education, health, water supply and housing indicate the emphasis which Government places on these sectors. These expenditures have supplemented sustained high level of economic growth in achieving better social sector performance and improvement in the quality of life. Several initiatives have been launched, especially for the poor. Programmes like the National Rural Employment Guarantee Scheme, Pradhan Mantri Gram Sadak Yojana, Aam Admi Bima Yojana and Rashtriya Swasthya Bima Yojana, can go a long way in improving the living conditions of the common man in the remotest part of the country. Proper implementation of these programmes is essential. Consequently the role of States and district administrations responsible for the implementation of the welfare schemes is vital.

10.71 Along with higher economic growth and poverty reduction, there has been an improvement in many important social indicators like life expectancy, infant mortality rate and gross enrolment ratios at primary level of education. However, disparities continue at the State and regional level. Better governance and improved service delivery are essential to ensure that leakages are plugged and the funds under the welfare schemes reach the intended beneficiaries to the maximum extent. Local governments and panchayati raj institutions as well as social and non-government organizations can play an important role in this area. It is essential that these higher outlays result in better outcomes. To achieve this objective, the Government has taken the initiative of introducing outcome budgets.

10.72 The Eleventh Five Year Plan also aims at reducing poverty and the disparities across regions and communities. The pattern of funding also has the objective of making States more self-reliant. Proper monitoring and evaluation against the laid down benchmarks along with the use of modern technology like e-governance can help in ensuring that higher outlays result in better outcomes and more inclusive growth.

