

Social Sectors

Progress towards sustained improvement in the quality of life of the people in general and the poor in particular continued as reflected in the UNDP's global Human Development Report (HDR) for 2006 which ranks India in terms of the Human Development Index (HDI) at 126, up one rank from last year, among the countries with medium human development out of 177 countries of the world (Table 10.1). In terms of the Gender Development Index (GDI), however, India showed a marked improvement from the 105th rank in 2000 to 96th rank in 2004.

10.2 Progress on the social sector front, however, continued to be slow as reflected in India's latest HDI ranking being lower by two compared to 2000. While the comparable absolute values of the three dimensional (income, health and education) HDI for India has improved consistently over the years, the

relative ranking of India has remained sticky. Some countries in the region have done better than India.

10.3 The paramount need for making rapid strides in living standards, health, education, gender justice, welfare and development of scheduled castes (SCs), scheduled tribes (STs) and other backward castes (OBCs) continues. The Approach Paper to the Eleventh Plan categorically states that the Plan will seek to reduce poverty, disparities across regions and communities by ensuring access to basic physical infrastructure as well as health and education for all, and recognize gender as a cross-cutting theme across all sectors. While the Approach Paper provides the assurance, some major initiatives consistent with the broad outlines of social sector development agenda laid down by the National Common Minimum Programme (NCMP) have already been taken in 2006-07 (Box 10.1)

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

Country	Human development index (HDI)		HDI Rank		Gender development index (GDI)		GDI Rank	
	2000	2004	2000	2004	2000	2004	2000	2004
Norway	0.956	0.965	1	1	0.941	0.962	3	1
Australia	0.947	0.957	5	3	0.956	0.956	1	3
Sri Lanka	0.747	0.755	89	93	0.737	0.749	70	68
China	0.730	0.768	96	81	0.699	0.765	77	64
Indonesia	0.682	0.711	110	108	0.678	0.704	91	81
India	0.577	0.611	124	126	0.560	0.591	105	96
Pakistan	0.511	0.539	138	134	0.468	0.513	120	105
Bangladesh	0.510	0.530	145	137	0.468	0.524	121	102
Nepal	0.500	0.527	142	138	0.470	0.513	119	106
Mozambique	0.364	0.390	170	168	0.307	0.387	144	128
Niger	0.268	0.311	172	177	0.263	0.292	146	136

Source : UNDP Human Development Report (HDR) 2002 & 2006.

Box 10.1 : Major initiatives in the Social Sector in 2006-07

- The **National Rural Employment Guarantee Scheme (NREGS)** launched on February 2, 2006 has been made fully operational in 200 backward districts of the country. Allocation for three rural employment schemes, i.e., SGRY, NREGS and SGSY, in 2006-07 is Rs. 15,500 crore, of which Rs. 11,300 crore is for NREGS.
- Allocation for **Bharat Nirman**, the programme for building infrastructure and providing basic amenities to rural areas, has been enhanced by 54 per cent from Rs. 12,160 crore in 2005-06 to Rs. 18,696 crore in 2006-07.
- Provision for **health and education** in 2006-07 enhanced by 22.0 per cent and 31.3 per cent, respectively, to Rs. 12,564 crore and Rs. 24,115 crore, respectively.
- The allocation for **Mid-Day Meal (MDM) Scheme**, the largest school lunch programme in the world covering 12 crore children, has been enhanced from Rs.3,345 crore in 2005-06 to Rs. 5,348 crore in 2006-07.
- Provision for **Rajiv Gandhi National Drinking Water Mission** (for rural drinking water supply) has been increased from Rs. 4,050 crore to Rs. 5,200 crore between 2005-06 and 2006-07.
- Allocation for **National Rural Health Mission**, launched on April 12, 2005, increased from Rs. 6,731 crore to Rs. 9,065 crore between 2005-06 and 2006-07.
- Against an estimated outlay of Rs. 6,250 crore for the **Jawaharlal Nehru National Urban Renewal Mission** for 2006-07, Rs. 4,595 crore has been provided as grant component.
- Old age pensions granted to destitute persons of 65 years and above under the **National Social Assistance Programme (NSAP)** has been increased from Rs. 75 per month to Rs. 200 per month. The Central grant allocated on this account is Rs. 2,800 crore during 2006-07.
- Allocation for schemes exclusively for **welfare and development of SCs and STs** has been enhanced by 14.5 per cent to Rs. 2,902 crore in 2006-07.

10.4 Central government expenditure on social services including rural development have gone up consistently over the years increasing from Rs. 18,240 crore in 1995-96

to Rs. 87,607 crore in 2006-07 (BE) (Table 10.2). While most social sector subjects fall within the purview of the States, Central support for social programmes has

Table 10.2 : Central Government expenditure (Plan and Non-Plan) on social services and rural development

(Rs. Crore)

Social service	1995-96	2001-02	2002-03	2003-04	2004-05	2005-06 (RE)	2006-07 (BE)
1. Social Service							
a. Education, Sports, Youth Affairs	3,630	8,642	9,885	10,928	13,985	18,018	23,530
b. Health & Family Welfare	2,542	5,977	6,521	7,195	8,191	9,988	12,941
c. Water Supply, Housing etc.	1,756	5,989	6,815	7,892	9,023	9,759	10,375
d. Information & Broadcasting	596	1,284	1,395	1,300	1,319	1,557	1,594
e. Welfare of SC/ST and OBC	800	1,093	1,152	1,132	1,322	1,482	1,763
f. Labour & Employment	507	847	771	833	1,002	1,262	1,478
g. Social Welfare & Nutrition	1,270	2,620	2,372	2,343	2,580	3,799	4,673
h. North-Eastern areas	-	-	-	-	-	7,884	9,571
i. Other Social Services	530	2,010	438	713	1,701	2,220	802
Total	11,631	28,462	29,349	32,336	39,123	55,969	66,727
2. Rural Development	6,609	6,241	11,960	12,226	9,514	14,250	15,654
3. i) Pradhan Mantri Gramodaya Yojana (PMGY)*		2,533	2,600	2,400	2,766	-	-
ii) Pradhan Mantri Gram Sadak Yojana (PMGSY)*		2,500	2,500	2,325	2,461	4,220	5,226
4. Social Service, Rural Dev., PMGY and PMGSY (1+2+3)	18,240	39,736	46,409	49,287	53,864	74,439	87,607

* : Launched in 2000-01 (BE) as a new initiative for basic rural needs. However, PMGY has been discontinued from 2005-06.

Source : Budget documents.

continued to expand in various forms. While part of the normal central assistance gets integrated into annual plans of States for social sector development, the major programme-specific funding to States is through the Centrally Sponsored Schemes (CSS). Pattern of funding for schemes, however, varies depending on not only the importance attached to the sectors, but also the inability of the States to pledge huge resources for large interventions. For example, about 90 per cent central grant is available for programmes like the National Rural Employment Guarantee Scheme (NREGS) and Mid-Day-Meal (MDM) Scheme, while for certain other schemes, State share of funding may go up to as much as 50 per cent.

10.5 The emphasis on social sector is also reflected in the increasing trend of expenditure on social services by the general government (Centre and States combined) in recent years (Table 10.3). Expenditure on social sectors, as a proportion of total expenditure, after decreasing from 21.4 per cent in 2001-02 to 19.7 per cent in 2003-04, increased to 22.2

per cent in 2006-07 (BE). The corresponding increases in the share of total expenditure for education and health were from 9.7 per cent to 10.6 per cent, and from 4.4 per cent to 5.1 per cent, respectively.

Poverty

10.6 Planning Commission, as the Government's nodal agency, estimates the incidence of poverty at the national and state levels, on the basis of large sample survey on household consumer expenditure conducted by the National Sample Survey (NSS) Organisation approximately every five years. The provisional data of the latest NSS 61st Round for the year 2004-05 indicate that, the poverty ratio at the national level was 27.8 per cent if the Uniform Recall Period (URP, in which the consumer expenditure data for all the items are collected from a 30-day recall period) is used, and about 22 per cent if the Mixed Recall Period (MRP, in which the consumer expenditure data for five non-food items, namely, clothing, footwear, durable goods, education and institutional medical

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

ITEMS	2001 -02 Actual	2002 -03 Actual	2003-04 Actual	2004 -05 Actual	2005 -06 RE	2006-07 BE
In rupees crore						
Total expenditure	644,746	704,904	796,384	869,757	1,009,668	1,114,929
Expenditure on social sector	137,843	145,226	156,893	177,016	222,210	247,572
Education	68,071	72,535	76,878	85,793	102,628	117,812
Health	28,578	31,457	34,822	39,078	50,164	56,932
Others	41,194	41,234	45,193	52,146	69,418	72,828
(In per cent)						
As percentage of GDP:						
Total expenditure	28.26	28.77	28.85	27.82	28.30	27.19
Expenditure on social sector	6.04	5.93	5.68	5.66	6.23	6.04
Education	2.98	2.96	2.79	2.74	2.88	2.87
Health	1.25	1.28	1.26	1.25	1.41	1.39
Others	1.81	1.68	1.64	1.67	1.95	1.78
As percentage of total expenditure:						
Expenditure on social sector	21.4	20.6	19.7	20.4	22.0	22.2
Education	10.6	10.3	9.7	9.9	10.2	10.6
Health	4.4	4.5	4.4	4.5	5.0	5.1
Others	6.4	5.8	5.7	6.0	6.9	6.5
As percentage of social sector expenditure						
Education	49.4	49.9	49.0	48.5	46.2	47.6
Health	20.7	21.7	22.2	22.1	22.6	23.0
Others	29.9	28.4	28.8	29.5	31.2	29.4
Source : Budget documents of Union and State Governments/RBI.						

expenses, are collected from a 365-day recall period, and the consumption data for the remaining items are collected from a 30-day recall period) is used. The corresponding URP-based poverty estimate for 1993-94 was 36.0 per cent. The MRP-based poverty estimate of about 22 per cent in 2004-05 is roughly but not strictly comparable with the poverty estimates of 26.1 per cent in 1999-2000.

Poverty alleviation and employment generation programmes

10.7 To accelerate the reduction in poverty and increase in employment, a number of poverty alleviation, employment generation and basic services programmes are being implemented at present (Box 10.2). Fully recognising the centrality of the panchayats in effectively implementing poverty alleviation and most other social sector programmes, Government has set up the Ministry of Panchayati Raj to carry forward the process of empowerment of panchayati raj institutions (PRIs). A number of steps have been taken to devolve functions to PRIs in line with the Constitutional mandate. The annual outlay for this sector for 2006-07(BE) of Rs.3,825 crore includes Rs.3,750 crore for the newly created Backward Regions Grant Fund (BRGF) for the 250 most backward districts of the country.

Employment and unemployment

10.8 Like for poverty, the latest and seventh quinquennial NSS survey, namely the 61st

round conducted during July 2004-June 2005, constitutes an important source of information on employment and unemployment. The 61st round of the NSSO survey reveals a faster increase in employment during 1999-2000 to 2004-05 as compared to 1993-94 to 1999-2000 (Table 10.4).

10.9 The Tenth Five Year Plan (2002-07) aimed at provision of gainful and high quality employment in excess of addition to the labour force to reduce the number of unemployed significantly by the end of the Plan. The Tenth Plan advocated the need to increase the employment content of growth by promoting sectors and activities, which employ more labour per unit of output. On the whole, the Tenth Plan aimed at the creation of approximately 50 million employment opportunities – 30 million from the normal process of growth and additional 20 million from special initiatives – during a period of five years. The results of the 61st NSSO round show that above 47 million persons were provided employment during 2000 to 2005.

10.10 Net annual addition to employment on Usual Principal Status (UPS) basis went up from 5.47 million during 1993-94 to 1999-2000 to 9.58 million during 1999-2000 to 2004-05. Simultaneously, however, according to the 61st round estimates, during 1999-2000 to 2004-05, labour force grew even faster at an annual 2.54 per cent compared to annual employment growth of 2.48 per cent. As a result, despite the faster growth of employment, unemployment (on UPS basis) was higher at 3.06 per cent of the labour force

Table 10.4 : Employment and unemployment (by Usual Principal Status)

	1983	1993-94	1999-2000	2004-05	1983 to 1993-94	1993-94 to 1999-2000	1999-2000 to 2004-05
	In million				Growth in per cent per annum		
Labour Force	277.34	343.56	377.88	428.37	2.06	1.60	2.54
Workforce	269.36	334.54	367.37	415.27	2.09	1.57	2.48
Number of unemployed	7.98	9.02	10.51	13.10
As a proportion of labour force in per cent							
Unemployment rate	2.88	2.62	2.78	3.06

Source : Various rounds of NSSO Survey on employment and unemployment.

**Box 10.2 : Poverty alleviation, employment generation and basic services programmes:
current Status**

(a) Pradhan Mantri Gram Sadak Yojana (PMGSY)

Launched on December 25, 2000 as a 100 per cent Centrally Sponsored Scheme (CSS), the primary objective of PMGSY is to provide all-weather connectivity to all the eligible unconnected habitations in the rural areas. Up to December 2006, with cumulative expenditure of Rs. 18,281 crore about 107,569 km of road works has been completed.

(b) Indira Awaas Yojana (IAY)

IAY is a CSS funded on cost-sharing basis between the Centre and the States in the ratio of 75:25. In the case of UTs, the entire funds are provided by Centre. The target groups for housing under IAY are households below poverty line living in rural areas, particularly those belonging to SC/ST and freed bonded labourers. Up to December 2006, with cumulative expenditure of Rs. 29,246.27 crore, 153 lakh houses have been constructed/ upgraded.

(c) Swarnjayanti Gram Swarojgar Yojana (SGSY)

SGSY, a holistic self-employment generation programme, was launched from April 1, 1999 by restructuring the earlier Integrated Rural Development Programme (IRDP) and allied programmes. The emphasis of SGSY is on a focused approach to poverty alleviation, capitalising advantages of group lending and overcoming the problems associated with a multiplicity of programmes. SGSY is funded on the same sharing basis as IAY. Up to December 31, 2006, 24.38 lakh self-help groups (SHGs) have been formed and 73.25 lakh swarogaries have been assisted with a total outlay of Rs.16,443.66 crore.

(d) Sampoorna Grameen Rozgar Yojana (SGRY)

SGRY, launched on September 25, 2001 to provide additional wage employment in the rural areas, has a cash and food grains component. The cash-component of SGRY is funded on the same sharing basis as IAY and SGSY, while foodgrains are provided free of cost to the States and UTs. In 2005-06, 82.18 crore person-days of employment were generated with the Centre releasing Rs. 5497.43 crore as cash component and about 37.30 lakh tonnes of food grains to the States/UTs. Besides, under the special component of the SGRY, with the States/UTs meeting the cash components, Centre released 15.64 lakh tonnes of food grains to the 11 calamity affected States. In 2006-07 up to October 31, 2006, the number of person-days of employment generated under SGRY was 18.41 crore while the Centre's contributions in terms of cash and food grains component up to December 31, 2006 were Rs. 2,762 crore and 16.67 lakh tonnes, respectively. Under the special component, about 4.44 lakh tonnes of food grains have been released to calamity-hit States in the current year up to December 2006.

(e) DPAP, DDP and IWDP

Drought Prone Areas Programme (DPAP) was launched in 1973-74 to tackle the special problems faced by areas constantly affected by severe drought conditions. While Desert Development Programame (DDP) was launched in 1977-78 to mitigate the adverse effects of desertification, the Integrated Wasteland Development Progrmame (IWDP) has been under implementation since 1989-90 for the development of wastelands/ degraded lands. The basis of implementation of all three programmes has been shifted from sectoral to watershed basis from April 1995. So far, in 2006-07 up to January 31, 2007, 3,076 new projects covering 15.38 lakh ha, 2,270 new projects covering 11.35 lakh ha and 463 new projects covering 21.08 lakh ha have been sanctioned under DPAP, DDP and IWDP, respectively.

(f) Swarna Jayanti Shahari Rozgar Yojana (SJSRY)

In December 1997, the Urban Self-Employment Programme (USEP) and the Urban Wage Employment Programme (UWEP), which are the two special components of the SJSRY, substituted for various programmes operated earlier for urban poverty alleviation. The SJSRY is funded on the same sharing basis as IAY and SGSY. The number of urban poor assisted for setting up micro/group enterprises in 2005-06 was 0.98 lakh against a target of 0.80 lakh; while in the current year, against a target of 1.20 lakh, 0.53 lakh was achieved by December 31, 2006. The number of urban poor imparted skill training in 2005-06 was 1.42 lakh against a target of 1 lakh. In the current year, against a target of 1.50 lakh, 0.72 lakh was achieved by December 31, 2006. Under UWEP, the mandays of employment generated was 43.48 lakh in 2005-06 and 1.78 lakh in the current year till now. Coverage of beneficiaries under the community structure component was 337.4 lakh both in 2005-06 and the current year up to December 31, 2006.

(g) Valmiki Ambedkar Awas Yojana (VAMBAY)

VAMBAY, launched in December 2001, facilitates construction and upgradation of dwelling units for slum dwellers, and provides a healthy and enabling environment through community toilets under Nirmal Bharat

Abhiyan, a component of the scheme. The Central Government provides a subsidy of 50 per cent, with the balance provided by the State Governments/Union Territories. Cumulatively, up to March 2006, Rs. 936.63 crore had been released as Central subsidy for the construction/upgradation of 4,58,630 dwelling units and 65,331 toilets seats. For 2006-07, Central allocation of Rs. 75 crore has been made for meeting the committed liabilities for on-going projects. VAMBAY has been subsumed in Integrated Housing and Slum Development Programme (IHSDP) launched along with Jawaharlal Nehru National Urban Renewal Mission (JNNURM) on December 3, 2005.

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

JNNURM, which is for a seven year period from 2005-06, has two main components – Basic Services to the Urban Poor (BSUP) Programme and Integrated Housing and Slum Development Programme (IHSDP). BSUP was launched to assist cities and towns in taking up housing and infrastructural facilities for the urban poor in 63 selected cities in the country. IHSDP for taking up housing and slum upgradation programmes in non-BSUP cities was launched along with BSUP in December 2005. The allocation for JNNURM in 2006-07 (BE) is Rs. 4,900 crore.

(i) National Rural Employment Guarantee Scheme (NREGS)

With the NREG Act being passed in September, 2005, the NREGS was implemented from February 2, 2006 in 200 identified districts of the country with the objective of providing 100 days of guaranteed unskilled wage employment to each rural household opting for it. The ongoing programmes of SGRY and National Food for Work Programme (NFFWP) have been subsumed under NREGS in these districts. NREGS will cover all districts of the country within five years. The NREGS, a demand-driven scheme, has its focus on works relating to water conservation, drought proofing (including afforestation/tree plantation), land development, flood-control/protection (including drainage in waterlogged areas) and rural connectivity in terms of all-weather roads. Of the Rs. 11,300 crore allocated for NREGS in 2006-07(BE), Rs. 6,714.98 crore was released up to January 31, 2007. Till January 31, 3.47 crore job cards have been issued; and of the 1.50 crore households who have demanded employment, 1.47 crore households have been provided employment. Under the scheme, up to December 2006, of the 53.65 crore person-days of employment generated, 21.13 crore were for women; and of about 5.81 lakh works taken up, 2.34 lakh were completed.

in 2004-05 compared to 2.78 in 1999-2000. Incidence of unemployment had come down from 2.88 per cent in 1983 (38th round) to 2.62 per cent in 1993-94 (50th round).

10.11 It appears that the increase in unemployment between the 55th and 61st

rounds of NSSO was primarily because of an increase in such unemployment incidence for females, both in the rural and urban areas (Table.10.5). Furthermore, while unemployment among males declined in terms of UPS and current weekly status (CWS), it increased by the current daily status

Table 10.5 : Unemployment rates for 55th round (1999-2000) and 61st round (2004-05) of the NSSO

(all-India)

Round	Rural					
	Males			Females		
	Usual	CWS	CDS	Usual	CWS	CDS
55th (1999-2000)	2.1	3.9	7.2	1.5	3.7	7.0
61st (2004-05)	2.1	3.8	8.0	3.1	4.2	8.7
Round	Urban					
	Males			Females		
	Usual	CWS	CDS	Usual	CWS	CDS
55th (1999-2000)	4.8	5.6	7.3	7.1	7.3	9.4
61st (2004-05)	4.4	5.2	7.5	9.1	9.0	11.6

Usual: Usual Principal Status, CWS: Current Weekly Status, CDS: Current Daily Status

Source: NSSO's 61st Round Survey on Employment and Unemployment conducted during July 2004 - June 2005.

(CDS) both in rural and urban areas. There are analytical differences (for example, chronic unemployment versus that of the intermittent and disguised variety) in the nature of unemployment according to the UPS, CWS and CDS status. More expert analysis of the recently released data from the 61st NSSO round will reveal the root causes as well as the probable remedies.

10.12 The reversal of the declining trend in employment growth – from an annual 2.1 per cent in the ten years ending in 1993-94 to 1.6 per cent in the five years ending in 1999-2000 to 2.5 per cent in the five years ending in 2004-05 is an encouraging development. Nevertheless, there is need for faster employment growth for not only absorbing the addition to the labour force, particularly with the ongoing demographic changes, but reducing the unemployment rate. The share of agriculture in total employment has come down from 61.67 per cent in 1993-94 to 58.54 per cent in 1999-2000, and further to 54.19 per cent in 2004-05. With the declining share of agriculture in GDP, the scope for absorbing substantial additional labour force in agriculture appears limited. While construction and services, particularly transport, storage & communication, contributed in maintaining employment growth in the economy, employment growth in manufacturing fell short of its potential.

Employment in Organized Sector

10.13 Employment growth in the organized sector, public and private combined, declined during the nineties. Annual employment growth in establishments covered by Employment Market Information System of

Ministry of Labour decelerated from 1.20 per cent during 1983-1994 to –0.38 per cent per annum during 1994-2004 (Table 10.6).

10.14 This deceleration happened in spite of an acceleration in annual employment growth in the private sector from 0.44 per cent to 0.61 per cent during the reference periods, as this acceleration was not enough to make up for the corresponding decline of employment in the public sector. However, the latter decline was mainly due to a decrease in employment in public sector establishments, whereas the private sector showed acceleration in the pace of growth in employment from 0.44 per cent to 0.61 per cent per annum (Table 10.6). While the rightsizing of the public sector, whose primary objective is to deliver essential services such as education, health, roads and irrigation and not for providing direct employment, is a welcome development and should continue, there is an urgent need to step up employment growth in the organized private sector.

10.15 The Approach paper to the Eleventh Plan targets generation of additional employment opportunities in services and manufacturing, in particular, labour intensive manufacturing sectors such as food processing, leather products, footwear and textiles, and in service sectors such as tourism and construction. It calls for elimination of distorting fiscal incentives which foster capital intensity; infrastructure investment; removal of distortions that hinder competition, prevent entry and discourage graduation from unorganized to organized status; and greater emphasis on vocational training and skill development to improve employability of youth. As Village and Small Scale Enterprises (VSE) will have to provide most of the new employment during the Eleventh Plan, the Approach Paper also calls for redressing the problems faced by VSE units and home based workers, particularly women, such as non-availability of timely and adequate credit, unreliable or absence of power supply, requirement of permission from a number of government agencies and burden of multiple inspections. Some direct employment will also be available in the social

Table 10.6 : Annual Growth of Employment in Organized Sector

(In per cent)

	1983-1994	1994-2004
Public Sector	1.53	-0.80
Private Sector	0.44	0.61
Total Organized	1.20	-0.38

sectors like health and education. Moreover, wage employment programmes like the NREGS will help.

Education

10.16 A broad objective of the National Policy on Education (NPE), 1986 modified in 1992 has been that education should play a positive and interventionist role in correcting social and regional imbalances, empowering women and in securing rightful place for the disadvantaged and the minorities. At the international level, India is committed to the 'Millennium Development Goals' and 'Education For All'. At the national level there is the commitment under the NCMP for increasing public expenditure on education to 6 per cent of GDP and for universalizing elementary education. There is also an obligation, under the Constitution's 86th Amendment, for making available free and compulsory education to all children in the age group of 6-14 years. To achieve these objectives, a number of programmes are being implemented out of which the two flagship programmes of the Government are the Sarva Shiksha Abhiyan and the Mid-Day Meal Scheme.

Sarva Shiksha Abhiyan (SSA)

10.17 The goals of SSA are:

- i) All children of 6-14 age in school/ EGS (Education Guarantee Scheme) centre/bridge course by 2005;
- ii) Bridge all gender and social category gaps at primary stage by 2007 and at elementary education level by 2010;
- iii) Universal retention by 2010;
- iv) Focus on elementary education of satisfactory quality with emphasis on education for life.

10.18 Implemented in partnership with the States, SSA addresses the needs of 194 million children in the age group of 6-14 years. Under the scheme, 9.72 lakh existing primary and upper primary schools and 36.95 lakh existing teachers have been covered. The

achievements of SSA till September 30, 2006 include opening of 1,64,477 new schools, construction of 97,999 School buildings, construction of 2,81,001 additional classrooms, 1,50,202 drinking water facilities, construction of 1,93,608 toilets, supply of free textbooks to 5.78 crore children and appointment of 6,66,840 teachers. About 30 lakh teachers receive in-service training each year. There has been a significant reduction in the number of out of school children on account of SSA interventions. State/UTs have reported that as on March 31, 2006, there were 70.5 lakh children in the 6-14 age group who were not enrolled in a school. Allocation for SSA was increased by 41.0 per cent from Rs. 7,800 crore in 2005-06 (RE) to Rs. 11,000 crore in 2006-07(BE).

Mid-Day Meal (MDM) Scheme

10.19 Under the MDM scheme, cooked mid-day meal with a nutritional content of 450 calories and 12 grams protein is served to children studying at primary level in government, government-aided, and local body schools; and in Education Guarantee Scheme (EGS)/Alternative & Innovative Education (AIE) Centres. The Scheme is being implemented by all States/UTs. About 12 crore children studying in over 9.50 lakh schools are presently covered under the scheme. In order to improve the quality of meal, the Scheme was last revised in June, 2006. The cooking cost norm has been fixed at Rs. 2 per child per school day, with Rs. 1.80 as Central assistance for North East States and Rs. 1.50 for other States and UTs. Recognizing the need for appropriate infrastructure, assistance for construction of 94,500 kitchen-cum-stores was sanctioned for the first time to States in 2006-07(BE). Similarly, assistance to States has been provided at the rate of Rs. 5,000 per school to procure/repair kitchen devices. MDM scheme has helped in promoting school participation, preventing classroom hunger, instilling educational values and fostering social and gender equity. Allocation for MDM scheme was Rs.5,348 crore in 2006-07(BE).

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

10.20 Launched in July, 2003 as a focused intervention aimed at enhancing girls' education, NPEGEL provides for development of a "model school" in every cluster with more intense community mobilization and supervision of girls' enrolment in schools. Gender-sensitization of teachers, development of gender-sensitive learning materials and provision of need-based incentives like stationery, workbooks and uniforms are some of the objectives under NPEGEL. It is being implemented in about 3,164 educationally backward blocks in 25 States.

10.21 Under NPEGEL, around 31,450 model schools have been developed, 1.97 lakh teachers have been gender-sensitized, skill building provided to girls on diverse trades and life skills; 10,419 additional classrooms constructed for bridge courses; teacher training and skill building activities imparted to girls; and over 51,345 Early Childhood Care and Education (ECCE) centres are being supported in areas not covered by Integrated Child Development Services (ICDS) scheme to help free girls from sibling care responsibilities and attend schools. Free uniforms have been given as a direct educational incentive to about 2 crore girls in educationally backward blocks. 1.84 crore girls have been benefited under NPEGEL till October 31, 2006. Outlay for NPEGEL is Rs.813.36 crore in 2006-07(BE).

Kasturba Gandhi Balika Vidyalaya (KGBV) Scheme

10.22 KGBV is a scheme launched in July 2004 for setting up residential schools at upper primary level for girls belonging predominantly to the SC, ST, OBC and minority communities. It is being implemented in educationally backward blocks of the country where female rural literacy is below the national average and gender gap in literacy is above the national average. The scheme provides for a minimum reservation of 75 per cent of the enrolment for girls from SC, ST, OBC or minority communities. For the

remaining 25 per cent, priority is accorded to girls from families below poverty line.

10.23 Funded on cost-sharing basis between the Government and the States in the ratio of 75:25, KGBV scheme is being implemented in 24 States and 1 Union Territory. Of the 1,180 KGBVs sanctioned by Government, by September 30, 2006, 782 had been operationalised with 52,186 girls – of whom, 13,779 are SCs and 14,637 are STs enrolled in them.

Adult Education

10.24 The objective of the National Literacy Mission (NLM) is to impart functional literacy to non-literates in the 15-35 age-group. The goal of the Mission is to achieve sustainable threshold literacy rate of 75 per cent by 2007. The main programmes of the Mission include Total Literacy Campaign to provide basic literacy to the non-literates, followed by Post-Literacy Programme for the reinforcement of the literacy skills to the neo-literates and the Continuing Education Programme to provide facilities for life-long education to the community at large. At present, 101 districts are implementing Total Literacy Campaigns, 171 districts Post-Literacy Programmes and 325 districts Continuing Education Programmes.

10.25 The scheme of Continuing Education is now the flagship programme of the NLM. As more neo literates emerge out of the literacy campaigns, the thrust is on providing continuing and life-long learning to these people. For this purpose, the focus is on setting up Continuing Education Centres (CECs) and Nodal Continuing Education Centres (NCECs) which serve a population of about 2,000-2,500 people and provide facilities of library, reading room, learning centre, sports and cultural activities, information window, *churha mandal* (discussion groups) and target specific programmes, individual interest promotion programmes and income generation programmes. In the reading room and library set up in the CECs, a variety of books on different topics specially prepared for the neo-

literate by the State Resource Centres as well as magazines and newspapers are made available.

10.26 In addition, 194 Jan Shikshan Sansthan have been set up to provide vocational training to the neo-literates and backward sections of the society and 26 State Resource Centres have been established for providing academic and technical resource support for the literacy programmes. A special drive is in operation in 134 districts which have the lowest literacy rates in the country. The drive has a special focus on the minority groups, SCs, STs, women and other backward sections of the society by drawing up implementation strategies suited to their specific needs.

Secondary Education

10.27 Secondary education, which has a 2+2 structure and starts with classes IX-X leading to higher secondary classes XI-XII, prepares young persons in the age group 14-18 for entry into the world of higher education and work. The number of secondary and higher secondary schools has increased from 7,416 in 1950-51 to 1,52,049 in 2004-05. The corresponding increase in total enrolment has been from 1.5 million in 1950-51 to 37 million in 2004-05. While gross enrolment ratio (GER), which shows total enrolment in secondary stage (IX-XII class) as a proportion of total population in the relevant age-group, has also increased steadily from 19.3 per cent in 1990-91 to 39.91 per cent in 2004-05, it continues to be low. GER for Class IX-X (14-16 years) was 51.55 per cent and for Class XI-XII (16-18 years) was 27.82 per cent on September 30, 2004. With rapid scientific and technological changes, the productivity and average earning of a secondary school certificate holder is significantly higher than that of a person who has studied only up to class VIII. There is a need to increase the GER at the secondary level, particularly now that the SSA aims to enroll all children of elementary school going age in elementary schools by 2010, and the target should be to provide a secondary school within 5 kilometers of any habitation during the

Eleventh Plan period. Not only universal enrolment, but universal retention and satisfactory quality of learning should also be priority areas.

10.28 The intervention of the Central Government in secondary education has primarily been in two areas (i) through apex level bodies, and (ii) through various CSSs. Central Government supports autonomous organizations like National Council of Educational Research and Training (NCERT), Central Board of Secondary Education (CBSE), Kendriya Vidyalaya Sangathan (KVS) and Navodaya Vidyalaya Sangathan (NVS) and Central Tibetan School Administration (CTSA), the first one for providing research and policy support to the Central and State Governments, CBSE for affiliating Secondary Schools and the remaining three for their own school systems. There are 919 functional Kendriya Vidyalayas and 539 Navodaya Vidyalayas which are pace setting schools in the country.

Higher Education

10.29 There has been an impressive growth in the area of higher education with an increase in annual student enrolment from 7.26 million in 1997-98 to 10.48 million in 2004-05. Enrolment of women students rose from 2.45 million in 1997-98 to 4.04 million in 2004-05, constituting 40.4 per cent of the total enrolment. As per NSSO survey (55th Round 1999-00), there were inequalities in enrolment in higher education across various social groups in rural and urban areas, and also in terms of gender. Women belonging to SCs and STs and those living in rural areas are the most disadvantaged.

Demography and Health

10.30 According to the Technical Group on Population Projections constituted by the National Commission on Population, May 2006, annual population growth is expected to gradually decelerate from 1.6 per cent in the five years ending in 2006 to 0.9 per cent in the five years ending in 2026 (Table 10.7). India's population, which is estimated to have gone up from the Census 2001 figure of 1029

Table 10.7 : India : Population projections (in millions)

Year	2001	2006	2011	2016	2021	2026
Total	1,029	1,112	1,193	1,269	1,340	1,400
Below 15 years	365*(364)	357	347	340	337	327
15-64 years	619*(613)	699	780	851	908	957
Above 65 years	45*(49)	56	66	78	95	116

Notes: *Figures are as per smoothing of age-groups for working out population projections. Figures in parenthesis are as per Census of India 2001. These figures will not tally with the total since 'age not stated' is excluded.

2001 figures exclude the population of Paomata, Mao-Maram and Purul sub-divisions of Senapati district of Manipur.

Source: Population Projections for India and States 2001-2026 – Census of India 2001: Report of the Technical Group on Population Projections constituted by the National Commission on Population, May 2006.

million to 1112 million in 2006, is projected to increase to 1400 million by 2026.

10.31 The well-known 'demographic dividend' will manifest in the proportion of population in the working age group of 15-64 years increasing steadily from 62.9 per cent in 2006 to 68.4 per cent in 2026. The actual tapping of this demographic dividend will, however, depend a lot on ensuring proper healthcare and other human resource development such as education.

10.32 Healthcare is important not only for reaping the demographic dividend, having a healthy productive workforce and general welfare, but also for attaining the goal of population stabilization. Population stabilization is proposed to be achieved by addressing issues like child survival, safe motherhood and contraception. There has been some improvement in the quality of health care over the years (Table 10.8), but wide inter-State, male-female and rural-urban

Table 10.8 : India — Selected health indicators

Sl. No.	Parameter	1951	1981	1991	Current level
1	Crude birth rate (CBR) (Per 1000 population)	40.8	33.9	29.5	23.8 (2005)
2	Crude death rate (CDR) (Per 1000 population)	25.1	12.5	9.8	7.6 (2005)
3	Total fertility rate (TFR) (Per woman)	6.0	4.5	3.6	2.9 (2005)
4	Maternal mortality ratio (MMR) (Per 100,000 live births)	NA	NA	437 (1992-93) NFHS	301 (2001-03)
5	Infant mortality rate (IMR) (Per 1000 live births)	146 (1951-61)	110	80	58 (2005)
6	Child (0-4) mortality rate (Per 1000 children)	57.3 (1972)	41.2	26.5	17.0 (2004)
7	Couple protection rate (per cent)	10.4 (1971)	22.8	44.1	48.2 (1998-99) NHFS
8	Life expectancy at birth				
	8.1 Male	37.2	54.1	59.7 (1991-95)	63.87 (2001-06)
	8.2 Female	36.2	54.7	60.9 (1991-95)	66.91 (2001-06)

Source : Office of Registrar General India; NFHS: National Family Health Survey; NA: Not Available.

disparities in outcomes and impacts continue to persist. While population stabilization is in the Concurrent List, health is a State subject. The reproductive and child health services reach community and household levels through the primary health care infrastructure. Inadequacies in the existing health infrastructure have led to gaps in coverage and outreach services in rural areas. Empirical studies suggest that education, income and the overall quality of the State administration are often more important than specific public health interventions in explaining the differences in demographic and health indicators.

10.33 India's position on health parameters compared even to some of its neighbours continues to be unsatisfactory. India compares poorly not only with China and Sri Lanka, but also Bangladesh and Nepal with respect to some indicators (Table 10.9).

National Rural Health Mission (NRHM)

10.34 NRHM is the main vehicle for giving effect to the mandate of the NCMP. Operationalized throughout the country, its special focus is on 18 States with weaker health infrastructure and health status indicators. Provision of accessible, affordable, accountable, effective and reliable primary

health care facilities especially to the poor and vulnerable sections of the population, bridging the gap in rural health care services through creation of a cadre of Accredited Social Health Activists (ASHA), improved hospital care, decentralized planning, ensuring population stabilization, intersectoral convergence and maintaining gender balance constitute the basic features of the NRHM.

10.35 The Mission envisaged selection of a trained female community health worker called ASHA in each village in the ratio of one per 1000 population in all 18 high-focus States and in tribal and under-served areas of other States. ASHA would reinforce community action for universal immunization, safe delivery, newborn care, prevention of water-borne and other communicable diseases, nutrition and sanitation. ASHAs would work in close coordination with the Anganwadi Workers (AWW). ASHAs would also provide immediate and easy access for the rural population to essential health supplies like Oral Rehydration Solution (ORS), contraceptives, a set of ten basic drugs, and a health communication kit developed for villages.

Strengthening of Primary Health Infrastructure & Improving Service delivery

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

Table 10.9 : Some health parameters: India and its Neighbours

Country	Life expectancy at birth (years)	Under-five mortality rate (per 1,000 live births)		Infant mortality rate (per 1,000 live births)		Maternal mortality ratio (per 100,000 live births)
		1990	2004	1990	2004	
	2000-05	1990	2004	1990	2004	2004
China	71	49	31	38	26	51
India	63	123	85	80	62*	540*
Nepal	61	145	76	100	59	740
Pakistan	63	128	101	96	80	530
Sri Lanka	74	23	14	19	12	92
Bangladesh	63	144	77	96	56	380
South Asia	63	126	84	84	62	NA

NA : Not available.

* Figures shown for India are at variance with the official figures of the Office of Registrar General of India (RGI) for MMR and IMR. Data shown in the table are as per the methodology and adjustment made by UNDP.

Source : UNDP, Human Development Report 2006.

Table 10.10 : Trends in health care infrastructure			
	1951	1991	2005 (Period/Source)
SC/PHC/CHC	725	57353	171608 *
Dispensaries and Hospitals (all)	9209	23555	27770 **
Beds (Private & Public)	117198	569495	914543 (all types)**
Nursing Personnel	18054	143887	865135 @
Doctors (Modern System)	61800	268700	656111 @
* RHS: Rural Health Statistics, 2006.			
** Health Information of India, 2004.			
@ National Health Profile, 2005.			

over the plan period (Table 10.10) as per the Rural Health Infrastructure Bulletin 2006, there is a shortage of 19,269 Sub-Centres(SCs), 4,337 Primary Health Centres (PHCs) and 3,206 Community Health Centres (CHCs) as per 2001 population norm. Further, almost 50 per cent of the existing health infrastructure is in rented buildings. Last but not the least, poor upkeep and maintenance, and high absenteeism of manpower in rural areas, have eroded the credibility of the health delivery system in the public sector. NRHM seeks to strengthen the public health delivery system at all levels. All the facilities are also being provided untied funds to enable the local management committee to carry out locally relevant initiatives for better service delivery. Flexible, decentralized planning is the pivot on which the entire concept of the Mission revolves.

10.37 The NRHM seeks to strengthen service delivery by ensuring community ownership of the health facilities (Box 10.3). The success of decentralized planning process under NRHM hinges on the capacity of the districts and the States. The management capacity at the States, districts and blocks is being strengthened with the constitution of the Programme Management Units (PMUs) with professionals including MBAs, Chartered Accountants, and computer experts etc. These professionals have been assigned specific roles and a training component has been built in to make management effective.

10.38 The UNICEF evaluation conducted over 2006 has indicated that the coverage of

immunization has improved from 52.8 per cent for full immunization in 2000-01 to 54.5 per cent during 2004-05. Janani Suraksha Yojana (JSY) has been launched all over the country to promote safe delivery, and incentives are being provided to BPL families for institutional delivery. During 2005-06, over 6 lakh beneficiaries of JSY were reported by the States and during 2006-07, till December 2006, 12 lakh beneficiaries have been reported under JSY by the States. Outlay on NRHM has gone up by 23 per cent from Rs.6,731 crore in 2005-06(RE) to Rs.11,505 crore in 2006-07(BE).

Reproductive and Child Health (RCH-II) Program

10.39 The Second phase of Reproductive and Child Health (RCH-II) Program, launched on April 1, 2005 for a period of 5 years, intends to improve the performance of family welfare in reducing maternal and infant morbidity and mortality, and unwanted pregnancies, and thus lead to population stabilization. Reoriented and revitalized to give a pro-poor focus, the programme is envisaged as an umbrella programme by integrating all the related and inter-linked stand alone schemes into a single composite programme. With a sector-wide approach to family welfare, it adopts a decentralized process by inviting each State/ UT to prepare its own implementation plan on the basis of a situational analysis of ground realities and requirements. Funds approved for RCH II went up from Rs.1,523.75 crore to Rs.1,871.67 crore between 2005-06(RE) and 2006-07(BE).

Box 10.3 : Achievements of NRHM

- 3.19 lakhs ASHAs selected and in position after orientation in 18 high focus States and tribal areas of other States.
- 68,000 Sub-Centres have become functional
- 2045 CHCs identified to be upgraded to Indian Public Health Standards.
- Facility surveys completed in 1,452 CHCs.
- Integrated Management of Neo-natal Childhood Illness (IMNCI) started in 25 States.
- Over 1 lakh Health and Sanitation Committees constituted by States.
- 8,080 Rogi Kalyan Samitis set up at different facilities.
- 228 Mobile Medical Units operationalized by States.
- 22,655 doctors, Auxiliary Nurse Midwives (ANMs) and other para-medicos appointed on contract basis by the States.
- Comprehensive training plan developed in the critical areas of (i) skilled birth attendants, (ii) emergency obstetric care, (iii) no scalpel vasectomy, and (iv) anesthesia.
- Over 1000 management/accounting professionals (CA/MBA) appointed in States to support NRHM.
- Over 10 lakh monthly health and nutrition days being organized at Anganwadi Centres.
- Japanese Encephalitis (JE) vaccination completed in 11 districts of 4 States and 93 lakh children immunized.
- Evaluated immunization coverage reported at 54 per cent.
- Neo-natal tetanus eliminated from 7 States.
- 299 Mother NGOs appointed under partnership arrangements with NGO stakeholders.
- Mainstreaming of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) in 1594 PHCs and 2315 AYUSH practitioners co-located in PHCs.
- National Health Resource Centre at central level finalized for manpower training. State and District Health Missions have been constituted in all States. To strengthen management capacities in the States, PMUs have been set up under NRHM and 392 districts have reported functioning PMUs

Universal Immunization Programme

10.40 Under this programme, vaccines are given to infants and pregnant women for controlling vaccine-preventable diseases, namely childhood Tuberculosis (BCG), Diphtheria, Pertussis and Tetanus (DPT), Measles, Poliomyelitis (OPV) and Neonatal Tetanus (NNT). The programme was first launched in the urban areas in 1985. The coverage was progressively extended to cover the entire country by 1990. Between 1988 and 2005, there has been a decline of 40 per cent in Diphtheria, 69 per cent in Pertussis, 66 per cent in Measles, 92 per cent in NNT and 99 per cent in Polio cases.

Pulse Polio Programme

10.41 An outbreak of Polio has been witnessed in the recent past with the spread of polio virus. During 2006, 666 cases have been reported. To respond to this,

supplementary immunization activities have been intensified in the high risk areas.

National Vector Borne Disease Control Programme

10.42 The National Vector Borne Disease Control Programme (NVBDCP) is an umbrella programme for prevention and control of vector borne diseases and the objectives are in tandem with the goals set out in the NHP 2002 and Millennium Development Goals (MDGs). Annual incidence of malaria came down from 1.82 million cases reported with 963 deaths in 2005 to 1.2 million cases reported with 961 deaths in 2006(Provisional). In some pockets, where the parasite has developed resistance to widely used anti-malaria drug Chloroquine, Government has introduced a new drug combination of Artemisinin plus Sulfadoxine-Pyremethamine for treating such cases.

Rapid Diagnostic Tests (RDTs) for quick detection of malaria cases are also being scaled up for use by trained health workers/volunteers, especially in remote, inaccessible areas with inadequate microscopy facility. Use of insecticide treated bed nets is being promoted for personal protection besides use of insecticides for indoor residual spray in high risk areas for malaria control. Introduction of larvivorous fish in water collections are being actively encouraged for control of mosquito breeding. The success of these interventions depends on the community participation. Filariasis is a chronic debilitating disease associated with disfigurement and social stigma. To achieve the goal of elimination of Lymphatic Filariasis by year 2015, Government launched nationwide annual Mass Drug Administration (MDA) with annual single recommended dose of DEC tablets in addition to scaling up home-based foot care and hydrocele operations. In 2005, all 20 endemic States/UTs except Tamil Nadu implemented MDA covering around 500 million population.

10.43 Under Kala-azar, where the incidence of cases is fluctuating, timely and quality indoor residual spraying with DDT for vector control, complete treatment of patients and intensive social mobilization are being stressed upon. Japanese Encephalitis (JE) has been reported from many States in the country. Andhra Pradesh, Assam, Bihar, Haryana, Karnataka, Kerala, Maharashtra, Tamil Nadu, Uttar Pradesh and West Bengal have recorded repeated occurrences and outbreaks. During 2005, there was an epidemic outbreak in Uttar Pradesh with total number of cases increasing to 6,727 and 1,682 deaths. In 2006, 2832 suspected cases of JE/viral encephalitis have been reported with 658 deaths. There is no specific treatment for JE.

10.44 Dengue is a viral disease where focal outbreaks were recorded mainly from urban areas. But, in recent years, dengue is increasingly being reported from semi-urban and rural areas, due to expanding urbanization and lifestyle changes. In 2005, 11,985 cases and 157 deaths and in 2006, 10,891 cases

with 171 deaths have been reported. As there is no specific treatment for dengue, the emphasis is on avoidance of mosquito-breeding conditions in homes and workplaces, and minimizing the man-mosquito contact. Community awareness and participation, inter-sectoral collaboration and appropriate civil bye laws and building bye laws are crucial for effective control of dengue. *Chikungunya* is a debilitating non-fatal viral illness which reappeared after a long period in 2006. The reported number of Chikungunya suspected cases up to the end of 2006 is 1.39 million. There have been no reported deaths directly related to Chikungunya.

National Tuberculosis Control Programme

10.45 The Revised National TB Control Programme (RNTCP) using Directly Observed Treatment Short-course (DOTS) strategy is being implemented with the objective of covering at least 85 per cent of new sputum positive patients to be put on treatment and detection of at least 70 per cent of such patients. Under implementation since 1997, the entire country has been covered by March 2006. Till date, the RNTCP has placed more than 65 lakh patients on DOTS treatment, averting more than 11.78 lakh deaths. Overall performance of RNTCP is as per expectation with cure/treatment completion rate consistently above 85 per cent and death rate reduced to less than 5 per cent among registered TB patients.

National AIDS Control Programme

10.46 It is estimated that there were about 5.2 million HIV infections in the country in 2005 with sexual transmission as major mode of transmission. However, transmission through other routes like use of infected syringes and needles by Injecting Drug Users (IDUs), through infected blood and blood products and from mother to child do occur. Up to November, 2006, 1.6 lakh cases have been reported by the National AIDS Control Programme. The first phase of the project on AIDS was launched in 1992. Encouraged by the progress achieved, a second phase was formulated by the Government in 1999 with two key objectives (i) to reduce the spread of

HIV infection in India; and (ii) strengthen India's capacity to respond to HIV/AIDS on a long-term basis. These objectives are being achieved through prevention interventions among high risk groups and among the general population and by providing care and support services for people living with HIV and AIDS. The total outlay for Second Phase of the National AIDS Control Programme (NACP-II) was Rs.2,064.65 crore. The programme has five components viz. (i) priority targeted intervention for populations at high risk, (ii) preventive intervention for the general population, (iii) low-cost care for people living with HIV/AIDS, (iv) institutional strengthening, and (v) inter-sectoral collaboration.

National Leprosy Eradication Programme

10.47 The goal of elimination of Leprosy (less than 1/10,000 population) at the national level was achieved as scheduled in December, 2005 with 26 States/UTs achieving elimination in 2005 and Orissa in 2006-07. The programme has been decentralized in all the States. The prevalence rate has come down further to 0.85/10,000 population by May, 2006. Leprosy services have also been completely integrated with the general healthcare system and there is a fall in the annual case detection rate.

Control of Non-communicable Diseases

10.48 Non-communicable diseases continue to be important public health problems in India, being responsible for sizeable mortality and morbidity. Ageing population allows manifestation of cardiovascular diseases, cancer and mental disorders which also result in high prevalence of chronic disability. Research at ICMR focusing on identifying risk factors, their prevention, health services requirements and control strategies, is in progress. The National Programme for Control of Blindness has addressed very effectively cataract which continues to be the major cause of blindness. Cataract surgery has registered an increase from 15 lakh in 1992-93 to 49.05 lakh in 2005-06. While cataract continues to be the major cause of blindness, other emerging causes

that need to be addressed include diabetic retinopathy and glaucoma. Under the National Mental Health Programme, assistance has been provided to 58 medical colleges for upgradation of their psychiatric wings.

Integrated Disease Surveillance Project (IDSP)

10.49 Integrated Disease Surveillance Project (IDSP), initiated in November, 2004 with World Bank support, aims at establishment and operation of a central level disease surveillance unit, integration and strengthening of disease surveillance at State and district levels, improvement of laboratory support and training for disease surveillance and action. The diseases covered under the project include water-borne diseases and emerging diseases. Surveillance under IDSP includes water quality monitoring/ surveillance. The project has been expanded in phased manner to cover all the States/UTs of the country by March, 2007. It is a decentralized, action oriented, integrated and responsive programme.

User charges in government health facilities in India

10.50 In a developing country, private health care tends to be too expensive for the common citizen, especially the poor, while public health systems tend to suffer from inadequate resources and poor service delivery. Reforms of the public health system in a developing country often include the introduction of user charges to respond to the challenge of augmenting resources of and removing inefficiency in public health service delivery system. There have been successful attempts at introducing user charges in a majority of the States (Box 10.4).

10.51 User charges enhance the stake of the user, and improve accountability. Furthermore, such user charges often recover only a part of the cost of operation and maintenance of the health service delivery system, and continue to be only a fraction of the corresponding charges under private health care. Below poverty line users are normally exempt from payment of such

Box. 10.4 : User charges in the public health sector in India

- Reforms in health sector in India, initiated in early 1990s, included levying of user charges for services in public health facilities as one of the initiatives. User charges came to be levied from patients belonging to families above poverty line for diagnostic and curative services, while free or highly subsidized services continued to be provided to the poor and needy patients.
- States where user fees are being levied include Assam, Gujarat, Haryana, Himachal Pradesh, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Orissa, Punjab, Rajasthan, Tripura, Uttar Pradesh, Uttaranchal and West Bengal. There are inter-State differences in the levy, collection and utilization of such charges.
- Some States like Haryana levy rates for various services in all public health institutions from Primary Health Centre upwards. In West Bengal, user charges apply only in secondary and tertiary level health facilities. In case of Madhya Pradesh and Kerala, the charges for various services are approved by Rogi Kalyan Samitis (RKS)/Hospital Development Committees at the facility level, and hence vary across institutions. In Orissa, lower rates are levied in less developed and tribal districts. Cost recovery ratio varies across States, but seldom exceeds a quarter.
- There is also variation in the nature of services for which user charges are levied. For example, in Orissa user charges is limited to accommodation, transportation and laboratory/diagnostic services, while in West Bengal, user charges are collected for diagnostic, curative services in both outpatient and inpatient departments, as well as ancillary services like diet. In most States, services for which user fees are charged include registration, diagnostic tests (pathological and radiological), bed charges, operation theatre charges amongst others. All States implementing user charges, exempt the poor, treatment under National Health Programmes and emergency cases.
- The funds collected by way of user charges are meant to be utilized for improving the quality of services in health facilities, such as maintenance of hospital buildings, improving the cleanliness & hygiene, minor repairs and construction works, maintenance and repair of equipment, purchase of medicines & consumables, and improving facilities for patients and attendants. Available literature on experiences of user charges in states indicate that user charges is definitely a means to raise resources to support the health care delivery system as well as improve the quality of health services and financial sustainability in health care system.

charges. “Free” public health care services often involve a lot of non-financial costs such as waiting time, lack of access and inadequate facilities such as hospital beds, equipment and medicines.

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

10.52 There are approximately 7.25 lakh registered practitioners, 3,194 hospitals and 21,290 AYUSH dispensaries all over the country. Mainstreaming of AYUSH in the health care delivery network is envisaged in the NRHM with focus on improvement and upgradation of standards of education, standardization of drugs and quality control, sustainable collection and cultivation of medicinal plants.

10.53 The Indian Medicine Central Council (Amendment) Act, 2005 and Homoeopathy Central Council (Amendment) Act, 2005 have been introduced in the Parliament with a view

to bringing about transparency and accountability in the functioning of these Councils and to improve standards of graduate and postgraduate education in Ayurveda, Siddha, Unani and Homoeopathy. The Indian Medicine and Homoeopathy Pharmacy Bill, 2005 has also been introduced in Parliament to establish a Central Pharmacy Council for Indian Medicine and Homoeopathy to regulate and standardize pharmacy education. To address concerns relating to presence of heavy metals in Ayurveda, Siddha and Unani formulations, mandatory testing of heavy metals for Arsenic, Lead, Mercury and Cadmium in all purely herbal Ayurveda, Siddha and Unani drugs for export purposes has been introduced with effect from January 1, 2006 to ensure that, before these medicines are exported, the manufacturers and exporters take steps to ensure that these purely herbal medicines do not contain any heavy metal by way of contamination. From Rs. 293.71 crore

during the Ninth Plan, with an expenditure of more than Rs. 1,000 crore, a quantum jump in outlays on schemes for development and promotion of AYUSH system of medicine has been achieved during Tenth Plan.

Women and Child Development

Development of Women

10.54 The three dimensional strategy for development of women, namely social empowerment, economic empowerment and gender justice continued during the terminal year of the Tenth Plan. Measures to uplift health and nutrition standards of women under ICDS include health check up for pregnant women and lactating mothers, pre- and post-natal care, and supplementary nutrition. The Kishori Shakti Yojana (KSY) aims at improving the nutritional and health status and their self development. In 2006-07, KSY has been expanded to cover all 6,118 ICDS projects. Under the 'Nutrition Programme for Adolescent Girls' (NPAG), special attention is being given to nutrition requirements of the potential mothers of the future. NPAG is being implemented as a pilot project in 51 districts. Under NPAG free food grains at a rate of 6 kg. per month are given to under nourished adolescent girls. Swayamsidha is a centrally sponsored scheme for holistic empowerment of women, through mobilization and formation of women into SHGs. Under the scheme, which was launched in 2000-01 and will end in March 2007, over 68,575 women's SHGs have been formed covering 10.00 lakh women members.

10.55 The Rastriya Mahila Kosh (RMK) provides micro credit with a unique credit delivery model "RMK-Intermediary Organisations-SHG – Beneficiaries", one of the main reasons for its success. The other reasons are its flexible credit norms, hassle free loans, no collateral and reasonable rate of interest. Under the Support to Training and Employment Programme (STEP), women are trained in various traditional trades and crafts (such as dairying, fisheries, animal husbandry, handlooms, handicraft, sericulture and social forestry). A comprehensive package of services provided includes access to credit,

health care, elementary education, crèche facility, and market linkages.

10.56 Swawlamban Scheme, which provides training and skills to women in traditional and non-traditional trades, was transferred to States from April 1, 2006. To maintain continuity of implementation, States have been requested to make provision in their Annual Budget for the Scheme. To facilitate employment of women away from their homes/towns, schemes such as Working Women Hostels with day-care centres and crèches/day centres continue. Care and protection of women in distress is a focused area for attention through Swadhar Homes and Short Stay Homes.

Legal safeguards for women

10.57 The National Commission for Women (NCW) safeguards the interests of women with a mandate covering all aspects of women's rights. Of the 42 Central Acts concerning or impacting women, 41 have been reviewed by the NCW for their efficiency and removing gender discriminatory provisions. The Protection of Women from Domestic Violence Act, 2005, which came into force on October 26, 2006, seeks to provide immediate relief to women facing situations of violence in their homes. Further, amendments are also proposed in labour legislations affecting women, such as Maternity Benefit Act, 1961 and Factories Act 1948.

Gender Budgeting

10.58 The Annual Plan 2006-07 carried forward the two important on-going strategies of Women Component Plan (WCP) and Gender Budgeting. The main objective is to mainstream gender perspective in all sectoral policies and programmes and to work towards the ultimate goal of elimination of gender discrimination and creating enabling environment for gender justice and empowerment of women. The WCP envisages that not less than 30 per cent of funds/benefits are earmarked under various schemes of women related Ministries/ Departments for women. Gender budgeting is perceived as a powerful tool for tracking

not only allocation of resources for women but also implementation issues and outcomes. Rs. 28,737 crore was allocated for benefit of women under 24 Demands for Grants in 18 Ministries and Departments in 2006-07(BE). In 2006-07, to carry forward the exercise of universalizing gender budgeting exercises, gender budget cells have been set up in 50 Central Ministries/Departments, and several States have also undertaken steps in this regard. Apart from quantification of allocation of resources for women, the other initiatives include mainstreaming gender concerns in policies and implementation process, collection and compilation of gender disaggregated data, gender development indices, and review and analysis of programmes, policies/interventions with a gender perspective.

Welfare and Development of Children

10.59 A rights-based approach has been adopted in the Tenth Plan with the strategy of promoting survival, protection and development of children. While the 'National Charter for Children' and the 'National Plan of Action for Children' were adopted in February 2004 and August 2005, respectively, a proposal to set up a 'National Commission for Child Rights' is under process.

10.60 Initiated in 1975, ICDS is one of the largest child intervention programmes in the world with a holistic package of six basic services for children up to six years of age, and for pregnant and nursing mothers. These services are: health-checkup, immunization, referral services, supplementary feeding, pre-school education, and health and nutrition education through one platform i.e. Anganwadi Centre. Starting with a modest 33 blocks/projects, it has gradually expanded to 6,118 projects of which 5,659 projects with 7,48,229 Anganwadi Centres were operational by March 31, 2006. ICDS covers 562 lakh beneficiaries consisting of 467 lakh children below 6 years of age and 95 lakh pregnant and lactating mothers. To fulfill the NCMP commitment of providing a functional Anganwadi in every settlement and ensuring full coverage of all children, and also to comply

with the Supreme Court's directives, Government has approved 466 additional ICDS projects and 1,88,168 Anganwadi Centres. A number of new initiatives have been taken to improve the impact of the programme, which includes sharing of one-half of the cost of supplementary nutrition with the States under ICDS. To increase the outreach of the scheme, further expansion of the scheme to 173 additional projects, 1,07,274 additional Anganwadis and 25,961 Mini Anganwadi Centres have also been approved by the Government on December 7, 2006. In order to improve the functional efficiency, the field functionaries of ICDS are continuously being trained through Anganwadi Training Centres (AWTCs)/Middle Level Training Centres (MLTCs) and the National Institute of Public Cooperation and Child Development (NIPCCD). In 2006-07, KSY, which uses the ICDS infrastructure for targeting adolescent girls (11-18 years), and addresses their needs of self development, nutrition and health status, literacy and numerical skills, and vocational skills, has been expanded from 2000 ICDS projects to all the 6,118 ICDS projects. The Nutrition Programme for Adolescent Girls (NPAG), covering under-nourished adolescent girls in the age group of 11-19 years (weight less than 35 kg), has been operationalised through the administrative set up of ICDS in 51 identified backward/most populous districts of States/UTs. The Rajiv Gandhi National Creche Scheme for children of Working Mothers was launched on January 1, 2006 and is being implemented by the Central Social Welfare Board and two other national level voluntary organizations, namely Indian Council for Child Welfare and the Bharatiya Adimjati Sevak Sangh.

10.61 The Integrated Programme for Street Children provides basic facilities like shelter, nutrition, health care, education, and recreation facilities, and seeks to protect street children from abuse and exploitation. Child-line with a dedicated number 1098 is a 24-hour toll-free telephone service for all children in distress in 73 cities is also available under the scheme. An amendment to the

Juvenile Justice (Care and Protection of Children) Act, 2000, inter-alia, providing that in no case, a juvenile in conflict with law shall be placed in a police lockup or lodged in jail, was passed by Parliament and came into effect from August 23, 2006. Under Programme for Juvenile Justice, 50 per cent expenditure requirements of State/UTs is being provided for establishment and maintenance of various homes under the Juvenile Justice (care and protection of children) Act, 2000. The implementation of a Scheme for Welfare of Working Children in Need of Care and Protection commenced in January, 2005 to provide non-formal education and vocational training to working children to facilitate their entry/re-entry into mainstream education.

Rural Water Supply and Sanitation

10.62 Water is a State subject, and the schemes for providing drinking water facilities are implemented by the States. The Central Government supplements States' efforts through financial and technical support. The Eleventh Plan envisages provision of safe drinking water to all rural habitations. A major programme – "Accelerated Rural Water Supply Programme (ARWSP)" – is being implemented since 1972-73 to achieve this objective. With an investment of over Rs. 66,000 crore, more than 4.2 million hand pumps and 2.1 lakh piped-water schemes have been installed in the rural areas. On April 1, 2006, 97.02 per cent of rural habitations were fully covered, and 2.73 per cent were partially covered. However, the problem of lagging States (Table 10.11) and contamination due to arsenic, salinity, fluoride, iron, etc in 1,95,813 habitations needs to be addressed on a priority basis.

10.63 ARWSP, currently being implemented through the Rajiv Gandhi National Drinking Water Mission, aims at coverage of all rural habitations with population of 100 and above, especially the un-reached ones, ensuring sustainability of the systems and sources, and tackling the problem of water quality monitoring and surveillance through a catchment area approach. Adequate operation

and maintenance (O&M) is critical for sustaining water supply systems already created. The annual estimated cost of O&M at Rs. 6,000 crore is heavy for the Government alone to bear. Peoples' involvement is envisaged not only to enhance the economic viability of O&M but also for better upkeep and enhanced life span of the system created. The Central allocation of funds for ARWSP has been stepped up from Rs. 2,900 crore in 2004-05 to Rs. 4,060 crore in 2005-06 (RE) and further to Rs. 5,200 crore in 2006-07 (BE). A sectoral reform programme called "Swajaldhara" with partial capital cost sharing and full responsibility of O&M by users was taken up on a pilot basis to institutionalize community-based decentralized rural water supply schemes, and utilizing 20 per cent of ARWSP funds for this purpose.

10.64 The results of a fresh habitation survey conducted in 2003 indicate large incidence of slippage from 'fully covered' to 'partially/not covered' categories due to a number of factors, such as sources going dry, lowering of the ground water table, systems outliving their lives, and increase in population resulting in lower per capita availability. Drinking water supply is one of the six components of Bharat Nirman, which has been conceived as a plan to be implemented from 2005-06 to 2008-09 for building rural infrastructure. Under Bharat Nirman, it has been envisaged to cover 55,067 uncovered habitations of Comprehensive Action Plan '99 and also to address the problem of slippage and water quality. On April 1, 2006, there were 41,946 uncovered habitations, 1,95,813 water quality affected habitations and approximately 2,52,060 slipped back habitations.

10.65 The Central Rural Sanitation Programme (CRSP), a CSS launched in 1986, was restructured in 1999 to introduce the Total Sanitation Campaign (TSC). TSC envisages synergized interaction between Government and people and active NGOs. It also incorporates intensive Information, Education and Communication (IEC) campaigns, provision of an alternate delivery system and more flexible, demand-oriented construction norms. TSC envisages a shift

Table 10.11 : Coverage of habitations under rural water supply (as on April 1, 2006)				
State/UT	Status of habitations			
	NC	PC	FC	Total
Andhra Pradesh	0	0	69,732	69,732
Arunachal Pradesh	34	309	3,955	4,298
Assam	144	4,803	65,608	70,555
Bihar	0	0	105,340	105,340
Chattisgarh	0	0	50,379	50,379
Goa	0	5	390	395
Gujarat	0	0	30,269	30,269
Haryana	0	0	6,745	6,745
Himachal Pradesh	0	4,941	40,426	45,367
Jammu & Kashmir	606	2,210	8,368	11,184
Jharkhand	0	0	100,096	100,096
Karnataka	0	3,494	53,188	56,682
Kerala	0	5,871	3,892	9,763
Madhya Pradesh	0	0	109,489	109,489
Maharashtra	240	15,598	70,092	85,930
Manipur	0	0	2,791	2,791
Meghalaya	7	127	8,502	8,636
Mizoram	0	26	781	807
Nagaland	16	609	900	1,525
Orissa	0	0	114,099	114,099
Punjab	97	593	12,759	134,49
Rajasthan	1,877	0	92,069	93,946
Sikkim	0	0	1,679	1,679
Tamil Nadu	0	0	66,631	66,631
Tripura	0	0	7,412	7,412
Uttar Pradesh	0	0	243,508	243,508
Uttarakhand	26	203	30,745	30,974
West Bengal	0	0	79,036	79,036
Andaman & Nicobar Islands	0	39	465	504
Dadra & Nagar Haveli	5	19	492	516
Daman & Diu	0	0	32	32
Delhi	0	0	219	219
Lakshdweep	0	10	0	10
Pondicherry	0	37	230	267
Chandigarh	0	0	18	18
Total	3,052	38,894	1,380,337	1,422,283
Number that are uninhabited/ unpopulated/migrated/urbanised				381
Grand total				1,422,664
NC : Not covered, FC : Fully covered.		PC: Partially covered.		

from an allocation-based programme to a demand-based project mode with greater household involvement, intensive IEC campaign and emphasis on school sanitation. TSC projects have been sanctioned in 568 districts with approved outlay of Rs. 9,969.33 crore.

Welfare and Development of Backward Classes and other weaker sections

Scheduled Castes (SCs)

10.66 SCs, constituting 16.23 per cent of the total population of the country (2001 Census), suffer on account of severe socio-economic deprivation arising out of poor asset base, dependence on wage labour, subsistence level of farming, engagement in scavenging and other unclean occupations and related social evils. By way of special interventions, four schemes are being implemented to encourage SC students for continuing their education from school to higher levels. During 2006-07 up to December 31, 2006, Rs. 14.45 crore was released for 5.75 lakh beneficiaries under the Scheme of Pre-Matric Scholarships to the children of those engaged in unclean occupation. The corresponding amount released under the scheme of Post-Matric Scholarships was Rs. 265.20 crore to over 14.70 lakh SC students. For the Up-gradation of Merit of SC students Rs.2.38 crore have been released benefiting 1,371 students. An allocation of Rs. 35.13 crore has been made under Rajiv Gandhi National Fellowship for SC students for pursuing M.Phil and Ph.D courses against which Rs. 34.18 crore has been released up to December 31, 2006 benefiting 1,333 candidates selected through the University Grants Commission.

10.67 Special Central Assistance (SCA) to Scheduled Castes Sub-Plan is a major scheme for economic advancement of SC persons. From the allocation of Rs. 450.15 crore for this scheme in 2006-07(BE), up to December 31, 2006, Rs. 296.28 crore had been released to States/UTs, benefiting 1,54,640 persons. National-level Finance and Development Corporations provide credit facilities to the beneficiaries who are living below double the poverty line. Up to December

31, 2006, National Scheduled Castes Finance and Development Corporation disbursed Rs. 52.69 crore benefitting 26,990 persons, and National Safaikaramcharis Finance and Development Corporation disbursed Rs. 42.64 crore to 20,099 beneficiaries.

10.68 A new scheme of Self-Employment for Rehabilitation of Scavengers has been approved during the current year to assist those scavengers, who are waiting for rehabilitation and are yet to be assisted, in a time bound manner by March 2009. To abolish the practice of untouchability and curb the high incidence of crimes and atrocities against SCs, efforts are made for effective implementation of the Protection of Civil Rights (PCR) Act, 1955 and the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act, 1989, with the help of 22 Special Courts under the Protection of Civil Rights (PCR) Act, 1955, and also 137 Special Courts under the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989.

10.69 The strategy of Scheduled Castes Sub Plan (SCSP) was evolved by the Planning Commission in 1979 to expedite socio-economic development of the SCs. As per the guidelines, SCSP is to be formulated by States/UTs to channelise flow of outlays and benefits in their Plans in proportion to the percentage of SC population to the total population. SCA to SCSP as 100 per cent grant-in-aid to States/UTs who formulate SCSPs continues.

Scheduled Tribes (STs)

10.70 According to the 2001 Census, STs accounted for 84.32 million, equivalent to 8.2 per cent of the country's total population. Compared to the rest of the society, STs continue to be socio-economically backward. The outlay for the welfare and development of STs went up by 10.54 per cent from Rs. 1498.92 crore in 2005-06(RE) to Rs.1615.58 crore in 2006-07(BE). The outlay of 2006-07 includes Rs. 816.71 crore provided as SCA to Tribal-Sub Plan which includes Rs.220 crore for development of forest villages and Rs.400 crore as grant-in-aid under Article

275(1) of the Constitution, which includes Rs.150 crore for minor irrigation of tribal lands.

10.71 SCA to Tribal Sub Plan is a 100 per cent grant extended to States as additional funding to undertake a number of developmental schemes. The focus is on family-oriented income-generating schemes, creation of critical infrastructure, extending financial assistance to SHGs for community-based activities, and development of primitive tribal groups and forest villages. Grant-in-aid under Article 275(1) is also being provided to the States with an objective to promote the welfare of the STs and improve administration in the States to bring them at par with the rest of the States, and to take up such special welfare and development programmes which are otherwise not included in the Plan programmes. Under the flagship scheme of Post-Matric Scholarships, all eligible ST students are provided with stipend to pursue their education beyond matric including professional and graduate and post-graduate courses in recognized institutions. A new scheme of Rajiv Gandhi National Fellowship for ST students to pursue higher education was launched during 2005-06 and has been entrusted to UGC for implementation. Economic empowerment of STs continued through extension of financial support to the National Scheduled Tribes and Finance Development Corporation (NSTFDC) and the Tribal Cooperative Marketing Federation of India Limited (TRIFED). Under the scheme of NSTFDC, financial support is being extended to STs beneficiaries/entrepreneurs in the form of term-loans and micro credit at concessional rate of interest for income generating activities. The TRIFED purchases products from STs, thereby strengthening their economic status. To address the problems of tribal communities, who are dependent on forests and to undo the historical injustice done to them, the Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Bill, 2006 has been passed by the Parliament in the Winter Session of 2006. This Act recognizes the forest rights of forest dwelling scheduled tribes and other traditional forest dwellers over the forest land under their

occupation for self-cultivation, rights over minor forest produce and traditional rights. A National Tribal Policy 2006 covering all important issues that concern tribals has been drafted and will be finalized shortly .

Minorities

10.72 Muslims, Christians, Sikhs, Buddhists, and Parsis were declared as Minority communities vide Gazette Notification issued on October 23, 1993 by the Union Government. As per the 2001 Census, these five notified minority communities constitute 18.42 per cent of the country's population. The main factor responsible for socio-economic backwardness of the minority communities, particularly the Muslim community, is the lack of access to the common school system. This is particularly true in the case of Muslim girls. In the financial year 2006-07, the corpus of the Maulana Azad Education Foundation which provides financial assistance to implement educational schemes for the benefit of the educationally backward minorities has been enhanced to Rs. 200 crore from Rs. 100 crore.

10.73 The Union Government set up a High Level Committee on March 9, 2005 headed by Justice Rajinder Sachar for preparation of a report on the social, economic and educational status of the Muslim community. The Sachar Committee in its report has made 47 recommendations. Some important recommendations relate to measures which should be undertaken for high quality education, specifically for school education of Muslim girls, promoting and enhancing access to Muslims in priority sector advances, imparting training to the minorities for entrepreneurial development, participation of minorities in micro-credit schemes, and introducing CSS and Central Plan Schemes (CPS) for minorities. In addition, provision of basic amenities, good quality government schools and health facilities, pucca approach roads, and general improvement in living conditions (supply of electricity/housing/clean drinking water and sanitation) at all the villages/towns/habitations will serve the overall interest of all communities.

Social Sectors

Other Backward Classes (OBC)

10.74 Government provides central assistance to State Governments/UT Administrations for educational development of Other Backward Classes. Till November 30, 2006, Rs.31.22 crore and Rs. 17.36 crore, respectively, were released to States/UT Administrations against allocations of Rs.34.99 crore under Post Matric Scholarships for OBCs, and of Rs.25.00 crore under Pre Matric Scholarships, respectively. For construction of hostels for OBC boys and girls, the State Governments/UT Administrations/NGOs have been provided with Rs.11.17 crore during the year as Central Assistance. National Backward Classes Finance and Development Corporation extends credit facilities to persons living below double the poverty line for undertaking various income generating activities. During the year 2006-07 till November 2006, the Corporation has disbursed Rs.54.32 crore benefiting 34,330 persons.

Welfare of Persons with Disabilities

10.75 Out of an allocation of Rs. 243 crore made in 2006-07(BE) for the Welfare of Persons with Disabilities, Rs. 105.41 crore has been spent up to November 30, 2006. The programmes are implemented through National and Apex level Institutes dealing with different categories of disabilities such as visual, hearing, orthopaedic and mental. These Institutes conduct short-term and long-term courses for various categories of personnel for providing rehabilitation services to those needing them. Up to November 30, 2006, an amount of Rs 32.03 crore has been released to seven institutes under plan schemes.

10.76 Section 41 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 stipulates that the appropriate Governments and the local authorities shall, within the limits of their economic capacity and development, provide incentives to employers both in public and private sectors to ensure that at least five per cent of their work force is composed of persons with disabilities. The National Policy

for Persons with Disabilities, which was adopted in 2006, also lays down that proactive measures will be taken to provide incentives, awards, tax exemptions, etc. to encourage employment of persons with disabilities in the private sector. In order to secure employment of persons with disabilities in the private sector, financial incentive at the rate of 20 per cent of the emoluments paid to disabled employees may be reimbursed to an employer. Five Composite Rehabilitation Centres (CRCs) at Srinagar, Lucknow, Bhopal, Guwahati and Sundernagar provide facilities for manpower development and ensuring availability of rehabilitation services for all categories of persons with disabilities. Four Regional Rehabilitation Centres (RRCs) provide services to persons with spinal injuries at Chandigarh, Cuttack, Jabalpur and Bareilly. 199 District Disability Rehabilitation Centres (DDRCs) have been sanctioned in the country for providing comprehensive rehabilitation services at the grass root level. At present, 122 DDRCs are functioning in the country.

10.77 Under the scheme of Assistance to the Disabled for Purchase/ Fitting of Aids and Appliances (ADIP) an amount of Rs.31.35 crore has been released during 2006-2007 up to November 30, 2006. Deen Dayal Disabled Rehabilitation Scheme provides financial assistance to voluntary organizations for running rehabilitation centres for leprosy-cured persons, for manpower development in the field of mental retardation and cerebral palsy, and establishment and development of special schools for the major areas of orthopaedic, speech, hearing, visual and mental disability. Under this scheme, organizations are given grant-in-aid for both recurring and non-recurring expenditure to the extent of 90 per cent of the total approved cost of the project. During the year 2006-07, an amount of Rs.32.24 crore has so far been released up to November 30, 2006 to voluntary organizations. National Handicapped Finance and Development Corporation provides credit facilities to persons with disability for their economic empowerment.

Social Defence Sector

10.78 To fulfill the commitments of the National Policy on Older Persons for providing health, shelter, vocational training, recreation, and protection of life for the aged, special emphasis is being placed on expanding the on-going programmes of old age homes, day care centres, mobile medicare units and medicare centres being implemented under the scheme of Integrated Programme for Older Persons. During the year 2006-07, an amount of Rs 6 crore has been released under this scheme, up to November 30, 2006. Rigorous efforts are being made to tackle the growing problem of drug abuse and alcoholism through an integrated and comprehensive community based approach in the country. The programme is implemented through voluntary organizations running Treatment-Cum-Rehabilitation Centres and Awareness and Counseling Centres. An amount of Rs.9.50 crore up to November 30, 2006, has been released to voluntary organizations under the scheme of Prevention of Alcoholism and Substance (Drugs) Abuse during the financial year 2006-07. For effective implementation of the programmes, the personnel engaged in delivery of services in these NGOs are being trained under various programmes organized by the National Institute of Social Defence.

Outlook

10.79 Sustained and high levels of economic growth in recent years provide a unique opportunity and momentum for faster social sector development. The buoyant economy should not only generate adequate employment but also provide adequate and need based resources for large interventions in the critical areas of social sector. The recent resurgence of manufacturing also bodes well for employment generation.

10.80 Availability of resources alone, however, will not guarantee faster social sector development. Efficacy of the

programmes will depend a lot on the manner in which States implement various social sector programmes, these primarily being in the domain of the States. Time bound achievement of the physical targets will depend a lot on the capacity mobilization of the States at various levels. Accountability and transparency, especially through the PRIs, need to be emphasized to ensure good governance and delivery of quality services through public action for most social sector programmes. Capacity building of PRIs

themselves is a critical success factor to achieve these objectives. States must ensure availability of adequate and skilled manpower for PRIs which are crucial for effective implementation of the social sector programmes like the NREGS. Monitoring the progress and effective implementation of the various social sector schemes through the outcome budget along with Right to Information Act and decentralization through the PRIs are expected to strengthen the process of inclusive growth.