

Government policies and interventions for development in various sectors, and issues arising out of their design and implementation

DEVELOPMENT during 1950s – 80s: A critical evaluation

Ever since independence, development of the country and the community has always been the top priority of the government. The Constitution of India mandated the Govt to establish an egalitarian social order by securing to the people social, economic and political justice. And, the nature of the state was to be a welfare one. Hence, the country embarked onto a path of planned socio-economic development to attain the goals of justice.

However, the paradigms of development have changed over time based on experiences. The thrust in the development process has also shifted accordingly. While the experiment with development continues, real development seems to be elusive even after over six decades of governance.

During the initial decades, development was conceived in terms of economic development and the emphasis was on a growing public sector with massive investments in basic and heavy industries. Objectives of development were formulated and prioritized by a centralized planning system. In fact, it was essentially a 'government-led, bureaucracy managed and expert-guided' enterprise. And, the core concern of development thinking was achieving material prosperity through economic, industrial and infrastructural development.

This basic approach to development continued to guide policy makers for the next few decades until new realizations started dawning upon them.

Though the constitutional mandate was to build an egalitarian social order based on the principle of social equity, all attempts towards the same failed miserably. Growth happened without justice. Surely, the planning process was able to create social and economic infrastructure, provide an industrial base by fostering the development of heavy and basic industries, it failed to provide adequate employment, eliminate poverty and bring about institutional reforms aimed at reduction in concentration of wealth and income. Moreover, the benefits of social and economic infrastructure have accrued largely to the relatively affluent and those living in urban areas, meaning thereby that only urban India saw some semblance of development. Rural India remained as backward as ever. While the bureaucracy and the social elite flourished, the vast underbelly of the nation remained impoverished. The literacy level was still very low. Education continued to be the privilege of social elite. Masses had no access to basic health care system. They did not have access to safe drinking water. Infant and maternal mortality rate was very high. People lived in abject poverty, meaning thereby that they were without land, without water, without shelter, without food and without employment.

Failures of Development

- Failure in eliminating poverty
- Failure in providing employment to all able-bodied persons
- Failure in reducing inequality of income & wealth
- Failure in implementation of land reforms
- Failure in reducing inter-regional disparity, e.g certain states such as Tamil Nadu, Andhra Pradesh, Kerala, Maharashtra doing well, while northern states such as the BIMARU states lagging behind
- Education and Health remained neglected

In other words, while the economic growth model that focused on GDP growth and infrastructure development did chose agriculture and industry as priority areas for development, the social sectors, such as education, public health, rural infrastructure etc. remained, by and large, neglected. Failures on the social development front not only resulted in the vast growing population being looked at as a problem or liability, but also made the development process highly unsustainable.

Gunnar Myrdal, the famous Swedish developmental economist, had observed that any developmental process must involve removing those factors or barriers which are responsible for sustaining underdevelopment, e.g unemployment, illiteracy, ill-health etc.

Emergence of a NEW DEVELOPMENT THINKING

In view of these fundamental failures of development planning, **the 6th Plan document** (1980-85) emphasized the need for reappraisal of developmental strategy.

In the meantime, there were other issues that also posed new challenges before the development planners, such as issues of gender development, sustainable development, environmental preservation, social and economic exclusion of certain social groups, rights issues etc.

So, a serious rethinking as to what constitutes development and how development should take place was called for. Gradually, therefore, **a new developmental thinking emerged on the scene.**

Moreover, by the end of 1980s there also emerged the concept of **'human development'**...

According to **Mahbubul Haq**, the founder of the UN's HDR, "The basic purpose of development is to **enlarge people's choices**..." It means creating an enabling environment for them to exercise choices. Any development strategy, therefore, must aim at human development by focusing on –

- Facilitating greater access to knowledge;
- Better nutrition and health services;
- More secure livelihoods;
- Security against crime and physical violence;
- Satisfying leisurely hours;
- Political and cultural freedoms; and
- A sense of participation in community activities.

Similarly, for **Prof. Amartya Sen**, development meant **'expansion of human freedoms'**, i.e enhancement of the capacity of individuals to fully lead the 'kind of lives they value'. This could be possible if certain basic rights of the individuals, such as right to elementary education, right to basic health care, right to work etc, are secured. In other words, development must move beyond economic growth. It must encompass major social goals such as reducing poverty, enhanced opportunities for better education and health and, in general improved quality of life.

In the same way, **Joseph Stiglitz**, the eminent modern American development economist and whose views are expressed basically in the context of 'globalisation' looked at development as **'transformation'**. He argues, 'development is about transforming societies, improving the lives of the poor, enabling everyone to have a chance at success and access to health care and education'.

Thus, the new development thinking was now characterized by the following –

- ✓ Development was to be based on people's felt needs and aspirations, and this had to be in consonance with the country's diversity and pluralism. In other words, development was **no more treated as a homogenous concept**. It may mean different things to different populations;
- ✓ **Sustainable development**, i.e. development process must be in consonance with our concern for environmental preservation;
- ✓ **Human development**, i.e. the focus was to be on "well-being" of the people rather than on "well-having", i.e. now development would mean raising the standard of living of the masses by addressing their nutritional, educational and other such needs;
- ✓ **Inclusive development**, i.e. development of all, particularly those who are living on the margins;
- ✓ Development was to have an **empowering effect** on individuals and social groups;
- ✓ **Participatory development**, i.e. development process must involve primary stakeholders in decision making at all levels. In other words, it must treat the primary stakeholders as agents of development and not merely as beneficiaries or objects of development. This necessitates a decentralized planning system instead of a centralized one.

Hence, under the new paradigms of development thinking, development was to be a “community-led, community-managed and local resource-based” process, instead of a “government-led, bureaucracy-managed and expert-guided” development enterprise.

Moreover, the impact of the new development thinking could now be seen on the ground in following ways:-

Since early 1990s (8th FYP onwards), while economic development remained a major goal, the successive governments adopted a **decentralized, participatory and inclusive development approach** to ensure growth with justice. A major attempt in this regard has been the enactment of 73rd and 74th Constitution Amendment Acts. Further, the civil society institutions and organizations, such as NGOs, CBOs, SHGs etc. are being roped in to make the entire development process participatory, people-oriented and people centric. “**Rights-based Approach**” (RBAs) to development is being followed to secure and enforce the basic rights of various sections of the community, especially the vulnerable ones. The focus has been on the **social sector** including rural development.

8th Plan (1992-97):

Its focus was on –

- ✓ Correcting BoP imbalance;
- ✓ Faster economic growth;
- ✓ Arresting revenue deficit;
- ✓ Industrial growth;
- ✓ Higher growth in manufacturing sector and agriculture & allied sectors

9th Plan (1997-2002):

Its emphasis was on –

- ✓ Priority was given to agriculture and rural development;
- ✓ Fiscal consolidation through sharp reduction in revenue deficit of govt;
- ✓ Implementation of 7 identified **BMS (Basic Minimum Services)** with additional central assistance with a view to obtaining a complete coverage of the population in a time-bound manner;
- ✓ Containing growth rate of population;
- ✓ Ensuring mobilization and participation of people at all levels;
- ✓ Promoting and developing people’s participatory institutions;
- ✓ Empowerment of women and socially disadvantaged sections;
- ✓ Ensuring food and nutritional security to all including vulnerable sections of society

The **7 BMS:**

1. Provision of safe drinking water;
2. Availability of primary health facilities and services;
3. Universalisation of primary education;
4. Public housing assistance to shelter-less poor families;
5. Nutritional support to children;
6. Connectivity of all villages and habitations;
7. Streamlining of the PDS with a focus on poor.

10th Plan (2002-2007):

While attaining higher economic growth remained high on government’s agenda, the Plan emphasised on harnessing the benefits of economic growth to improve the quality of life of the people through –

- ✓ Reduction in poverty ratio;
- ✓ Growth in gainful employment;
- ✓ 100% enrolment of children in schools;
- ✓ Higher literacy rate;
- ✓ Drinking water supply;
- ✓ Infant and maternal mortality rate to reduce;

- ✓ Increasing green cover through afforestation.

One of the most important features of 10th Plan was that it **recognized** that **GOVERNANCE** was perhaps **one of the most important factors** for ensuring that the plan was realized as envisaged. The plan also laid down a list of reforms in this connection –

- ✓ Improve people's participation, esp. through strengthening PRIs and ULBs;
- ✓ Involvement of civil society, esp voluntary organizations, as partners in development;
- ✓ Enactment of RTI Act;
- ✓ Civil service reforms for improving transparency, accountability and efficiency;
- ✓ Rightsizing both the size and role of government;
- ✓ E-Governance, i.e using ICT for GG;
- ✓ Judicial reforms.

Moreover, while some progress was made under new paradigms of development, real development still seemed to be elusive. The implications of LPG paradigm (or market-based paradigm) of governance could clearly be seen on the development process. Government's over-reliance on the private sector to deliver essential goods and services brought the following issues to the fore:-

- Development had been **urban-centric** or metro-centric; there was a clear-cut rural-urban divide
- The **social and financial exclusion** of certain social categories continued; inequality in income and wealth kept increasing; (*e.g Justice Sachar Committee highlighted the educational and economic backwardness of minorities and government responded by launching a 15-point programme for the minorities; Similarly, former UGC Chairperson and UPSC member, Sri S K Thorat studied the conditions of the SCs and STs that led to opening of Centre for Inclusion & Exclusion in universities.*)
- Development planners have been basically working on the **agenda of private corporate houses**
- Development process has been based on a **policy of protective discrimination**; not truly empowering; development policies are driven by excessive populism and welfarist orientation, RBA or empowerment-orientation is a mere slogan
- **Large-scale scams** happening due to lack of proper monitoring and regulation

While it is true that under the new paradigms of governance, i.e. market-based governance, the growth process is now driven by actors outside the direct control of the government, the governments – both at the central and state levels – have a very large role to play. There are at least **FOUR AREAS** where government has to play a crucial role.

Areas of governmental intervention:-

- 1. Creating a sound policy environment for economic growth** which is investor-friendly and supportive of inclusive growth. Such a policy environment will allow the creative spirit of our farmers and entrepreneurs to get full expression. Creating such a policy environment will include –
 - Macro-economic stability
 - Efficient functioning of markets
 - A sound financial system for allocating financial resources
 - Good governance with emphasis on transparency, accountability and rule of law
- 2. Developing the critical infrastructure** needed in both rural and urban areas to support broad and inclusive growth;
- 3. Launching special programmes** for livelihood support for the poor and the vulnerable, aimed at directly improving their income earning capabilities and at mainstreaming them in the overall growth process;
- 4. Social development**, i.e ensuring that every citizen must have access to essential public services of acceptable quality in health, education, skill-development, safe drinking water, sanitation etc. (*This is referred to as social justice approach to policy making and implementation. Social justice takes place when all people are assured a minimum quality of life through the meeting of their basic needs.*)

Moreover, in many of these areas of governmental interventions, the state governments have the major implementing role.

Thus, the 11th plan put further emphasis on **GOVERNANCE REFORM** and also laid down a comprehensive strategy for **INCLUSIVE DEVELOPMENT**, building on the growing strength of the economy, while addressing the weaknesses that had surfaced.

The 11th Plan (2007-2012):

The plan also outlined **new priorities for the public sector** – these relate to –

- ✓ Reviving dynamism in agriculture;
- ✓ Building necessary supportive infrastructure in rural areas;
- ✓ Expanding access to health and education, esp. in rural areas;
- ✓ Undertaking programmes for improving living conditions for the weaker sections and improving their access to economic opportunity;
- ✓ Also includes a major thrust on infrastructure development in general, which is a critical constraint on our development

Government's strategy:

It has been recognized that since there are competing claims on government's resources, there is a need to improve the effectiveness of the resources employed in generating the desired outcomes. Therefore, the government has been for some time following the following strategy to improve the effectiveness of its interventions:-

1. One of the strategies has been to **target specific services**. For instance, during the last decade a number of programmes were launched that aimed at improving the social services, or services relating to health, education and income opportunities for less advantaged in society, e.g MGNREGA, NRHM, SSA, ICDS etc.
Further, focus on social sector development will also address the objectives of human development and inclusive justice;
2. Another associated strategy is the recognition of the concentration of deficiencies among certain socio-economic groups, geographic groupings, gender, and demographic classes. This recognition has led to targeting of programmes to **specific groups** of population;
3. Since **convergence of interventions** also improves the effectiveness of each intervention, government has gone about a multi-pronged intervention strategy. For instance, providing access to health as well as education together with laying down critical infrastructure addresses multiple deficiencies simultaneously;
4. Better institutional arrangements and adoption of innovative technology solutions for **effective and efficient service delivery**. For instance, e-governance, DBT, PPP mode, partnering with NGOs etc.
5. **Establishing synergy between public and private sector providers** of social services.

A number of **flagship schemes** were launched towards **development of Social Sector including rural development**, e.g MGNREGA, SSA, NRHM, Bharat Nirman, TSC etc. Besides, a number of initiatives towards governance reforms were also undertaken, such as, constitution of ARC-II, launching of NeGP, transparency in governance, improving service delivery system, Social Audit, strengthening PRIs and other local institutions and agencies etc.

Major Flagship schemes:-

Flagship programmes are symbolic of the **main thrust of the nation's developmental policy**.

Flagship schemes of the government of India are those schemes which are declared so by the union cabinet or the Development Evaluation Advisory Committee (DEAC) of Planning Commission. The list of flagship programmes can be modified by the DEAC or the Government from time to time.

1. Bharat Nirman
2. MGNREGA
3. Sarva Siksha Abhigyan (SSA)
4. Mid-day meal Scheme (MDMS)
5. Indira Awas Yojana (IAY)
6. Rajiv Gandhi Grameen Vidyutikaran Yojana (RGGVY)
7. Water and Sanitation Mission [NRDWP & TSC]

8. Prime Minister's Gram Sadak Yojana (PMGSY)
9. National Rural Health Mission (NRHM)
10. Integrated Child Development Services (ICDS)
11. Rashtriya Krishi Vikash Yojana (RKVY)
12. Accelerated Irrigation Benefit Programme (AIBP)
13. JNNURM
14. Swarna Jayanti Shahari Rozgar Yojana
15. Rajiv Awas Yojana (RAY)

The 12th Plan (2012-17)

The 12th Plan document states, *“Economic growth though important cannot be an end in itself. Higher standards of living as well as of development opportunities for all, stemming from the greater resources generated by economic growth, are the ultimate aim of development policy of the government.”*

Thus, Government's policy documents acknowledge that the end objective of development is to ensure improvement in incomes and living standards for the bulk of the population. And, this could be achieved through faster economic growth accompanied by economic and social support programmes. Thus, “growth” and “inclusiveness” are co-equal objectives.

The 12th Plan document sets the following **theme** for development during the plan period –

- ***“Faster, more inclusive and sustainable growth”***

Emphasis on Faster Economic Growth has been because of the following reasons:-

- (i) To generate the income and employment opportunities that are needed for improving the living standards for the bulk of the population;
- (ii) To generate resources needed for financing social sector programmes aimed at reducing poverty and enabling inclusiveness

Further, it must also be noted that while India has emerged as the fourth largest economy globally with a higher growth rate and has improved its global ranking in terms of per capita income, the country is still the poorest among the G-20 group.

Emphasis on Inclusive Growth has been due to the realization that many segments of population like landless agricultural labourers, marginal farmers, SCs, STs, Minorities, OBCs and certain other social groups continue to suffer social and financial exclusion despite the economy doing good at the economic growth front. Therefore, the government's development policies are directed towards bringing these marginalized sections of the society into the development mainstream. This is also reflected in government's social sector spending in recent years.

Inclusive development aims at social inclusion along with financial inclusion as in most cases the socially excluded are also financially excluded. Hence, inclusive development focuses on – poverty alleviation, employment generation particularly for those who are socially excluded, health, education, gender development, social welfare etc.

Emphasis on ‘Human Development’ (i.e human capability building) is mainly because of two reasons:-

- (i) For reaping the demographic dividend that India has as compared to other countries;
- (ii) Our major social indicators in recent years have been less encouraging than those of our neighbours, such as Bangladesh and Sri Lanka.

During the last two decades, India has grown much richer than Bangladesh. For instance, the per capita income was estimated to be 60% higher in India in 1990, and in 2010 it is almost 100% (98%) higher. But, during the same period, Bangladesh has overtaken India in terms of wide range of social indicators, such as life expectancy, child survival, fertility rates, immunization rates etc.

Even Nepal seems to be catching up with India rapidly in some respects.

Thus, based on its experience with development in the last SIX DECADES the Government's development policy today is based on a two-pronged approach –

1. Development of **critical physical infrastructure** (rural housing, rural roads, rural electrification, irrigation, drinking water, urban infrastructure etc.), and
2. **Human capital formation** under different flagship programmes, mainly to promote **education** and **health care**.

SECTORAL POLICIES AND INTERVENTIONS FOR DEVELOPMENT

Social Sector Development

Significance:

For the past several years social development has acquired a new salience in development thinking. During 1950s – 80s development was seen mainly in terms of accumulation of material wealth and was measured in terms of GDP growth rate. Economic growth itself was regarded as the function of capital inputs. The main pursuit of economic policy was to mobilize the resources required for achieving a desired rate of growth. Acceleration in the rate of growth was supposed to take care of both – economic and social problems.

Even post- 1980s when the development thinking went about a paradigm shift with its emphasis on human development, social development, inclusive development and sustainable development, social sector development in India continued to suffer due to government's preoccupation with the introduction of economic reforms as part of the process of market based governance approach. There had been overemphasis on correcting the fiscal imbalance at the cost of social development. In fact, the state, as a matter of deliberate policy, started scaling down its constitutional responsibility for providing "public goods" in such crucial areas such as education, health, housing, sanitation etc. This responsibility was increasingly being transferred to the private sector operators. As a result, there has been sharp deterioration in the conditions of the poorest and the marginalized, particularly the SCs, STs, women, minorities, children etc.

Never-the-less, **9th Plan** onward the Gol started emphasizing on implementation of certain **Basic Minimum Services (BMS)** for the benefit of the common masses, such as –

8. Provision of safe drinking water;
9. Availability of primary health facilities and services;
10. Universalisation of primary education;
11. Public housing assistance to shelter-less poor families;
12. Nutritional support to children;
13. Connectivity of all villages and habitations;
14. Streamlining of the PDS with a focus on poor.

By this time even modern developmental economists like **Mahboob-ul-Haq, Amartya Sen, Joseph Stiglitz** and others started highlighting the failures of governance in terms of human and social development in the developing world including India. According to Prof Amartya Sen, investing in the social sector will create expansion of freedom for individuals and social groups.

In the social sector, health and education are considered to be most critical to human development. To Prof. Sen, health inequality is the most basic form of inequality. Health leads to capability building of individuals. Health together with education enhances his capacity to learn and earn. In fact, **Gunnar Myrdal**, the famous Swedish economist and Nobel laureate had said long back that development process must involve removing those factors or barriers which are responsible for sustaining underdevelopment, e.g unemployment, illiteracy, ill-health etc.

By the turn of the new millennium the global community also pushed for a new agenda for social development in the form of MDGs (Millennium Developmental Goals) which emphasized on poverty alleviation, creating a disease free world community, providing universal primary education, promoting gender equality and empowerment of women, reducing child mortality etc.

Driven by all this the Gol took up social sector development on a priority basis 10th Plan onward. Therefore, there has been a consistent increase in social sector financial allocation – plans after plans, budgets after budgets.

The social sector development involves the following components:

- Poverty alleviation and employment generation;
- Access to education;
- Access to improved health services and public health;
- Development of critical rural infrastructure, e.g rural roads, housing, sanitation, availability of safe drinking water, electricity etc.
- Urban infrastructure, housing, sanitation, sewage, waste disposal, urban transport etc.
- Skill development for better livelihood means;
- Enhanced social security;
- Development of backward regions/ district in the country

Major Governmental Interventions in the Social Sector in Recent Years:

HEALTH

1. **NRHM/NHM**
2. JSY (Janani Suraksha Yojana)
3. National Vector-Borne Disease Control Programme
4. PMSSY (Pradhan Mantri Swasthya Suraksha Yojana)
5. AYUSH (Aayurveda, Yoga & Naturopathy, Unani, Siddhi, Homoeopathy)

EDUCATION

1. **RTE** (Right to Education)
2. **SSA** (Sarva Shiksha Abhiyan)
3. **MDMS** (Mid-Day Meal Scheme)
4. Sakshar Bharat (National Mission on Female Literacy – an adult education programme)
5. RMSY (Rashtriya Madhyamik Shiksha Abhiyan)
6. Model School Scheme
7. RUSA (Rashtriya Uchcharitar Shiksha Abhiyan)

RURAL DEVELOPMENT

Poverty Alleviation through Rural Employment (for Livelihood Security)

1. **MGNREGA** - *implemented by MoRD*
2. NRLM/Aajeevika (formerly SJGSY) - *implemented by MoRD*

Development of Critical Infrastructure in Rural areas

1. **IAY** for Housing (Indira Aawas Yojana) - *implemented by MoRD*
2. **PMGSY** for Rural Roads (Pradhan Mantri Gram Sadak Yojana) - *implemented by MoRD*
3. **RGVY** for Rural Electrification (Rajiv Gandhi Gramin Vidyutikaran Yojana) *implemented by Ministry of Power*
4. **NRDWP** for Rural drinking water supply (National Rural Drinking Water Programme) - *implemented by MoRD*
5. **TSC/NBA** for Rural Sanitation (Total Sanitation Campaign) - *implemented by MoRD*
6. **AIBP** for Irrigation (Accelerated Irrigation Benefit Programme) – *implemented by Ministry of Water Resources*
7. **NLRMP** (National Land records Modernisation Programme)

Agricultural Development

1. **RKVY** for Agricultural development – *implemented by MoA*

Area Development

1. **IWMP** (Integrated Watershed Management Programme)

URBAN DEVELOPMENT

Urban Infrastructure Development

1. **JNNURM** – implemented by Ministry of Urban Development & Ministry of Housing and Poverty Alleviation
2. **ILCSS** (Integrated Low Cost Sanitation Scheme)

Housing & Urban poverty alleviation through employment generation

1. **RAY**
2. **SJSRY** (*Swarna Jayanti Shahri Rozgar Yojana*; now restructured as **NULM** under the 12th Plan) - implemented by Ministry of Housing & Poverty Alleviation

WOMEN & CHILD DEVELOPMENT

1. **ICDS** - - implemented by MoWCD
2. Sabala/RGSEAG (Rajiv Gandhi Scheme for Empowerment of Adolescent Girls)
3. IGMSY (Indira Gandhi Matritva Sahyog Yojana)
4. NMEW (National Mission for Empowerment of Women)
5. RMK (Rashtriya Mahila Kosha)
6. Policies to address violence against women, e.g (PWDVA)

SKILL DEVELOPMENT

1. **National Skill Development Mission**

SOCIAL SECURITY

1. AABY (Aam Aadmi Beema Yojana)
2. RSBY (Rashtriya Swasthya Beema Yojana)
3. SSAs (Social Security Agreements)
4. The Unorganized Workers Social Security Act, 2008
5. NSAP (National Social Assistance Programme)

Health

Like education Health is another critical dimension of human capability, and therefore needs as much greater attention in government's development policy.

However, attainment of good health outcomes is not just a matter of providing **curative care**. We need to give much greater attention to '**public health**', which focuses on preventive healthcare, but has traditionally suffered from neglect. We also need to focus much more on a provision of **clean drinking water** and **sanitation**, which can make a major contribution to improved health. This was the experience in industrialised countries over a hundred years ago, and this is also true for us today.

While the longer-term objective of Health Policy must be the provision of **Universal Health Care (UHC)**, whereby anyone who wants is assured of access to a well defined set of health care entitlements irrespective of his financial status, the immediate policy objective is to follow an **inclusive approach towards healthcare** that encompassed -

- equitable and comprehensive individual healthcare,

- improved sanitation,
- clean drinking water,
- nutritious food,
- hygiene,
- good feeding practices, and
- development of delivery systems responsive to the needs of the people.

At the same time, since putting a UHC system in place may take time, we need to start building an appropriate architecture towards that end.

At present, only **less than 30%** of outpatient and less than half of inpatient health care capacity of the country is in the **public sector**, and the majority of the population relies on private health care provision which often imposes a heavy financial burden. It is, therefore, essential to expand public sector capacity in health care especially in the rural areas.

The **NRHM**, launched during the **10th Plan**, made an important start in expanding health care facilities in rural areas. While additional infrastructure has been created, there are large shortages of personnel, especially specialists in rural health facilities, reflecting the fact that trained human resources in health are in short supply and it takes many years to set up new medical colleges to train the required number of doctors.

Major Issues:

1. Massive shortage of healthcare professionals;
2. Over-reliance on Private healthcare, which is not affordable;
3. Neglect of 'public health'

Major interventions during the 11th Plan

Some very important initiatives for increasing the outreach and quality of health services were undertaken, for instance –

National Rural Health Mission (NRHM):

Launched in **2005** during the 10th Plan period, this is a major flagship programme of the government in the health sector. It has been an important intervention to transform public health care into **an accountable, accessible and affordable** system of quality services during the 11th FYP period.

It aims at inclusive health and improved access to quality healthcare for those residing in rural areas, particularly women, children, and the poor, throughout the country with special focus on 18 states.

The mission seeks to achieve the objectives by promoting integration, decentralization, and encouraging community participation in health programmes.

The mission **covers most of the existing programmes** of the MHFW under an overreaching umbrella.

Rashtriya Swasthya Bima Yojana (RSBY):

With a view to prevent indebtedness due to expenditure on health, the **RSBY** was launched in **October 2007** to provide health insurance cover to BPL families. This has been an important step in supplementing the efforts being made to provide quality healthcare to the poor and underprivileged population.

It is an effort to provide **protection to BPL households** in the unorganized sector against financial liabilities arising out of health problems that involve hospitalization.

It provides cashless health insurance cover up to Rs 30,000 per annum per family. The premium is paid by the Centre and state governments on a 75:25 sharing basis with the beneficiary paying only a registration fee

Janani Suraksha Yojana (JSY):

Launched to promote institutional deliveries, the scheme provides cash incentives to expectant mothers who opt for institutional deliveries.

Pradhan Mantri Swasthya Suraksha Yojana (PMSSY):

The programme is envisaged to correct the imbalances in availability of affordable or reliable tertiary level health care in the country in general and to augment facilities for quality medical education in the under-served states. This involves setting up of AIIMS like institutions and upgrading certain existing institutions across various states.

Phase-I of PMSSY envisages establishment of six new AIIMS-like Institutions, upgradation of 13 state government medical college institutions. Phase-II provides for the establishment of two new AIIMS-like institutions in U.P. and WB and upgrading of 6 state government medical college institutions.

Redevelopment of hospitals/institutions:

While certain hospital/medical institutions of eminence would be redeveloped, upgradation of district hospitals is envisaged as a key intermediate strategy, till the vision of healthcare through PHCs and CHCs is fully realized.

AYUSH:

Mainstreaming AYUSH into health services at all levels was also an important strategy for the 11th Plan.

Moreover, such interventions were also characterized by –

- ✓ **Special attention to marginalized groups:** It promised special attention to the health of marginalized groups, such as adolescent girls, women of all ages, children below the age of three, older persons, the differently-abled, tribals, and SCs. Gender equity was to be an overarching concern.
- ✓ **Focus on 'Public Health'-related services:** It recognised that health outcomes depend not just on the access to curative healthcare, but also on strengthening 'public health'-related services, particularly access to clean drinking water, sanitation, and improved child-rearing practices, which in turn depend on education and empowerment of women.

An Overview

At present, India's health care system consists of a mix of public and private sector providers of health services. Networks of health care facilities at the primary, secondary and tertiary level, run mainly by State Governments, provide free or very low cost medical services.

There is also an extensive private health care sector, covering the entire spectrum from individual doctors and their clinics, to general hospitals and super specialty hospitals.

However, the system suffers from the following weaknesses.

Issues & Concerns

- **Availability of health care services – public and private sectors taken together – is quantitatively inadequate** due to massive shortage of healthcare professionals:-

At the start of the 11th Plan, the number of doctors per lakh of population was only 45, whereas, the desirable number is 85 per lakh population. Similarly, the number of Nurses and Auxiliary Nurse and Midwives (ANMs) available was only 75 per lakh population whereas the desirable number is 255.

- **Affordability of health care is a serious problem for the vast majority of the population**, especially in tertiary care and due to government's over-reliance on private provision of healthcare:-

The lack of extensive and adequately funded public health services pushes large numbers of people to incur heavy out of pocket expenditures on services purchased from the private sector. Out of pocket expenditures arise even in public sector hospitals, since lack of medicines means that patients have to buy them. This results in a very high financial burden on families in case of severe illness. A large fraction of the out of pocket expenditure arises from outpatient care and purchase of medicines, which are mostly not covered even by the existing insurance schemes. In any case, the percentage of population covered by health insurance is very small. Moreover, the problem is likely to worsen in future.

Health care costs are expected to rise because, with rising life expectancy, a larger proportion of our population will become vulnerable to chronic **Non Communicable Diseases (NCDs)**, which typically require expensive treatment. The public awareness of treatment possibilities is also increasing and which, in turn, increases the demand for medical care

- **Quality of healthcare services varies considerably in both the public and private sectors:-**

Many practitioners in the private sector are actually not qualified doctors. Regulatory standards for public and private hospitals are not adequately defined and, in any case, are ineffectively enforced.

- **Public expenditure on health remains very low:-**

The **total expenditure on health** care in India – taking public, private and household out-of-pocket (OOP) expenditure – was about **4.1% of GDP** in 2008–09, which is broadly comparable to other developing countries, at similar levels of per capita income.

However, **the public expenditure on health** was only **about 27 %** of the total (i.e. of 4.1%) in 2008–09, which is very low by any standard.

Public expenditure on **Core Health** (both plan and non-plan and taking the Centre and States together) was about **0.93 %** of GDP in **2007–08**. It has increased to about **1.04 %** during **2011–12**. It needs to increase much more over the next decade.

When broader determinants of health (drinking water and sanitation, ICDS and Mid-Day Meal) are added, the total public spending on health in 11th Plan comes to **1.97 % of GDP**.

- **Neglect of 'public health':**

While there has been action on curative healthcare, there have not been adequate and effective interventions in the sphere of public health that will include preventive healthcare, such as provision of safe drinking water supply, improved sanitation, immunization, nutritious food, hygiene, good feeding practices etc.

Other Issues & Concerns

- **Health personnel not well-trained:-**

Setting up of 6 AIIMS like institutes and upgradation of 13 medical colleges has been taken up under PMSSY. Seventy-two State Government medical colleges have also been taken up for strengthening to enhance their capacity for PG training. Huge gaps, however, remain in training capacity for all categories of health personnel.

- **Initiatives towards community empowerment, improving monitoring and accountability not effective:-**

Though Rogi Kalyan Samitis (RKS) are in position in most public facilities, monthly Village Health and Nutrition Days are held in most villages, Jan Sunwais (public hearings) and Common Review Missions have been held, yet their potential in terms of empowering communities, improving accountability and responsiveness of public health facilities is yet to be fully realised.

- **Most public health institutions are not well-equipped for conducting deliveries:-**

To reduce MMR and IMR, **institutional deliveries** are being promoted by providing cash assistance to pregnant women under **JSY**. Poor women from remote districts in Bihar, Orissa, and other states are reportedly visiting institutions to avail JSY benefits. Though institutional deliveries have increased in rural (39.7 to 68 %) and urban areas (79 to 85 %) over the 2005–09 period, low levels of full Ante-Natal care and quality of care are areas of concern.

Except for parts of the southern states, most public health institutions are **not well-equipped for conducting deliveries** at the community or even at the block levels. The beneficiaries are often asked to purchase gloves, syringes, and medicines from the market. The general view, endorsed by visits to the field, is that the health centres and sub-divisional hospitals remain understaffed and are poorly run and maintained. A very large number are unhygienic and incapable of catering to patient loads. Women who deliver at the health facilities are discharged a few hours after the delivery. Sometimes, deliveries take place on the way to the health facility or even outside the locked labour rooms. Also, lack of coordination and mutual understanding between the ANMs and ASHAs result in the suffering of pregnant women.

- **Immunisation cover is far from being universal:-**

Full immunisation in children has improved from 54.5 % in 2005 to 61 % in 2009 during the 11th Plan. Additions to the Universal Immunization Program include Hepatitis B, Japanese Encephalitis (JE) vaccine in endemic districts, and Pentavalent vaccine, which is a combination vaccine against Diphtheria, Pertussis, Tetanus, Hepatitis B and Haemophilus influenza B. There has been no reported case of polio during 2011.

However, Immunisation cover is far from universal as envisioned in the 11th Plan, and remains particularly low in UP (41 %), MP (43 %), Bihar (49 %), Rajasthan (54 %), Gujarat (57 %) and Chhattisgarh (57 %), Assam (59 %) and Jharkhand (60 %).

- **Utilization of public facilities for chronic disease remains low:-**

Despite improvements in infrastructure, and personnel deployed, evaluation has reported that utilisation of public facilities for chronic disease remains low in UP, MP and Jharkhand as compared to TN reflecting **poor quality of service**.

Moreover, despite efforts, **lack of capacity** and **lack of flexibility in programmes** forestall effective local level planning and execution based on local disease priorities. Wide variation in the performance of health facilities across states have been reported with **TN topping** and **UP and MP at the bottom**, pointing to the need for learning from best practices within the country through state level initiatives.

VISION for future (based on Prof. Amartya Sen and Prof. Jean Dreaze's studies)

Today in the sphere of public health, problems are enormous. There are lessons to be learnt from the experiences of other developing countries as also from those Indian states, **Kerala** and **Tamil Nadu** in particular, which have taken care of health of the people a lot better than the rest of India.

As far as the rest of the world is concerned, the countries that offer immediate lessons for India include China (most importantly), Brazil, Mexico and Thailand, among others.

In the field of public health most important thing is the importance of the commitment to **universal health coverage for all**, with a comprehensive vision of healthcare for the country as a whole. **Brazil, Thailand** and **Mexico** have reached this level in recent years and transformed the reach of healthcare for their people.

China's experience is particularly interesting. In 1979 when China brought about economic reforms under Mao Zedong, it reversed the earlier universalism. But it had to pay a heavy price in terms of the progress of longevity and general health. China eventually realized this error in this denial and, from 2004, started moving rapidly back to universal commitment (it is already 95% there). Also, China does not leave the coverage of health in the hands of the private health insurance – the state is the major player to ensure this.

Thus, based on such experiences as also on grounds of economic reasoning, i.e the '**public goods**' character of the health of the people, the role of asymmetric information, and the impact of inequality on the achievement of general health in a community and a nation, it would be perhaps wiser for the government to go about a major transformation in India's health care system.

Such a transformation may be achieved in at least **two respects**:

1. **State must take upon itself the responsibility for direct provision of health services:** - It is not to say that there is no role at all for the private sector in health care. Most health care systems in the world do leave room for private sector. Also, there is no denial that public accountability is lacking in the operation of the public sector. Never-the-less, this overarching objective of ensuring access to health services and other

requirements of good health 'to all members of the community irrespective of their ability to pay' (*core principle of universal health coverage as stated by Bhore Committee*) is intrinsically a public responsibility. Further, given the limitations of market arrangements and of private insurance in the field of healthcare, public provision of health services has an important foundational role to play in the realization of universal health coverage.

2. **There is the need to go back to basics as far as public provision of healthcare services** – both of preventive and curative kind – is concerned, with a renewed focus on primary health centers, village-level health workers, preventive health measures, and other means of ensuring timely health care on a regular basis.

While RSBY, the newly established scheme of subsidized health insurance for poor households, is a humane programme, better results can be achieved at far less cost through early and regular healthcare for all (supplemented by providing expensive interventions if and when it is needed despite early and more systematic medical care for all).

For such measures to succeed, the need for '**public investment**' is particularly strong in a range of activities aimed at preventing rather than curing diseases, such as immunization, sanitation, public hygiene, waste disposal, disease surveillance, vector control, health education, food safety regulation, and so on (what is technically called as '**public health**').

12th Plan Strategy

The 12th Plan seeks to strengthen initiatives taken in the 11th Plan to expand the reach of health care and work towards the long term objective of establishing **a system of Universal Health Coverage (UHC)** in the country. *This means that each individual would have assured access to a defined essential range of medicines and treatment at an affordable price, which should be entirely free for a large percentage of the population.*

This is a process that will span several plan periods. However, a start must be made towards achieving the long term goal immediately.

Ideally, the **public health care system** must be expanded to address the health needs of the vast majority of citizens, recognising that upper-income groups may opt for private health care. The 12th Plan will therefore see the transformation of the NRHM into a **National Health Mission (NHM)**, covering both rural and urban areas. Unlike rural residents, those in urban areas have access to private health care providers, but private health care is costly and large numbers of urban residents especially slum dwellers cannot afford it. An important component of the NHM will be the Urban Health Initiative for the Poor, providing public sector primary care facilities in select low-income urban areas. This will require additional resources in the public sector from the budgets of both the Centre and the States, and cities.

National Health Mission (NHM)

The Prime Minister in his Independence Day speech, 2012 had declared: "*After the success of the NRHM, we now want to expand the scope of health services in our towns also. The National Rural Health Mission will be converted into a National Health Mission (NHM) which would cover all villages and towns in the country.*"

The gains of the flagship programme of NRHM will be strengthened under the umbrella of NHM which will have universal coverage. The focus on covering rural areas and rural population will, however, continue. Besides, the focus on marginalized social categories will also continue as an inclusive process.

A major component of NHM is proposed to be a Scheme for providing primary health care to the urban poor, particularly those residing in slums.

NHM would give the States greater flexibility to make multi-year plans for systems strengthening, and addressing threats to health in both rural and urban areas through interventions at Primary, Secondary and Tertiary levels of care.

Moreover, the two key elements of NHM will be **flexibility** and **decentralised planning** with respect to designing and operation of interventions

Education & Skill Development

EDUCATION

Significance

India has a young population, and consequently, the labour force, which is expected to increase over the next 20 years. Whereas, on the other hand, it is expected to decline in most developed countries and even in China, This 'demographic dividend' can add to our growth potential through its impact on the supply of labour as also, via the falling dependency ratio, on the rate of domestic savings. Besides, a young population brings with it the aspirations and the impatience of youth, which in turn can become strong drivers for bringing about change and innovation. To reap this demographic dividend we must ensure that our younger citizens come into the labour force with higher levels of education and the skills needed to support rapid growth.

Therefore, school education and literacy was accorded a very high priority in the **11th Plan** as an instrument for achieving human development and inclusive growth. Recognising the importance of education in national development, the **12th Plan** also places an unprecedented focus on the expansion of education, on significantly improving the quality of education imparted and on ensuring that educational opportunities are available to all segments of the society. In the **12th Plan** the financial allocation to this sector has also been substantially hiked.

Government's policy

Government's policy in the sphere of education has been to expand access to education at all three levels – elementary, secondary and post secondary – and also improve the quality of education.

The **four main priorities** for education policy have been

1. Access to education,
2. Equity in education,
3. Quality education, and
4. Governance.

The **12th Plan** will continue to prioritise these four areas, but will place the **greatest emphasis on improving learning outcomes at all levels.**

POLICY INITIATIVES

In line with the goal of nation building, India has been committed to providing free and compulsory education to all children. Towards this end, Indian Parliament has enacted a legislation (**RTE Act, 2009**) making free and compulsory education a Right of every child in the age group 6-14 years which has come into force from 1st April, 2010. The already running **Sarva Shiksha Abhiyan (SSA)** towards universalisation of primary education has been integrated with RTE Act.

Rashtriya Madhyamik Shiksha Abhiyan (RMSA) has been launched recently as a step to **universalize secondary education**. Simultaneously, efforts are being made to create **a robust and vast system of higher and technical education**.

Building upon the existing capacities and recognizing the immense contribution to nation building that the large network of educational institutions has made in the post independent India; the country has embarked upon **a second phase of expansion and establishment of centres of excellence in higher education**. To this end government has planned to launch **Rashtriya UchChar Shiksha Abhiyan (RUSA)** under the **12th Plan**.

It is envisioned that strengthening the two ends of the spectrum, namely, elementary education and higher/technical education would help in meeting the objectives of **expansion, inclusion and excellence** in education.

The Central Advisory Board of Education (CABE) is the highest advisory body to advise the Central and State Governments in the field of education.

Recent years have seen certain important committees and commissions deliberate on education.

National Knowledge Commission (2006) Report on higher education supports a strong reform agenda through public investment.

Recently, the report of the **Committee on Renovation and Rejuvenation of Higher Education (Yashpal Committee)** has recommended –

- **protecting the intellectual autonomy of educational institutions** and
- the creation of an all-encompassing **National Commission for Higher Education and Research (NCHER)** to replace or subsume the existing regulatory bodies.

The report talks about the **concept of a university** as a place where research and teaching become two important pillars of the creation of knowledge and should go together. It should provide practical training to the people that should be based on new knowledge and in response to social and personal needs. Most importantly, university should allow for the diverse growth of knowledge and should not lead to fragmentation of knowledge. It is, therefore, recommended that normally, no single discipline or specialized university should be created.

There is also an idea that undergraduate programs should be restructured to enable students to have opportunities to access all curricular areas with fair degree of mobility.

The government has already initiated steps in the direction of implementing some of the recommendations.

Public spending on education

Recognising the importance of education, public spending on education increased rapidly during the 11th Plan period. Education expenditure as a percentage of GDP rose from **3.3 % in 2004–05** to **over 4 % in 2011–12**.

Major interventions by Government

- RTE (Right to Education)
- Sarva Shiksha Abhiyan (SSA)
- Mid-Day Meal Scheme (MDMS)
- Mahila Samakhya
- RMSA (Rashtriya Madhyamik Shiksha Abhiyan)
- Model Schools Scheme
- National Scheme of Incentives to Girls for Secondary Stage
- Teacher Education Scheme;
- Inclusive Education of the Disabled at Secondary Stage
- Saakshar Bharat (Adult Education programme), and
- Infrastructure Development in Minority Institutions (IDMI)
- Rashtriya Uchchatar Shiksha Abhiyan (RUSA)

RTE (Right of Children to Free and Compulsory Education) Act, 2009

The RTE Act, 2009 was created as an enabling legislation to operationalise the Fundamental Right guaranteed by the Constitution under Art.21A, which was inserted in the Constitution in 2002 by 86th Amendment Act. The RTE Act came into operation from **April 1, 2010**.

This law provides the legislative framework for **Universalisation of Elementary Education (UEE)**. The ongoing SSA has been harmonized with the RTE mandate.

The RTE has the following **salient features**:

- Every child in the age group of 6-14 has the right to free and compulsory education in a neighborhood school, till the completion of elementary education.
- It makes provisions for a non-admitted child to be admitted to a class appropriate to his age.
- Private schools will have to take 25% of their class strength from the weaker section and the disadvantaged group of the society through a random selection process. Government will fund education of these children.

- *No seats in this quota can be left vacant. These children will be treated on par with all the other children in the school and subsidized by the State at the rate of average per learner costs in the government schools (unless the per learner costs in the private school are lower).*
- All schools will have to prescribe to norms and standards laid out in the Act and no school that does not fulfill these standards within 3 years will be allowed to function.
- All private schools will have to apply for recognition, failing which they will be penalized to the tune of Rs 1 lakh and if they still continue to function will be liable to pay Rs 10,000 per day as fine.
- Norms and standards of teacher qualification and training are also being laid down by an Academic Authority. Teachers in all schools will have to subscribe to these norms within 5 years.
- No donation and capitation fee is allowed.
- No admission test or interview either for child or parents.
- No child can be held back, expelled and required to pass the board examination till the completion of elementary education.
- There is provision for establishment of **commissions** to supervise the implementation of the act.
- A fixed pupil and teacher ratio (PTR) is to be maintained.
- All schools have to adhere to rules and regulations laid down in this act, failing which the school will not be allowed to function. **Three years moratorium period** has been provided to school to implement all that is required of them.
- Norms for teachers training and qualifications are also clearly mentioned in the act.
- All schools except private unaided schools are to be managed by **School management Committees** with 75% of parents and guardians as members.

Monitoring: The **National Commission for Protection of Child Rights (NCPCR)** has been mandated to monitor the implementation of this historic Right. A special Division within NCPCR will undertake this huge and important task in the coming months and years. A special toll free helpline to register complaints will be set up by NCPCR for this purpose.

NCPCR will work with all stakeholders to build a movement to ensure that every child of this country is in school and enabled to get at least **8 years** of quality education.

SSA (Sarva Shiksha Abhiyan)

It is one of India's major social sector flagship programmes, addressing the national resolve of **universalizing the elementary education (UEE)**.

Its **objectives** are as follows:

- ✓ To provide useful and relevant elementary education for all children in the age group of 6-14 years.
- ✓ To bridge the social, regional and gender gaps with active participation of community in the management of schools.
- ✓ To encourage enrolment of girls and teacher training.
- ✓ Achieve significant enhancement in learning levels of children

Features:

- The programme covers all states and UTs.
- SSA focuses on girl's education through the NPEGEL (National Programme for Education of Girls at Elementary Level) and KGBVs (Kasturba Gandhi Balika Vidyalayas).
- SSA targets the geographical areas in districts and blocks with predominance of SC, ST, OBC and Minority population in the matter of allocation of funds and school infrastructure to promote education of those who were deprived of education on account of economic and social backwardness.

Though there was notable success in expanding capacity and enrolments during the 11th Plan period, the challenge of raising **quality standards** still remains.

Although the number of elementary schools has increased to 13.04 lakh, many schools **lack basic infrastructure facilities** required under the RTE Act. For example, the retention of girls in school remains difficult given that over **63%** of rural schools have no usable toilet facilities for them.

If the envisaged convergence of the MGNREGS, TSC and Drinking Water Supply (DWS) Mission materializes, some of these infrastructural shortcomings could be mitigated.

While bridging infrastructure gaps may be achievable, it will be far more challenging to bridge **learning gaps**.

Mid-Day Meal Scheme (MDMS)

MDMS is the biggest programme of its kind in the world that provides cooked mid-day meal to children.

In keeping with the Constitutional provisions to raise the level of nutrition of children and enable them to develop in a healthy manner, the **National Programme of Nutritional Support to Primary Education (NP-NSPE)** was launched as a CSS in **1995**. Commonly referred to as MDMS, this was expected to enhance enrolment, retention, attendance of children in schools apart from improving their nutritional levels.

Then gradually its scope was **extended to upper primary (classes VI to VIII)** children in 3,479 EBBs in **2007** and **since 2008** it has been universalized at the elementary level to cover all government schools and aided private schools and madrasas etc.

Now it has been **integrated with the SSA** and supports government's UEE agenda. It works two ways – while it addresses the problem of malnutrition among children, it also promotes enrolment and attendance in schools at elementary level

- **Implementation of MDMS rests with states and the central government provides food grains free of cost, transport assistance, financial assistance for construction of kitchen and necessary infrastructure.**
- **MDMS is managed and implemented by School Management Committees/Village Education Committees, PRIs, and SHGs.** It is not contractor-driven.

There are **several concerns** in implementation of the MDMS, namely,

- wide variations in enrolment, attendance and actual coverage of children,
- mismatch of foodgrains and cash fund utilisation,
- lack of controls over the quantity and quality of meals,
- irregular and uncertain supply of meals, and
- poor quality of grains in certain States.

In order to address these concerns, the **monitoring system under MDMS** would be made more effective during the **12th Plan**.

Establishing an **MIS portal** for effective monitoring and evaluation

- An **MIS portal** for monitoring of the scheme has already been launched. All the States/UTs are now feeding data into the portal and annual data for 2.7 lakh schools have already been fed into the portal.
- **The MIS would be integrated with Interactive Voice Response System (IVRS)** to capture the information on daily basis and monitor the Scheme on real time basis.
- The MIS **would enable the States/UTs and UG to plan the visits to the poorly performing area of the respective States.**
- It will also be used **as a mechanism for social audit** as the data fed into the system through the IVRS would also be sent back to SMC members for verification.

This will enhance transparency and accountability in the implementation of the MDMS and enhance the overall effectiveness of the Scheme. Such independent evaluations would be strengthened during the **12th Plan**.

During the **12th Plan**, MDMS will be expanded to cover **pre-primary schooling in a progressive manner, private unaided schools**, particularly in the SC/ST and minority-concentrated areas, and poor children admitted in neighbourhood private schools against the 25 % earmarked seats as per provisions of the RTE Act.

This would be implemented throughout the country and capacity building initiatives would be taken up for this.

Full convergence of the **MDMS** with the **school health programme** would be ensured during the **12th Plan** to benefit from synergy in two programmes.

Rashtriya Madhyamik Shiksha Abhiyan (RMSA)

This is a major scheme **launched in March 2009** with the following **objectives**:-

- making secondary education of good quality available, accessible, and affordable to all young persons in the **age group of 15–16 years**,
- removing **gender, socio-economic, and disability barriers** (i.e to promote the inclusive agenda),
- making all secondary schools conform to prescribed norms,
- achieving a **GER (Gross Enrolment Ratio) of 75 %** in secondary education in a period of five years, i.e. **by 2014**,
- providing **universal access** to secondary level education by **2017** and
- **universal retention** by **2020**.

The fund-sharing arrangement between the Centre and the states for the scheme is **75:25** in the **11th Plan** and **50:50** in the **12th Plan**.

Major targets (or activities) of this scheme include:

- (a) opening of **11,188 secondary schools**, mostly through upgradation of upper primary schools,
- (b) strengthening of **44,000 existing secondary schools**,
- (c) appointment of **1.79 lakh additional teachers**, and
- (d) **construction of 80,500 additional classrooms**.

However, the **progress has been very slow** as proposals from states and UTs are still under preparation. Since the scheme targets existing government schools, some states like West Bengal and Uttar Pradesh with a low proportion of government schools in the secondary sector may not get an equitable share of RMSA funds.

Latest development:-

Rashtriya Uchchar Shiksha Abhiyan (RUSA)

The country will substantially increase the number of students in **higher education** in next **7 years**. The presentation made by the HRD Ministry to the Consultative Committee expressed that RUSA will –

- The scheme will **increase the GER** (Gross Enrolment Ratio) from **18% to 30%**.
- The scheme estimated to cost Rs.99,000 crore **will include other existing schemes** in the sector.

(Funding pattern: The highlight of the scheme will be that central funding from the Ministry and UGC to institution will be through the State Council of Higher Education as against the direct funding by the Centre and UGC to educational institutions of higher education. Moreover, the funding by the Centre will be upto 90% and it will be available to even private institutions based on certain norms.)

- The scheme emphasizes to promote **reforms in the State Higher Education System** by creating a facilitating institutional structure for planning and monitoring at the state level.
- It will help to **promote autonomy in state universities** and include governance in the institutions.
- One of the goals of RUSA will be **to ensure academic examination reforms** in the higher education institutions, and
- It will also enable **conversion of some of the universities into research universities at par with the best in the world**.

Implementation responsibility:

The project will be **implemented through HRD Ministry** as a **CSC** with matching contribution from the State government and UTs. It is proposed to set eligibility criteria for states to achieve a high and sustained impact of the project through monitoring and evaluation.

Monitoring responsibility:

The **primary responsibility of the monitoring** will lie with **the institution themselves**.

The State Government and the Centre through the **Project Appraisal Board** will monitor the project annually.

- The main component of the programme is to **set up New Universities** and **Upgrade the existing autonomous colleges to universities**.
- The other attempt will be to **convert colleges to Cluster Universities** and **set up new Model Colleges**. The strategy will also include **converting existing Degree colleges to Model Colleges**.
- It is also being emphasized that **research should be given more priority in the context of higher education**.

Other related points that came up for discussion were expanding the institutional base by **creating additional capacity in existing institutions** and **establishing new institutions in order to achieve enrolment targets**; correcting regional imbalances in access to higher education by facilitating access to high quality institutions in urban and semi-urban areas creating opportunities for students from rural areas to get better access to better quality institutions; and improving equity in higher education by providing adequate opportunities of higher education to SC/STs and socially and educationally backward classes.

Mahila Samakhya (MS)

The programme endeavours to create an environment for women to learn at their own pace, set their own priorities, and seek knowledge and information to make informed choices. It seeks **to enhance the self-image and self-confidence of women**.

MS is being implemented in **ten states** of Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Uttar Pradesh, Jharkhand, Karnataka, Kerala, and Uttaranchal, covering 83 districts and 339 blocks (including 233 EBBs) and 20,380 villages and has specialized inputs for **vocational and skill development** as well as the **educational development** of girls, and of **adolescent girls in particular**.

CRITICAL EVALUATION

The country has made significant progress in improving access to education in recent years. It has made the following gains:

- Enrolment of children at the primary education stage has now reached near-universal levels.
- The mean years of schooling of the working population (those over 15 years old) increased from **4.19 years in 2000 to 5.12 years in 2010**.
- The growth of enrolment in secondary education accelerated from 4.3 % per year during the 1990s to 6.27 % per year in the decade ending 2009–10.
- Youth literacy increased from 60 % in 1983 to 91 % in 2009–10 and adult literacy improved from 64.8 % in 2001 to 74 % in 2011.
- A good progress has also been made in **bridging the equity gap** in education.
- The **gender gap in elementary education** has **declined** with the female/male ratio for years of education and literacy reaching over 90% in 2009–10.

A significant reduction in socio-economic inequality in access to education and a narrowing of the gap between SCs/STs and other social groups has also been achieved.

Elementary Education:-

The **SSA** has brought us close to the target of universalisation of primary education and the **RTE Act, 2009** makes eight years of elementary education a fundamental right for all the children. The **MDM Scheme** has ensured that retention in schools has improved greatly.

However, **the learning outcomes** for a majority of children continue to be disappointing. Addressing **the quality issue** in our schools is critical for the effective development of human capabilities and for achieving the objective of equality of opportunities. The quality of teachers and, even more important, their motivation and accountability will need to be improved. Many of the children who are presently in school are first-generation learners, and these children need supplementary instruction. This is not easy due to shortage of qualified teachers in many schools across the country. New and innovative approaches such as multi-grade learning, which has been successfully tried in Tamil Nadu, could be adopted in such cases.

Secondary Education:-

The success of the SSA has put pressure on expanding the capacity of secondary schools and the **RMSA** addresses this issue. Although there is considerable focus on providing secondary school access, the dropout rates between elementary and secondary schools continue to be high, and between the secondary and post-secondary stage they are even higher. This is a particularly serious problem for girls, who have to travel longer distances to attend secondary schools.

Curricular and examination reforms in secondary schooling would receive special attention aimed at **fostering critical thinking and analytical skills**, and preparing students for further education. All this requires innovative approaches, some of which are already in evidence in certain States.

Higher Education:-

The last decade has also seen a huge increase in the demand for higher education and this is expected to increase further as more children complete school and more and more jobs are seen to require higher level qualifications. However, our higher education institutions also suffer from problems of quality. Too many of our universities are producing graduates in subjects that are not required by the changing job market, and the quality is also not what it should be.

Higher education policy has to be driven by **Three 'E's**:

- expansion,
- equity and
- excellence.

Of these, the third E, '**excellence**', is the most difficult to achieve. India cannot hope to be competitive in an increasingly knowledge driven world if our higher education institutions do not come up to the high standards of excellence needed to be able to be globally competitive. Not even one Indian university figures in the latest list of the top 200 universities in the world. We should work towards ensuring that there are at least five by the end of the Twelfth Plan. For this, universities at the top of the quality hierarchy should be identified and generously supported so that they can reach the top league. **Centres of excellence** within existing universities should be created. A special initiative should be launched to **attract high calibre faculty** from around the world on non-permanent teaching assignments. All these initiatives should be pooled into an **India Excellence Initiative** in the **12th Plan**.

Issues & Challenges

Despite many gains during the 11th Plan, education in India faces several challenges.

- **Performance lower than in other emerging economies:**

The country's mean years of schooling at 5.12 years (*as per the 2010 data*) is well below the other emerging market economies such as China (8.17 years) and Brazil (7.54 yrs) and significantly below the average for all developing countries (7.09 years).

- **Steep dropout rate:**

Further, a matter of particular concern is the steep dropout rate after the elementary level. The sharp drop-off in enrolment at the middle school level and the increasing enrolment gap from elementary to higher secondary suggests that the gains at the elementary level have not yet impacted the school sector as a whole. Disadvantaged groups are worse off with the dropout rates for SCs and STs higher than the national average.

- **Very low student attendance rates:**

While enrolment levels at the elementary level are generally high, show that there is considerable variation across States in the percentage of enrolled students who are attending school on any given day during the school year. Of particular concern is that some of the most educationally backward States (UP, Bihar, MP and Jharkhand) have the lowest student attendance rates (below 60%).

- **Children from marginalized social categories continue to remain out of school:**

While there has been a decline in the percentage of out-of-school children (OoSC) across gender and social categories, Muslim, SC and ST children need greater and focused attention. The number of OoSC who are physically or mentally challenged remains a cause for concern. The proportion of disabled out-of-school children in 2005 was 34.19 per cent and remained unchanged at 34.12 per cent in 2009.

- **While PTR has improved, there remains imbalance in their deployment:**

There has been a substantial increase in the availability of teachers at elementary level during the past few years and if all the teacher posts sanctioned under both **Sarva Shiksha Abhiyan (SSA)** and State budgets are filled, **the pupil–teacher ratio (PTR) at the national level will almost be 27:1. The challenge**, however, lies in correcting the imbalance in teacher deployment.

- **Teachers without professional qualifications:**

Another **serious challenge** is the presence of teachers without professional qualifications approved by the National Council of Teacher Education (NCTE), as is required under the RTE Act. There are about 8.1 lakh untrained teachers in the country with four States—Bihar, UP, Jharkhand and West Bengal—accounting for 72 per cent of them.

- **Schools lacking in necessary infrastructure:**

Under SSA, the country has seen massive infrastructure development at the school level. Apart from opening over 3 lakh new schools, SSA has also provided basic facilities in existing schools. There are still a large number of schools which do not have these minimum facilities. *(Only 4.8 per cent government schools have **all nine facilities** stipulated in the RTE Act, approximately one-third of the total schools have up to seven facilities, and about 30 per cent schools do not have even five of these facilities. Keeping in view the RTE stipulations, these facilities have to be provided in all schools in a time-bound manner.)*

- **Very poor learning outcomes:**

The **biggest concern** in elementary education, however, is **the poor level of student learning**—both scholastic and co-scholastic/non-cognitive. Evidence suggests that learning outcomes for children in Indian schools are far below corresponding class levels in other countries, and that the learning trajectories for children who remain in school are almost flat.

At the heart of the issue of quality are the weak teaching processes and transactions between teachers and learners that are neither child-friendly nor adopt child-centred approach to curriculum.

Similar challenges of quality of learning also exist at the secondary and higher education levels. Dropout rates in secondary and higher education continue to be high, especially for socially excluded and economically marginalised groups of learners.

Poor quality of education resulting in weak learning outcomes at each stage of education is the central challenge facing the Indian education sector today. Improving learning outcomes is crucial for inclusive growth and, therefore, a major focus of the Twelfth Plan will be on measuring and improving learning outcomes for all children, with a clear recognition that increasing inputs (number of schools, classrooms, teachers and so on) will by themselves not be enough to ensure quality education for all children.

The quality of teachers and, even more important, their motivation and accountability will need to be improved. Many of the children who are presently in school are first-generation learners, and these children need supplementary instruction. This is not easy due to shortage of qualified teachers in many schools across the country. New and innovative approaches such as **multi-grade learning**, which has been successfully tried in **Tamil Nadu**, could be adopted in such cases.

Privatisation of School Education not a viable alternative – Prof. Amartya Sen and Prof. Jean Dreaze

Prof. Amartya Sen and Prof. Jean Dreaze have been quite critical of the **government's excessive reliance on private sector or privatization of school education**. While they appreciate the reasons for such a trend, they do not consider privatization of school education a viable alternative. They are of the view that private schools do offer an alternative opportunity, but that can not in any way take away the role that the state schools are meant to

play, and have played in the educational transformation of most countries in the world. They say that Sri Lanka with its huge lead over India in social indicators, particularly in school education and literacy, is a good example for Indian policy planners to take inspiration from. There private schools are virtually absent – and have in fact been prohibited since 1960s.

They have observed that private educational institutions have been **very extractive** and therefore not affordable to a common man. It goes contrary to the slogan of inclusive development. Since the poor people have to send their wards to government schools, the deteriorating quality of education in state-run institutions does not help. It goes against the principle of equality of opportunity. There is hardly any proper regulation and monitoring of quality of education being imparted in such schools.

Secondly, since in such institutions generally most of the children are first generation learners, they require supplementary teachings and guidance. Schools cannot provide supplementary teachings as they lack adequate teaching staff for the purpose. Back home also the children cannot get the same since their parents are mostly illiterate and also poor.

Thirdly, according to Prof. Sen and Prof. Dreeze, perhaps the most hidden penalty of greater reliance on private schools is that it tends to take away from the state schools the children of precisely those parents who are likely to contribute most to the critiques and demands that could make state schools more responsible and accountable. Now the state schools are left with only such children whose parents are fully preoccupied with meeting their ends meal and have little competence to understand the deteriorating quality of education and the related issues.

Fourthly, even private schools suffer from a number of limitations in terms of their commitment to quality education. Apart from the problem of affordability, there is hardly any mechanism to test what the private schools are actually delivering (particularly in comparison with what they promise to deliver).

12th Plan Strategy for Elementary Education

1. Shift from a **project-based approach** of SSA to a **unified RTE-based governance system** for UEE;
2. Address residual access and equity gaps in elementary education by adopting special measures to ensure **regular attendance** of children in schools and devising special strategy to tackle the problem of dropping out before completing the full cycle of elementary schooling;
3. **Integrate pre-school education with primary schooling** in order to lay a strong foundation for learning during primary school;
4. **Prioritise education quality** with a system-wide focus on learning outcomes that are assessed through classroom-based CCE independently measured, monitored and reported at the block/district/State levels;
5. **Focus on early grade supplemental instruction** to ensure that all children achieve the defined age-/class-specific learning levels by the end of class 2;
6. **Articulate clear learning goals** that have to be achieved by the end of each class or set of classes. These goals should be understood by parents and teachers;
7. **Improve teacher training** with an emphasis on effective pedagogy given the realities of Indian classrooms such as multiage, multi-grade and multi-level contexts. Also, make teachers' professional development a needs-driven process as opposed to top-down decision wherein curriculum design and delivery is centrally driven;
8. Invest in both top-down administrative oversight and bottom-up community-driven monitoring of schools;
9. Focus on strengthening practices of good governance in all schools and related institutions that ensure performancebased internal and external accountability for teachers and administrators at all levels and also ensure holistic assessmentdriven development of schools;
10. Invest in strengthening ongoing and continuous field-based systems of academic support to schools and teachers and in strengthening district and block-level capacity for better management and leadership;

11. Support States to set learning goals and invest in independent monitoring of outcomes, but provide States with substantial autonomy in how to achieve these goals, and provide additional results-based financing to States who show the most improvement in educational outcomes;
12. Provide a supportive environment for evaluation of innovative practices, and sharing of best practices across States and districts;
13. Support States towards motivation, capacity development and accountability of community and parents for ensuring regular attendance and quality education; and
14. Ensure **convergence with panchayats, CBOs and other sectors** at school level.

Skill Development

Labour Force Skills and Training

Improved training and skill development has to be a critical part of the employment strategy. Both the 10th and the 11th Plans noted the large gap between the number of new entrants to the labour force and inadequate availability of seats in vocational and professional training institutes.

The 11th Plan also identified various sectors with prospects for high growth in output, and for generation of new employment opportunities. Accordingly, the 11th Plan aimed, inter alia, at launching a **National Skill Development Mission** which would bring about a paradigm change in handling 'Skill Development' programmes and initiatives.

The Skill Development Mission has been launched to skill at least 50 million individuals by the end of the 12th Plan.

Skill development programmes in the past have been run mainly by the government, with insufficient connection with market demand. To ensure that skills match demand, special efforts are needed to ensure that employers and enterprises play an integral role in the conception and implementation of vocational training programmes, including managing Industrial Training Institutes (ITIs) and in the development of faculty.

An enabling framework is needed that would attract private investment in Vocational Training through PPP. We should try to optimise on the respective strengths of the public and private sector entities engaged in skill development. Mobilising the required investments, setting up first rate ITIs, ensuring efficiency in operations and management and enabling post-training employment will be the primary responsibilities of private sector entities while the government will provide the enabling framework and the requisite financial support especially in respect of SC, ST, Minorities and differently-abled persons and other deprived sections of society.

Subsequently, the Union Cabinet approved a **Coordinated Action Plan for Skill Development**, which envisaged a target of **500 million** skilled persons **by 2022**.

A three-tier institutional structure consisting of has been set up to take forward the **Skill Development Mission**, which is as follows:

1. The Prime Minister's National Council on Skill Development,
2. The National Skill Development Coordination Board, and
3. The National Skill Development Corporation,

Prime Minister's National Council on Skill Development

The Prime Minister's National Council on Skill Development was set up as **an apex institution** for policy advice, direction, and review.

The Council is chaired by the Prime Minister with ministers for Human Resource Development, Finance, Heavy Industries, Rural Development, Housing and Urban Poverty Alleviation, and Labour and Employment as members. Deputy Chairman, Planning Commission, Chairperson of the National Manufacturing Competitiveness

Council, Chairperson of the National Skill Development Corporation, and six experts in the area of skill development are its other members.

The Council has endorsed a vision of creating 500 million skilled people by 2022 through skill systems, which must have high degree of inclusiveness in terms of gender, rural/urban, organized/unorganized, and traditional/contemporary.

The Council will lay down the overall, broad policy objective, financing, and governance models and strategies relating to skill development, review the progress of the scheme and guide mid-course correction, including addition and closure of parts or whole of any particular programme or scheme, and coordinate public/private sector initiatives in a framework of collaborative action.

The strategy to achieve such skill systems will depend upon innovative mechanisms for delivery through the Central Government, states, civil society, community leaders, and PPPs.

National Skill Development Coordination Board (NSDCB)

The NSDCB has been set up under the Chairmanship of Deputy Chairman, Planning Commission, with secretaries of ministries of Human Resource Development, Labour and Employment, Rural Development, Housing and Urban Poverty Alleviation and Finance as members. Secretaries of four states by rotation, for a period of two years, three distinguished academicians/subject area specialists are the other members. Secretary, Planning Commission is the member secretary of the board.

The Board is expected to enumerate strategies for implementing the decisions of the Prime Minister's National Council on Skill Development and develop appropriate operational guidelines and instructions for meeting the larger objectives of skill development.

A State Skill Development Mission (SSDM) is also expected to be established in each state.

National Skill Development Corporation (NSDC)

The third tier of the coordinated action on skill development is NSDC, which is a non-profit company under the Companies Act with an appropriate governance structure. As mandated by the **National Policy on Skill Development**, NSDC will make periodic as well as annual reports of its plans and activities and put them in the public domain. The Corporation is expected to meet the expectations of the labour market, including the requirements of the unorganized sector.

The Central Government has created a **National Skill Development Fund (NSDF)** with an initial corpus of Rs 995.10 crore for supporting the activities of the corporation. The corpus of the fund is expected to go up to about Rs 15,000 crore as it is intended to garner capital from governments, public and private sectors, and bilateral and multilateral sources.

NSDC has been mandated to train about 150 million persons by 2022 under the National Skill Development Policy. With a view to achieving this target, a detailed plan of action has been worked out indicating inter alia, the key focus areas, organization structure, and strategic interventions in critical sectors of the economy. Three major proposals, notably of the Gems and Jewellery Export Promotion Council, the Confederation of Indian Industry, and Self-Employed Women's Association (SEWA), which aim at providing skill training to about 23 lakh people by the end of eight years with a total outlay of about Rs 246 crore have been given 'in-principle' approval.

National Skill Development System in India

The formulation of a **National Policy on Skill Development**, and the launch of the **Coordinated Action for Skill Development**, and the setting up of the **Prime Minister's National Council on Skill Development** and **National Skill Development Coordination Board (NSDCB)** have been important and mutually supporting initiatives.

While the Skill Development Policy provides an enabling environment, the Council and the NSDCB provide a mechanism for implementation at the highest level.

Mission

'National Skill Development Initiative will empower all individuals through improved skills, knowledge, nationally and internationally recognized qualifications to gain access to decent employment and ensure India's competitiveness in the global market'.

Objectives

- Create opportunities for all to acquire skills throughout life, and especially for youth, women, and disadvantaged groups
- Promote commitment by all stakeholders to own skill development
- Develop a high-quality skilled workforce relevant to current and emerging market needs
- Enable establishment of flexible delivery mechanisms that respond to the characteristics of a wide range of needs of stakeholders
- Enable effective coordination between different ministries, the Centre and states, and public and private providers

Coverage

- Institution-based skill development
- Formal/informal apprenticeship and other training by enterprises
- Training for self-employment/entrepreneurial development
- Adult learning, retraining, and life-long learning
- Non-formal training, including training by civil society organizations
- E-learning, web-based learning, and distance learning

Major functions of proposed NSDA (National Skill Development Authority)

1. To launch a National Skill Development Mission to, inter alia, skill 5 crore persons during the Twelfth Plan through appropriate strategies, including support to State Governments/State Skill Missions, and for active engagement with the private sector, NGOs and so on.
2. To lay down strategies, financing and governance models to expedite skill development activities and coordinate standards of skill development working in close coordination with regulators concerned like NCVT, AICTE, Sector Skill Councils, and so on.
3. To assist Central Ministries in enhancing their skill development capacities.
4. To act as a nodal agency for guiding State Skill Development Missions and providing funds to them to increase level of skill development activities.
5. To act as the nodal agency for the launch and operations of National Skills Qualifications Framework (NSQF) and keeping the NSQF constantly updated and ensuring its implementation of the same.
6. To monitor, evaluate and analyse the outcomes of various schemes and programmes relating to skill development through a technology-enabled national monitoring system, and suggest/initiate mid-course corrections, additions and closure of parts or whole of any particular programme/scheme.
7. Promote greater use of Technology in the area of Skill Development.
8. To oversee the advocacy campaign to ensure that aspirational aspect and enrolment in skill development programmes continue to rise.
9. To advise as well as take required measures in various matters related to skill development like training of trainers, apprenticeship training, assessment, accreditation, certification systems and national occupational standards and so on.
10. Discharge any other functions and assume any other responsibility related to skill development as may be assigned to it by the Government of India.
11. Overseeing and supporting the on-going skill development efforts of Central and State/UTs Ministries and Departments and ensure that the estimated training target of 5 crore during the Twelfth Plan is achieved.

Rural Development

Rural Development has been one of the major goals of development planning ever since the launch of First FYP in 1951. The thrust has always been on poverty alleviation. And, poverty alleviation is sought to be done through generating employment opportunities for the poor.

Accordingly, the development efforts have been directed in creating adequate livelihood opportunities and provision for a better quality life of the poor.

According to **2011 census**, **833 million** people continue to live in rural India. The **12th plan**, therefore, emphasizes on expansion of income opportunities in the farm sector and a progressive absorption into non-agricultural activity as one of the most potent weapon for reducing rural poverty.

Moreover, development and transformation of rural economy requires rapid expansion of employment and income opportunities (both on farm and off-farm) along with education, health and skill development as also laying down critical infrastructure in rural areas, such as rural connectivity, housing, electrification, drinking water supply, sanitation etc.

Thus, today India's battle against rural poverty is being fought on many fronts simultaneously, with major schemes tackling one or more aspects of the challenge.

The 11th Plan period saw a number of major new initiatives towards inclusive growth in rural India. The total budgetary allocation for all **rural development programmes** by the GoI in the 11th Plan was Rs.2,91,682 crores which accounted for **25 %** of the **total Central Budget Plan provision**.

Rural development programmes cover:

- **Employment programmes**, such as the MGNREGA and the SGSY/NRLM,
- **BHARAT NIRMAN** – an umbrella programme for various rural infrastructure development initiatives
- **Housing** via the Indira Awaas Yojana (IAY),
- **Sanitation** via the Total Sanitation Campaign (TSC),
- **Provision of drinking water** via the National Rural Drinking Water Programme (NRDWP),
- **Watershed development** via the Integrated Watershed Management Programme (IWMP),
- **Road connectivity** via the Pradhan Mantri Gram Sadak Yojana (PMGSY),
- **Electrification** via the Rajiv Gandhi Grameen Vidyutikaran Yojana (RGGVY), and
- **Social security** via the National Social Assistance Programme (NSAP), the Indira Gandhi National Widow Pension Scheme (IGNWPS), and the Indira Gandhi National Disability Pension Scheme (IGNDPS).

Based on a critical review of these programmes and their performance in the 11th Plan period, a number of **major new initiatives** have been proposed to be undertaken during the **12th Plan** period.

Rural Poverty Alleviation through Employment & Livelihood Security

Poverty reduction has been one of the major goals of development planning since independence and the planning process has been sensitive to the needs of the poor. Accordingly, the development efforts have been directed in creating adequate employment opportunities and livelihoods security for a better quality life of the poor.

There are two major interventions in this sphere:

1. MGNREGA, and
2. NRLM or Aajeevika

Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)

The Act was notified on 7 September **2005** and is aimed at **providing livelihood security** through **employment for the rural poor**.

The Experience So Far

The most significant rural development initiative of the Eleventh Plan period was the MGNREGA. Over the last 6 years, MGNREGA has delivered the largest employment programme in human history, which is unlike any other

in its scale, architecture and thrust. Its **bottom-up, people-centred, demand-driven, self-selecting, rights-based design** is new and unprecedented. Never have in such a short period so many crores of poor people benefited from a Government programme.

Achievements

- Over the last **6 years**, MGNREGA has generated more than **1,200 crore person-days** of work at a total expenditure of over `1,66,760 crores.
- The share of **SC/ST families** in the work provided under MGNREGA has been 55 % and 45 % of workers are **women**.
- **Average wages** of workers have gone up by **54 per cent** over the **last five years** and wages have now been so indexed that workers will be protected from the ravages of inflation.
- Nearly **10 crore bank/post office accounts** of our poorest people have been opened and around 80 per cent of MGNREGA payments are made through this route, an unprecedented step in the direction of financial inclusion.
- In many parts of the country, spectacular successes have been recorded in **water harvesting**.
- **Distress migration** has been arrested in several areas. Some State Governments have been leaders in this and the **National Consortium of Civil Society Organisations on MGNREGA** has also set up examples of excellent work.
- The **purchasing power** the programme created in rural areas and the operation of the Keynesian multiplier played a crucial role in generating demand for industry during the dark days of the recession and assisted in our comparatively faster emergence out of it.

Issue Areas:

▪ **Potential of MGNREGA as an instrument of rural transformation yet to be realized**

Despite achievements, there is no denying the fact that the true potential of MGNREGA **as an instrument of rural transformation** is yet to be fully realised. Since the programme marks a radical departure from earlier efforts of a similar kind, there have been many problems in infusing the system with the new culture of demand-driven, rights-based, decentralized decision-making.

The MGNREGA provides a historic opportunity for strengthening Panchayati Raj in India but the experience so far also alerts us to the need for doing much more in this direction.

▪ **The sheer large scale of the programme has made it unviable**

While there are problems that arise from the sheer scale of the programme new opportunities have arisen because of advances in Information Technology that allow us to get rid of inefficiencies and corruption in a manner quite inconceivable in the past. The MIS currently used by MGNREGA is already the best we have ever had. More than 8 crore muster rolls and over 12 crore job cards have been placed online. But there is huge scope for further improvement in **overcoming systemic delays** as shown by the software being used, for example, in **Andhra Pradesh**.

▪ **MGNREGA: Not sustainable, a kind of subsidy or charity, dependency of rural people will increase, not empowering**

The government believes such perceptions are misplaced ones. These are initial hiccups in implementation a programme of such vast scale. The 12th plan document suggests we need to view MGNREGA as a programme whose success will, in itself, pave the way for its downscaling.

A large proportion of MGNREGA workers are small and marginal farmers, the productivity of whose lands has been so decimated over the years, that they have been compelled to work under MGNREGA.

The real success of MGNREGA will lie in raising the agricultural productivity of millions of these farmers who will then be able to return once again to farming and will no longer need to depend on MGNREGA for their survival.

Therefore, urgent measures are required to convert MGNREGA into a productivity enhancing instrument that will also allay the **falsely perceived conflict between MGNREGA and agriculture**— for MGNREGA is the foundation for solving the problems of the poorest farmers of our country.

▪ **A potential source of conflict with Agriculture and rural livelihoods**

Ever since work on MGNREGA was **launched in 2006** there have been **two divergent perceptions** about its relationship with agriculture — one, as a **relationship of positive synergy** and the other, of **a potential source of conflict**.

The sources of synergy are many:

- The MGNREGA has led to **major increases in wages of rural workers** and when we recognise the fact that the majority of MGNREGA workers are impoverished small and marginal farmers, especially in our tribal areas, we can see **the direct impact MGNREGA has made on raising incomes of our small and marginal farmers**.
- In fact, a comprehensive time series of rural wage data—both agricultural and non-agricultural— put together by the Ministry of Statistics and Programme Implementation indicates that **the advent of MGNREGA has resulted in a significant structural break in rural wage increases**.

*(Between 1999 and 2005, **pre-MGNREGA**, nominal wages in the rural economy grew at an average annual rate of **2.7 %** (year on year average). **Post- MGNREGA**, the rate of average wage increases almost quadrupled to **9.7 %** between 2006 and 2009.*

*And between Jan. 2010 and May 2011, annual nominal wage growth averaged almost **18.8 %**. Since Jan. 2010, agricultural wages rose **20.2 %** over year ago, while non-agricultural rural wages increased **16.7 %** over year ago.)*

- Further, the **tightening of the labour market** post-MGNREGA is a **positive indicator of poverty alleviation** and also **signals a pressure for technological advances** that raise farm productivity in areas of relative labour shortage. This is the process of agrarian transformation the world over.
- More importantly, since a very large proportion (80%) of the works under MGNREGA are also focused on **soil and water conservation** on the lands of the small and marginal farmers, it is clear that MGNREGA is **making a potential contribution to raising their incomes through improved agricultural productivity**, and also reducing the need for small and marginal farmers to continue to work on MGNREGA sites.
- Studies conducted by IISc, Bangalore; *Indian Institute of Forest Management*, Bhopal; *Administrative Staff College*, Hyderabad and *University of Agricultural Sciences*, Bangalore have all concluded that MGNREGA works have had a positive impact on agricultural productivity.
- In one of the studies conducted in Chitradurga district of Karnataka, IISc found that MGNREGA works, besides enhancing agricultural productivity, successfully reduced water, soil and agricultural vulnerability.

A potential source of conflict:

The plan document believes that such perception of conflict between MGNREGA and agriculture is based on a number of misconceptions and exaggerations. Such a perception is due to –

- Tightening of the labour market and making availability of labour for agriculture cultivation difficult;
- Since a large number of MGNREGA workers are marginal and small farmers, it has adversely affected agriculture.

Let us first remember that the average annual person-days of work generated under MGNREGA since inception has never exceeded 54 days. Surely this in itself indicates the critical but still small and supplementary nature of this employment for our self-selecting poorest people. And if we closely examine the question of seasonality of this work, an analysis of the quantum of MGNREGA works provided across the year indicates a powerful seasonal fluctuation, with **a disproportionately higher share of works being done during the off-season in agriculture**.

The month-wise employment data under MGNREGA during FY 2010–11 indicates that it is in the lean agricultural season (January–June), that around 70 per cent of person-days of work were generated.

▪ **Other issues that have emerged out of its design and implementation are:**

- ✓ **Lack of flexibility with respect to choice of work,**
- ✓ **does not result in creation of durable and valuable assets,**
- ✓ **poor quality work,**
- ✓ **not truly 'demand-driven' work,**
- ✓ **not-so-successful in preventing distress migration**

Such problems are being attributed to the following factors:

- rigid design of the programme does not give the implementing agencies adequate work choices
- states lacking in effective system of recording demands
- lack of awareness among wage seekers
- the approach of 'jab kaam khulega, tab kaam milega'

The government has responded to such issues and problems by taking up new initiatives under the 12th FYP that also includes redesigning, issuance of new guidelines, establishing new systems etc:

- Expanded List of Works:

The Twelfth Plan proposes to allow the largest possible number of works which help strengthen the synergy between MGNREGA and agriculture without compromising on the fundamental features of the Act or its architecture. Such expansion has been allowed in response to demands of the States for greater location-specific flexibility in permissible works, as also to help improve the ecological balance in rural India and provide a cleaner, healthier environment to its people.

In response to each of these demands, Schedule I of the Act has been modified to provide an additional list of permissible works under MGNREGA. Some of these works are new but many of them come within the category of works already permitted under MGNREGA.

Many of these activities entail a **higher material component** but it must be ensured that in the final mix of activities chosen by the Gram Panchayat, the overall **labour-material ratio** in each Gram Panchayat is maintained at **60:40**. The selection of more material-intensive works and their number must be done within this overall constraint.

While taking up works under MGNREGA, the following conditions will need to be followed:

- ✓ Only those works to be taken up that result in creation of durable assets
- ✓ The order of priority of works will be determined within the GP
- ✓ 60:40 ratio for labour:material costs should be maintained at the GP level
- ✓ No contractors/labour-displacing machinery to be used Strengthening the Demand-driven Character of MGNREGA

- System to generate awareness among wage-seekers, facilitate and rigorously record registration for work, issuance of job cards and application for work:

The single most important distinguishing feature of MGNREGA from the previous employment programmes is that provision of work is triggered by the demand for work by wage-seekers and provided as their legal right. All previous employment programmes provided work when governments decided to provide work, not when people demanded work. MGNREGA is to change that.

The old practice of '**jab kaam khulega, tab kaam milega**' has to be changed to '**jab kaam maangege, tab kaam khulega**'.

This requires that we pay very close attention to generating awareness among potential wage-seekers and **set up systems** that facilitate and rigorously record registration for work, issuance of job cards and application for work. The major weakness so far has been that States have not set up effective systems of recording demand.

The new MGNREGA Guidelines in operation from the Twelfth Plan take major steps to overcome this weakness. For instance,

- Preparation of annual 'Labour Budget' and presentation before Gram Sabha:

A unique feature of Mahatma Gandhi NREGA is its demand-driven character. But before we begin to **record demand** we need to make a **prior assessment of the quantum of work** likely to be demanded as also ascertain

the timing of this demand. Concomitantly, we need to prepare a **shelf of projects** that would allow us to meet this demand.

This matching of demand and supply of work is **the process of planning** under MGNREGA and this is to be achieved through **the preparation of a 'Labour Budget'**, which has two sides—

1. assessment of **quantum** and **timing** of demand for work and
2. preparing a **shelf of projects** to meet this demand in a timely manner.

A '**Labour Budget**' must, therefore, reflect

1. Anticipated quantum of demand for work
2. Precise timing of the demand for work, and also
3. A plan that outlines the quantum and schedule of work to be provided to those who demand work

This is the only way work-providers can open work in a manner that **is synchronised with the pattern of migration** in that area so as to **preempt distress migration**.

It must also be incumbent upon work-providers to **proactively inform work-demanders well in advance about the schedule of work** to be provided so that they do not need to migrate in distress.

These plans are currently supposed to be presented for approval only at the Gram Sabha on 2nd October each year. This is far too late **to prevent distress migration** because decisions on migration are normally taken in the monsoon season. In the absence of a timely work guarantee, many are likely to migrate after the harvest of the kharif crop. It is important, therefore, for the GP to inform potential workers of available employment and the timing of this employment well in advance of the kharif harvest. With effect from the 12th Plan, **annual plans** will be presented by the **Gram Panchayat** at a **Gram Sabha meeting** to be held by **15th August**.

As demand gets better recorded, there needs to be a corresponding increase in supply of work. This requires **strengthening of capacities at the cutting-edge level of implementation**.

Unfortunately, **the main implementing agency under MGNREGA, the Gram Panchayat**, is badly lacking in capacities to plan and implement **high quality works** under MGNREGA. This is also the **missing 'F' (functionaries)** which could galvanise PRIs, especially Gram Panchayats, as the bedrock of Indian democracy.

- '**Capacity building' for planning for an Adequate 'Shelf of Projects'**:'

Beginning with the Twelfth Plan, **each Block** will appoint a **full-time Programme Officer** for MGNREGA. It will not be good enough for BDOs or other block officers to be given 'additional charge' for the programme.

It has also been decided that blocks, where either scheduled castes plus scheduled tribes form greater than or equal to 30 per cent of the population or the annual MGNREGA expenditure was more than `12 crores in any year since the programme started, will mandatorily have at least **three Cluster Facilitation Teams (CFT)**, each of which will service a **Cluster of Gram Panchayats (CGP)**, being accountable to each GP within their Cluster. Each CGP will cover around 15,000 job cards or an area of about 15,000 ha, broadly corresponding to the boundaries of a milli-watershed and local aquifer.

*(The CFT will comprise a fully dedicated, three-member professional support team for MGNREGA. The CFT will be a multidisciplinary team led by an **Assistant Programme Officer (APO)** and will comprise specialists in earthen engineering, community mobilisation, hydrogeology, agriculture/ allied livelihoods.)*

This will enable more professional planning based on the watershed approach aimed at improved land and water productivity. Reducing Delays in Wage Payments

▪ **Delays in wage payments**

Delays in wage payments have emerged as **one of the main weaknesses of MGNREGA** over the last six years. According to section 3(3) MGNREGA, *'It is essential to ensure that wages are paid on time. Workers are entitled to being paid on a weekly basis, and in any case within a fortnight of the date on which work was done.'*

Thus, MGNREGA 2.0 specifies a **payments schedule** that will need to be followed and tracked using a '**transactions-based MIS**'.

- **A payments schedule that will be followed and tracked using a transactions-based customised MIS:**

States must effectively track delays in payment so that effective remedial action can be expeditiously taken when delays are spotted. For this States must **develop a customised MIS** that enables better tracking of delays.

The best example before us is the transaction-based MIS along the lines implemented in Andhra Pradesh.

The Andhra model: *The tightly integrated, end-to-end computer network in Andhra Pradesh identifies delay in execution of any work registered online and takes corrective action immediately. The measurement sheets and muster rolls of the week's work are compiled on the sixth day of that week and transmitted to the Mandal (sub-block) computer centre. The next day, the muster data is fed into the computer and on the eighth day pay orders generated and cheques prepared. By the tenth day, cheques are deposited into post office accounts of workers. By the thirteenth day, workers are able to access wages from their accounts.*

- **Free availability of payment information facilitates public scrutiny and transparency:**

Use of such real-time technologies to enable **online updation of critical data** at each stage of the MGNREGA workflow is now being facilitated by the Centre for each State. States need to urgently identify the connectivity and hardware bottlenecks so that these can be removed.

Besides, State Governments should also undertake **business process re-engineering** of all activities starting from capturing attendance to the end-point payment of wages in order **to improve efficiency of implementation of MGNREGA**. States should do away with redundant processes/records which contribute to delay in payments.

States should closely monitor all the **critical activities**:

- ✓ closure of muster roll,
- ✓ capturing measurements,
- ✓ generating pay-order,
- ✓ issuance of cheque and pay-order to paying agency,
- ✓ transfer of cash to sub-agency (Branch Post Office/ Business correspondent) and
- ✓ wage disbursement to workers.

Timelines for each activity should be clearly laid out against the concerned MGNREGA staff/agency responsible for meeting the timelines. Non-adherence to stipulated timelines should be penalised and the states should levy penalties on MGNREGA staff or agency responsible for any delay in wage payments. An **accountability matrix** will be used to track the inefficiencies in delay in wage payments and disciplinary/ punitive actions shall be initiated accordingly.

- **Constituting an integrated fund management system called e-FMS:**

An important cause for delay of wage payments is also non-availability of sufficient funds at district/block/GP level. In some districts/blocks/GPs there is shortage of MGNREGA funds, while in others there is a surplus. Once the MGNREGA fund is allotted to a district/block/GP, it is very difficult to perform transfers of the fund across district/block/ GP. Fund allocation hence becomes an arduous task in implementation of MGNREGA.

To tackle this problem, **MGNREGA 2.0** proposes **an integrated fund management system** called **e-FMS (Electronic Fund Management System)** which ensures that the MGNREGA fund is not excess or deficient at any level. Under e-FMS, the MGNREGA fund is a centrally pooled fund managed at state level. The users, that is, GP at village level or Programme Officer at Block level or DPC at district level, all across the State, are the users of this centralised fund and will have access to this pooled fund (with certain restrictions). The users can now undertake only electronic transactions through the centralised fund, for the purpose of wage/material/administrative payments as per the actuals (with certain ceilings). All electronic transfers are realised in a span of 24 hours. Based on this principle of centralised fund and decentralised utility, the e-FMS ensures timely availability of funds at all levels and transparent usage of MGNREGA funds. This improves efficiency of the programme on the whole and also has a multiplier effect on timely delivery of wage payments.

- **Strengthening Banks and Post Offices:**

Another inadvertent source of delays has been the decision by Government for MGNREGA payments to be made through banks and post offices. While this has led to a palpable reduction in leakages, the lack of sufficient density of banks/Pos and lack of adequate personnel manning them, has emerged as **a major bottleneck**, especially in remote, tribal areas, contributing to delays in wage payments.

- **Adoption of the 'Business Correspondent' (BC) model:**

The Business Correspondent (BC) model is one way to overcome these problems. In order to strengthen the viability of the BC model, the Ministry of Rural Development (MoRD) has written to all States asking them to **appoint BCs** through a transparent process of selection with `80 per active account per year to be absorbed under the **6 % administrative expenditure** head of MGNREGA. This is an interim measure that will help BCs overcome teething problems before they mature to self-sustaining viability as their business expands.

- **Making provision for electronic transfer of data files to banks:**

A major point of delay has been the crediting of workers' bank accounts as this involves physical movement of cheques and wage lists from the GP to the bank after which banks are required to feed in details of the bank accounts of wage earners once again.

To make this transaction seamless, MoRD has worked with five banks in four States (Orissa, Gujarat, Rajasthan and Karnataka) to successfully **develop electronic transfer of data files to banks**. This solution is now being taken up in other States also and should be in place by the second year of the Twelfth Plan in all States. This will reduce the time taken in crediting accounts of workers.

▪ **Large number of Complaints of Corruption**

Given the large number of complaints of corruption, MGNREGA 2.0 pays great attention to strengthening **both** preventive and ameliorative measures to address the issue.

- **Better Social Audits, Performance Audit, Vigilance and Grievance Redressal**

Social Audit: Whereas in **Andhra Pradesh**, social audits have been institutionalised by State Governments, they have worked very well. They have proved a great check on corruption and large recoveries have also been made. Under MGNREGA 2.0, the **MoRD has notified Social Audit Rules** that mandate the establishment of a **Social Audit Unit (SAU)** to facilitate conduct of social audit by Gram Sabhas.

This Social Audit Unit can be either a Society or a Directorate, in each case independent of the implementing departments/agencies. The Social Audit Unit shall be responsible for building capacities of Gram Sabhas for conducting social audit by identifying, training and deploying suitable resource persons at village, block, district and State-level drawing from primary stakeholders and other civil society organisations having knowledge and experience of working for the rights of the people. The SAU will create awareness amongst the labourers about their rights and entitlements under the Act and facilitate verification of records with primary stakeholders and work sites. All States have agreed that they will immediately initiate this process and social audit will first be completed in all Gram Panchayats in one selected block in every State.

- **Uploading photographs of works on website:**

States are now **required to upload photographs of works** at different stages of execution through the Ministry's software **NREGASoft**.

- **Aadhar number to be used for payments:**

A pilot project has been launched in the **Ramgarh district in Jharkhand** for **use of the Aadhaar number for biometric based authentication of payments to MGNREGA workers**. The Aadhaar number along with the job card number will be now part of the MIS to help eliminate non-genuine and duplicate job cards.

- **Performance Audit of CAG to complement Social Audit:**

Complementing social audit will be audit by the CAG. All expenditure on all schemes of the Ministries of Rural Development and Drinking Water Supply and Sanitation have now been opened up to audit by the C&AG both at the Centre and in the States. This will be irrespective of the implementing agency and will include not only **financial audit and compliance audit** but also performance audits with regard to these schemes. To begin with performance audits of MGNREGA will be taken up in 12 States—Assam, Andhra Pradesh, Bihar, Chhattisgarh, West Bengal, Jharkhand, Madhya Pradesh, Rajasthan, Gujarat, Maharashtra, Orissa and Uttar Pradesh.

- **Constituting a 3-tier vigilance mechanism:**

All States will also make an arrangement for **a three-tier vigilance mechanism** to proactively detect irregularities in the implementation of the Act and to follow up detected irregularities and malfeasance, including those

identified during social audit, and ensure that the guilty are punished and recoveries of misspent funds duly made. At the State level there will be a **Vigilance Cell** (consisting of a **Chief Vigilance Officer** who could be either a senior Government officer or a retired officer supported by at least **two senior officials** (serving or retired), **one engineer and an auditor**).

- **Elaborate steps to institute transparency, proactive disclosure and grievance redressal have also been put into place under MGNREGA 2.0.**

- **It has also been decided that the following will be considered offences punishable under Sec.25 of the Act:**

- ✓ Job cards found in the possession of any Panchayat or MGNREGA functionary
- ✓ Missing entries or delay in entries in the Job Card
- ✓ Refusal to accept applications and provide dated receipts
- ✓ Unreasonable delays in measurement of works
- ✓ Unreasonable delays in payment of wages
- ✓ Failure to dispose of complaints within seven days

- **Strict limitations on administrative expenses:**

Limitations have also been imposed on administrative expenses, which form **a maximum of 6 per cent** of expenses under MGNREGA. At least **two-thirds of the expenses** admissible under this head will be spent at the block level and below.

The following items shall under no condition be booked under the administrative costs of MGNREGA:

- New vehicles
- New buildings
- Air-conditioners
- Salaries/remuneration/honoraria of functionaries who are not exclusively or wholly dedicated to MGNREGA work

National Rural Livelihoods Mission (NRLM-Aajeevika)

NRLM is the restructured form of the **Swarnjayanti Gram Swarozgar Yojana (SSGSY)** that was launched in **April 1999** after restructuring the **IRDP and allied programmes**. It is a holistic self-employment programme aimed at providing sustainable income to rural BPL families.

Now renamed as **Aajeevika** to implement it in a **Mission mode** and in a **phased manner** for targeted and time-bound delivery of results, the main features of NRLM are as follows:

- ✓ Social mobilization
- ✓ Institution building
- ✓ Financial inclusion
- ✓ Livelihoods promotion
- ✓ Convergence & partnerships

Mission: "To reduce poverty by **enabling the poor house-holds to access gainful self-employment and skilled wage employment** opportunities resulting in appreciable improvements in their livelihoods on a sustained basis, through building strong and sustainable grassroots institutions of the poor".

Goal: "Every family in the rural areas should be out of abject poverty and enjoy a decent quality of life."

Main components of NRLM:

- ✓ Universal social mobilization through **formation of SHGs** under NRLM. This will ensure that at least one member of each rural BPL household, preferably woman member is brought under the **SHG net**.
- ✓ With a view to form strong People's institutions, NRLM focuses on **setting up federations of SHGs** from village panchayat to district levels.
- ✓ The goal of universal financial inclusion will be furthered through **linking the SHGs with banks**;
- ✓ **Capacity building and training** will be the most important part of the programme;

- ✓ **Provision of revolving fund, capital subsidy, interest subsidy** to the SHGs to supplement their **group corpus**

Issues/Limitations of SGSY:

Launched in 1999 the cornerstone of the SGSY strategy was that the poor need to be organised and their capacities built up systematically so that they can access self-employment opportunities. In the 10 years of implementing SGSY, there is a widespread acceptance in the country of the need for poor to be organised into **SHGs** and **SHG federations** as a **prerequisite for their poverty reduction**.

Radhakrishna Committee on Credit Related Issues under SGSY (2009) made the following findings:

- **Most of the SHGs remain crowded in low productivity, primary sector activities:**

This was a major problem identified by the Committee, whereas the success of the programme depended on **raising their abilities to diversify into other high productive activities**. Even in the better performing state of **Andhra Pradesh**, the income gain to a swarozgari from enterprise activities under SGSY was a mere Rs.1,228 per month. The small income gain was due to low productive, traditional activities in which they were engaged and due to low absorption of technology.

- **Very poor credit-subsidy ratio:**

The Committee argued that nearly **two thirds of the total funds were given out as subsidy, thus making the whole programme subsidy-driven**. The subsidy disbursed under SGSY was `12,900 crore, while credit mobilised was `27,800 crore, that is a **credit-subsidy ratio of only 2.15:1, much below the target ratio of 3:1**. This was partly due to the failure to strengthen the demand side by improving the capacity of the poor to absorb credit for income generating activities. But it was also due to supply side failures. Financial services did not have the systems and procedures suited to the poor.

- **Poor utilization of funds for training and capacity building:**

Only 6 per cent of the total SGSY funds were utilised for training and capacity building during the past decade. Ill-trained groups under SGSY were a severe handicap in moving towards the Eleventh Plan goal of inclusive growth. Training is of vital importance in the management aspects of running both SHGs and their federations, as well as in improving existing livelihood options and also adopting new ones. It is very important to recognise as argued by the **Radhakrishna Committee** 'that **prior to SHG-Bank Linkage**, substantial preparatory work needs to be done for bringing the poor together **through a process of social mobilisation, formation of sustainable SHGs and training them to pool their individual savings into a common pool** for lending it among the needy. It also includes equipping them with skills to manage corpus fund created with their own savings, interest earned from lending and revolving fund contributed by the government'.

- **Very uneven distribution of SHGs across regions:**

This is another defining feature of SGSY, with the southern states, which account for 11 % of the rural poor having 33 % of the SHGs, while the northern and north-eastern States, which account for more than 60 % of the rural poor having only about 39 % SHGs.

It was in the backdrop of these limitations of the SGSY that the Gol approved **restructuring of SGSY** as the **NRLM** and launched the same in **June 2011**.

NRLM under the 12th Plan:

Even as a reformed MGNREGA 2.0 gets underway, during the Twelfth Plan, it is the NRLM that **will emerge as the centerpiece of India's battle against rural poverty**.

NRLM has been **designed to overcome the limitations of SGSY**.

The foundation of water infrastructure and agrarian stability provided by MGNREGA will be harnessed to generate sustainable livelihoods for the poor through the NRLM, which will work simultaneously on **5 critical dimensions of rural livelihoods and human development**:

1. Strengthening the package of credit-cum-technology support to strengthen rural livelihoods
2. Empowering institutions of the poor that will fundamentally alter the balance of power in rural India
3. Facilitating the poor to compete on more equal terms in the market so that they can derive real benefits from the new opportunities opening up in rural India (rather than being at their receiving end)
4. Improving the quality of human development programmes such as drinking water, sanitation and housing by making higher private investments possible through a credit component being added to the subsidies being currently provided
5. Imparting the much needed skills to the rural population to meet the demands of both the growing rural and urban economies and ensuring placement of skilled workers in appropriate jobs

NRLM: New Directions

▪ **Phased Implementation:**

The SGSY experience is yet another instance of the ‘**universalisation without quality**’ (U w/o Q) syndrome that has plagued many rural development initiatives in the recent past. The NRLM has been designed to be implemented in a phased manner specifically keeping this experience in mind to ensure quality of outcomes and to avoid spreading resources too thin, too quickly.

In each phase, select districts and blocks will be identified by each state for intensive implementation of NRLM activities. The ‘**intensive blocks**’ that are taken up for NRLM implementation would be provided a full complement of trained professional staff to undertake a whole range of activities under the key components of the Mission:

- ✓ Building institutions of the poor
- ✓ Promotion of financial inclusion
- ✓ Diversification and strengthening of the livelihoods of the poor
- ✓ Promotion of convergence and partnerships between institutions of the poor and the government and non-government agencies
- ✓ Promotion of skills and placement support
- ✓ Support for livelihoods and social innovations

▪ **Block Level Professional Support:**

The lack of quality in SGSY outcomes had a great deal to do with absence of high quality professional support at the block and sub-block level for undertaking intensive social mobilisation, institution building, capacity building, financial inclusion and promotion of multiple livelihoods of the poor. Under NRLM a special provision will be made for this and the professional support costs incurred at the block/ sub-block levels will be treated as costs of institution and capacity building and not as administrative costs. In the phased approach adopted under NRLM, the block-level professionals will move from one block to another after promoting and nurturing community institutions of the poor for a certain period. Gradually, the trained **community resource persons (CRPs)** would take over the responsibility of the institutions from the professional staff, whose costs would be progressively absorbed by the institutions as they grow financially stronger. The professional support costs of NRLM will progressively diminish with the increase in the use of CRPs. Skill Development and Placement in Jobs

▪ **Skilling rural poor youth:**

A major focus of the NRLM is **skilling rural poor youth**. This is both for self-employment in microenterprises and job placement given emerging widespread employment opportunities at the entry level in high growth sectors like textiles, construction, hospitality, retail, security, automobile, health services and so on. The services provided by NRLM in the ‘**jobs**’ sub-component will include:

- Mapping the demand for jobs;
- Skill development/training;
- Counselling youth by matching their aspirations and existing skill set with demand;
- Placement and post-placement support.

NRLM will aim at supporting 1 crore youth in the 12th Plan in this manner.

Development of Critical Infrastructure in Rural Areas

Development of critical infrastructure in rural areas is sought to be laid down through the BHARAT NIRMAN programme, which is an over-arching umbrella like programme that encompasses a number of interventions.

BHARAT NIRMAN

The “Bharat Nirman”, launched by Government of India during 2005-06, is an over-arching programme to build infrastructure especially in rural India. This flagship development programme of Government of India, was a time-bound business plan implemented in partnership with State Governments and PRIs over a period of four years from 2005-06 to 2008-09. The programme had **six components** with the following goals:

1. **Rural housing:** 60 lakh houses to be constructed for the rural poor all over the country. It is being done under IAY.
2. **Rural connectivity:** Every habitation over 1,000 population in general and above 500 in hilly and tribal areas in particular to be connected with all-weather roads. It is being done under PMGSY.
3. **Rural electrification:** Every village to be electrified. It is being done under RGGVY.
4. **Rural water supply:** Every habitation to have a safe source of drinking water. In addition, all habitations, which have slipped back from full coverage to partial coverage due to failure of source, and habitations, which have water quality problems, to be provided with sustainable source of safe water supply. It is being done under NRDWP.
5. **Rural telecommunication connectivity:** Every village to be connected by telephone.
6. **Irrigation:** 10 million hectares of additional irrigation capacity to be created in the country.

RURAL HOUSING

Allied to the initiatives on rural livelihoods, are a number of significant steps towards improving basic amenities in rural India, the most important of which is housing.

Indira Awaas Yojana (IAY)

One of the six components of BHARAT NIRMAN program has been providing shelter to rural poor. Indira Awas Yojana (IAY), which has been in operation since 1985-86, has been brought under Bharat Nirman umbrella. A flagship scheme of the MoRD, it seeks to provide houses for BPL families in rural areas. Under the scheme financial assistance is provided to the BPL households in the rural areas for construction of dwelling units. **Since its launch in 1985, nearly 285 lakh houses** have been constructed with an expenditure of about Rs. 84,234 crore.

- The funding of IAY is shared between centre and states in the ratio 75:25.
- Construction of the dwelling unit is the sole responsibility of the beneficiary.
- Convergence of various centrally sponsored schemes has been done with IAY, such as RGGVY, TSC, Janshree Bima Yojana, Aam Aadmi Bima Yojana, DRI Scheme etc.

IAY during the 11th Plan Period

Over the years, there have been important revisions in the scheme and related institutional processes for making IAY accessible to the poorest in rural India:

1. IAY waitlists have been prepared Gram Panchayat-wise by the States/UTs on the basis of their housing and poverty status as per the BPL list. In order to introduce transparency in the selection of beneficiaries, permanent waitlists are supposed to be displayed in all Gram Panchayats.
2. IAY houses are allotted in the name of the woman or jointly between the husband and the wife.
3. Financial assistance provided under IAY was raised twice during the 11th Plan period. It has been raised from Rs 25,000.00 to Rs 45,000.00 in the plain areas and from Rs. 27,500 to Rs. 48,500 in hilly/difficult areas by April 2010.

4. IAY beneficiaries are also covered under the **Differential Rate of Interest (DRI) scheme** for lending up to Rs.20,000 per housing unit at 4 % interest.
5. **Sanitary latrine and smokeless chullah are required to** be constructed along with each IAY house. For construction of the sanitary latrine, financial assistance is made available from the **TSC funds in addition to IAY assistance.**
6. There is a provision for **making available homestead sites** to those rural BPL households whose names are **included in the permanent IAY waitlists but do not have a house site. Rs.10,000 per homestead site was being provided during the 11th plan period.**

Issue areas:

- There has been continued problem of **shelter-less-ness** in rural India on a large scale despite such ambitious programmes & schemes.
- **Quality of housing** has not been satisfactory. Several examples of poor quality of construction, sagging foundation, use of temporary materials for roofing, or **leaving the construction incomplete because of inadequate finance** etc. have been reported. **Even after contributing their labour and borrowing from local sources, a significant number of families are not able to complete their houses** in all respects, and most houses remain without plastering or flooring.

Quality suffered due to –

- **Inadequate financial support,**
- **Delayed payments,**
- **Dearth of technical inputs,** i.e lack of information and knowledge on innovative technologies, materials, designs and methods,
- **Lack of participation by stake-holders.**

Getting Loans from Banks was also difficult - they won't approve

One of the merits of IAY is supposedly the fact that **construction of houses is left entirely at the discretion of the beneficiaries** but they might not have the resources and the technical expertise to build quality houses on their own. IAY guidelines recommend that the state governments and the implementing agencies should **facilitate access to information on innovative technologies, materials, designs and methods, but most states do not have any mechanism to do so.** There is a clear need for developing and popularizing appropriate technology through a network of institutions, which could result in **low-cost, environment friendly, and disaster resistant houses as** per local cultural preferences. Developing a menu of specific designs and technology options for each region would be the way to go forward.

- **Progress on some of these innovative features has been slow.** For instance, the drive towards convergence with other rural infrastructure schemes has not been up to the mark.
- Again, **only a few States** such as Bihar, Karnataka, Kerala, Rajasthan, Andhra Pradesh, Maharashtra, UP and Sikkim have so far requested for funds for purchase of homestead land under this scheme.
- **Wide-scale irregularities in the method of selection of IAY beneficiaries:** the 11th FYP document noted that 25 to 50 % of the beneficiaries are not being selected through the Gram Sabhas. Allocation among panchayats has been influenced by **PRIs/MLAs.** The vocal and active segments influence the selection process. **The poorest among the BPL house-holds are left out and non-BPL families get selected.** Besides, there have been cases of bribery and corruption as well.

Need for a Habitat Development Approach

IAY must ultimately metamorphose into a larger habitat development programme. This needs to include at least a provision of domestic water, sanitation, clean fuel, electricity. However, this calls for a much deeper convergence between various departments and agencies, currently functioning in silo mode.

Therefore, in the 12th Plan the following measures have been envisaged:

- **Need for Greater Financial Support**

One of the major reasons for continued shelter-less-ness in rural India is shortage of financial resources. Besides, shortage of financial resources has also significantly affected the **Quality of housing.**

- It is, therefore, proposed to increase the unit assistance for house construction under IAY to **Rs.65,000 in plain areas** and to **70,000 in hilly/difficult areas** during the 12th Plan, with an **increase each year to absorb rising cost of material and labour**.
- At the same time, **DRI loans** for IAY families will be enhanced **up to Rs.50,000 at 4 % rate of interest**, along with **extended repayment tenure up to 15 years**.
- **Provision of DRI loans for IAY beneficiaries will be made obligatory on the part of the banks given the investment that the government commits when sanctioning an IAY house. Approval of DRI loans will be included as an indicator of financial inclusion by the banks. Banks will develop standard processes that are simple and hassle-free to enable easier access to DRI loans by beneficiaries.**

▪ **Smoother Transfer of Funds**

The process of fund transfer from the Centre to the States is being simplified to facilitate convergence as well as enhance effectiveness and efficiency in the implementation of various rural habitat schemes. **Funds will now be released to the States through a fund to be created by the State on the lines of MGNREGA or TSC.** Central releases as well as State contribution will be credited to the State Fund and the States are expected to release funds to DRDAs on the basis of predetermined criteria as defined in the guidelines.

▪ **Abolition of the APL–BPL Distinction**

The **Socio-economic and Caste Census (SECC)** will be complete in time for the 12th Plan implementation. This Census will provide lists of households that are homeless as well as those who live in poor quality houses. There will be no reference made to any BPL list.

▪ **Enhancing Access of the Poor to Land**

- The **unit cost** for purchase of **homestead plots** under IAY will be **increased to 20,000** on IAY assistance pattern.
- **A dedicated officer at the district level** will be designated by the state government to address various bottlenecks faced by the beneficiaries in accessing homestead sites.
- **A cluster approach** will be adopted for developing homestead lands for groups of homeless families.

▪ **Improving Quality of IAY Houses**

The most important change the 12th Plan seeks to bring is **an improvement in quality of housing.** **Raising the financial assistance is certainly a necessary condition for improved quality but it is not sufficient in itself.**

IAY guidelines recommend that State Government and implementing agencies should facilitate access to information on innovative technologies, materials, designs and methods, but most States do not have any mechanism to do so. There is a clear need for developing and popularizing appropriate technology through a network of institutions, which could result in low-cost, environment- friendly and disaster-resistant houses as per local cultural preferences.

- **RBCs (Rural Building Centres) at the district level** could play an important role as a **single window solution for guidance on quality construction**, supply of alternative materials, skill building of artisans and development and dissemination of innovative, location-appropriate technologies. They could also carry out special skill upgradation programmes intended to impart both skills and organisational abilities, effective monitoring of housing construction, knowledge building and awareness creation on quality and safety features. A network of RBCs would serve to link research institutions with rural habitat practitioners for dissemination of technical know-how.
- **Training of Masons, Artisans and Others:** A large pool of skilled workers like masons, bar benders, plumbers, carpenters and other construction-related artisans trained in safe and sustainable construction practices needs to be developed for all construction activity in the future. **5% of the IAY budget in the 12th Plan is being dedicated to capacity building of these personnel**

▪ **Partnerships with Civil Society and PRIs**

Given the **scale of shelter-less-ness** and the **need for improving quality**, it is important that local stakeholders are able to effectively participate in housing delivery. PRIs are central to effective habitat development in rural

areas. Further, **SHGs could be an important vehicle** for production of building materials and provision of construction services. NGOs have been playing an important role in facilitating rural housing through promotion of innovations in architectural design, housing finance, alternative technology, supervision of construction and promotion of an eco-habitat approach. NGOs could be professionally engaged to support PRIs to facilitate safe and sustainable habitat development.

RURAL ROADS

Empowering rural India through the strategic provision of all-season road access has emerged as one of the key priorities for the Government of India. The 11th FYP (2007–12), and the 10th Plan before it, recognised that **rural connectivity** is a key component of rural development and poverty alleviation in India.

The main mechanism for enhancing rural connectivity in a more systematic way has been the **Pradhan Mantri Gram Sadak Yojana (PMGSY)**, a CSS, launched on the **25 December 2000**.

Pradhan Mantri Gram Sadak Yojana (PMGSY)

PMGSY was launched on **25 December 2000** as a fully-funded CSS to provide road connectivity in rural areas of the country. The programme sought to connect all habitations with a population of 500 persons and above in plain areas and 250 persons and above in Hill States, Tribal (Schedule V) areas, the Desert Areas (as identified in Desert Development Programme) and in the 82 Selected and Tribal Backward districts (under IAP) as identified by the MoHA/Planning Commission.

However, since the original targets set for PMGSY were found to be too ambitious, it was re-phased to achieve time-bound targets of rural connectivity by bringing it into the fold of the Bharat Nirman programme, initiated in 2005–06.

It now aims to provide connectivity to all the habitations with a population of more than **1,000 in the plain areas** and habitations with a population of **500 or more in hilly or tribal areas with an all-weather road** in a time-bound manner by 2009. The programme also provides for upgradation of existing through-routes with an aggregate length of 3.68 km.

Achievements:

Although the PMGSY has achieved only 53 % of its initial targets — mainly due to limited implementation capacity — its achievements have been significant. The length of the new and improved rural road network under the program to date has reached **2,09,500 km and as a result 84,414 habitations have been connected**.

Evidence from several impact evaluation exercises on PMGSY indicates the **multiple benefits** generated in the rural economy in both commercial and social spheres by improving road connectivity. A study by Bell (2012) examines the contribution of PMGSY in drawing India's villages into the mainstream, **in three ways:**

1. First, with improved connections to markets, villagers should face more favourable prices for inputs and outputs.
2. Second, by reducing the time spent travelling to school and the days lost due to bad weather, an all-weather road should improve the attendance, not only of pupils, but also of their teachers, thus promoting the formation of human capital and the growth of productivity over the long run.
3. Third, by improving the villagers' access to timely treatment, especially in emergencies, the connection should lower mortality and morbidity.

Impact:

- Providing backward rural areas with all-weather roads promotes not only production and trade in what can be called the 'commercial' sphere of life, but also the formation of human capital and health in the 'noncommercial' one
- The improvement in the accessibility to education resulted in increased school enrolment and school attendance.
- Importantly, there was an increase in the number of girls going to schools.

- The acutely sick received more timely treatment and were more likely to be treated in a hospital than in the nearest primary health clinic in villages connected by PMGSY.
- Better management of infectious diseases and attending to emergencies due to faster access to health facilities and increase infrequency of visits by health workers were the other outcomes.
- Moreover, there was an increase in the number of institutional deliveries in hospitals outside the village, improvement in ante-natal and post-natal care and a decline in infant and child mortality.

Several independent impact evaluation exercises commissioned by the Ministry of Rural Development have also revealed the huge benefits in terms of agricultural growth, income and employment generation, access to healthcare and education, and poverty reduction generated by PMGSY.

Besides, road connectivity led to expansion of local industries, which in turn generated employment opportunities. The construction of the PMGSY road also led to an increase in frequency of visits by Government officials. This is likely to result in better implementation of various Government schemes and programmes.

PMGSY in the 12th Plan:

The 12th Plan will have to **continue the thrust of upgrading the road infrastructure**, with the objective of **improving mobility and accessibility** while **reducing the cost of transportation**.

The **main targets** of the **Twelfth Plan** will be as follows:

1. Completion of on-going works on **Golden Quadrilateral** and **North–South** and **East–West corridors** taken up in NHDP Phases I and II of the programme. The balance works remaining are marginal and will get completed in the first two years of the Plan.
2. In respect of the remaining phases of NHDP, namely NHDP-III for inter-district roads and\ other roads taken up under the programme and NHDP-IV which aims to convert single-lane roads to double-lane roads, the programmes will be taken up for completion in the Twelfth Plan.
3. Similarly, NHDP-V which involves conversion of the GQ to six-lane roads now will be continued in the Twelfth Plan and specific targets set for completion.
4. National and State Highways would be upgraded to minimum two lane standard by the end of the Plan.
5. All villages will be connected with all-weather roads by the end of the Plan.
6. Work on access controlled expressways has moved at a slow pace. A comprehensive master plan for development of 15,600 km of expressways would be developed, the alignment determined and work taken up in phases. It is hoped that 1,000 km of expressways would be completed during the Twelfth Plan, while land for another 6,000 km would be acquired to initiate work.
7. The Plan will aim to prioritise special links for feeder roads to important railway routes and ports which are essential for development of domestic and international trade.

RURAL ELECTRIFICATION

The level of village electrification varies considerably across the country. While 85 % of the villages have been electrified at the national level, the level of village electrification in the states of Orissa, Uttar Pradesh, Bihar, and Jharkhand has been far below the national average. Similarly, the level of household access to electricity in these states was far below the national average of 50 % in 2001.

In order to accelerate rural electrification and enhance household access, the **Rajiv Gandhi Grameen Vidutikaran Yojana (RGGVY)** scheme was started for expanding rural electricity infrastructure in **March 2005** under the **Bharat Nirman Programme**.

RGGVY

RGGVY was launched by the Government of India in **April 2005** as a comprehensive scheme for providing access of electricity to all rural households. **The scheme involved electrification of all un-electrified villages plus a free connection for BPL households.**

The scheme provides **90 % capital subsidy for the projects from the Central Government and the balance 10 % of the project cost is to be contributed by the states** through own resources/loan from financial institutions.

The government approved the continuation of RGGVY in the 11th Plan in order to meet the goal of providing access to electricity to all households, electrification of about 1.15 lakh un-electrified villages, and electricity connections to 2.34 crore BPL households by 2009.

It is to be noted that a village is deemed electrified when 10 % of the households have electricity.

Overall, by the end of 11th Plan, out of the total 5,93,732 villages in India (Census 2001), 5,56,633 villages (93.8%) have been electrified as per CEA report. Some of the villages which have been electrified, that is, connected to the grid, have not yet been energised. The gap is primarily in the States of Bihar, Jharkhand, Odisha and Assam. Most of the projects are expected to be completed during 2012 except in the north-eastern region and in areas involving difficult terrain.

Impact of the programme:

Studies were carried out to evaluate the socioeconomic impact of electrification in Odisha. Other such studies are also underway. The key findings of the studies are:

1. Electrification has altered the household energy mix through substitution of traditional kerosene- based lighting source by electric light. This has resulted in energy and financial savings of households as families would no longer be subject to exorbitant price of kerosene.
2. Security within the villages as well as the quality of living of masses have improved.
3. Electrification has enhanced livelihood generation in the field of agriculture and related activities, small shops and other entrepreneurial activities.
4. Availability of electricity during post-sunset time allowed for extension of study hours for students.
5. Increased mobility and overall comfort, especial for women, have enhanced safe spaces and reduced the drudgery of household chores.

Deficiencies:

The RGGVY programme has several deficiencies in implementation.

1. Firstly, nearly 6,000 villages electrified till December 2011 were still not energised due to lack of supporting network or other resources.
2. Secondly, access to electricity in rural areas is still limited, especially in smaller hamlets. The traditional approach to policy and planning in power has assumed gender neutrality, thus failing to recognise that the needs of men and women can differ. Attention needs to be paid to livelihood activities of women and to their concerns of safety, security such as street lighting, healthcare, education and so on.
3. Thirdly, poor financial health of utilities and high cost of power act as a disincentive for States to give new connections.
4. Fourthly, some States do not have supporting network and are unable to provide energisation.
5. Fifthly, a viable revenue model is yet to emerge. This has hindered larger access to new consumers.

Other areas of concern are:

1. In certain States, even the minimum required hours of supply of six hours to eight hours could not be met.
2. There is a need to upgrade transformer capacity as the current average demand of BPL and above poverty line (APL) consumers is in the range of 300 to 500 watts and 0.5 to 1.15 KW, respectively. There have been several complaints of frequent burning of transformers.
3. The progress of release of APL connections is slow on account of poor supply of electricity, long delays in processing of applications and inadequate transformer capacity.
4. In many States, the distribution company takes a long time for issuing the first bill which can be anywhere between three to six months. Because of this delay, the total bill comes to around `1,000 to `1,500 which a rural household finds difficult to pay. This leads to a permanent high level of outstanding bills.
5. In most of the operating States, no franchisee was found in any of the surveyed villages and the Discoms had their own mechanism of meter reading, billing and so on.
6. As far as project preparation is concerned, it has been observed that in most cases, the detailed project reports (DPRs) were prepared in a hurried manner and quality was compromised.
7. As far as the socio-economic impact is concerned, it is found that electrification has so far not generated substantial employment opportunities or economic development in the rural areas except in a few cases.
8. The number of actual BPL families in the villages in many cases has been higher than the number indicated in the DPR.

RURAL DRINKING WATER & SANITATION

Sanitation and clean drinking water are critical determinants of health and are complementary to each other – without proper sanitation, the incidence of diarrhoeal diseases due to contaminated drinking water will not come down, and without adequate water supply improved sanitation is generally not possible. It is, therefore, necessary to adopt a **“habitation approach”** to sanitation and to institutionalize the integration of water supply with sanitation in each habitation.

The problem of providing safe drinking water is particularly acute in the rural areas. Successive plans have emphasised programmes for expanding the coverage of rural drinking water but they have not had as much success as desired. The incidence of **‘slipped back’ habitations** appears to be accelerating and serious **problems of water quality** have emerged in many areas.

Part of the problem is that rural drinking water schemes are not fully integrated with national system of aquifer management. Excessive drawal of groundwater for irrigation is leading to lowering of water tables causing drinking water hand pumps to run dry and lowering of the water table is also causing salinity and chemical pollution, making the water non-potable. Therefore, a sustainable solution to the rural drinking water problem has to be found as part of a holistic approach for aquifer management.

The problem of sanitation in urban areas is also very serious since almost all our cities, including even the State capitals and major metros, have a large percentage of the population (45 % in Delhi) not connected to the sewer system. Urban development must give top priority to planning for water, toilets and sewerage as an integrated whole taking into account the likely expansion of the urban population.

National Rural Drinking Water Programme (NRDWP)

As against the target of 7,98,967 habitations for coverage under NRDWP during the Eleventh Plan, **the coverage up to 31 March 2012 was 6,65,034 (i.e 83 %)**.

States of Jharkhand, Chhattisgarh, Nagaland, Madhya Pradesh, Odisha, Himachal Pradesh and Tamil Nadu have exceeded their targets, whereas Sikkim, Punjab, Assam, Arunachal Pradesh and J&K have reported low (less than 50 %) achievement against targets.

Issue areas:

▪ **Growing problem of ‘slip-back’:**

The difficulty has been that even as coverage becomes universal, there is a growing problem of ‘slipback’, with habitations suffering a **fall in the water table and water quality**, especially **given the growing dependence on groundwater**.

▪ **Deteriorating Water quality:**

This has emerged as a growing concern, **chemically due to geogenic leaching (arsenic and fluoride)** and biologically due to bacteriological contamination. **The fact that the same aquifer is being tapped for both irrigation and drinking water, without any coordinated management of the resource, has greatly aggravated availability of drinking water.**

▪ **Lack of convergence with sanitation:**

Such lack of convergence not only results in **compromising on water quality**, it also **makes provision of improved sanitation difficult**.

▪ **Poor operation and maintenance:**

This has resulted in high rates of attrition and dilapidated facilities. This has happened mainly because **primary stakeholders do not feel a sense of ownership over the facility created**. And, in the absence of sufficient support structures and professional capacities, upkeep suffers. On the other hand, where people have been centrally involved, they have both paid for the service provided and felt a stake in maintaining the assets, garnering adequate support for the same through the revenues generated.

▪ **Reports about social exclusion:**

There are also disturbing reports about social exclusion, with SCs, STs and minorities being discriminated against. Keeping this in mind, from 2011–12, earmarking of funds for expenditure under the SCSP (22%) and the TSP (10%) has been made mandatory under NRDWP.

Provision of drinking water in minority concentrated districts is one of the activities monitored under the Prime Minister's New 15 Point Programme. Implementation of rural water supply schemes is being closely monitored in the 90 minority concentrated districts.

NRDWP in the 12th Plan

Based on this analysis of what is going wrong with NRDWP and drawing upon some successes, the 12th Plan envisages a major change in the way NRDWP projects are to be run:

While **the ultimate goal** is to provide households with **safe piped drinking water supply** at the rate of **70 lpcd** (litre per capita per day), considering that 40 lpcd has been the norm over the last 40 years and there is still a large population uncovered with this level, as an interim measure the goal has been **kept at 55 lpcd for the Twelfth Plan**.

Specific targets:

- By 2017, it is targeted that **at least 50 % of rural population** in the country (as against 35 % today) will have access to 40 lpcd piped water supply **within their household premises or within 100 metres radius** (and within 10 metres elevation in hilly areas) from their households without barriers of social or financial discrimination. Individual States can adopt higher quantity norms.
- By 2017, it is targeted that **at least 35 % of rural population** have **individual household connections** (as against 13 % today).

Measures envisaged:

- **Convergence between drinking water supply and sanitation** will be strengthened taking up villages covered with piped water supply to get open defecation free (ODF) status on priority and vice versa.
- A part of NRDWP outlay will be set apart for integrated **Habitat Improvement Projects** to provide housing, water and sanitation facilities in rural areas at par with urban areas.
- **Participation of the beneficiaries, especially women, in water supply schemes** will be ensured right from the conceptualisation and planning stage, spanning construction and post-scheme completion management stages. Capacity building of members of the Village Water and Sanitation Committees (VWSC) is of critical importance here.
- The **'subsidiarity principle'** will be followed and decisions made at the lowest level possible especially on issues like location, implementation, sustainability, O&M and management of water supply schemes, while retaining an umbrella role for the Gram Panchayats for effective implementation.
- The **Ministry of Drinking Water and Sanitation** has devised a **Management Devolution Index (MDI)** to track and incentivise more substantive devolution of functions, funds and functionaries to the Gram Panchayats. While allocating resources across States, 10 per cent weight is given to the population of GPs to whom drinking water supply schemes have been devolved weighted by the MDI for the State.
- The **weakest aspect of rural water supply is Operation and Maintenance**. Allocation for O&M has been **increased from 10 per cent of NRDWP allocation at present to 15 per cent in the Twelfth Plan**.
- All **new drinking water supply schemes** will be designed, estimated and implemented to take into account **life cycle costs** and not just **per capita capital costs**.
- All **Government schools and anganwadis** (in Government or community buildings) will be provided with water supply for drinking and for toilets as per relevant quantity norms by **convergence of NRDWP for existing schools and SSA for new schools set up under SSA**. For private schools, supply of water will be ensured by enforcement of the provisions of the Right to Education Act by the Education Department.
- Care will be taken to ensure that **minimum distance is maintained between the toilet systems and water sources**, to alleviate the problem of nitrate contamination.
- **Mining activity** should only be carried out at a safe distance from major drinking water sources to protect the quality and sustainability of the source.

Total Sanitation Campaign (TSC)/ Nirmal Bharat Abhiyan (NBA)

The drive to extend sanitation services in rural areas is spearheaded by the **TSC introduced in 1999**. It was **launched as a demand-driven and people-centered sanitation program based on behavioural change**. It was to be **a community-led programme with major IEC (Information Education Communication) inputs to make sanitation a felt need of the people**.

It evolved from the limited achievements of the first structured programme for rural sanitation in India, the **Central Rural Sanitation Programme (CRSP)**, launched in **1986**, which had minimal community participation. It was **simply a supply driven, highly subsidy and infrastructure oriented programme**. As a result of deficiencies and low financial allocations, the CRSP had very little impact on the gargantuan problem.

The experience of community-driven, awareness-generating campaign based programme in some states and the results of evaluation of CRSP, led to the formulation of **Total Sanitation Campaign approach in 1999**.

Unlike its predecessor, the TSC was started as a **demand driven, community-led programme with major IEC inputs to make sanitation a felt need of the people**.

However, as per the 12th Plan Working Group findings, **the APL-BPL distinction and the very low incentive under the TSC have played havoc with the programme**. Many **slip-back instances** have been reported. Many slip-backs in the NGP villages have been attributed to **non-availability of water**, clearly indicating need to synergize the drinking water and sanitation programme.

Owing to above and to accelerate the progress of sanitation in rural areas, **the GoI has revamped the TSC as the Nirmal Bharat Abhiyan (NBA) in the 12th FYP**.

The **main objectives** of the TSC are as under:

- Bring about an improvement in the general quality of life in the rural areas.
- Accelerate sanitation coverage in rural areas to access to toilets to all by 2012.
- Motivate communities and PRIs promoting sustainable sanitation facilities through awareness creation and health education.
- In rural areas, cover schools and Anganwadis by March 2012, with sanitation facilities and promote hygiene education and sanitary habits among students.
- Encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation.
- Develop community managed environmental sanitation systems focusing on solid & liquid waste management.

Its **main features** are as follows:

- The main goal of TSC is to eradicate the practice of open defecation by 2017.
- Community-led total sanitation is not focused on building infrastructure, but on preventing open defecation through peer pressure and shame. In Maharashtra where the program started more than 2000 Gram Panchayats have achieved "open defecation free" status.
- Villages that achieve this status receive monetary rewards and high publicity under a program called **Nirmal Gram Puraskar**. The campaigning ambassador for Nirmal Bharat Abhiyan is **Vidya Balan**.
- The government will give 10000 rupees to every family to construct a toilet.

The TSC has been able to accelerate sanitation coverage from **22 % as per the 2001 Census to 31 % in 2011**, with **over 28,000 PRIs becoming 'Open Defecation Free' (ODF)**.

TSC received a major boost during the latter half of the decade, with the introduction of the **Nirmal Gram Puraskar (NGP) in 2005**, an innovative incentive scheme for Gram Panchayats, blocks and districts that have attained 100% sanitation coverage.

However, progress remains far from being satisfactory.

Issue Areas

- **Continued open defecation by over 600 million people:**

It is perhaps the biggest national shame. Since drinking water and sanitation continue to be treated in separate silos, both the quality of drinking water and that of sanitation gets compromised. **Latest Census data reveals that the percentage of households having access to television and telephones in rural India in 2011 exceeds the percentage of households having access to toilet facilities and tap water.**

The **WHO/ UNICEF** Joint Monitoring Programme (JMP) for Water Supply and Sanitation estimates that in **2008** around **638 million people** in India still defecated in the open. The JMP also revealed that 58% of the world's population defecating in the open in 2008 was in India.

Such independent assessments signal the need for a radical change in approach.

▪ **Many cases of slip-backs in the NGP villages:**

A recent impact study by the World Bank's Water and Sanitation Programme in five States reveals **that only 67 per cent of the toilets even in NGP villages were being used, while this percentage fell to just 46 per cent in non-NGP villages.**

A study, supported by UNICEF in 2008 revealed that **in 56% of NGP Gram Panchayats 70% families were still defecating in the open and only 6 of the 162 NGPs had been able to sustain the NGP status.**

In a study for the Ministry of Drinking Water and Sanitation and the Centre for Media Studies (2010) found that the key factors explaining **the gap between access to and usage of sanitation facilities** were

- **poor quality of construction,**
- **unfinished toilets, and**
- **absence of behavioural change.**

One of the major reasons was the **very low incentive** provided under the TSC.

Many slip-backs in the NGP villages have also been attributed to

- **non-availability of water,** clearly indicating **need to synergise the drinking water and sanitation programmes.**

In an ironic twist, the institution of NGPs may have turned the clock back once again to a target-driven approach. Similar feedback from across the country has recently forced the DDWS to make the criteria for selection for NGP much more stringent. Clearly, the rush to meet targets has compromised the quality and sustainability of achievements.

▪ **Narrow range of technology options:**

One of the limitations of the TSC is the narrow range of technology options offered in a country with such immensely diverse geographic, hydrologic, climatic and socioeconomic conditions (high water table, flood prone, rocky ground, desert/water scarce areas and extreme low temperatures). This has led to many problems, including non-acceptance by local communities, water pollution especially in shallow water table regions, and waste of public funds. So, clearly **there is need to broaden the ranges of models permissible under TSC.**

UNICEF has supported development of cost-effective models of low cost superstructures using hollow bricks, tin sheets, bamboo, coconut leaves, and waste wood.

▪ **Poor funding:**

Quality sanitation is not possible within the kind of funding that was provided to encourage for TSC. The maximum incentive offered currently is Rs.2200/- per IHHL for BPL families. This amount is clearly insufficient even for the most rudimentary sanitation. The way forward could be to combine the incentive amount provided by the government with a loan amount on soft terms to be routed through the SHGs. The third component, other than the incentives and loans, would be beneficiary contributions, which would be easy to mobilize in a demand-driven programme, once the necessary effort has been put into the preparatory phase.

▪ **Absence of a dedicated implementation agency:**

The absence of a dedicated implementation agency at either the State/district or GP level, to implement TSC has emerged as a major bottleneck affecting quality of outcomes.

▪ **IEC aspect ignored**

The powerful element of TSC is the emphasis on IEC (Information, Education and Communication) activities to bring about behavioural change and a real demand for improved sanitation, for which it earmarks 15 % of the total cost. The unfortunate part appears to be that though enough resources have been made available for these activities; their execution has not been effective at the cutting-edge level of implementation.

A survey report argues that TSC is becoming increasingly state-led and target-driven. It finds that 'IEC activities have been implemented without any conscious effort to create required awareness at the community level. These activities were undertaken in a routine administrative fashion as more of a fund utilisation exercise, not organically linked to awareness creation and demand generation processes.

Top-down IEC strategies of posters and brochures with no individual contact have proven to be ineffective: gaps in IEC have also led to lack of awareness about technology options and related engineering aspects, hardware maintenance issues, and hand washing and hygiene awareness, both at the school and community levels.

IEC involves a specialized set of activities that demand professionalism of a kind rather different from what line department personnel are normally trained for. Social mobilization for changing attitudes is not a one-off activity. It is a complex process that takes time in the initial stages. There is a point of inflection after which the process takes off and is led by the people themselves thereafter. But this happens only after a critical mass of qualitative effort is put in. IEC cannot be a one-time affair with a rigid design. There is a need to be flexible with space for cross-learning and mid-course correction.

Moreover, a great deal of effort is required to sustain the gains of the adoption phase to ensure that slip-backs do not occur. Just as has been recognized in the new guidelines for the Integrated Watershed Management Programme, perhaps the time has come to develop a phased approach for the implementation of TSC. Such a phased approach would make it possible to achieve universalization with quality, based on a process truly driven by demand from a community that is committed to improved sanitation, being fully informed about its benefits and, therefore, willing to take ownership of the campaign.

TSC in the 12th Plan

The Government of India has accorded a high priority to the Sanitation Sector. The 12th Plan visualises a major break from the past under TSC. Under the 12th Plan the programme is renamed as Nirmal Bharat Abhiyam (NBA).

While the short term goal will be that 50 % of the GPs attain Nirmal Gram status by the year 2017, the longer term goal is to achieve 100% access to sanitation for all rural households in the Country by 2022 under the NBA.

In the 12th Plan an outlay of Rs. 34,377 crores has been provided for rural sanitation as compared to Rs. 6540 crores in the 11th Plan, which is a significantly higher allocation (425% higher than the 11th Plan).

Also, the APL-BPL distinction and the focus on individual toilets are to be replaced by a habitation saturation approach. The programme will cover SC, ST, physically handicapped, small and marginal farmers and woman-headed households in each habitation.

- The idea is not to sacrifice quality and sustainability of outcomes in the mad rush to attain targets, even if this means moving somewhat slower in reaching universal coverage.
- Through a convergence with MGNREGA, the unit cost of individual household latrines will rise to Rs.10,000.
- Toilet designs will be fine-tuned in accordance with local social and ecological considerations.
- In order to focus more centrally on sustainability of outcomes, the programme shall be taken up in a phased manner. And, for achievement of NGP status, GPs shall be identified, based on defined criteria of conjoint approach to sanitation and water supply. The pattern of fund release will be tweaked with flexibility to the districts to prioritise funding to GPs identified for Nirmal Grams. This would progressively lead to Nirmal blocks, Nirmal districts and eventually Nirmal States.

Thus, Nirmal Grams with full access and usage of toilets, water availability and systems of waste disposal and drainage, shall be the outcome of NBA.

- A new strategy will be devised to facilitate **convergence between drinking water and sanitation projects**. NBA will give priority to coverage of areas with functional **piped water supply systems (PWSS)**, followed by areas with ongoing PWSS that are nearest to completion.
- Running water availability must also be ensured in all **Government school toilets, anganwadi toilets and Community Sanitary Complexes under NRDWP**.
- **Child-friendly toilets** will be developed in **anganwadis** and **schools**. This will be accompanied by capacity building of school teachers, ASHA and anganwadi workers and ANMs among others on hygiene and sanitation. Sanitation will be made a part of the school curriculum so that safe sanitation practices are ingrained in the minds of children who would be the torch bearers of sanitation in their households and the community.
- In order to ensure smooth O&M of toilets, **a massive training campaign will be launched in convergence with the NRLM in skills such as masonry work, brickmaking, toilet pan making and plumbing**. 'Nirmiti Kendras' will be set up for development and manufacture of cost-effective construction materials.
- **NBA** will be implemented at **the GP level through VWSCs** who could receive technical support from NGOs/CBOs identified by the District authorities. The VWSC must be mandatorily made a Standing Committee of the GP to ensure community participation in planning, construction, operation and management with the GP providing overall guidance to the VWSCs.
- **Solid and liquid waste management** will be taken up in Nirmal Grams on a priority basis for which an assistance of Rs.5 lakh will be additionally available per 1,000 people from the **redesigned MGNREGA 2.0**.

Justification for the huge jump in outlays for sanitation and drinking water is provided by recent scholarly work on the relationship between sanitation and health.

A recent article in *Lancet* suggests that the **impact of sanitation and hygiene interventions on child under-nutrition** has been seriously undervalued in the existing research. The study argues that a key cause of **child under-nutrition** is a subclinical disorder of the **small intestine** known as **tropical enteropathy**. This is caused by **faecal bacteria** ingested in large quantities by young children living in conditions of poor sanitation and hygiene.

The study finds that provision of toilets and promotion of hand-washing after faecal contact could reduce or prevent tropical enteropathy and its adverse effects on growth; and that the primary causal pathway from poor sanitation and hygiene to under-nutrition is tropical enteropathy and not diarrhoea.

Though based on field studies conducted in Africa, this study has important policy implications for India as well.

Accelerating provision of toilets and improved drinking water quality will prevent tropical enteropathy, which in turn will yield improvements in child growth, health and survival.

NIRMAL BHARAT ABHIYAN

- NBA is currently being implemented in **607 rural districts** across the country.
- NBA envisages covering the entire community for saturated outcomes with a view to create **Nirmal Gram Panchayats**.
- Under NBA, following steps have been taken:
 - A shift from motivating **individual household toilet construction to covering whole communities in a Gram Panchayat saturation mode for holistic sanitation** outcomes.
 - The scope of providing incentives for individual household latrine units has been widened to **cover all APL households** who belong to SCs, STs, small and marginal farmers, landless labourers with homesteads, physically challenged and women headed households along-with all BPL households.
 - **Financial incentive** for construction of toilets has been **raised** for all eligible beneficiaries to **Rs. 4600/-** from the earlier amount of Rs 3200/- under NBA.
 - In addition upto **Rs. 4500/-** can be spent under MGNREGA Scheme for construction of the toilet.
 - Along-with **beneficiary contribution of Rs. 900/-**, the total amount of **Rs. 10000/-** is now available for construction of toilets, which in the case of hilly and difficult areas is Rs. 10500/-.
 - More emphasis on **IEC** by earmarking 15% of the total outlay of district projects for IEC activities.

- With a view to give thrust to a new approach towards IEC, the Ministry has launched a **Communication and Advocacy Strategy (2012-2017)**.
- **Conjoint approach** with NRDWP to ensure water availability for sanitation in Gram Panchayats.
- Focused **convergence** of rural sanitation with associated Ministries including Health, School Education, Women and Child Development with NBA.

AREA DEVELOPMENT

Integrated Watershed Management Programme (IWMP)

In order to make Centrally-sponsored programmes condensed, the Cabinet has approved IWMP as a **flagship programme** of the government.

IWMP:

Around 60% of cultivated area across India is rain-fed. Besides, these areas are also blighted by poverty, water scarcity, low productivity, and malnutrition and are prone to severe land degradation. The watershed development programme has been adopted as a tool to address problems of the rain-fed or degraded areas in the country.

Key Points of IWMP:

- **Launched in 2009-10** by the integration of various area development programmes of the Department of Land Resources, including the Drought Prone Areas Programme (DPAP), the Desert Development Programme (DDP) and the Integrated Wastelands Development Programme (IWDP).
- The 12th Plan allocates the programme an additional Rs. 29,296 crore.
- Cost sharing ratio of Central Government : State Government = 90 : 10
- **9% of the project cost is earmarked for development of livelihoods for asset-less people**
- **10% of the project cost is for productivity enhancement and development of micro-enterprises for small & marginal farmers.**
- An average size of project under the IWMP is about 5,000 ha which is **cluster of micro-watersheds**.
- A **portion of institution & capacity building (5% of the total project cost)** has been provided to set up institutional mechanism at State, District, Project and Village levels and to build capacities of stakeholders.
- It also entails **involvement of primary stakeholders** in the form of **grassroots community organisations**.

Expected Benefits of IWMP:

- ✓ increase in availability of surface water & groundwater,
- ✓ changes in cropping pattern from one to two crops annually,
- ✓ increase in fodder availability,
- ✓ increase in milk yield, and
- ✓ increase in agriculture

Urban Development

Vision of Our Cities

The objective of the Twelfth Plan is faster, more inclusive and more sustainable growth. The vision of India's urban growth must be aligned with the objectives of inclusion and sustainability. Urbanisation should be guided towards inclusive, equitable and sustainable growth of towns and cities with proper civic amenities. Good urbanisation would ensure that towns and cities are free from slums and provides adequate opportunities for productive employment and a decent quality of life to all their inhabitants including the poor. The smart cities of our vision would be engines of growth as they would increasingly compete for investments nationally and

internationally too. Therefore, cities must provide world class infrastructure and services at affordable costs to give a competitive edge to the economic activities they host. Besides, cities should be able to provide basic services to migrant workers, their families and other vulnerable sections of society including women and children.

The future renewal of our cities should facilitate transition from 'informality' of large number of workers towards more formal livelihoods in line with their aspirations. They should address various vulnerabilities including residential, occupational and social vulnerabilities, associated with urban poverty. As an overriding principle, 'people' should be brought to the heart of the urban agenda, for both, deciding the vision of their city and for choosing the process of reaching that goal. This implies that all citizens have access to basic services of clean water, sanitation, sewage, solid waste management, urban roads, safe and affordable public transport systems, affordable housing, and a clean and healthy environment.

Besides creating avenues for gainful employment, Indian cities should also meet the rising aspirations of people for a better quality of life. Citizens should be proud of their towns and cities and take responsibility for their cleanliness, safety and hospitality.

State of Service Delivery—Key Indicators

Water supply: As per 2011 census 70.6 per cent of urban population is covered by individual connections, compared with 91 per cent in China, 86 per cent in South Africa and 80 per cent in Brazil. Duration of water supply in Indian cities ranges from 1 hour to 6 hours, compared with 24 hours in Brazil and China and 22 hours in Vietnam. Most Indian cities do not have metering for residential water connections. Seventy per cent of water leakages occur from consumer connections and due to malfunctioning of water meters. Non-revenue water (NRW) accounts for 50 per cent of water production compared with 5 per cent in Singapore.

Sanitation: Even a partial sewerage network is absent in 4861 cities and towns in India. Almost 50 % of households in cities like Bangalore and Hyderabad do not have sewerage connections. As per 2011 census, about 13 % of urban households do not have access to any form of latrine facility and defecate in the open. Census 2011 also revealed that about 37 % of urban households are connected with open drainage and another 18 per cent are not connected at all.

Public transport: Public transport accounts for only 27 % of urban transport in India. In 2009, only 20 out of 85 Indian cities with a population of 0.5 million had bus services.

Affordable housing: The projected slum population in India is 94.98 million in 2012. As against this, the number of dwelling units sanctioned under JNNURM in 7 year Mission period was 1.6 million units. The supply of decent affordable housing by private sector has remained woefully inadequate.

Review of major initiatives taken under the 11th Plan

Jawaharlal Nehru National Urban Renewal Mission (JNNURM)

JNNURM was **launched in December 2005** for a mission period of **seven years** with the objectives of empowerment of Urban Local Bodies (ULBs), planned and holistic development of cities and making them inclusive.

The scheme mandated preparation of City Development Plans (CDP) and a set of urban reforms at State and Municipal levels.

Thus, JNNURM renewed the focus on urban renewal and gave impetus to many urban reforms.

Some of the **key inadequacies** noted during implementation of the programme included –

- low-level of service delivery,
- Failure to mainstream urban planning,
- Incomplete reforms,
- Slow progress in project implementation,
- grossly inadequate availability of resources and
- lack of capacity at different levels of the government,
- Delay in securing land for projects, and

- Obtaining approval from various regulatory authorities

Despite the stress on **urban planning**, in many cities the planning process is yet to be strengthened and made participatory. Invariably peri-urban areas around cities' limits have grown haphazardly. **Lack of participatory planning** has resulted in programmes suffering from '**lack of ownership**'.

Another major shortcoming was the **limited success in leveraging of JNNURM fund by locating non-budgetary financial resources** including funds under PPP framework.

A significant interstate variation in completion of reform underscores the need for their careful calibration on the basis of city size and capabilities. In many States, **incomplete governance and financial reforms** prevented emergence of the municipal entities as viable and financially sustainable entities. **Lack of capacity** has further emerged as a serious constraint.

Thus, despite some good examples in some cities, the overall progress in improving service delivery standards has been unsatisfactory.

Hence, successful management of India's urbanisation would not only require **a significant step up in investments** for urban improvements under the Twelfth Plan period, but also emphasis on measures to address the **glaring weaknesses in urban governance and management.**

In addition, **reducing urban poverty** has emerged as a major thrust area in managing our cities.

Other Initiatives in the Urban Sector taken during the Eleventh Plan:

The two other flagship programmes towards urban development run by Union Ministry of Housing and Poverty Alleviation are **Swarna Jayanti Sahari Rozgaar Yojana (SJSRY)**, which is designed to enable urban poor to get gainful employment and **Rajiv Awas Yojana (RAY)**, which is designed to provide housing to urban poor and making India slum-free.

Another thrust has been implementation of the **Employment of Manual Scavengers and Construction of Dry Latrines (prohibition) Act 1993**. Under the **Integrated Low Cost Sanitation Scheme (ILCS)** 2.5 lakh dry latrines have been converted into sanitary ones and about 1.55 lakh new toilets have been sanctioned during the 11th Plan period.

Initiatives during the 12th Plan

Moreover, the Cabinet Committee on Economic Affairs (CCEA) on September 3, 2013 gave its approval for restructuring the centrally-sponsored scheme of **Swarna Jayanti Shahari Rozgar Yojana** in the 12th Plan as the **National Urban Livelihoods Mission (NULM)** and the implementation of **Rajiv Awas Yojana (RAY)**.

National Urban Livelihoods Mission (NULM)

The **National Urban Livelihoods Mission (NULM)** will have an allocation of approximately Rs.6,405 crore and *will provide financial assistance to set up gainful self-employment, micro-enterprise ventures*

The **NULM** aims at reducing poverty of urban poor households by offering them avenues for self-employment and skilled wage employment opportunities. It will also provide shelter equipped with essential services to the urban homeless in a phased manner. It is designed to address the livelihood concerns of urban street vendors by earmarking suitable spaces, institutional credit, social security and skills to them.

Under the programme, **City Livelihood Centres (CLCs)** will be established in mission cities to provide a platform to the urban poor to market their services and access information on self-employment, skill training and other benefits.

It will be implemented in two phases -- phase I (2013-2017) and phase II (2017-2022). The NULM will target all cities with a population of one lakh or more and district headquarter towns with a population of less than one lakh as per Census 2011.

Rajiv Awas Yojana (RAY)

The CCEA on September 3, 2013 also gave its approval for the implementation of **RAY** during **the mission period 2013-2022**.

For making India slum free, pilot phase of **Rajiv Awas Yojana** was **launched in 2011**. The scheme has a progressive architecture which includes rehabilitation of slums and legislation to provide property rights to slum dwellers.

Under RAY, support will be offered to States and UTs and Central Government agencies for providing housing, including rental and transit housing, development and improvement of basic civic and social infrastructure and operation and maintenance of assets created under the scheme.

The Planning Commission has allocated Rs.32,230 crore for implementation of RAY during 12th Five Year Plan.

The Housing for the Urban Poor scheme has been renamed as **the Rajiv Rinn Yojana (RRY)**.

Women & Child Development

OVERVIEW

The Eleventh Plan recognized women as change agents and acknowledged the rights of children regardless of vulnerabilities of their class, caste, religion, ethnicity, regional, and gender status. The Plan envisioned inclusive growth and advocated ending the exclusion and discrimination faced by women and children.

The first half of the Plan saw the introduction of some new schemes to tackle issues of declining sex ratio, trafficking, and child protection. Existing schemes were modified to plug the gaps identified by various organizations and experts.

The past years have seen path-breaking legislations like the

- **Protection of Children from Sexual Offences (POCSO) Act, 2012,**
- **Prohibition of Child Marriage Act, 2006,** and
- **Protection of Women from Domestic Violence Act, 2005,** and
- **Hindu Succession (Amendment) Act, 2005.**

While these steps are important and signify progress, there has been little visible change in the living realities of women and children.

At the same time, many important schemes that were suggested in the Plan document have not taken off. For instance,

- a **comprehensive scheme on single women,**
- a **national task force for women in conflict areas,**
- a **scheme for internally displaced women,** and
- a **high level committee to review SHG policies and programmes**

This delay will further slow down the already long drawn process of ensuring that women's development is truly inclusive.

The Eleventh Plan has moved towards the **concept of women's agency and child rights**. For instance,

- **Dhanalakshmi** was introduced to address the issue of declining Child Sex Ratio (CSR).
- The **Ujjwala** and **Integrated Child Protection schemes (ICPS)** were started to protect and address the security needs of vulnerable women and children.
- The **National Commission for Protection of Child Rights (NCPCR)** was established as a statutory body to protect, promote, and defend child rights.
- To integrate the gender perspective into the budgeting process a scheme on **Gender Budgeting** was introduced. It was meant to give a gender perspective to planning, budget formulation, and implementation of schemes and programmes.

Integrated Child Development Services (ICDS)

The ICDS programme, which currently covers 8.63 crore children and pregnant and lactating women, is the world's largest programme for early childhood development and care. Yet, despite 34 years of its operation, the country continues to grapple with high levels of malnutrition.

ICDS provides **an integrated approach** for converging basic services through community-based workers and helpers. The services are provided at a child care centre called the **anganwadi**, literally meaning a courtyard, located within the village. A package of the following **six services** is provided under ICDS:

1. supplementary nutrition,
2. non-formal pre-school education,
3. immunization,
4. health check-ups,
5. referral services, and
6. nutrition and health education.

The Eleventh Plan recognized the need for evaluating and restructuring the scheme to ensure that it met the goals that it had set out to achieve. The outlay for the programme was increased from Rs 12,147 crore in the **10th Plan** to Rs 44,400 crore in the **11th Plan**, an **increase of 266 %** to facilitate this restructuring and to ensure universalization of the new, improved ICDS.

Dhanalakshmi

This is a Central Sector Scheme, fully funded by the Centre, which attempts to tackle the acute problem of **the declining sex ratio**. It was **launched in 2008** to bring about a change in the mindsets of family members towards the girl child. It **provides cash transfers** to the family of the **girl child** (preferably the mother) on fulfillment of certain conditionalities like birth registration, immunization, enrolment and retention in school, and marriage after attaining the age of 18 years.

- An amount of Rs 5,000 is provided at the registration of birth;
- Rs 1,000 on enrolment for education; and
- Rs 6,250 provided in varying instalments as her education proceeds.
- The total amount provided to the beneficiary is Rs 13,500, along with an insurance cover.

Ujjawala

The problem of cross-border trafficking, especially of young children and women from Bangladesh and Nepal into India, has been growing in recent years. This issue of trafficking was highlighted in the Eleventh Plan and a new CSS Ujjawala was **launched on 4 December 2007**.

The scheme has **five components**:

- a) **Prevention**: Formation of community vigilance groups and adolescent groups. Awareness and sensitization of functionaries like the police and community leaders through preparation of IEC material and workshops.
- b) **Rescue**: Safe withdrawal of the victim from the place of exploitation.
- c) **Rehabilitation**: Provision of safe shelters for victims with fulfillment of basic needs, such as food, clothing, counselling, medical care, legal aid, and vocational training, and income-generation activities.
- d) **Reintegration**: Restoration of the victim to the family/community (only if she desires) and covering the costs involved.
- e) **Repatriation**: Support to cross-border victims for their safe repatriation to the country of their origin.

Integrated Child Protection Scheme (ICPS)

To honour international commitments for the Rights of a Child and the rising impunity in violence against children, the 11th Plan had suggested that **multiple schemes** and **new interventions** for protection of children be brought **under one comprehensive child protection programme**.

Thus, the **Integrated Child Protection Scheme (ICPS)** was **launched in 2009** for which Rs1,073 crore was allocated in the 11th Plan. The scheme includes **three existing schemes**:

1. Programme for Juvenile Justice,
2. Integrated Programme for Street Children, and
3. Assistance to Homes for Children (Shishu Greha);

It also has **new interventions**.

ICPS is being implemented through state governments/UTs' administration.

MoUs have been signed with the states.

Childline-1098 is to be extended to rural areas and all districts of the country.

The scheme, along with enabling legislations, is expected to prevent child abuse and violence. Concomitant enforcement of laws for rape, sexual harassment, trafficking, domestic violence, and dowry will make the scheme effective on the ground.

GENDER BUDGETING (GB)

Gender Budget Cells have been set up in 56 ministries which have been oriented to GB. This is a continuous process and constantly needs reinforcement. Efforts are on to sensitize states and local urban and rural bodies to the concept and practice of GB. State institutes for rural development and administrative training institutes are also being involved along with NGOs and other civil society bodies. Optimum use of the gender budgeting tool needs to be made by all ministries and departments at the Centre, in the states, and at the lower levels of governance.

RAJIV GANDHI NATIONAL CRÈCHE SCHEME

The scheme for children of working mothers was **revamped on 1 Jan. 2006** and is being implemented by the Central Social Welfare Board with two national-level voluntary organizations. The scheme provides crèche services to children in 0–6 yrs age group and includes supplementary nutrition, emergency medicines, and contingencies.

The present cost norm is Rs 42,384 per crèche per annum. User charges for BPL are Rs 20 per month and for non-BPL families these are Rs 60 per month.

SUPPORT TO THE TRAINING AND EMPLOYMENT PROGRAMME FOR WOMEN (STEP)

A CSS, STEP provides **training for skill upgradation** to poor and asset-less women in traditional sectors of agriculture, animal husbandry, dairy, fisheries handlooms, handicrafts, khadi and village industries, sericulture, social forestry, and wasteland development.

Based on the evaluation done in 2007, the scheme has been **revised to include training in accordance with market demand**, enhancement of beneficiary norms, designating the Rashtriya Mahila Kosh (RMK) as the nodal agency and including other financial institutions as funding agencies.

RASHTRIYA MAHILA KOSH

The National Credit Fund for Women was set up in 1993 to meet the credit needs of asset-less and poor women in the informal sector. As a channelizing agent, its primary role is to act as an apex organization to direct funds from the govt and from donors to retailing **Intermediate Micro-finance Organizations (IMOs)**, which lend to SHGs.

The RMK provides IMOs loans at an interest rate of 8 per cent for three to five years. However, after onward lending, the women borrowers are charged much higher rates of interest which goes up to 18 per cent per annum.

SWADHAR AND SHORT STAY HOMES

Women often find themselves in difficult circumstances with nowhere to go and no one to approach due to lack of a comprehensive social net. In 2001–02, the MoWCD launched the central sector **Swadhar scheme** for meeting the safety and protection needs of such women. Apart from basic shelter services the scheme also provides for counselling, legal support, skill upgradation, and a helpline for women in distress.

A similar scheme of **Short Stay Homes (SSHs)** also addresses the critical needs of people in difficult circumstances.

The common complaints against both these schemes are:

- poor quality of services,
- lack of medical support and counseling,
- insufficient budget allocation,
- irregular fund releases, and
- non-availability of market-oriented vocational training.

NEW SCHEMES

Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (Sabala):

The morbidity and mortality rates for women and children have shown limited improvement. Since the health and well-being of a new born is intrinsically linked to the health of her mother, improvements in nutritional standards of girl children are essential to break the inter-generational cycle of malnutrition. The scheme aims at empowering adolescent girls along with improving their nutritional and health status.

Relief to and Rehabilitation of Rape Victims:

In 1996 the Hon'ble Supreme Court directed the National Commission for Women (NCW) to evolve a scheme to ensure rehabilitation of victims of sexual assault. A scheme known as 'Relief to and Rehabilitation of Rape Victims' has finally been formulated. The scheme envisages a relief package of up to Rs 3 lakh to the survivor.

Indira Gandhi Matritva Sahyog Yojana' (IGMSY) – a Conditional Maternity Benefit Scheme (CMBS):

The Eleventh Plan had committed to conditional maternity benefits. The idea was to provide cash to a pregnant woman immediately before and after delivery to ensure that she receives adequate rest and nutrition and is able to breastfeed her child. It was meant to compensate for any loss of income that might occur when the woman had to go for regular check-ups, take rest, or nurse her child. Known as the Indira Gandhi Matritva Sahyog Yojana' (IGMSY) the scheme is yet to be implemented through the ICDS infrastructure.

National Mission for Socio-Economic Empowerment of Women:

Following the President of India's address to the Parliament in June 2009, a scheme titled National Mission for Socio-Economic Empowerment of Women is being developed to achieve inter-sectoral convergence and oversee implementation of schemes/ programmes for socio-economic upliftment of women in **a mission mode**.

This is expected to ensure better convergence, monitoring, and mainstreaming **a gender perspective** in the functioning of all ministries and departments.

NGOs are the main implementers of schemes at the district level. Evidence shows that they have been instrumental in developing techniques for the welfare of women and children and in evaluating existing schemes. Thus, there is a need to build a comprehensive and a well-defined space for this sector. Besides ensuring timely release of funds to them, a problem highlighted at every consultation. With the help of NGOs a third party monitoring mechanism can be initiated to ensure transparency and accountability. Information regarding grants sanctioned by the government to NGOs should be placed on the websites and be tracked through maintenance of an online database.

Currently, government schemes and programmes for women are based on the **Women's Empowerment Policy, 2000**, which drew on the **Status of Women Report (1974)** and the **Shram Shakti Report (1992–93)**. Thus, they miss out on the current situation of women and the fresh problems that have emerged in the changed global scenario. Problems faced by women living in conflict zones, experiencing internal displacement or dealing with the increasing frequency of disasters are, therefore, left unaddressed. The 11th Plan had recognized these new vulnerabilities.

11th Plan Initiatives by Ministries towards Creating Women's Agency

- **Agriculture:** Under the *National Policy of Farmers, 2007*, various measures have been taken for empowering women in farming and allied areas to improve their access to land, credit, and other services, such as joint *pattas* for both homestead and agricultural land. Availability of *Kisan Credit Cards* is expected to create multiple livelihood opportunities through crop-livestock farming systems and agri-processing.
- **Health:** Under the *Janani Suraksha Yojana (JSY)*, MoHFW has integrated cash assistance with delivery and post-delivery care to pregnant women as well as ASHAs (link workers). The *National AIDS Control Programme* is in its third phase (NACP III) addressing the vulnerability of HIV-positive women and also ensuring their access to treatment, care, and support. There are also strengthened initiatives to link Women Living with HIV (WLHIV) with livelihood schemes and other poverty alleviation programmes.
- **Unorganized Sector:** Recognizing the need for social security for workers in the unorganized sector, the *Unorganized Worker's Social Security Act, 2008*, has been enacted. The Act provides for the constitution of Social Security Boards at the central and the state levels, which will recommend formulation of social security schemes for unorganized workers, many of who are women. The *Rashtriya Swasthya Bima Yojana* was launched on 1 October 2007 for BPL families in the unorganized sector. In the restructuring of RMK there will be an increase in the availability of micro-credit to women in the unorganized sector.
- **Education:** (i) To retain girls in school and to bridge gender disparities in educational access, the Ministry of Tribal Affairs is implementing a special scheme Strengthening Education among ST Girls in Low Literacy Districts for tribal girls. (ii) The Ministry of Minority Affairs (MoMA) has earmarked 30 per cent scholarships for girls in its Merit-cum-Means Scholarships scheme, Post-Matric Scholarships scheme and Pre-Matric Scholarships scheme. (iii) Under Sarva Shiksha Abhiyan (SSA), a two-pronged gender strategy has been adopted to make the education system responsive to the needs of girls through targeted interventions, which serve as a pull factor to enhance access and retention of girls in schools and help generate a community demand for girls' education through training and mobilization. (iv) SSA works in a convergent mode with the ICDS to promote pre-school education by providing training to anganwadi workers, primary school teachers, and health workers for a convergent understanding.
- **Minority Women:** MoMA with MoWCD have proposed a Gender Action Plan for women belonging to minority communities. MoMA is developing a new scheme for *Leadership Development of Minority Women*.
- **Rights of Tribal Women:** Under the *Scheduled Tribes and Other Traditional Forest Dwellers Act, 2006*, there is a provision where rights conferred shall be registered jointly in the name of both the spouses. The Act ensures that the rights of the forest dwelling tribal women over forest land and other resources have to be registered jointly in the name of both the spouses.

The Protection of Children from Sexual Offences (POCSO) Act 2012

The Act has come into force from **14th November, 2012**. The law has been drafted to strengthen the legal provisions for the protection of children from sexual abuse and exploitation. For the first time, a special law has been passed to address the issue of sexual offences against children. The salient features of the landmark act are appended below:

1. The Protection of Children from Sexual Offences Act, 2012 defines a child as any person below the age of 18 years and provides protection to all children under the age of 18 years from the offences of sexual assault, sexual harassment and pornography.
2. The Act provides for stringent punishments, which have been graded as per the gravity of the offence. The punishments range from simple to rigorous imprisonment of varying periods. There is also provision for fine, which is to be decided by the Court
3. An offence is treated as **"aggravated"** when committed by a person in a position of trust or authority of child such as a member of security forces, police officer, public servant, etc.
4. Punishments for Offences covered in the Act are:
 - **Penetrative Sexual Assault (Section 3) on a child – Not less than seven years** which may extend to imprisonment for life, and fine (Section 4)

- Aggravated Penetrative Sexual Assault (Section 5) – Not less than ten years which may extend to imprisonment for life, and fine (Section 6)
 - Sexual Assault (Section 7) i.e. sexual contact without penetration – Not less than three years which may extend to five years, and fine (Section 8)
 - Aggravated Sexual Assault (Section 9) by a person in authority – Not less than five years which may extend to seven years, and fine (Section 10)
 - Sexual Harassment of the Child (Section 11) – Three years and fine (Section 12)
 - Use of Child for Pornographic Purposes (Section 13) – Five years and fine and in the event of subsequent conviction, seven years and fine (Section 14 (1))
5. The Act provides for the establishment of **Special Courts** for trial of offences under the Act, keeping the best interest of the child as of paramount importance at every stage of the judicial process. The Act incorporates **child friendly procedures** for reporting, recording of evidence, investigation and trial of offences. These include:
 - Recording the statement of the child at the residence of the child or at the place of his choice, preferably by a woman police officer not below the rank of sub-inspector
 - No child to be detained in the police station in the night for any reason.
 - Police officer to not be in uniform while recording the statement of the child
 - The statement of the child to be recorded as spoken by the child
 - Assistance of an interpreter or translator or an expert as per the need of the child
 - Assistance of special educator or any person familiar with the manner of communication of the child in case child is disabled
 - Medical examination of the child to be conducted in the presence of the parent of the child or any other person in whom the child has trust or confidence.
 - In case the victim is a girl child, the medical examination shall be conducted by a woman doctor.
 - Frequent breaks for the child during trial
 - Child not to be called repeatedly to testify
 - No aggressive questioning or character assassination of the child
 - In-camera trial of cases
 6. The Act recognizes that the intent to commit an offence, even when unsuccessful for whatever reason, needs to be penalized. The **attempt to commit an offence under the Act has been made liable for punishment for upto half the punishment** prescribed for the commission of the offence.
 7. The Act also provides for punishment **for abetment of the offence**, which **is the same as for the commission of the offence**. The Act makes it mandatory to report commission of an offence and also the recording of complaint and failure to do so would make a person liable for punishment of imprisonment for six months or / and with fine.
 8. **For the more heinous offences** of Penetrative Sexual Assault, Aggravated Penetrative Sexual Assault, Sexual Assault and Aggravated Sexual Assault, **the burden of proof is shifted to the accused**. This provision has been made keeping in view the greater vulnerability and innocence of children. At the same time, to prevent misuse of the law, punishment has been provided for making false complaint or proving false information with malicious intent. Such punishment has been kept relatively light (six months) to encourage reporting. If false complaint is made against a child, punishment is higher (one year)(Section 22).
 9. The **media has been barred from disclosing the identity** of the child without the permission of the Special Court. The punishment for breaching this provision by media may be from six months to one year(Section 23).
 10. For speedy trial, the Act provides for the evidence of the child to be recorded within a period of 30 days. Also, the Special Court is to complete the trial within a period of one year, as far as possible (Section 35).
 11. To provide for relief and rehabilitation of the child, as soon as the complaint is made to **the Special Juvenile Police Unit (SJPU)** or local police, these will make immediate arrangements to give the child, care and protection such as admitting the child into shelter home or to the nearest hospital within twenty-four hours of the report. The SJPU or the local police are also required to report the matter to **the Child Welfare Committee** within 24 hours of recording the complaint, for long term rehabilitation of the child.
 12. The Act casts a duty on the Central and State Governments to spread awareness through media including the television, radio and the print media at regular intervals to make the general public, children as well as their parents and guardians aware of the provisions of this Act.

13. The **National Commission for the Protection of Child Rights (NCPCR)** and **State Commissions for the Protection of Child Rights (SCPCRs)** have been made the designated authority to monitor the implementation of the Act.