SECURING RIGHTS

Citizens' Report on MDGs

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FOREWORD

The year 2000 ushered in an era of hope for billions living in poverty across the world. Millennium Development Goals (MDGs) were adopted by all member nations of the UN aimed at reducing global poverty, improving lives of the poor and increasing the pace of development in a sustainable manner.

MDGs renewed the emphasis on global commitments and occasioned high expectations. MDGs certainly have become a framework for judging the progress of different nations. Non-fulfilment of these commitments will reflect poorly on the nation's capabilities. Are we moving towards it? If yes, then how far are we from these goals? Are these achievable in India? Do we even bother about the MDGs when our concern should be about the fulfilment of the National Common Minimum Programme? These are the questions that come to our mind.

Though our own national commitments in form of the National development goals and Common Minimum Programme are important, we should also be looking at the MDGs,which provide an international perspective to the development goals outlined by the poor countries all over the world. The social dimension of globalisation warrants an equal attention, if not more. Civil society must engage in this process with equal vigour.

Do people believe that they will get better educational and health facilities for their family members? Do they see, in their near future, a possibility of getting at least the basic services? Does globalisation, have only the imperialist face which translates itself in barrier free trade, privatisation of services and deregulation? Does it only widen the markets where poor do not have much say? Or will globalisation also ensure that the benefits will translate into providing better life options to people – better opportunities for education and health care to mention a few?

It is under this backdrop that 'Wada Na Todo Abhiyaan' strives to undertake a reality check, for the commitments made by our government to bring a change into the lives of people – for the better. Will the world become a better place for them to live in?

This report attempts to answer some of these questions. It voices the concerns of people living in rural India across 13 States. It is a report card for the government presented at the time when it prepares itself to submit the Country Report at the UN Summit scheduled in September 2005.

Member Organisations of 'Wada Na Todo Campaign', India

INTRODUCTION

Ever since the adoption and proclamation of the Millennium Development Goals (MDG) in September 2000 at a convention represented by 189 countries including India, the development policies of several governments across the developing world have mirrored a legitimate commitment to the framework of the MDG. India has been no exception. The Planning Commission of India has evolved the National Development Goals (NDG) as part of its Tenth Five-Year Plan targets. This is essentially based on the 8 MDG targets, such as the eradication of poverty, achievement of universal primary education, promotion of gender equality, reduction of child mortality, improvement of maternal health, combating HIV/AIDS, malaria and other diseases, ensuring environmental sustainability and developing a global partnership for development. The development commitments highlighted in the National Common Minimum Programme (NCMP) of the United Progressive Alliance (UPA) government – the government of the day – led by the Congress, are also concurrent with the NDG and the MDG. Overall, these guidelines of governance and development avow a commitment to the 8 goals, 18 targets and 48 indicators of the MDG. In the context of this professed commitment, the Indian government and its various institutions have periodically come up with claims with regard to the achievement of the MDG targets.

This report is essentially an attempt to evaluate these claims in terms of alternative approaches, information and data and by results as reflected on the ground. The report is broadly divided into five segments. There are four special focus chapters that concentrate on four MDG areas, viz., Health, Education, Poverty Alleviation and Environmental Sustainability, particularly in relation to availability of drinking water. An examination of the governmental declarations in terms of policy formulation and achievement forms a significant component of these three chapters, partly in relation to the 18 targets and 48 indicators delineated as part of the MDG. The context of escalating adoption of policies of economic liberalisation and globalisation and their impact in sectors like Health, Education, Environmental Sustainability and Poverty Alleviation is discussed extensively in these chapters. This assessment also unravels substantial information and data available with alternative sources including civil society groups, which are working in the areas mentioned above. A lot of this information and data unequivocally negate the governmental rhetoric on achievement of the MDG.

The fifth chapter titled *People Speak*, supplements the discussion in the special focus chapters by collating reports of the interaction of civil society groups with thousands of common people spread across nearly 1500 villages in India. This segment highlights the voice of the people, their views and perspectives on the issues related to the MDGs and their own experience vis-à-vis achievement of these goals and targets, especially with regard to the sectors of Health, Education and Poverty Alleviation. A number of case studies

that have resulted from the interaction in the villages also form part of the segment. These case studies transcend the realm of statistics to present real-life pictures of deprivation, angst and denial of socio-economic rights as well as those of the valiant struggle of the people for survival and existence.

Deteriorating Health Sector

The special focus chapter on Health makes a comprehensive assessment of the Health scenario as it has evolved since Independence. The assessment highlights the failure of successive governments to fulfil the promises made repeatedly during the past 58 years, towards evolvement of a public health system and a commensurate infrastructure. It also points towards an emerging alarming scenario in which health care is increasingly becoming a privilege of the rich. The systematic corrosion of the concept of comprehensive universal health care, the wavered development of health infrastructure, the distorted priorities with regard to government investment in the healthcare sector, the selective and targeted programme-based healthcare policy with the public domain being limited to family planning, immunisation, selected disease surveillance and medical education and research, and the facilitation all this has provided to the burgeoning, market and profit-oriented private medical enterprise, all form part of this authentic assessment.

This far-reaching examination is in many ways even a critique of MDG. It contends that the MDG, because of its narrow and almost exclusive focus on maternal and child health, contraception and selective disease surveillance, would not address the larger and real concerns of a society like India. The MDG's monitoring indicators are largely demographic and its goals coincide with India's 2002 National Health Policy (NHP) which moved away from and diluted the 1982 National Health Policy (NHP), stipulating universal primary health care. The 2002 NHP also advocates limiting the State's role in healthcare, reflecting adherence to a global agenda set in Washington or Geneva.

The critique also points out that India has even failed to make any significant improvement in the goals mandated under the MDGs. Whether it is child mortality, maternal mortality or diseases like malaria, tuberculosis, HIV/AIDS or for that matter diarrhoeal diseases or vaccine preventable diseases, India has not gone far from even the situation in the early nineties. The goals of the 1982 NHP on many of these indicators that were to be achieved by the year 2000 are still unachieved.

The assessment makes a definite case for altering the political economy of health in India from the increasingly followed market route to a publicly financed, socially committed healthcare system. The point that highly developed market economies like Europe, Canada, Japan, Australia and some of the emerging economies like South Korea, Malaysia, Brazil, etc., have healthcare systems which are predominantly publicly financed, with only a limited role for the market, are emphasised in this context. This alteration in terms of approach to governance is the only route to universal access for healthcare and to achievement of the MDG in India's Health Care set-up.

Poverty Alleviation: Beyond Rich Figures and Tall Claims

This report is being published in a context where the current United Progressive Alliance (UPA) government in India is making lofty claims to have taken a historic step to help alleviate poverty. The reference is to the introduction of the National Employment Guarantee Scheme (NEGS) in the Parliament during the monsoon session of Parliament in August 2005. The NGES proposes to guarantee 100 days employment every year to one able-bodied person in every rural, urban poor and lower middle class households. While this move is undoubtedly

one step in the right direction, there can be no gainsaying that announcement of policies or legislation of Acts by themselves do not ensure tangible results on the ground. The UPA's overall track record in the realm of poverty alleviation, even its long hesitation in presenting the NEGS Bill in Parliament, are indeed not heartening.

It is to be noted here that the national commitment in India as reflected in the UPA government's NCMP and the NDG evolved by the Planning Commission are far more ambitious than the MDG. The Tenth Five-year Plan commits to reduce poverty ratio by 15 per cent by 2012, which is an advancement from the MDG projection to reduce to half by 2015, the proportion of people living on less than a dollar a day and those who suffer from hunger. The NCMP also provides for distributing Antodya *Cards* for all households at the risk of hunger. The UPA has also promised to launch a comprehensive national programme for minor irrigation of all land owned by Dalits and Adivasis. These commitments are supposed to be officially monitored by the National Advisory Committee (NAC), consisting civil society groups activists, reputed academics and sociologists.

Some of these projections and the systems that have come along with it, like the monitoring by the NAC, certainly look encouraging but what are the achievements in real terms? The accompanying study looks at the many dimensions of poverty and points out that the country's track record, particularly in the past one and a half decades has failed to address this phenomenon comprehensively. According to government estimation in 1993–94 the proportion of people below the poverty line stood at around 37 per cent and this was brought down to 27 per cent by 1999–2000. But at the same time calorie intake information for the year 1993–94 collected by NSS showed that nearly 70 per cent of the rural population was in the poverty bracket. So, what credence does one give to the official poverty percentage of 27 % for the year 1999–2000? Moreover, the frequent starvation deaths in different parts of the country and farmers' suicides on one hand and increasing agriculture labourers' migration to urban areas indicate severe crisis in rural areas. The study addresses all these factors to show that official estimating mechanisms to list poverty figures do not encompass the various dimensions of the problem. A projection made by the study is that nearly half of the Indian population is in poverty despite the promising figures put out by official agencies.

In other words, mechanisms used in official estimation are incapable of capturing the ground reality of larger numbers of people still in the confines of poverty. This also reflects poorly on the contention that the impressive economic development, said to have been achieved during the 1990s because of neo-liberal economic reforms, has improved the condition of country's population as a whole. The grimness of this inference is accentuated by the fact that the UPA government, especially sections of the government, which are directly handling key areas like Finance and Planning, consistently advocate pursuit of these very policies, which are increasingly converting developing countries into economic colonies.

The estimation by several fora, including civil society organisations, has shown that the resource requirements for the fulfilment of NCMP promises necessitate higher order allocations in the areas of basic services. In order to attain higher investments in education, upto 6% of GDP in the UPA's projected regime till 2009, Rs11200 crores will be required. This will be 4% of the GDP per year. The 2% cess on central taxes that has been brought in by the UPA government, will provide 6000 crores only. Even the implementation of NEGS would require around 3.1% of GDP for rural employment only. The Antyodaya cards/PDS system, aimed at comprehensive coverage of 5.2 crore Below Poverty Line (BPL) families will require more than three times expenditure over the current allocations aimed at reaching out to 1.5 crore BPL families.

What is most disconcerting vis-à-vis the implementation of poverty alleviation programmes is the constant contradictory pulling and pushing that happens within the UPA, especially with regard to even those policy initiatives that have been highlighted in the NCMP. The delay in bringing about the NEGS was itself the result of such divergent thrusts. These thrusts manifested as attempts to water down the extent and reach of the programme. In spite of its introduction in Parliament, these divergent thrusts raise several doubts about its implementation. These include questions like whether the various aspects of the programme such as ensuring the right targeting of population and evolving restrictive definition of permissible works would be carried out properly.

As in the case of the analysis on Health Care, the chapter calls for re-orientation in the nature of economic policies being followed by the central and state governments. The call is clear; reverse the alarming trend in public expenditure on rural development which has come down progressively from 14.5% of GDP in the 1980s, to 8% of GDP by the early nineties and to less than 5% at present; reverse the situation where the poor do not have access to food grains even when the FCI has excess stock; streamline and strengthen the Public Distribution System (PDS) to meet the requirements of the poor, so that its benefits are distributed more evenly; help counter the challenges the agriculture sector in India is facing from the WTO regime. In short, show political will and commitment to live up to promises made to the people.

Education: Social Responsibility or Cost-Benefit dictated project?

The comprehensive study on Education enlists the positives and negatives in this important development sector of the country and makes a case for enhanced social mobilisation, transparency of action in terms of governance and administration and a more focused advocacy. Central to the study is the understanding that 'universal basic education is an integral component of establishing a democratic social polity'. The study highlighted that the history of the developed world has shown that the objective of universal education was achieved not by legal measures but through a persistent social movement. 'The movement was not propelled by the findings of cost-benefit analysis or estimates of value addition to the human capital through years of schooling as the modern day economists and international agencies attempt to fine-tune the inputs and duration of schooling in the developing world.'

The National Plan of Action (2002) for Education For All (EFA) like, many similar projects other development sectors proposes to reach internationally accepted goals and targets much ahead of deadline. The documentation for the NPA reflects the urgency of reaching the goal of universal elementary education, emphasises literacy goals, gender equality concerns and other concerns reflected in the MDG. The study also points out that 'Commitment to providing free and compulsory education for all children up to fourteen years of age is an old goal enshrined in the Indian Constitution.' This commitment has been reiterated with additional stress through a Constitutional Amendment (2002) declaring education in the age group 6–14, as a fundamental right.

In spite of all this, and the significant gains marked by successive national plans, the study points out that the final goal of providing quality education for all has eluded the country even after fifty years of planned development. Even the Tenth Five-Year Plan document records this failure as follows: "Performance in the field of education is one of the most disappointing aspects of India's developmental strategy. Out of approximately 200 million children in the age group 6–14 years, only 120 million are in schools and net attendance in the primary level is only 66 per cent of enrolment. This is completely unacceptable and the

Tenth Plan should aim at a radical transformation in this situation. Education for all must be one of the primary objectives of the Tenth Plan." Consequent to this, the *Sarva Shiksha Abhiyan,* which is the flagship programme of the national government, promises to achieve the goal of UPE by 2007 and the goal of UEE by 2010.

But, is this 'primary objective' being pursued prudently and judiciously? How do the government's diverse steps and initiatives in other sectors, including in the economy, impact this effort? The study points out that structural adjustment and other fiscal measures advanced by the centre have forced many state governments to indulge in cost-cutting actions reducing their budgets for education. "This has resulted in two distinct trends that directly place the goal of providing 'quality education for all' in jeopardy. The first trend is that state governments are increasingly looking for cheaper and often substandard alternatives to provide primary education to the poor. One can see the emergence of a wide variety of institutional arrangements – Education Guarantee Scheme schools, alternate schools, community schools, para teacher schools and so on, all targeted only at the poor. "The second trend is the increasing privatisation, which accentuates the 'inadequate provision and inequitable distribution of educational facilities', which in turn further marginalises the marginalised groups and 'jeopardises the interests of the poor by creating a hierarchy of classes within the education system'."

The study points out that these two trends have, in the last one decade, heightened the age-old maladies that haunt the Indian education sector such as regional disparities, discrimination towards the girl child, and ad-hocism in planning and implementation of educational schemes. The study also records that the sector suffers from lack of concern for cumulative change and absence of a consistent information base which would facilitate systematic planning. One stark failure, already recorded, in terms of NPA for EFA is that the objective of ensuring that all children are in school by 2003 has already been missed. "The Annual Report of the MHRD estimates the number of out-of-school children to be around 23 million. With the high drop out rate continuing, it appears almost impossible that one can get even those children currently enrolled in schools to complete the elementary schooling."

The emerging trends in the education scenario as well as the failures that have come along with it call attention to the need for the "revival of the 'human face' of the education endeavour and an emphasis on social processes that will lead to a transformation of the socio-economic conditions of the poor." The study, in conclusion, asserts that protection of child rights and promotion of their well-being is too precious to be left only to the governments or to the families. "The cause would be served better through genuine partnership among all concerned on a long term basis."

Water: Many Thirsts to Quench

The incisive study on the Drinking Water situation in India focuses on the radically changing mores of the water discourse in the country and in the process highlights the current drinking water situation in India, examines the political commitments of the UPA government to mitigate the drinking water crisis and evaluates India's commitment to MDG. The study also highlights the concerns which need to be addressed on a priority basis if access to safe drinking water is to be a reality.

It is pointed out that inadequate access to water and sanitation to the poor in India has been going on for a long time, even before the advent of economic reforms, but it has acquired new biting teeth as the so-called reforms process gathers strength. And it is this

that has radically altered the discourse on water and its acceptance as a fundamental human right. The changing discourse is qualified in the study as 'the back-door entry of the ideological choice of treating water as a tradable economic goods or a cashable resource'. "It is also pointed out that this ideological choice has come in the context of the so-called economic reforms, which in spite of where it is implemented – mega city, medium town or the rural areas – reflects as several essential commonalities. These include the fact that investments are being made on a full cost recovery basis, that management contracts of the utility are given to water companies which are essentially engineering and infrastructure consortiums and that there is a tendency to cut down on non-revenue water, which is a crucial source for the urban poor.

The study juxtaposes this situation with the proclaimed goals of the government of India and a forceful analysis of the major programmes evolved for it. The NDG, like in so many other sectors, goes beyond the MDG projections and states categorically that the government would ensure access to safe drinking water in every village by 2007 in order to ensure environmental sustainability. The MDG targets 70.5% of habitations ' to be fully covered' by 2015. The most recent claim of the government is that 98% of rural population has been covered with drinking water provision. Naturally, this would mean that India is more than on course to meet the MDG and NDG.

The most important initiative in the water sector is a Sector Reform Project scaled up as *Swajaldhara* in 2002. *Swajaldhara* is operational in 409 districts across the country and is rated as a big success. However, the study investigates the technical dimensions of the project closely and comes up with some disturbing queries, which challenge the very claims of the Grand Success. The coverage criteria stipulate one handpump for a habitation of 250 people, which should be within a radius of 1.6km. The government is obviously of the view that this is an optimal or at least satisfactory scale. But a comparison of the pressure of the hand pumps and the minimum per capita requirement of water (40 lpcd) makes the calculation and success story go awry.

The study points out that a normal (Mark II) pump can discharge around 12 litres per minute and this would mean that for a community of 250 people, the hand pump would need to work continuously for 13 hours and 53 minutes every day to ensure an output of 40 lpcd. If a community grows to 251 people a new hand pump, according to a very strict interpretation of the guidelines, should be installed. However, if this is not the case and the population increased to, say, 400 before a new handpump was installed, the pressure on the existing sole pump increases significantly. For a population of 400, one pump would need to be continuously used for over 22 hours each day to ensure 40lpcd, which is somewhat infeasible. In case this situation is occurring, and most likely it is, state governments are still reporting such habitations as fully covered to the DDWS, then coverage would obviously be lower than 94%.

The study highlights similar oversights and fudging in terms of quantifying and qualifying 'potentially unsafe water wells', habitations and their requirement of water, and assessment of quality, reliability and sustainability of services. As in the case of Education, the dice of water availability is loaded heavily against the poor. The study highlights a number of case studies – the Hyderabad Metropolitan Water Supply and Sewerage Board – Coco-Cola deal, the Coke operations in Plachimada - and asserts that the 'burgeoning unregulated market for drinking water in many Indian cities also points to a failing of the water infrastructure in many towns and cities'.

The study advances a five-point 'Road Ahead' pointer to address the worsening situation. This highlights the need to:

1. Improve the quality, regularity and reliability of statistics on drinking water and monitoring its quality,
2. Reorient strategies and government's action plans in order to increase access and affordability of drinking water
3. Evolve a bottom–up approach in the sector in order to draft realistic estimates for the sector and improve effectiveness of public spending
4. Alter the inequities in distribution and access to water and sanitation facilities within urban India
5. Evolve an exclusively drinking water oriented policy that covers all the administrative and legal action needed to secure the sustainability of safe drinking water points.

The study also lays emphasis that long-term planning for urban drinking water should cover concerns of safe disposal of liquid and solid wastes. Naturally, all this requires greater allocation for water in budgets and for projects on the ground.

But to bring about this new orientation, or even to work towards it, the characteristics of the discourse on water should once again start water availability as a fundamental human right. And the path to effect this re-orientation, the study asserts, would involve concerted struggle against the neo-ideologues of liberalisation, unifying the broadest segments of citizenry.

People Speak: the struggles and the promise

People Speak, as noted earlier supplements these studies by addressing the citizenry, particularly the poor and the marginalized, their concerns, struggles, hopes, aspirations, disappointments and optimism directly. The views of these sections of the population are recorded and tabulated to underline broad trends in this segment. The recordings are specially focused on issues concerning Education, Health and Sanitation, Food and Livelihoods and government Services and Infrastructure but in a wider sense, these also reflect a world-view of many of these sections. It provides vignettes of the denial of Fundamental Rights they face in the name of colour, caste and creed as also how many sections of these population stand up and fight against this denial.

At the level of specifics, *People Speak* also provides distinguishing geographical and regional trends in terms of development initiatives. Some of the studies demonstrate the failures of the developmental promises of the government and at the same time points towards successful intervention made by alternatives including civil society groups.

Beyond the realm of statistics and statistical theoretical interpretation *People Speak* focuses on day-to-day life; the component on which all the larger movements proposed by the studies on MDG and its achievement rely upon. And as underlined in all the studies, basing on the day to day, a broad unity of the people weighed down by incongruous pursuit of policies has to be evolved. The vignettes from *People Speak* could well become the basic pointers towards that exercise.

Elementary Education in India

Promise, Performance and Critical Issues

Elementary Education in India
Promise, Performance and Critical Issues

The Context

The intensity of global dialogue and discourse on social issues has risen to an unprecedented level during the last two decades. This is amply evident from the number of times world leaders met and deliberated on redirecting national and international efforts in various social spheres such as education, children, environment, population, women empowerment and social development. This increased global focus has emerged not only because of the overall development and progress made but also due to the deep distress caused by increased human conflicts and destruction. Heightened concern for meeting the basic needs of children has evolved in the midst of such deliberations. The Convention on the Rights of the Child formulated in 1989 and the World Declaration on Education for All (EFA) adopted in 1990, and renewed in 2000 through the Dakar Declaration, marked the beginning of a new era of advocacy and action in favour of children at the global level. The EFA movement has undoubtedly brought education on centre stage to ensure the welfare of children by declaring it as a basic need on par with other human and social needs. Education has therefore been declared an inalienable right of every individual and a basic obligation of whole humankind. This set the stage for a new framework of partnership among governments and international organisations as well as civil society in general.

Within India also, national policy statements endorse this changed approach to the issue of universal elementary education (UEE).

Dakar Framework for Action
Education for All: Meeting our Collective Commitments
Adopted by the World Education Forum, Dakar, Senegal, 26–28 April 2000

We hereby collectively commit ourselves to the attainment of the following goals:

i) expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children;
ii) ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete, free and compulsory primary education of good quality;
iii) ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programmes;
iv) achieving a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults;
v) eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality;
vi) improving all aspects of the quality of education and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills.

Alongside the commitments directly related to EFA, there is clear recognition that its goal has to be pursued in its own right as an important component of the quality of human well-being. The Tenth Five-Year Plan (2002–07) document explicitly highlights this aspect by defining the basic goals and objectives of development planning. "The notion of human well-being itself is more

broadly conceived to include not only consumption of goods and services in general but more specifically to ensure that the basic material requirements of all sections of the population, especially those below the poverty line, are met and that they have access to basic social services such as health and education. Specific focus on these dimensions of social development is necessary because experience shows that economic prosperity, measured in terms of per capita income alone, does not always ensure enrichment in quality of life, as reflected, for instance, in the social indicators on health, longevity, literacy and environmental sustainability. The latter must be valued as outcomes that are socially desirable, and hence made direct objectives of any development process. They are also valuable inputs in sustaining the development process in the long run."[1] It is in line with this broad development perspective that the goals of elementary education under the Tenth Five-Year Plan refer not only to physical provision of schooling facilities but also emphasise concerns for quality and gender as well as social equity. Such a perspective gains further strength when viewed in the context of the Millennium Development Goals which treat provision of primary education and gender equity as part of a global development compact along with other goals such as poverty alleviation and health for all.

The urgency of reaching the goal of UEE has been heightened in recent years due to several national and international developments, including commitments made under the Dakar Framework of Action for providing quality EFA by 2015, which is more comprehensive as it covers not only primary education but also emphasises literacy goals, gender equality concerns and so on (see Box). In fact, the National Plan of Action (2002) for EFA, proposes to reach the targets much ahead of the international dateline. Further, the Constitutional Amendment in 2002 declaring education in the age group 6–14, which corresponds to the elementary education stage of schooling as a fundamental right, has brought the issue of UEE to the centre stage of public discourse. The country is in the process of drawing up the legislation for effective implementation of the right in order to translate the constitutional provision into reality. The Common Minimum Programme (CMP) adopted by the present Government has also accorded high priority to the goal.

Commitment to provide free and compulsory education for all children up to 14 years of age is an old goal enshrined in the Indian Constitution. Though successive national plans have recorded significant improvements, the final goal of providing quality education for all has eluded the country even after 50 years of planned development. The Tenth Five-Year Plan had to address this issue on an urgent basis: "Performance in the field of education is one of the most disappointing aspects of India's developmental strategy. Out of approximately 200 million children in the age group 6–14 years, only 120 million are in schools and the net attendance at the primary level is only 66 per cent of enrolment. This is completely unacceptable and the Tenth Plan should aim at a radical transformation in this situation. Education for all must be one of the primary objectives of the Tenth Plan."[2]

"Performance in the field of education is one of the most disappointing aspects of India's developmental strategy...

... Education for all must be one of the primary objectives of the Tenth Plan."

An Overview of the Quantitative Progress

The Dakar Framework of Action for EFA, as well as the Millennium Development Goals, emphatically call for ensuring universal participation of children in primary education. India has been consistently making international commitments to pursue and achieve the targets indicated in these international conventions and declarations. Keeping in view the above national and international commitments, how does one view the progress made in elementary

education in India? How far has the country succeeded in achieving these goals? What are the approaches and strategies put in place to reach the goals, and are they compatible with the ground realities in the country? These questions have been examined in this paper with particular focus on planning and governance issues in implementing various strategies and programmes at national and state levels.

UNESCO has been reviewing, on an annual basis, the progress made at the global level with respect to the goal of EFA through the Global Monitoring Report. These assessments do not present an encouraging picture of the Indian scene. In fact, even the recent report considers that India is at the risk of not reaching any of the EFA goals as well as the relevant Millennium Development Goals by 2015. This should not be taken to imply that no efforts are being made to meet the challenge of EFA in the country. Besides, the national averages do not fully reflect the diverse reality characterising the educational scene in India. In fact, it is paradoxical that while certain pockets of the country are emerging as the international hub for creating a knowledge society, certain other regions and sections of the population continue to be deprived of even basic education. It is clear that in pursuing EFA goals, not all states and regions of the country are in the same league. The variety is too wide to draw any generalisation. While some states have made remarkable progress in education, practically eradicating illiteracy and achieving near universal participation of children in primary education, several other states continue to remain far from the final goal.

Notwithstanding the expectation set in the Constitution to achieve the UEE benchmark within ten years, it should be recognised that the country began at an abysmally low level in 1950 with respect to adult literacy rates and participation of children in schooling. The progress since then has been steady though not satisfactory. The literacy rates in India touched 65.38% in 2001 from 52.21% in the preceding decade. The increase of 13.2 percentage points is the highest in a single decade since 1901. Literacy rates among males and females are 75.65% (up by 11.72%) and 54.16% (up by 14.87%) respectively in 2001. The gender gap has narrowed down from 28.84 percentage points in 1991 to 21.70 percentage points in 2001. Kerala continues to have the highest literacy rate of 90.92% and Bihar has the lowest literacy rate of 47.53%.

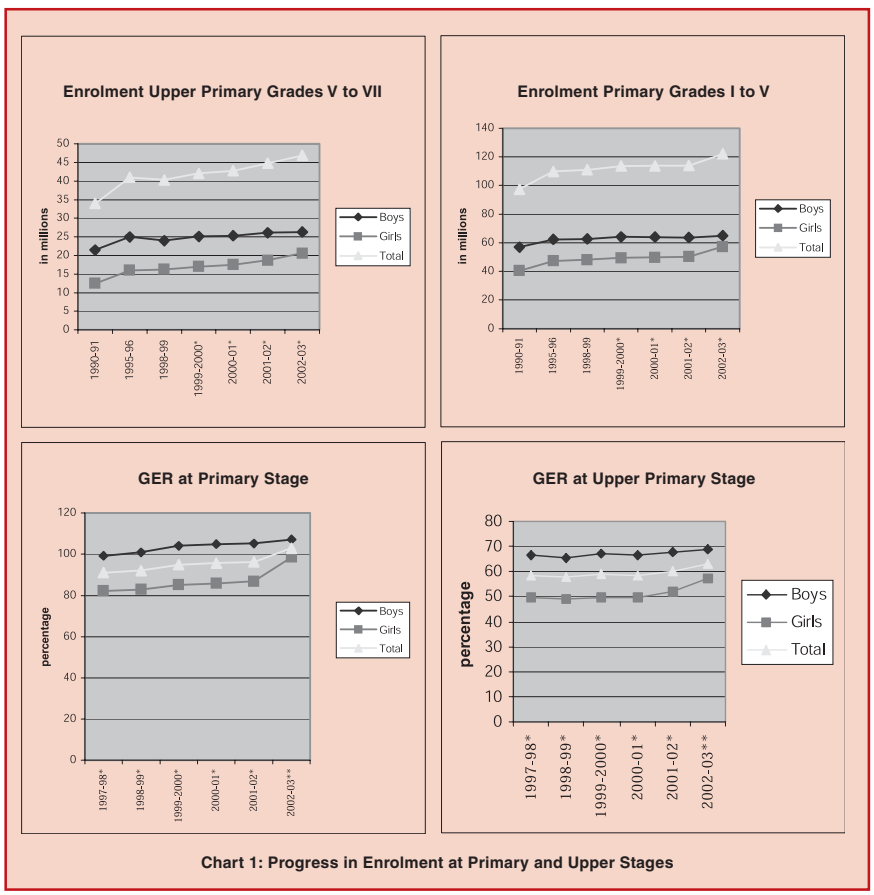


Chart 1: Progress in Enrolment at Primary and Upper Stages

Primary and upper primary schooling facilities have been expanded to cover small and unserved habitations in remote rural areas. According to the Flash Report of the Seventh All India Educational Survey[3] 2002, habitations having primary schooling facility within them is 53.48%; and 87.53% of habitations have primary schooling facility within or at a walking distance of one km.

Upper primary schools/sections are found located in 19.1% habitations, and 78.12% habitations have upper primary schooling facility within or at a distance of 3km. The ratio of upper primary schools to primary schools has improved to 1:2.7 in 2002.

In addition, there are a large number of Alternative and Innovative Education (AIE) Centres, Education Guarantee Scheme (EGS) centres and unrecognised schools which impart both primary as well as upper primary education, the former for children who, because of their circumstances, cannot enter full time schooling. Under the EGS/AIE, 6.64 million children have been covered as on March 2004 (MHRD, Annual Report 2003–04). In spite of the substantial expansion of elementary education, disparities among and within states prevail. There are also gender and social disparities in access to elementary education.

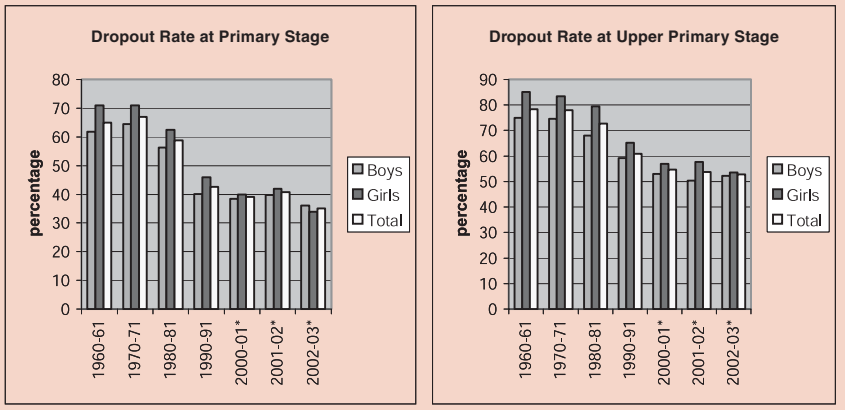


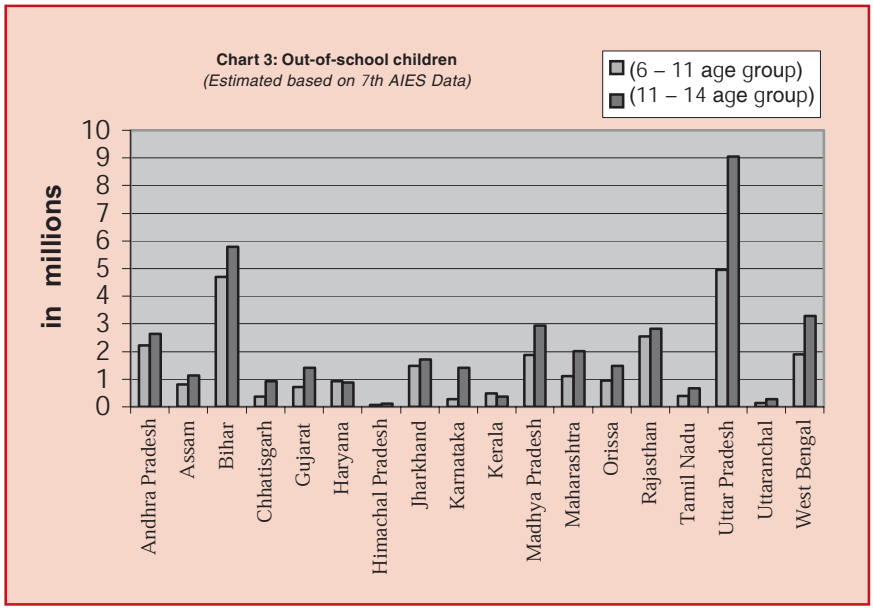
Chart 2: Dropout Rate at Primary and Upper Primary Stage
(Source: Selected Educational Statistics, various years, MHRD, GOI)

Enrolment at primary level (grades I–V) was 122.13 million[4] (964.94 million boys and 57.19 million girls) in 2002–03. At the upper primary level (grades VI–VIII), enrolment was 46.95 million (26.3 million boys and 20.61 million girls) in 2002–03. At the primary and upper primary levels, enrolment has increased at an average annual growth rate of 3.56% and 4.74% respectively, between 2000–01 and 2002–03. During the same period, enrolment at the elementary level has increased at an average annual growth rate of 3.91%. The Gross Enrolment Ratio (GER) at the primary level was 103.01% (107.23% for boys and 98.61% for girls) in 2002-03. At the upper primary level, the GER was 63.32% (68.93% for boys and 57.36% for girls) in 2002–03. The gender parity index (GPI) of GER at the primary level improved to 0.92 in 2002–03 from 0.82 in 2000–01. At the upper primary level, the GPI of GER improved to 0.83 in 2002–03 from 0.75 in 2000–01. Even after this remarkable progress in the coverage of elementary school age children, many of them in the age group of 6–14 still remain out of the school. According to the Annual Report (2003–04) of the MHRD, the number of out-of-school children is estimated to be around 23 million.

The high dropout rates at the primary and upper primary levels continue to be a major concern even though the rates are decreasing steadily. The dropout rate at primary level has decreased from 40.07% (39.7% for boys and 41.9% for girls) in 2001–02 to 35.06% (36.0% for boys and 33.32% for girls) in 2002–03[5]. At the upper primary level, the dropout rate has marginally decreased to 52.79% (52.28% for boys and 53.45% for girls) in 2002–03 from 53.7% (50.3% for boys and 57.7% for girls) in 2001–02. In spite of the policy of no detention up to Grade V, a large number of children continue to repeat grades.

It is known that the problem is not uniformly grave in all the states, at least at the primary stage. Recent reports reveal considerable inter-state variations in participation. Estimates from the 7th All India Education Survey (AIES) showed that in 2002–03, most of the out-of-school children in the age group 6–11 were accounted for by a few selected states, namely, Andhra Pradesh, Bihar, Madhya Pradesh, Rajasthan, Uttar Pradesh and West Bengal. Way back in 1978, while preparing the Sixth Five-Year

Plan, the Planning Commission had identified these states, along with a couple of others, as educationally backward. Now to find the same cluster of states also appearing in the low Universities with Potential Excellence (UPE) category, after implementing development plans for nearly 25 years and going through at least four full cycle Five-Year Plans, raises serious questions on the strategy being adopted to overcome inter-state disparities in the country. At the upper primary stage, even relatively better performing states such as Karnataka and Maharashtra show serious problems, with a large proportion of children remaining outside the fold of schooling.



While the overall assessment presents a reasonably good picture, analysis made in the paper indicates that the goal of UEE is not close enough to be reached within the Tenth Five-Year Plan period. Even though one could observe substantial improvement in the situation at the primary stage during the latest year (2002–03) for which the data are available, there is not much to cheer even during the present decade. It appears that the effort is so focused on getting more children enrolled that authorities have not paid much attention to what happens to the children after enrolment. It could be assumed that a substantial increase in the base year enrolment could have clouded the real incremental improvement in reduction of the dropout rate at the primary stage. The situation is even more alarming with respect to the upper primary stage. Claims of reduction in out-of-school children based on mere enrolment are of no avail if one out of every three children entering Grade I does not survive even for five years in the school. Of those who survive and transit to upper primary stage, another 50% drop out without completing the full cycle of elementary education. If all these children who are dropping out in the middle as out-of-school are counted, the number would add up to around 40–50 million. At the same time, it is important to note that the number of out-of-school children is usually estimated using the enrolment data from government and recognised private aided schools and the projected enrolment in the relevant age group. Given the limitations of the available enrolment data (i.e., not including enrolment in private recognised unaided and unrecognised schools and in alternative educational centres), the figure on the out-of-school children generally overestimates the magnitude of the problem. This information, therefore, has to be factored in while assessing the progress made towards the critical *goals of ensuring that all children complete five and eight years of schooling by 2007 and 2010 respectively*, as specified in the Tenth Plan.

Concerns of Gender and Social Equity

The situation with respect to girls' education has shown considerable progress in recent years, particularly in terms of enrolment. However, gender disparity does not seem to be getting reduced. Even the GER for girls does not touch the 100% mark at the primary stage. (see Chart 4)

If one deducts around 18–20% of this, owing to the presence of overage and underage group, it shows that less than 80 per cent

girls in the age group 6–11 are enrolled in primary schools. The difference in the enrolment ratio between boys and girls continues to be at around 10 percentage points. The situation is even more disturbing at the upper primary stage where the GER falls below 60% level for girls. Overall indications are that there are at least as many girls outside school as there are inside in the age group of 6–14 years. Particular attention in this regard is required in some states such as Bihar, Jammu & Kashmir, Rajasthan and Uttar Pradesh. In fact, not even two out of ten girls in the age group 6–11 years in Uttar Pradesh are in primary school. The national goal also has been quite ambitious in this aspect with the Tenth Five-Year Plan proposing to bridge all gender and social gaps in enrolment, retention and learning achievement at the primary stage and reducing the gap to 5 per cent in the upper primary stage by the year 2007. It is also proposed that special interventions and strategies would be adopted to include girls, SC/ST children, working children, children with special needs, urban deprived children, children from minority groups, children below the poverty line, migratory children and children in the hardest-to-reach groups.

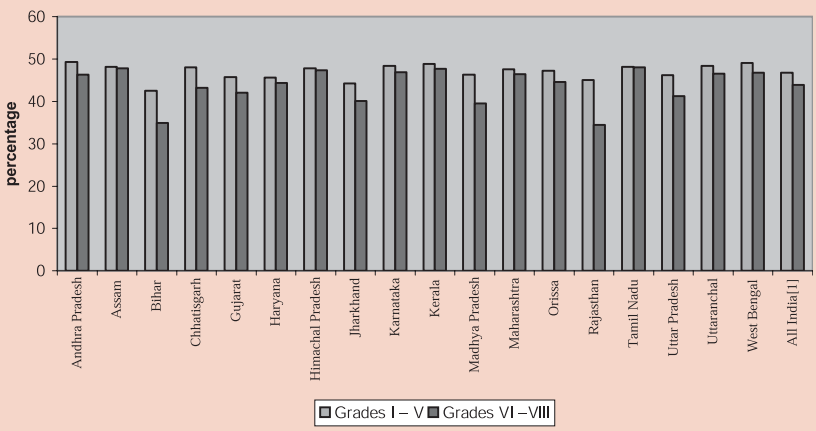
There are, however, some positive features with respect to the education of girls. Since the beginning of the 1990s, the progress in girls' enrolment at the elementary stage has been faster than that of boys for the age range 6–14 years. This uniformly fast increase in girls' enrolment indicates several important points:

- lower levels of participation among girls is probably due to social and cultural reasons, and with carefully planned strategic interventions the gender gap can be substantially reduced at a faster pace.

- it belies the often-held assumption that absence of higher primary school within the village is a serious deterrent to girls' participation. It is probably not true that a large number of girls drop out after completing the primary cycle because of the distance involved in reaching the nearest upper primary school.

These are very broad observations based on average figures. It is necessary to disaggregate the data and mark out regions and states where the increase is substantial and those where it is still at a low level.

Chart 4: Proportion of Gill's Enroled
(Estimated based on 7th AIES Data)

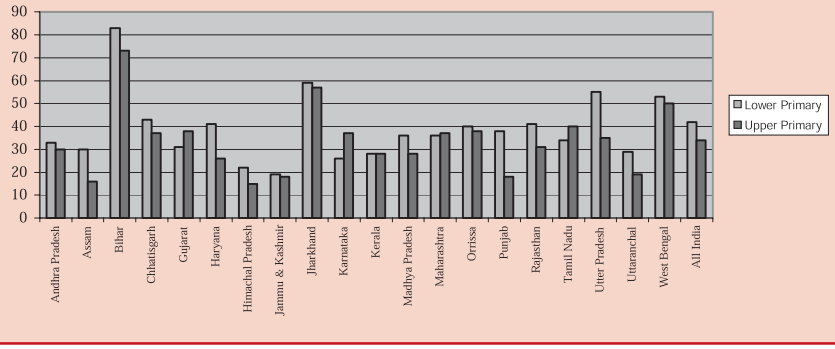


Teachers

Supply of qualified teachers is the most significant requirement if provision of elementary education facilities has to keep pace with increasing enrolment and consequent demand for additional school places. The number of teachers in primary schools increased from 1.62 million in 1990–91 to 1.90 million in 2000–01. Rise in the number of teachers in upper primary schools in the same period was from 1.10 million to 1.33 million. In addition, 1.98 million para-teachers were appointed during the year 2003. The number has further increased because of the provision in Sarva Shiksha Abhiyan (SSA) for at least two teachers at primary level initially to be raised to one teacher for every class or section in a primary school.

Based on the projected enrolments up to the year 2007, the number of additional teachers required is estimated at 0.092 million for both primary and upper primary sections. Keeping in view the lopsided distribution of teachers in rural and urban localities, the states have been advised to take up the exercise of rationalisation prior to initiating the recruitment process. To cope with the problem of increased demand for teachers, states have begun to meet the immediate needs through recruitment of community teachers.

Chart 5: Pupil – Teacher Ratio in Major States
(Sourec: Provisional Tables, AIES, 2002, NCERT, New Delhi)



The 7th AIES estimated the number of teachers employed in lower and upper primary schools in India in 2002–03 to be around 3.5 million. Of these, around 40% were females. It is also found that around 5–6 per cent of these teachers are para-teachers, invariably employed on contract basis and most often not having professional training and qualification. This is an issue that has attracted considerable criticism and needs careful consideration as the proportion of such para-teachers is continuously increasing in various states and these recruitments are supported by Central Government's funds through SSA. There are no systematic studies to analyse the long-term impact of such recruitments on the quality of schools on the one hand, and on the development of a professional cadre of teachers on the other.

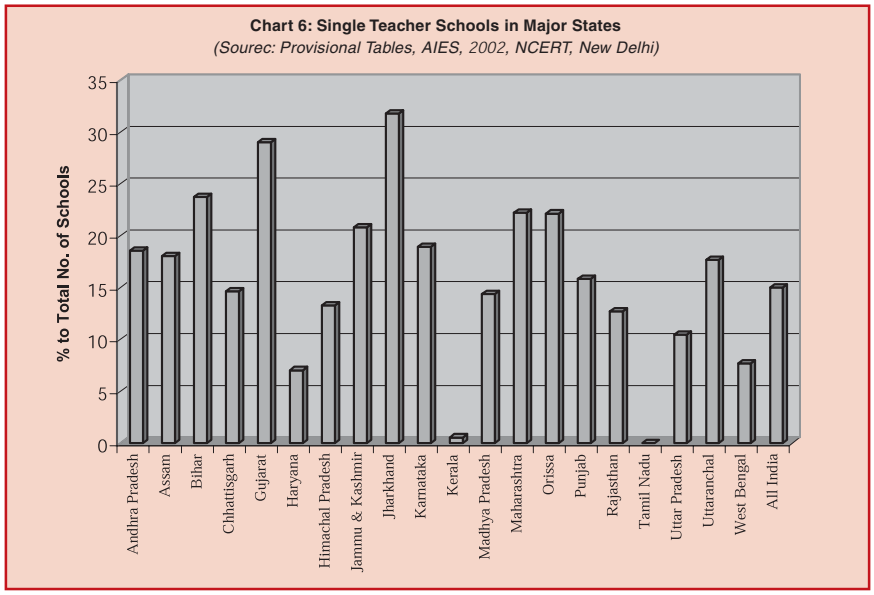
There has been a general euphoria in recent years over the enormous increase in the enrolment of children in primary schools. Are we recruiting an adequate number of teachers to teach them? In fact, in general, state governments are slow in recruiting teachers even against the existing positions. Almost all states have backlog of vacant teacher posts. Consequently, notwithstanding the recruitment of teachers on a contract basis, teacher–pupil ratio is far above the norm of 1:40 in some of the states (Chart 5), pushing even the national average to 1:42. In particular, the situation requires immediate attention in four states, namely, Bihar, Jharkhand, Uttar Pradesh and West Bengal. In fact, the situation in Bihar is really alarming as teachers are recruited in the state without any professional training in pedagogy.

Apart from the fact that teachers have to deal with crowded classes in these states, they have also to contend, in a large number of schools, with very minimal infrastructure and academic facilities. Around three out of four primary schools in the country involve multi-grade teaching requiring the teachers to be innovative in simultaneously teaching students of several grades. As already noted earlier, a substantial proportion of schools do not have even a proper building, leave alone other facilities. This complex situation in which the teachers have to work gets further compounded considering the figures for single teacher schools.

It is found that nearly one out of every six primary schools in the country is a single teacher school (see Chart 6). This is quite surprising since the Operation Black Board (OBB) Scheme was launched more than ten years ago with the main aim of eliminating single teacher schools. To expect that UEE will be achieved just by appointing a community teacher without professional training to teach in schools which have neither physical infrastructure nor academic facilities is far-fetched.

Overall Observations on Strategies adopted in recent years

Implementation of various programmes during the last few years indicate certain



successful strategies that have helped bring in more children to school and improve the quality of education provided. Field implementation of these strategies has also brought forth some critical lessons that should guide further progress. Some of these strategies and the accompanying lessons are highlighted in the following. For instance, *Modifying traditional distance and population norms and opening schools in small habitations* have yielded positive results. But such creation of small schools also raises the question of their long-term viability. One has also to carefully consider the capability of such small schools, which invariably have only one teacher, on the quality of education provided. Field observations have also showed that if proper care is not taken, this may lead to legitimisation of social divisions through schooling, as often such small habitations are inhabited by marginalised groups living on the fringes of the main village with a full fledged school.

Similarly, moving from state level planning to district planning for education development has helped identify variations in the conditions characterising sub-regions even within a state and adjust developmental inputs accordingly. The strategy is based on the assumption that the district plans are prepared through a participatory process involving district personnel. It is also envisaged that the district plan will be prepared after micro-level diagnosis of every village and community. However, such participatory planning is yet to materialise in most places. Consequently, the plans have tended to be typecast in standard formats designed centrally and scrutinised at the national level for final approval and release of funds, and lack sensitivity to local variations in the strategies to be adopted. While, the Tenth Plan document reiterates the need for carrying out such habitation level planning under the SSA framework, no concrete action plan has been worked out to ensure such processes in all districts. One could draw several such illustrations on the lack of corrective measures in designing implementation strategies and programme parameters, arising out of lessons from the field. Thus, it appears as though programmes and strategies are formulated independent of the feedback flowing from the field through implementation.

Another important aspect of the programmes and strategies during the last few years has been the effort to reform the governance system by emphasising community involvement. This is also linked to changes and developments to strengthen Panchayati Raj Institutions (PRIs) in different states. The last few years have seen the emergence of a variety of mechanisms to facilitate community involvement in school governance such as School Development and Monitoring Committees (SDMCs) in Karnataka, empowered SMCs in Andhra Pradesh, Committees of PRIs in Madhya Pradesh through the new *Jana Shiksha Adhiniyam* or the revamped VECs in several other states. But in most of these cases

there is a danger that they may dissipate over a period of time unless efforts are made to link them to administrative reform measures in various states. It is important to design strategies in the Tenth Plan implementation in a proactive fashion. They should not be viewed as mere technical instruments created under the District Primary Education Programme (DPEP) or the SSA. Such measures under the plan may not directly involve any financial investment but would play a critical role in giving stability to the participatory management system as envisaged in the National Policy on Education without imposing a single set of solutions for local self-governance in education to all states.

Sarva Shiksha Abhiyan, the main vehicle for elementary education development under the Tenth Plan, is proposed as an integrated programme which interlinks various inputs flowing through various component activities. It is in line with this thinking that all component activities have to be designed and incorporated into a perspective plan for each district. In fact, it is based on such District Plans that substantial amounts of funds were spent in selected districts under the DPEP. It is envisaged that a similar exercise will take place with respect to all districts of the country under SSA. But, a common question posed by many people in the field is: "What effort has been made to track cumulative change and improvement in the DPEP districts some of which have received financial support for nearly a decade?" Do the district plans reflect the changed reality in quantity as well as quality of elementary education in the district? It appears that no systematic arrangement is made to study the educational conditions and processes as they unfold in each district under plan implementation and to incorporate the lessons emerging from them to design consecutive subsequent annual and long-term district plans.

Some Critical Issues

Poverty and School Participation

One of the core issues in the debate on the right to education is: *does poverty hinder participation of children in schooling?* Though some do not consider it to be so,[6] many scholars concede that economic misery pushes families to the brink and constrains them from educating their children. As the UNESCO Commission on Culture and Development points out, "In spite of four decades of development efforts, poverty remains high. Although the proportion of poor people has diminished significantly in all continents except Africa, absolute numbers have increased. ... Over a billion people have been largely bypassed by the globalisation process. Involuntary poverty and exclusion are unmitigated evils. All development efforts aim at eradicating them and enabling all people to develop their full potential. Yet, all too often in the process of development, it is the poor who shoulder the heaviest burden."[7] That children bear the major burden of poverty affecting every aspect of their physical, cognitive, social and emotional development does not need special evidence.

It would, however, be wrong to conclude that parents are unaware of the value of education or that they are unwilling to enrol their children in schools. But they are often helpless. The eye witness accounts narrated by Sainath[8] travelling through remote corners of India present a telling proof of the dismal life led by the poor. But interestingly their faith in education as the way out of the malaise, also comes out clearly.

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Pangi's Tale

The coolie work he does – when there is work to do – fetches Pangi perhaps two kilograms of rice for a day's labour. Pangi and his family also go out and collect roots, berries, leaves and bamboo shoots. These make up the bulk of their diet on some days. 'Our time has gone,' says his friend Anandram Khilo. 'But perhaps one day our children, if they get an education, will lead a better life than this.'

Throughout the area are villages with schools but children too poor to go to them. Also, people who get steady work for no more than four months in the year. There is also a thirst for land among the worst off.

As we sit in the semi-darkness of Pangi's hut, … 'After coming here,' says his wife, 'there were many things the children needed that we couldn't provide them. We had no money and even if we had money, we had no place to buy them – medicines, clothes, foodstuffs, so many things. You see them grown up now, but coming here hurt us. It hurt our children worse.' (pp. 129–130)

The Birhor Colony

Not a single child in the Birhor colony outside Jhabhar goes to school. Female literacy is almost nil. And Raju Birhor believes this is the case with the tribe in all its areas. 'We would like to send the children to school, but who can afford it?' he asks. 'We can't afford food,' says Rambirich Birhor. 'So why talk of school?' Malnutrition is visible on the faces in the settlement, more so among children. 'Besides,' says political activist Narendra Chaubey, 'they have very high infant mortality rates. Fewer of their children survive, compared to other communities in the region.' (p. 156)

Shiv Shankar Laiya

When Shiv Shankar Laiya passed his matriculation exam in 1967, it was a big event for the Kahars of Godda. …With the passage of time, that achievement has dimmed. Especially since Laiya remained jobless for the next twenty-six years. Meanwhile, the second matriculate, Joginder Laiya, died of tuberculosis. Today, not a single Kahar child in Nunmatti or at Gorighat village goes to school. 'Two are enrolled in school,' says Shiv Shankar Laiya, 'but who can afford to send them? It costs money. At least here they tend the goats and pigs.' (p.175)

Sainath observes that the peculiar links between land, labour, credit and market have trapped the peasants into perpetual penury and dependence. Efforts to strengthen the human resources of the poor must recognise that, unlike the non-poor, the absolute poor are trapped in a situation in which economic growth and social development are interdependent. The strong interrelationship between economic growth and social development highlights the vicious circle wherein low growth spawns low growth and poverty breeds poverty. Poor parents cannot provide their children the opportunities for better health and education needed to improve their lot. Because the poor lack the economic capabilities and social characteristics necessary to emerge from poverty, the legacy of poverty is often passed from one generation to the next.[9]

Empirical investigations clearly show that many working children are too poor to afford schooling. Any legislation banning child labour must be linked with an effective anti-poverty plan. At the very least, working children who attend school must be partially compensated for the lost income.[10] Colclough and Lewin observe that one of the causes of the concentration of low enrolment ratios amongst the poorest countries is that state expenditure upon schooling cannot completely remove the costs of poor households of their children's attendance. Even if fees are not charged, there are usually the costs of some books to meet, and often there are school uniforms to buy. Moreover, the opportunity costs of school attendance are, in practice, a negative function of household income. It is the poor who depend upon the income from child labour. The poorer the households concerned, and the higher the direct and indirect costs they would need to meet, the more likely it is that public measures to increase primary provision would fail to elicit the required enrolment.[11] This in no way implies that EFA has to wait till poverty is eliminated. It only signifies the complexity of the issue of pursuing legislative measures with a rights perspective as the means of achieving the goal of EFA in the country.

Inequality and UEE: The Burden of Implementing Equal Rights in an Unequal Society

India was under colonial oppression till a few decades ago, providing no scope for establishing a mass education programme. Thus the history of primary education in the country is quite short. Yet, the developments in the West have had reverberations in India even during the colonial period. For instance, a vigorous campaign was launched, though unsuccessfully, to make primary education universal and compulsory in India more than hundred years ago. In western India, the then king of Baroda issued the first Compulsory Education Act in 1891 just when the legal provisions for compulsory education were being streamlined in many parts of western Europe. But he did not succeed in continuing the effort beyond a point.

The country seems to be still coming to terms with its historical legacy. Political independence seems to have changed, but not adequately, the educational reality in several parts of the country.[12] Education is perhaps the most insidious and in some ways the most cryptic of colonialist survivals, older systems now passing, sometimes imperceptibly, into neo-colonialist configurations.[13] Economic disparities have increased. Social and gender discrimination remain unmitigated in many parts. Pursuing an egalitarian goal in the midst of such inequalities is undoubtedly a difficult challenge. In fact, observance of the principle of equal rights can function effectively only in an ambience of social equity. The more the inequality, more difficult will it be to move towards the goal of education for all.

In the historical development of rights, few if any were recognised without a struggle, and conflict and power were the companions of the development of rights. The major problem arises from the character of contemporary Indian society where a feeling of unfairness is pervasive. Implementing the principle of equal rights requires shared experiences and narrowing the range of inequalities. It is also necessary to think about the kinds of institutions that facilitate or hinder these goals. A society in which inequality ranges so extensively is one in which members share little. These members cannot understand the claims and grievances of one another and they fear that recognising the claims of those who are much different will come at their own expense. If the language of politics, that is, the language of values, is to be substantive, that language must be based on shared experiences.[14] Thus pursuing the goal of education as a basic human need and a fundamental right requires more serious efforts to reduce economic inequalities and remove social discriminations.

The Question of Child Labour and School Participation

In a strict sense, all children who are not attending school are participating in the labour force. According to estimates by the International Labour Organization, some 250 million children between the ages of 5 and 14 work in developing countries and some 50 to 60 million children between the ages of 5 and 11 work in hazardous circumstances.[15] This, in spite of the fact that most countries have child protection acts and laws prohibiting child labour. There is a strong argument, with considerable justification, that strict enforcement of laws banning child labour is an effective means of ensuring full participation of children in primary education. India has also seen vigorous debates on the issue of child labour.

There is no doubt that a considerable amount of child labour, even of the hazardous kind, takes place due to the apathy of those who are to protect the rights of the children. One will also often come across wilful connivance of the state machinery with profiteering employers, for whom child labour is simply a

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source of making more money. Some bring in parents also as willing partners in the child exploitation process. Why does this oppression of children continue even in democratic societies like India? Is it really unpreventable? Reviewers have found several plausible causes for the continuance of the phenomenon. The main argument is that child labour is necessary for the well-being of the poor as the State is unable to provide relief. The second argument is that school education would make the poor unsuited for the kind of work that is required to be done – a familiar line of thought reminiscent of the 17th and early 18th century Europe – often heard from the parents. A third argument is that the State cannot interfere in the parents' rights, they know what is best for their children and families.

The arguments are weak and utterly indefensible. Poverty may be pushing parents to subject their own children to such oppressive conditions. But if one recalls the voices from the field quoted from Sainath's accounts in an earlier section, parents are compelled to take recourse to such measures by circumstances beyond their will. However, empirical analysis of the reality points to the fact that creating an effective educational system is likely to have a more far-reaching impact on child labour than direct regulatory attempts in the labour market. In many cases, child labour represents a reasoned rejection by parents of an education system that seems irrelevant to their child's future.[16]

Recent years have witnessed intense social propaganda and action by national and international NGOs which have resulted in more serious effort to tackle the problem. Most observers, however, agree that mere legislative measures will not suffice. Central and State Governments have to come out with proactive policies, in both education and economy, that benefit the poor more directly. Condemnation from public platforms and leaving things to market forces are not going to solve the problem. Rather, adequate institutional arrangements have to be worked out not only to prevent children from entering the labour force but also for better quality education and improved employment prospects for adults. Projects run by many NGOs have clearly demonstrated that children are quite willing to put in that extra bit of effort to get educated. It is the responsibility of the State to ensure release and proper provision of education to children who have been subjected to forced labour. Mere campaigns for liberation of child labourers from the drudgery of forced work are not enough. The State has the obligation to protect their right to life and to provide education.[17]

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Compulsory Education Legislation as the Final Solution

In recent years, particularly after the seminal work of Weiner,[18] the debate on compulsory education as the means of eliminating child labour and ensuring universal participation of children in schooling has gained momentum. Weiner, in his study on the Indian situation, is unequivocal in recommending implementation of compulsion. He considers that it is political will not poverty that constrains. Holes may be picked in the details of the argument of Weiner, but what cannot be rejected is the basic point that India seems to be endlessly waiting for poverty to disappear and pave the way for universal participation of children in primary schools on a voluntary basis. In fact, Weiner presents compelling data on the fact that several countries have acted to universalise primary education at periods of relative poverty in their history of development.[19]

Weiner highlights the importance of moving from the framework of 'rights of the child' to that of 'duties of the state and the parents.' He writes, "The shift from rights to duties is a profound one in the history of

the relationship between children and the state. 'Rights' implies access and choice. Education is free and widely available. Parents are free to choose or not to choose to send their children to school. The notion of duty denies parents the right to choose. Parents are told by the state that no matter how great their need for the labour or income of their children, they must nonetheless relinquish their child to school for a part of the day. The notion of duty also applies to the state. The state has a duty to make education obligatory, and in turn the central authority imposes this duty on local authorities as well as on parents and guardians of children."

But, not all observers agree with Weiner. Jean Dreze and Amartya Sen, while emphasising the value of legislative measures, point out that compulsory education is obviously not an adequate programme of public action for promotion of basic education. It can be an important part of such a programme, but the more exacting issue is the need for a substantial improvement of the schooling system. Making it legally compulsory for children to attend schools that cannot receive them would not be a great gift.[20] Colclough and Lewin point out that legislation on compulsory education is widespread around the world, typically stipulating both the minimum duration of school attendance in years, and the ages during which it should occur. Eighty-five per cent of developing countries have enacted laws which make schooling compulsory; on an average they require attendance for about eight years. The question arises, therefore, as to whether there is any relationship between the non-enactment of legislation and the incidence of low enrolment ratios caused by low demand for schooling.[21]

Globalisation and Providing Education for All

No discussion of elementary education for all would be complete without examining its relationship with the fast changing economic scenario. There is a general sense of euphoria that the globalisation and free market process will finally deliver the poor from their misery and therefore significantly improve their access to basic education. How well-founded is this? In reality, the global marketplace has been bountiful for a small minority with capital and skills. The 200 richest people in the world, for instance, more than doubled their net worth between 1994 and 1998, to more than $1 trillion. Meanwhile, disparities continue to grow. In 1960, the income gap between the richest fifth of the world's population and the poorest fifth was 30 to 1; in 1997 it was 74 to 1.[22] If inequalities keep increasing, how can it portend better educational opportunities for the poor? As noted earlier, inequalities would further exacerbate the educational problems of the poor unless economic liberalisation measures are closely accompanied by full scale social development action in favour of the poor.

While globalisation of the economy is apparently enhancing economic growth prospects of the country, it seems to be leading the country to a state of '*rich country – poor government*' syndrome. Structural adjustment and other fiscal measures have forced many state governments to indulge in cost-cutting actions, invariably reducing their budgets for education. This has resulted in two distinct trends that directly place the goal of providing 'quality education for all' at jeopardy. The first trend is that state governments are increasingly looking for cheaper and often substandard alternatives to provide primary education to the poor. One can see the emergence of a wide variety of institutional arrangements – Education Guarantee Scheme schools, alternate schools, community schools, para

Jean Dreze and Amartya Sen, while emphasising the value of legislative measures, point out that compulsory education is obviously not an adequate programme of public action for promotion of basic education.

teacher schools and so on, all targeted only at the poor. They are reminiscent of the little schools for the poor and colleges for the rich that existed a couple of centuries ago in Europe. It is a sad commentary that these efforts are being promoted with full support from and under the supervision of the Central Government authorities and international donor agencies. Can the goal of 'quality education for all' be served by openly promoting such inherently iniquitous structures?

The second trend is no less serious. Widespread adoption of free market orientation to the economy in the recent past has ushered in a sense of déjà vu that privatisation will solve the problem of basic education also. One need not shun private initiative in provision of basic education facilities. But this has to be done with great care and caution where inadequate provision and inequitable distribution of educational facilities is still a serious problem. While in-country regional disparities are significant and incorporation of marginalised groups into education is still a problem, allowing market forces to operate is likely to jeopardise the interests of the poor by creating a hierarchy of classes within the education system.[23] This becomes even more serious when governments begin to make conscious efforts to freeze expansion of basic educational facilities and wait for the private sector to take over. As summarised by Colclough and Lewin, "... our analysis of fee-generating schemes to support school expenditure suggests that it would be unsound to place more emphasis on these until there are mechanisms to ensure that schools which cannot or do not generate income in this way are not unduly disadvantaged as a result. The schools with the greatest need to improve their physical and educational quality are those with the least capacity to raise such additional resources. They are also the schools, which tend to have the least favourable staffing ratios and working conditions. A commitment to schooling for all requires positive discrimination in favour of the most deprived schools."[24]

This becomes even more serious when governments begin to make conscious efforts to freeze expansion of basic educational facilities and wait for the private sector to take over.

Reflections on Contemporary Development Planning of Education in India

The *Sarva Shiksha Abhiyan,* the flagship programme of the national government, promises to achieve the goal of Universities with Potential Excellence (UPE) by 2007 and the goal of UEE by 2010 (five years ahead of the international commitment made at Dakar). The same has been specified in the Tenth Plan document. This would mean that all children in all states would complete at least five years of schooling (or its equivalent through non-formal means) by the year 2007. All of them would transit to upper primary schools and complete at least another three years of schooling by 2010. Are these targets reasonable? The indications are that the targets will not be met. One of the sub-targets, namely, ensuring that all children are in school by 2003, has already been missed. The Annual Report of the MHRD estimates the number of out-of-school children to be around 23 million. With the high dropout rate continuing, it appears almost impossible that one can get even those children currently enrolled in schools, to complete elementary schooling.

The importance of setting credible plan targets needs no special emphasis. However, even a cursory review of past performance in meeting present goals for the Five-Year Plans shows that it has invariably been a story of unkept promises. This does not mean that no progress has been made. As can be seen from the analysis, some states would move quite close to the target by the end of the plan period while some others would remain far behind. The right approach would have been to replace the current practice of setting global target timelines for the whole

country with disaggregated targets for different states and Union Teritories (UTs). This would inject the much needed sense of realism to the whole exercise of assessing the magnitude of the task and setting time targets.

In fact, under the SSA, states are supposed to develop their vision of elementary education, and accordingly set plan targets. Unfortunately, even after three years of implementation of the SSA, no state has drawn up any vision of the development path to be taken up in empirical terms in order to achieve UEE based on its resource base and technical and professional capabilities. Rather, with very few exceptions, all states have taken the national level targets, without even reflecting on the feasibility of achieving them. This has serious implications as far as assessing the progress towards UEE is concerned. For example, SSA seems to be still perceived by state governments as a centrally-sponsored programme, and the states have contributed little in evolving contextual and effective strategies to address the issues relating to UEE. This point has to be kept in mind while assessing the progress towards UEE midway during the Tenth Plan.

Persisting Problem of Regional Disparities

The Indian scenario is too complex and varied to be effectively captured through aggregate national figures. c Towards the end of the 1990s, it was estimated that three-fourth of the out-of-school children lived in six states of the country, namely, Andhra Pradesh, Bihar, Madhya Pradesh, Rajasthan, Uttar Pradesh and West Bengal. Gender disparity was as high as 42 percentage points for enrolment rates in Bihar and 31 percentage points in Uttar Pradesh but was only 3 percentage points for Kerala and 5 percentage points in Punjab.[25] Has the situation changed significantly?

Estimates derived from the 7th AIES reveal a very similar story in 2002–03. Nearly 69% of out-of-primary school children are concentrated in 7 states, namely, Andhra Pradesh, Bihar, Jharkhand, Madhya Pradesh, Rajasthan, Uttar Pradesh and West Bengal. Bihar and Uttar Pradesh alone account for 33.87% of out-of-school children at the primary stage. Surprisingly, with respect to girls' education, some of the states like Gujarat and Haryana have regressed in recent years, falling below the national average. Thus, the problem of UEE continues to be one of inter-state disparities. That they have persisted in spite of five decades of development planning shows that the strategies adopted for education development have not adequately dealt with the issue. There is undoubtedly an urgent need to treat these states on a priority basis and enhance the funding for them in a focused manner, as without making a significant impact on the status of elementary education in these states, it is impossible to show substantial progress towards UEE in the country as a whole.

Girls Education: Need to Move Faster

Recent assessments show that girls' participation in schooling has improved significantly during the last 10–15 years. However, the Global Monitoring Report on progress towards EFA goals considers the progress to be far from satisfactory and declares the country to be at risk of not achieving the goal of gender parity and equality as envisaged in the Dakar Declaration. It should be noted that this is also one of the Millennium Development Goals (MDGs). Are the strategies being pursued for girls' education appropriate?

It is important that a gender perspective is incorporated into all aspects of planning. For instance, in order to promote girls' participation in schooling, the Operation Blackboard (OBB) Scheme required that the second teacher appointed to any primary

... there is Kerala with practically every child attending primary school, and every school having at least five teachers and five classrooms.

... there is Bihar where only one out of two children in the relevant age group is in school.

school with one teacher would be a woman teacher. The early 1990s also saw the emergence of explicit programmes for women's empowerment such as the Mahila Samakhya as a means of improving the participation of girls in schools. The problem of non-participation of girls in schooling has been well explored and the causes are known. While inaccessibility of schooling facilities is one of the causes, tackling deeply entrenched social factors is a greater need in many areas. This requires well-orchestrated programmes of social mobilisation going along with primary education development as demonstrated by actions under Lok Jumbish and such other programmes.

Systematic Planning Requires Consistent Information Base

Reliable information is at the heart of any development planning process, without which it is difficult to assess the magnitude of the task ahead and the requirement of resources. But despite the problem being pointed out repeatedly in various contexts, no consistent data are available on any of the critical indicators. There seems to be a total confusion on the number of out-of-school children; there is no consistent data on the number of children dropping out without completing the elementary cycle. No information is available on net enrolment ratios which are considered vital for international comparisons and for computing other indices such as gender parity and education development. Data gaps are huge and often official statistics under-report the actual achievement in the elementary education sub-sector. The best example is the non-availability of data on enrolment in private unrecognised schools, and even in alternate schools and EGS centres. Maintaining ambiguity in terms of data may be politically expedient but not useful for development planning. Many countries have legislations on what data should be used as authentic figures for planning various development actions. It is time that India also set up a commission on educational statistics with the authority to clean up the huge confusion and the proliferation of multiple sources, none of them totally reliable.

... unfortunately, contingency measures seem to dominate the Tenth Plan proposals, distorting not only the trajectory of progress but also the whole process of planning and budgeting.

Development Cannot be Anchored to Ad Hoc Measures

It is essential that Five-Year Plans do not become vehicles for fighting the fiscal crises of state governments. Plan inputs should add value to the existing system in a cumulative fashion and incrementally transform the system over a period of time in the desired direction. As plan implementation progresses, the improvement in the system should be clearly perceived. *Ad hoc* measures cannot drive long-term progress. But, unfortunately, contingency measures seem to dominate the Tenth Plan proposals, distorting not only the trajectory of progress but also the whole process of planning and budgeting.

Appointment of para-teachers in several states using the Tenth Plan funds is one such short-term strategy adopted essentially as a cost saving measure by many state governments. These teachers are recruited often without ensuring the accepted norms of qualification and on short-term contracts with lower levels of salary as compared to regular teachers. In several states, thousands of para-teachers have been appointed through SSA funds. Further, such teachers are also being appointed in several states against posts of regular teachers. These developments have begun to distort the field situation in several ways:

- they hide the real magnitude of the problem to be addressed in the long run, in financial terms.
- they distort the shape of the budget by projecting teacher salary which should, in the normal course, be part of the recurring expenditure as plan expenditure, unlikely to be absorbed as non-plan component since they are on a contract basis.

- this places the evolution and strengthening of a professional community of teachers in serious jeopardy. Needless to emphasise that development of a professional cadre of teachers is at the core of development of a sustainable school system. Therefore, any measure that obstructs the process of developing a professional cadre of teachers cannot be supported through plan proposals. In fact, it needs to be found out whether such measures have brought down the non-plan expenditure of the state, particularly towards teacher salary, which traditionally accounted for most of the expenditure on education.

Some states like Madhya Pradesh have changed the recruitment rules of teachers through decentralisation and consequently brought down the actual salary level of the teachers. It is not clear if the salary paid to teachers through PR bodies is shown as recurring non-plan expenditure incurred through the state treasury or is accounted as part of the block grant given to the PR bodies. There should be no objection to decentralising the teacher cadre to district or sub-district level. But that should not negatively impact the growth and development of a teacher cadre. It should be noted that such short-term measures would not help in solving the problem. It may only lead to legal complications and burden the state finances doubly at a later stage creating more serious shortfalls. Further, in many of these states, the demand for school places and consequently for teachers would increase substantially due to the population growth (unlike several of the southern states).

Lack of Concern for Achieving Cumulative Change

Government schools have always dominated the elementary education system though the country had always provided space for private schooling, even offering grants for the private schools. But government schools were never marked as of especially poor quality in comparison to their private counterparts as is done today. After the proclamation to establish a mass education system in the country, it took the national planners around 30 years to specify distance and population norms for opening new primary schools so that access is not denied to children due to physical distance. But establishing a school meant no more than posting a teacher to work in the school. Thus, quality of the school was never a primary concern, even in terms of infrastructure. Government schools grew in number often with no school building or classrooms and with no academic support material. It took another 15–20 years to specify, under the OBB Scheme, what is the minimum requirement in a primary school – at least two classrooms, two teachers, basic learning kits, and some rudimentary in-service orientation to teachers. The story thereafter seems to be no different. The last 10–15 years have witnessed the establishment of a large number of small schools in many parts of the country. Consequently, the number of schools with sub-optimal levels of physical and academic facilities has increased substantially.

The situation seems to be the result of special moves made by several states to establish schools in small habitations and thereby making schooling facilities accessible to remotely located and unserved groups. While one cannot question the motive behind such measures, it is important to carefully examine their long-term viability and quality of provisions. Creation of temporary measures – including EGS centres or enrolling children in residential camps for mainstreaming should be viewed distinctly from developing a system according to acceptable standards that are sustainable. Temporary measures are acceptable only if they are seen so and are not counted as part of the progress in

There should be no objection to decentralising the teacher cadre to district or sub-district level. But that should not negatively impact the growth and development of a teacher cadre. It should be noted that such short-term measures would not help in solving the problem.

building a national system of education. A roll-back plan for such measures without disturbing long-term plan developments, is critical. Utmost effort should be made to avoid creation of unviable and substandard schooling infrastructure as upgrading at a later date would prove more difficult than creating afresh.

While the process of establishing small and under-equipped schools is likely to continue in many states, it is important that attention is paid to consolidating existing provisions. While the norms of one km and three km for establishing primary and upper primary facilities could form the general rule, it need not be implemented blindly. The demographic change taking place in several southern states with the cohort entering primary school gradually shrinking, many existing schools are likely to become unviable in terms of population size. Several assertions made in the Tenth Plan need careful consideration in such contexts. For instance, not all habitations, even those with population size of 300, need to have a school within the habitation; probably availability of road infrastructure should be factored in while opening schools. Kerala has demonstrated this aspect very effectively.

Even with consolidation of schooling facilities, it is imperative that small schools emerge in a substantial number. It is important therefore to evolve more focused strategies for dealing with small schools. At present, apart from promotion of multi-grade teaching strategies, no special scheme has been worked out to address the problem of sustainability as well as quality of small schools. It should be worthwhile to delineate norms for providing physical and academic facilities in small schools with one or two teachers and ensure that situation in all such schools is brought to that level. This is particularly important in the context of the Central Act on Compulsory Elementary Education, which is under preparation as a follow-up of the Constitutional amendment making elementary education a Fundamental Right.

... factors affecting the efficiency of the system:

... irrational teacher deployment, poor supervision of school functioning, teacher absenteeism, delay in providing financial incentives to students from marginalised groups, and poor implementation of teacher grievance redressal mechanism.

Improving Internal Efficiency

Periodic noises are made in all quarters for initiating administrative reforms as a means of improving the efficiency of the system. Such moves are regularly proposed in the education sector also. A number of factors affecting the efficiency of the system, and thereby leading to high levels of wastage of resources, has been identified. Some of these are irrational teacher deployment, poor supervision of school functioning, teacher absenteeism, delay in providing financial incentives to students from marginalised groups, and poor implementation of teacher grievance redressal mechanism. It is obvious that development programmes, unaccompanied by improvement in efficiency of delivery, are not likely to yield results.

Studies have shown ways and means of improving the situation while designing and implementing the programmes. For instance, community participation is found to be useful in monitoring the physical aspects of the school functioning, including the regularity of teachers and student attendance. In fact, the SSA framework sought to institutionalise this in the planning process through participatory processes. However, no attention is paid to ensure such participation either in planning or in implementation. Decentralisation of school governance has also been identified as a positive step to reduce inefficiency; yet only a few states have moved forward seriously in this direction.

Inadequate Attention to Outcomes of Evaluation Studies

Though monitoring and evaluation are mentioned in a routine fashion in every Five-Year Pan document, adequate attention has not been paid to them. The DIET scheme

under reorganisation of teacher education introduced under the Eighth Plan is one such example. No serious effort has been made to review and reform the scheme in the Ninth and Tenth Plans even though field observations as well as evaluation studies have pointed to many problems. Similarly, evaluation of the OBB Scheme brought out many issues. For instance, proliferation of schools that do not conform to the norms adopted by the OBB has completely nullified the advantages gained through the programme. Has this been heeded in the implementation of SSA?

Who Should Design Programmes – The Centre or the State?

Should the state governments be encouraged to draw up their own programmes and strategies as part of the Five-Year Plan cycle and the Centre only support to the extent of assistance, if needed at all? Or, is it more desirable to present a total and probably common package drawn up at the national level to all states with some option for choosing the relevant components from the package? The SSA seems to have pre-decided the path by binding the country as well as the states to go with the large basket of programmes as the route to progress towards UEE.

Considering that education is under the concurrent list and the Centre has rightly provided high priority to elementary education, appropriateness of a proactive approach by the Centre in designing development activities in the sector cannot be questioned. However, if past experience of implementing centrally sponsored schemes is any indication, there is a danger that, after initial enthusiasm, state governments may begin to seek financial resources under SSA but lose interest in taking ownership of the programmes and actions in the field. One wonders if the proactive approach of the Centre would be taken by many states as a license for them to be inactive.

To ensure that SSA does not degenerate to such a level, it is imperative that the programme be subjected not only to thorough evaluation at periodic intervals but also be frequently refurbished with new ideas and innovative strategies, which are locally derived. It is important to recognise that there is no pan-Indian solution for the problem of UEE. The real test of SSA would be its adaptability to the changing contexts of different states and its ability to enthuse the state governments to continuously innovate the strategies for demanding central assistance. This would also imply that the norms for support under SSA should have the flexibility to accommodate new initiatives at district and sub-district levels. Also, these should carry full endorsement of the state government authorities. At present, the District Education Plans are prepared largely keeping in view the prescribed national norms rather than local necessities; the activities are viewed as project activities under SSA (similar to the perception under the DPEP). This perception has to change. The dichotomy between project activities and components of regular programmes of the state government has to disappear. Probably, there is greater need to decentralise the designing of inputs to the SSA depending on the needs of individual states and greater level of involvement of state level professionals in review and revision of programmes. The monolithic view of SSA needs to be replaced by a truly pluralistic perspective as an all-encompassing and also largely accommodative programme.

Reworking Centre–State Partnership in Financing

The idea of Centre–State partnership to implement development programmes through sharing of finances is a positive step towards gradual takeover of all activities by the state government. During the Ninth Plan period, no uniform principle was adopted for all programmes, while the DPEP was

proliferation of schools that do not conform to the norms adopted by the OBB has completely nullified the advantages gained through the programme. Has this been heeded in the implementation of SSA?

made operational with the formula of 85:15 for sharing finances between the Centre and the state governments. However, integration of all national programmes for elementary education under the umbrella of SSA, irrespective of whether the funds are drawn from national or international sources, also brought in new norms of sharing between the Centre and the state as proposed under the SSA. Following the SSA guidelines, the Tenth Plan initiatives operate under the formula of 75:25 between the Centre and the state governments. This is expected to be moved to a 50:50 formula during the Eleventh Plan.

How is the approach for sharing working? There is no systematic assessment carried out of the impact of the funding formula on implementation of the programme in different states. It should be noted that the situation with respect to internal finances of the state government varies widely. A common point made is that a uniform formula is not helpful for promoting faster progress in educationally backward states, which are also poor in their economic status. There is a danger that some of the state governments may stop evolving any new development initiatives for elementary education and would begin to depend solely on centrally-sponsored programmes as they are required to squeeze their finances to meet their share for SSA. The fallout of such a phenomenon is that it would further increase disparities in education development among different states.

It is urgent that a careful analysis of the impact of the current formula for sharing of resources on progress towards UEE is taken up so that an appropriate strategy can be formulated in preparation for the Eleventh Plan. If the goals of UEE are to be reached by 2010, the capacity of state governments has to be examined, not only in relation to the current level of expectation, which is quite modest, but because the total allocation towards elementary education during the first two years of the Tenth Plan period was only one-tenth of the total requirement of funds. Will the capacity of the state governments increase so dramatically to raise resources multifold for elementary education in the coming years?

If the goals of UEE are to be reached by 2010, the capacity of state governments has to be examined, not only in relation to the current level of expectation, which is quite modest, but because the total allocation towards elementary education during the first two years of the Tenth Plan period was only one-tenth of the total requirement of funds.

Need for Analysing State Expenditure

Recent analyses of financing of elementary education have raised several issues on state initiated spending on elementary education development. In the final analysis, progress in school education will almost entirely depend on the state governments. While central support to elementary education development has consistently increased, it is unclear how different state governments are investing their resources for the development of the sector. In fact, recent steps taken by several states in virtually dismantling the professional cadre of teachers by appointing para-teachers, essentially as a cost-saving measure, raise serious questions on the wisdom of investing plan funds without adequate commitment from the state government. Fighting hard to ward off current deficit is driving some of the states to completely depend on central grants for even minimal expansion of the system to accommodate the growing demand for elementary education.

There is an urgent need to conduct a detailed analysis of state expenditure on elementary education, differentiated from the 25% offered as the complementary funding for the central grants received under SSA. How much investment is being made by individual state governments towards building a sustainable system of elementary education in terms of infrastructure development and maintenance, teachers and teaching learning material and so on? It is important to note that, with increased demographic pressure, the demand for school places would also increase. How are the states prepared financially to face the situation? What level of contribution would be required from the

Centre in each state if a sustainable system of elementary education has to emerge?

In conclusion, it appears that under pressure to meet national and international commitments, the progress towards UEE is being viewed unduly in terms of meeting quantitative targets. There seems to be inadequate focus on schooling processes and outcomes. Central as well as state governments are heavily preoccupied with reporting the progress in terms of expansion of schooling facilities and coverage of children in the relevant age group. This supply-oriented approach to development of elementary education, to a large extent, has overlooked critical processes that could make significant difference to improve the internal and external efficiency of the school system. What is the extent of efforts made during the plan period to improve management of schools and teaching–learning processes in the classroom? Are schools functioning better now than earlier? What efforts have been made to make functional decentralisation a reality, particularly in educationally backward states? Have any improvements in the utilisation of resources at the sub-district and school levels taken place? What state specific interventions have been taken to improve internal efficiency of elementary education? Any attempt to assess progress towards UEE in the Tenth Plan needs to probably focus more on these aspects, rather than on quantitative indicators. Even from cursory observations, it is clear that states which have addressed such issues relating to UEE in the last decade have registered greater progress that is sustainable in the long run rather than those which have invested their attention mainly on improving quantitative targets. The two have to go hand in hand; quantitative progress without attending to processes and outcomes would only lead to unviable and unproductive structures in the long run.

With regard to utilisation of resources allocated under the Tenth Plan, the amount of funds released to states/UTs under SSA during 2002–03 and 2003–04 is quite impressive in comparison to the total allocation made for elementary education in the Tenth Plan. However, in comparison to the magnitude of the task involved and the estimates of financial requirement made for achieving UEE, the level of resources invested is far from satisfactory. However, one has also to view this in the context of the past performance in absorption of centrally allocated funds by the states, which has not been encouraging. Therefore, mere increase in allocation, which is a real possibility with the creation of the *Prathamik Shiksha Kosh*, may not ensure faster development of the sector. This again seems to be dependent on radically changing the nature of strategies and programmes being envisaged.

Analysis of financial data under DPEP indicated that a major part of the expenditure was accounted by expansion of the system through creation of infrastructure, supply of teaching–learning material and salary of personnel. Similar observations emerged from the evaluation of the Operation Blackboard Scheme and the DIETs. Allocations against other heads invariably remain unutilised or under-utilised. But this kind of expansion-linked capital spending is self-limiting, unless the demand is artificially kept inflated. Several states have already reached a saturation level in terms of school places. In some states, demand for school places is, indeed, shrinking. The need in all these situations is to change the track for spending and focus on consolidation and upgrading of facilities and improving overall functioning of individual schools. It is obvious that if all the schools, which are more than 800,000 in number, begin improving, the resources required will be enormous. The question often posed is: 'Can the government raise adequate resources for such comprehensive action?' Probably, a more

What is the extent of efforts made during the plan period to improve management of schools and teaching–learning processes in the classroom? Are schools functioning better now than earlier? What efforts have been made to make functional decentralisation a reality, particularly in educationally backward states?

relevant question would be: 'Will state governments be able to design and implement comprehensive reforms to improve school functioning?' Government alone will not be able to do this. This can be achieved only with active collaboration from the community and non-governmental actors, who could even include private actors already engaged in education provision. In fact, recent years have seen the emergence of a number of such organisations outside the government actively supporting development of public schooling system. It is time that plan proposals are not seen only as consisting of government programmes to be implemented by government departments. They have to become more people-centred, envisaging active involvement of actors outside the government at all stages of planning and implementation.

Conclusion

In conclusion, it may be stated that the solution lies in enhanced social mobilisation and more focused advocacy. This has to be coupled with transparency of action by national governments as well as international agencies. Historical evidence shows that what brought about universal basic education in the developed world were not legal measures but a persistent social movement viewing universal basic education as an integral component of establishing a democratic social polity. The movement was not propelled by the findings of cost-benefit analysis or estimates of value addition to the human capital through years of schooling, as the modern day economists and international agencies attempt to fine tune the inputs and duration of schooling in the developing world. What is needed is a revival of the 'human face' of the education endeavour and an emphasis on social processes that will lead to a transformation of the socio-economic conditions in the poorer countries. We can rush people by force to go to school but we cannot rush them to change their attitudes and values which have their own rhythm of evolution and change. Enduring transformation in the way people think and the governments act can be brought only through a broad-based social philosophy, neither through economic inducements, nor through legal enforcements.[26]

Protection of child rights and promotion of their well-being is too precious to be left only to the governments or to the families. Nor is there any place for mutual denouncements by protagonists of 'needs' and 'rights' perspectives. The cause would be served better without such a controversy. Rather, it demands genuine partnership among all concerned on a long-term basis. As shown by the implementation of the Convention of Child Rights, the success of any effort to improve the well-being and opportunities of children must rest not only on sound principles, but also on the realisation that respect for basic rights is a long-term social project, involving a profound understanding of the constraints and capacities of specific countries. Local circumstances often raise complex cultural, economic, social and political barriers to immediate, durable and effective relief. The aim should be to involve partners at all levels – from local actors and NGOs to ministries and eminent moral authorities – and bring them to the realisation that there is convergence of interest between agents of civil society and public institutions to see children universally protected against hunger, disease and exploitation, and to identify them as both the most vulnerable members in the human family and the most precious resource for the future.[27]

Can the government raise adequate resources for such comprehensive action?' Probably, a more relevant question would be: 'Will state governments be able to design and implement comprehensive reforms to improve school functioning?' Government alone will not be able to do this.

On Primary Education

On April 1988, at the end of an hour-long discussion, Mr Sam Pitroda said to me, "Parameswaran, let us promise to ourselves that we will make India fully literate in five years." "Yes, we can" I replied, "provided the 'will' has a capital W in it, a political Will". I suggested a plan of action too, to demonstrate to the people the existence of such a 'Will'. " That is too harsh," was the reply.

However, the then Central Government showed some degree of earnestness through promoting Bharat Gyan Vigyan Samiti as the vanguard of Total Literacy Campaigns (TLCs), appreciating civil servants who got involved in the literacy campaign on their own, encouraging collaboration between bureaucracy and civil society and providing enough financial resources. The Council of Ministers, either at the Centre or in the states, were not, however, involved as a team. The Left Front governments in Kerala and West Bengal extended their full support.. But even in these states, not to speak of others, literacy was not an agenda of political parities either to the left or to the right. In fact, many in the left parties saw the literacy campaign as a distraction from real revolutionary work.

Illiteracy in India is not only the consequence of what the governments did not do, but also what *the political parties did not feel.*

Elementary Education is a totally different ball game. The material and human resources required are much greater. The campaign mode has to be sustained long enough to make it a 'normal function' mode. The social and political 'will' required is infinitely larger. We have enough material resources in the country. We are already spending more than 2% of GNP on elementary education. Doubling this is well within the capacity of our governments if they have a will. The situation with human resources is different. An additional 3–4 million teachers are to be trained.

And teachers will have to teach. There has to be proper monitoring. The education administration alone cannot do this. The Village Education Committees are to be strengthened morally, functionally and administratively.

Elementary education is not the cup of tea of voluntary agencies. All they can do is pace setting. The actual running will have to be done by society.

Unless the major national and regional political parties and their mass organisations make universalisation of elementary education (UEE) their own political agenda, very little progress will be made towards fulfilling the obligations under the Common Minimum Programme (CMP), National Development Goals (NDGs), Millenium Development Goals (MDGs).

Let me reiterate: lack of political will is the number one culprit and not lack of resources.

Even in a state like Kerala which spends nearly Rs13000 million annually on 3.5 million students in the primary sector, the effectiveness of education imparted to at least 70% of the children is close to zero. In the northern states it is even worse. Money spent on education does not get translated into real education. And the so-called good education or excellence is in realty cruelty towards children. Their childhood is taken away from them, their creativity is stunted, their sensitivity numbered. They are trained as 'Gladiators for a Global Arena.'

Globalisation and the new world economic order pressurise every government to withdraw from social security obligations and convert all services into commodities under the forces of the market. But our governments will not dare to wash their hands off education. True, in the coming years too, education will continue to be used, even more effectively to widen the gap between the elite and the masses instead of bridging it. This can be resisted only through providing good quality education to the masses. If the political parties give leadership, our people will put in all the effort required to give their children good quality education.

Parameswaran

End Notes

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19. R Govinda, Op cit.
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21. According to Christopher Colclough and Keith M Lewin (*Education for All Children: Strategies for Primary Schooling in the South*, Clarendon Press, Oxford, 1993.), evidence from the industrialised countries suggests that compulsory schooling regulations do promote continued high levels of enrolment once places for all children are genuinely available. But where the coverage of school systems remains partial, such regulations are probably of little help.
22. *The State of the World's Children 2000*, UNICEF, New York, 2000. p.23
23. R Govinda, Op cit.
24. Colclough and Lewin, Op cit.
25. M Haq and K Haq, *Human Development in South Asia*, Oxford University Press, New Delhi, 1998
26. Weiner also endorses this view when he says that it was theologians, with their vision of god-fearing, law abiding, moral youth: educators with their vision of schools transmitting the Enlightenment Values of secularism, rationalism, cosmopolitanism, individualism; and revolutionaries, with their romantic vision of social transformation, who provided the driving force behind the idea of compulsory mass education. Theologies and ideologies were the critical determinants. The contemporary view put forth by international agencies and by economists and demographers that mass education is needed to increase productivity, reduce fertility, and improve public health – all by now well-proven propositions – did not play a role in the early movement by the governments to make education compulsory. (Myron Weiner, 'Compulsory Education and Child Labour'. Extract from a presentation made at Rajiv Gandhi Institute for Contemporary Studies, January 8, 1994)
27. Javier Perez de Cuellar et al. *Our Creative Diversity: Report of the World Commission on Culture and Development*, UNESCO, Paris, 1996. p.155

II

Health MDGs

End of Public Health and Equity

Health MDGs
End of Public Health and Equity

Introduction

It was in 1978 at Alma Ata that India had pledged, along with all other WHO member nations, the provision of Health for All by the year 2000. It is more than a quarter century since then but we are nowhere close to reaching the goals that were agreed upon by member countries. In 1979 India ratified the International Covenant for Economic, Social and Cultural Rights (ICESCR). Article 12 of this covenant mentions that the state is obliged to achieve the highest attainable standard of health. But the health situation in India remains dismal.

In **Table 1** we see that the availability of healthcare infrastructure, except perhaps availability of doctors and drugs – the two engines of growth of the private health sector – is grossly inadequate. The growth over the years of healthcare services, facilities and humanpower has been inadequate and the achievements not enough to make any substantive impact on the health of the people. The focus of public investment in the health sector has been on medical education and production of doctors for the private sector, support to the pharmaceutical industry through states' own participation in the production of bulk drugs at subsidised rates, curative care for urban population and family planning services. The poor health impact we see today has clear linkages with such a pattern of investment:

- The investment in medical education has helped create a mammoth private health sector, not only in India, but in many developed countries through the export of over one-fourth of the doctors produced over the years. Even though private medical colleges have been allowed since the mid-eighties, 75–80% of the turnout is from public medical schools. This continued subsidy without any social return[1] is only adding to the burden of inequities and exploitation within the healthcare system in India.

Public sector participation in drug production was a laudable effort but soon it was realised that the focus was on capital goods, that is bulk drug production, and most supplies were directed to private formulation units at subsidised rates. It is true that the government did control drug prices, but post mid-seventies the leash on drug prices was gradually loosened and by the turn of the nineties controls disappeared. Ironically, at the same time the public pharmaceutical industry also died – the little of what remains produces a value of drugs less than its losses! With this withering away of public drug production and price control, the availability of essential drugs has dropped drastically. Another irony in this story is that while today we export 45% of our drug production, we have to import a substantial amount of our essential drug requirements.[2]

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Table 1: Healthcare Development in India 1951–2004

			1951	71961	1971	1981	1991	1996	1997	2001-02	Latest**
1.	Hospitals*	Total	2694	3054	3862	6805	11174	15170	15188	18436	22000
		% Rural	39	34	32	27		34	34	30	30
		%Private				43	57	68	68	62	75
2.	Hospital & dispensary beds*	Total	117000	229634	348655	504538	806409	892738	896767	914543	1500000
		% Rural	23	22	21	17		23	23	21	21
		%Private				28	32	37	37	35	50
3.	Dispensaries*		6600	9406	12180	16745	27431	25653	25670	22291	
		% Rural	79	80	78	69		41	40	50	
		% Private				13	60	57	56	54	
4.	PHCs		725	2695	5131	5568	22243	21917	22446	22842	23500
5.	Sub-centres				27929	51192	131098	134931	136379	137311	140000
6.	Doctors	Allopaths	60840	83070	153000	266140	393640	462745	496941	605840	660000
		All Systems	156000	184606	450000	665340	920000		1080173	1297310	1430000
7.	Nurses		16550	35584	80620	150399	311235	565700	607376	805827	880000
8.	Medical colleges	Allopathy	30	60	98	111	128	165	165	189	195
9.	Out turn	Graduates	1600	3400	10400	12170	13934				20000
		Postgraduates		397	1396	3833	3139		3656		6000
10.	Pharmaceutical production	Rs. in billion	0.2	0.8	3	14.3	38.4	91.3	104.9	220	280
11.	Health outcomes	IMR/000	134	146	138	110	80	72	71	66	65
		CBR/000	41.7	41.2	37.2	33.9	29.5	27	27	25	24
		CDR/000	22.8	19	15	12.5	9.8	9	8.9	8.1	8
	Life Expectancy	years	32.08	41.22	45.55	54.4	59.4	62.4	63.5	64.8	65
	Births attended by trained practitioners	Percent				18.5	21.9	28.5			
12.	Health Expenditure Rs. Billion	Public Private@ CSO private	0.22 1.05	1.08 3.04 2.05	3.35 8.15 6.18	12.86 43.82 29.70	50.78 173.60 82.61	101.65 329.00	113.13 399.84 373.41	211 1100	249 1464
	Health	Public	0.25	0.71	0.84	1.05	0.92	0.91	0.88	0.89	0.91
	Expenditure as percent of GDP	Private CSO		1.34	1.56	2.43	1.73	2.95	3.00	5.32	5.40
	Health Expenditure as % to Govt. Total	Public	2.69	5.13	3.84	3.29	2.88	2.98	2.94	2.72	2.60

@ Data from 1951:NSS 1st Round 1949–50; 1961: SC Seals All India District Surveys, 1958; 1971:NSS 28th Round 1973–74; 1981: NSS 42nd Round 1987; 1991 and 1995:NCAER – 1990; 1995: NSS 52nd Round 1995–96;

**Data on hospitals, dispensaries and beds pertaining to the private sector are grossly under-reported and figures for 2001–02 for public facilities also suffers from under-reporting as a number of states do not send up to date information. Thus the actual figures should be much higher, and especially so for the private sector*

***Latest years – rounded figures are estimates by author and figures pertain to years 2003/2004*

Source: 1. Health Statistics/Information of India, CBHI, GOI, various years; 2. Census of India Economic Tables, 1961, 1971, 1981, GOI; 3. OPPI Bulletins and Annual Reports of Ministry of Chemicals and Fertilisers for data on Pharmaceutical Production; 4. Finance Accounts of Central and State Governments, various years; 5. National Accounts Statistics, CSO, GOI, various years; 6. Statistical Abstract of India, GOI, various years 7. Sample Registration System - Statistical Reports, various years; 8. NFHS-2, India Report, IIPS, 2000

- Most public sector hospitals are located in urban areas. In the eighties, post-Alma Ata and India ratifying the ICESCR and also producing its first National Health Policy in 1982, efforts were made towards increasing hospitals in rural areas through Community Health Centres. This was a good effort but these hospitals are understaffed by over 50% as far as doctors are concerned and hence become ineffective. Today urban areas do have adequate number of beds (including private) at a ratio of one bed per 300 persons but rural areas have 8 times less hospital beds as per required norms (assuming a norm of one bed per 500 persons). So there is gross discrimination based on residence in the way the hospital infrastructure has developed in the country, thereby depriving the rural population access to curative care services.[3] Further, the declining investment in the public health sector since the mid-eighties, and the consequent expansion of the private health sector, has further increased inequity in access for people across the country. More recently a facility survey across the country by the Ministry of Health and Family Welfare (MOHFW) clearly highlights the inadequacies of the public health infrastructure, especially in the rural areas.[4] This survey is a major indictment of the underdevelopment of the public healthcare system – even the District Hospitals, which are otherwise well endowed, have a major problem with adequacy of critical supplies needed to run the hospital. Rural health facilities across the board are ill-provided. (MOHFW, 2001)

- family planning services is another area of almost monopolistic public sector involvement. The investment in such services over the years has been very high, to the tune of over 15% of the total public health budget. But over and above this, the use of the entire health infrastructure and other government machinery for fulfilling its goals must also be added to the resources expended. This programme has also witnessed a lot of coercion[5] and violation of human rights. The hard line adopted by the public health system, especially in rural areas, for pushing population control has severely discredited the public health system and adversely affected the utilisation of other health programmes. The only silver lining to this programme is that in the nineties, immunisation of children and mothers saw a rapid growth, even though it is still quite distant from the universal coverage level.

Then there are the underlying conditions of health and access to factors that determine this, which are equally important in a rights perspective. Given the high level of poverty and an even lower level of public sector participation in most of these factors, the question of respecting, protecting and fulfilling by the state is quite remote, more so in rural areas. Latest data from NFHS-1998 tells the following story:

- piped water is available to only 25% of the rural population and 75% of urban population.
- half the urban population and three-fourths of the rural population does not purify/filter the water in any way.
- flush and pit toilets are available to only 19% of the rural population as against 81% of those in towns and cities
- electricity for domestic use is accessible to 48% rural and 91% urban dwellers
- 73% villagers still use wood as cooking fuel. LPG and biogas are accessed by 48% urban households but only 6% rural households.
- as regards housing, 41% village houses and 9% of urban houses are *kacha.*

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- While only 21% of the population chews *paan masaala* and/or tobacco, 16% smoke and 10% consume alcohol.

Besides this, environmental health conditions in both rural and urban areas are quite poor, working conditions in most work situations, including many organised sector units, which are governed by various social security provisions, are unhealthy and unsafe. In fact, most of the court cases in India using Article 21 of the Fundamental Rights and relating it to right to health, have been cases dealing with working conditions at the workplace, workers rights to healthcare and environmental health related to pollution. (Duggal, 2004)

Even today 22 lakh infants and children die in India from preventable illnesses each year. Nearly one lakh mothers die during child birth annually. The number of tuberculosis deaths has remained unchanged since Independence, around five lakhs per year. In a situation of surplus food stocks, malnutrition and hunger deaths are not uncommon even in developed states like Maharashtra. Diarrhoea and malaria continue to be killers. Added to that are five million people suffering from HIV/AIDS.[6]

Given the context of poverty and the miserable health scenario, access to public health services becomes very critical. However, during the last decade and a half, the public health system has been collapsing in India. Ironically, the private health sector has seen a robust growth over the ruins of the public health system. After Independence, the health policy has moved away from being a comprehensive universal healthcare system as defined by the Bhore Committee (1946) to being a selective and targeted programme-based healthcare policy with the public domain being limited to family planning, immunisation, selected disease surveillance and medical education and research.

User fees for public health services in many states have reduced access of the poor even further. The time has come to reclaim public health and make a paradigm shift from a policy-based entitlement for healthcare to a rights-based entitlement.

The larger ambulatory, curative care is almost a private health sector monopoly and the hospital sector is increasingly being surrendered to the market. Public investment and expenditure in the health sector are seeing only a downward trend since 1992. This has further weakened the public health sector and made life even more difficult for the poor and other vulnerable sections of society. User fees for public health services in many states have reduced access of the poor even further. The time has come to reclaim public health and make a paradigm shift from a policy-based entitlement for healthcare to a rights-based entitlement. For this healthcare has to become a part of the political agenda.

More than half a century's experience of waiting for the policy route to assure respect, protection and fulfilment for healthcare is now behind us. The Bhore Committee recommendations which had the potential for this assurance were put on the back-burner due to the failure of the state machinery to commit a mere 2% of the Gross Domestic Product at that point of time for implementation of the Bhore Plan (Bhore, 1946). The experience over the nine plan periods since then, in implementing health plans and programmes, has been that each plan and/or health committee contributed to the dilution of the comprehensive and universal access approach by developing selective schemes or programmes. Soon enough, the Bhore plan was archived and forgotten. So our historical experience tells us that we should abandon the policy approach and adopt the human rights route to assuring universal access to healthcare. Today the state is talking of health sector reform and hence it is the right time to switch gears and move in the direction of right to health and healthcare.

Right to Health and Healthcare

The right to healthcare is primarily a claim to an entitlement, a positive right, not a

protective fence.[7] As entitlements, rights are contrasted with privileges, group ideals, societal obligations, or acts of charity, and once legislated they become claims justified by the laws of the state. (Chapman, 1993) The emphasis thus needs to shift from 'respect' and 'protect' to focus more on 'fulfil'. For the right to be effective, optimal resources needed to fulfil core obligations have to be made available and utilised effectively.

Further, using a human rights approach also implies that the entitlement is universal. This means there is no exclusion from the provisions made to assure healthcare on any grounds whether purchasing power, employment status, residence, religion, caste, gender, disability, and any other basis of discrimination.[8] But this does not discount the special needs of disadvantaged and vulnerable groups who may need special entitlements through affirmative action to rectify historical or other inequities suffered by them.

Thus establishing universal healthcare through the human rights route is the best way to fulfil the obligations mandated by international law and domestic constitutional provisions. International law, specifically ICESCR, the Alma Ata Declaration, among others, provide the basis for the core content of right to health and healthcare. But country situations are very different and hence there should not be a global core content; it needs to be country specific.[9] In India's case, a certain trajectory has been followed through the policy route and we have an existing baggage, which we need to sort out and fit into the new strategy.

Specific features of this historical baggage are:

- a very large and unregulated private health sector with an attitude that the existing policy is the best one as it gives space for maximising their interests, a complete absence of professional ethics and absolute disinterest in issues of self-regulation, improvement of quality and accountability, and need for an organised health care system.
- a declining public health care system which provides selective care through a multiplicity of schemes and programmes, and discriminates on the basis of residence (rural–urban) in providing for entitlements for healthcare.
- existing inequities in access to healthcare based on employment status and purchasing power.[10]
- inadequate development of various pre-conditions of health like water supply and sanitation, environmental health and hygiene and access to food.[11]
- very large numbers of unqualified and untrained practitioners.
- declining investment and expenditure in public health.
- adequate resource availability when we account for out-of-pocket expenses on healthcare.
- humanpower and infrastructure reasonably adequate, though inequitably distributed.
- wasteful expenditure due to lack of regulation and standard protocols for treatment.

Thus the mechanics of right to healthcare will have to be developed keeping in mind what we have and how we need to change it.

Health and health care are now being viewed as very much within the rights perspective and this is reflected in Article 12, **"The right to the highest attainable standard of health"** of the International Covenant on Economic, Social and Cultural Rights to which India has acceded. According to the General Comment 14, the Committee for Economic, Social and Cultural Rights states

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that the right to health requires *availability*, *accessibility*, *acceptability*, and *quality* with regard to both health care and underlying preconditions of health. The Committee interprets the right to health, as defined in article 12.1, as an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and hygienic sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including information on sexual and reproductive health. This understanding is detailed in Box 1.

Universal access to good quality healthcare equitably is the key element at the core of this understanding of right to health and healthcare. To make this possible the state parties are obligated to *respect, protect and fulfil* the essential elements of healthcare in a progressive manner:

The right to health, like all human rights, imposes three types or levels of obligations on State parties: the obligations to *respect*, *protect* and *fulfil*. In turn, the obligation to fulfil contains obligations to facilitate, provide and promote. The obligation to *respect* requires states to refrain from interfering directly or indirectly with the enjoyment of the right to health. The obligation to *protect* requires States to take measures that prevent third parties from interfering with Article 12 guarantees. Finally, the obligation to *fulfil* requires States to adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures towards the full realisation of the right to health. (Committee on Economic, Social and Cultural Rights Twenty-second session 25 April–12 May 2000, United Nations)

Other concerns in access relate to the question of economic accessibility. It is astonishing that large-scale poverty and the predominance of the private sector in healthcare co-exist. It is in a sense a contradiction and reflects the State's failure to respect, protect and fulfil its obligations by letting vast inequities in access to healthcare and vast disparities in health indicators persist, and in many situations get worse. Data shows that out of pocket expenses now account for over 5% of the GDP as against only 0.9 % of GDP expended by state agencies, and the poorer classes contribute a disproportionately higher amount of their incomes to access health care services both in the private sector and public sector. (Ellis, et.al, 2000; Duggal, 2000; Peters et.al. 2002). Further, the better off classes use public hospitals in much larger numbers with their hospitalisation rate being six times higher than the poorest classes[12], and as a consequence, consume an estimated over three times more of public hospital resources than the poor. (NSS-1996; Peters et al. 2002)

Related to the above is another concern vis-à-vis international human rights conventions' stance on matters regarding provision of services. All conventions talk about *affordability* and never mention 'free of charge'. In the context of poverty, this notion is questionable as far as provisions for social security like health, education and housing go. Access to these factors, socially has unequivocal consequences for equity, even in the absence of income equity. Free services are viewed negatively in global debate, especially since we have had a unipolar world, because it is deemed to be disrespectful to individual responsibility with regard to their healthcare. (Toebes, 1998, p.249) For instance, in India there is great pressure on public health systems to introduce or enhance user fees, especially from international donors, because they believe this will enhance responsibility of the public health system and make it more

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efficient (Peters, et al., 2002). In many states of India such a policy has been adopted and has shown adverse impacts, the most prominent being decline in utilisation of public services by the poorest. It must be kept in mind that India's taxation policy favours the richer classes. Our tax base is largely indirect taxes, which is a regressive form of generating revenues. Direct tax revenues, like income tax is a very small proportion of total tax revenues. It is a national ignominy that only 25 million income tax assesses are there in India, a mere 2.5% of the country's population and we pride ourselves to have the largest middle class of 300 million in the world! Hence the poor end up paying a larger proportion of their income as tax revenues in the form of sales tax, excise duties etc., on goods and services they consume. Viewed from this perspective, the poor have already paid for receiving public goods like health and education from the state, free of cost, at the point of provision. So their burden of inequity increases substantially if they have to pay for such services when accessing them from the public domain.

The above inequity in access gets reflected in health outcomes, which reflect strong class gradients. Thus infant and child mortality, malnutrition among women and children, prevalence of communicable diseases like tuberculosis and malaria, and attended childbirth are between 2 to 4 times better amongst the better off groups as compared to the poorest groups. (NFHS-1998) In this quagmire of poverty, gender disparities also exist but they are significantly smaller than class and social inequities. Such disparity, and the consequent failure by the state to protect the health of its population, is a damning statement on the health situation of the country. In India there is an additional dimension to this inequity – differences in health outcomes and access by social groups, specifically the scheduled castes

Box 1: Essential Elements of Right to Healthcare

The right to health in all its forms and at all levels contains the following interrelated and essential elements, the precise application of which will depend on the conditions prevailing in a particular State party:

(a) *Availability*. Functioning public health and health-care facilities, goods and services, as well as programmes, have to be available in sufficient quantity within the State party. The precise nature of the facilities, goods and services will vary depending on numerous factors, including the State party's developmental level. They will include, however, the underlying determinants of health, such as safe and potable drinking water and adequate sanitation facilities, hospitals, clinics and other health-related buildings, trained medical and professional personnel receiving domestically competitive salaries, and essential drugs, as defined by the WHO Action Programme on Essential Drugs.

(b) *Accessibility*. Health facilities, goods and services have to be accessible to everyone without discrimination, within the jurisdiction of the State party. Accessibility has four overlapping dimensions:

Non-discrimination: health facilities, goods and services must be accessible to all, especially the most vulnerable or marginalized sections of the population, in law and in fact, without discrimination on any of the prohibited grounds.

Physical accessibility: health facilities, goods and services must be within safe physical reach for all sections of the population, especially vulnerable or marginalized groups, such as ethnic minorities and indigenous populations, women, children, adolescents, older persons, persons with disabilities and persons with HIV/AIDS. Accessibility also implies that medical services and underlying determinants of health, such as safe and potable water and adequate sanitation facilities, are within safe physical reach, including in rural areas. Accessibility further includes adequate access to buildings for persons with disabilities.

Economic accessibility (affordability): health facilities, goods and services must be affordable for all. Payment for health-care services, as well as services related to the underlying determinants of health, has to be based on the principle of equity, ensuring that these services, whether privately or publicly provided, are affordable for all, including socially disadvantaged groups. Equity demands that poorer households should not be disproportionately burdened with health expenses as compared to richer households.

Information accessibility: accessibility includes the right to seek, receive and impart information and ideas concerning health issues. However, accessibility of information should not impair the right to have personal health data treated with confidentiality.

(c) *Acceptability*. All health facilities, goods and services must be respectful of medical ethics and culturally appropriate, i.e. respectful of the culture of individuals, minorities, peoples and communities, sensitive to gender and life-cycle requirements, as well as being designed to respect confidentiality and improve the health status of those concerned.

(d) *Quality*. As well as being culturally acceptable, health facilities, goods and services must also be scientifically and medically appropriate and of good quality. This requires, *inter alia*, skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, safe and potable water, and adequate sanitation.

(Committee on Economic, Social and Cultural Rights Twenty-second session 25 April–12 May 2000, United Nations)

and scheduled tribes. Data shows that these two groups are worse off on all counts when compared to others. Thus, regarding access to hospital care as per NSS-1996 data, the STs had 12 times less access in rural areas and 27 times less in urban areas as compared to others; for SCs the disparity was 4 and 9 times less, in rural and urban areas respectively. What is astonishing is that the situation for these groups is worse in urban areas where overall physical access to services is reasonably good. Their health outcomes are adverse by 1.5 times that of others. (NFHS-1998)

Another stumbling block in meeting state obligations is information access. While data on public health services, with all its limitations, is available, data on the private sector is conspicuous by its absence. The private sector, for instance, does not meet its obligations to supply data on notifiable, mostly communicable diseases, which is mandated by law. This adversely affects the epidemiological database for those diseases and hence drastically affects public health practice and monitoring. Similarly, local authorities have failed to register and record private health institutions and practitioners. This is an extremely important concern because all the data quoted about the private sector is an under-estimate as occasional studies have shown.[13] The situation with regard to practitioners is equally bad. The medical councils of all systems of medicine are statutory bodies but their performance leaves much to be desired. The recording of their own members is not up to the mark. Added to that is the fact that since they have been unable to regulate medical practice, there are a large number of unqualified and untrained persons practising medicine across the length and breadth of the country. Estimates of this unqualified group vary from 50% to 100% of the proportion of qualified practitioners. (Duggal, 2000; Rhode et al. 1994) The profession itself is least concerned about the importance of such information and hence hardly makes any effort to address this issue. This poverty of information is definitely a rights issue even within the current constitutional context, as lack of such information could jeopardise right to life.

Finally, there are issues pertaining to acceptability and quality. Here the Indian state fails totally. There is a clear rural–urban dichotomy in health policy and provision of care; urban areas have been provided comprehensive healthcare services through public hospitals and dispensaries and now even a strengthened preventive input through health posts for those residing in slums. In contrast, rural areas have been mainly provided with only preventive and promotive healthcare. This violates the principle of non-discrimination and equity and hence is a major ethical concern to be addressed.

Medical practice, especially private, suffers from a complete absence of ethics. Medical associations have not paid heed to this issue at all and over the years malpractices within medical practice have increased. The pharmaceutical industry is a major contributor to this malpractice game as it induces doctors and hospitals to prescribe irrational and/or unnecessary drugs.[14] All this severely impacts the quality of care. In clinical practice and hospital care in India, no standard protocols exist, making monitoring quality very difficult. The Bureau of Indian Standards has developed guidelines for hospitals, and often public hospitals do follow these guidelines. (BIS, 1989 and 1992; Nandraj and Duggal, 1997) But in the case of private hospitals they are generally ignored. Recently, efforts at developing accreditation systems have been made in Mumbai.[15] (Nandraj, et al, 2000) On the basis of that, the Central government is considering doing something at the national level so that it can promote quality of care.

Thus, regarding access to hospital care as per NSS-1996 data, the STs had 12 times less access in rural areas and 27 times less in urban areas as compared to others; for SCs the disparity was 4 and 9 times less, in rural and urban areas respectively.

Given the above rights framework and the need to move in that direction using the ICESCR and various constitutional provisions, the MDGs amount to diluting the rights-based approach. Historically, we have committed this mistake once by diluting the Bhore Committee recommendations and now the MDGs are an attempt to dilute both the Alma Ata Declaration as well as the spirit of ICESCR.

The MDG Health Goals and Health Inequity in India

In September 2000, 189 nations ratified the *United Nations Millennium Declaration*[16], an ambitious document affirming the right of every human being to development and laying out a path toward freedom from want, for every woman, man, and child. To ensure that progress towards this end be measurable, representatives of UN agencies and other international organisations defined a set of goals, targets, and indicators for combating poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women. These measures, collectively known as the *Millennium Development Goals* (MDGs), have become a prime focus of development work throughout the globe – a gold standard to which programmes aspire, and by which they measure their work. (WHO, 2003)

This targeted approach adopted by the UN may have provided a focus to deal with the very pressing issues listed out in the MDGs but the latter has also helped shift the focus away from the Alma Ata Declaration and the ICESCR provisions. This change in focus is critical because it implies a paradigm shift in the UN agenda and strategy. If the UN is not able to stand by Health For All (HFA) and ICESCR, then for the developing countries, including India, it becomes even more difficult to sustain the rights-based approach. This must be viewed in the context of the right to health and healthcare campaign, both globally and in India, steered by the Peoples' Health Movement (Jan Swasthya Abhiyan in India). If the State abdicates its commitment to ICESCR and HFA and only focuses on MDGs (see Box 2) then there is every likelihood that not only the poor and underprivileged but also the middle classes will have further difficulties in accessing healthcare.

The Health MDGs are very narrow, focusing only on maternal and child health, contraception and selective disease surveillance. Their monitoring indicators are largely demographic. And what is intriguing is the fact that these are precisely the goals of India's primary health programme, especially for rural areas. So the focus on MDGs is old hat for India's health policy makers and planners. Thus for the Ministries of Health in India the MDGs are godsend as they coincide with their 2002 National Health Policy (NHP) of limiting the State's role in healthcare, providing them an opportunity to debunk the goals of the 1982 NHP of comprehensive universal primary healthcare. This is very clear evidence that India follows the global agenda set in Washington or Geneva; post 1978/1979, that is HFA and ICESCR, India adopted a NHP which emphasised comprehensive universal primary healthcare and post 2000 MDGs, India adopts a NHP that follows the diluted agenda of MDGs!

It has been five years since the MDGs but we have failed to make any significant improvements in the goals mandated under them. Whether it is child mortality, maternal mortality or diseases like malaria, tuberculosis, HIV/AIDS or for that matter diarrhoeal diseases or vaccine preventable diseases, we have not made significant improvements even when compared to the early nineties. The goals of the 1982 NHP on many of these indicators that were to be achieved by the year 2000 are still unachieved. Infant Mortality Rate (IMR) was

In September 2000, 189 nations ratified the United Nations Millennium Declaration[16], an ambitious document affirming the right of every human being to development and laying out a path toward freedom from want, for every woman, man, and child.

Box 2: MDG Health Goals, Targets and Indicators

Targets	Indicators for Monitoring Progress
Goal 4: Reduce child mortality	
Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	**13.** Under-five mortality rate **14.** Infant mortality rate **15.** Proportion of 1 year-old children immunised against measles
Goal 5: Improve maternal health	
Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	**16.** Maternal mortality ratio **17.** Proportion of births attended by skilled health personnel
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	**18.** HIV prevalence among 15–24 year old pregnant women **19.** Condom use rate of the contraceptive prevalence rate (a) **20.** Number of children orphaned by HIV/AIDS (b)
Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	**21.** Prevalence and death rates associated with malaria **22.** Proportion of population in malaria risk areas using effective malaria prevention and treatment measures (c) **23.** Prevalence and death rates associated with tuberculosis directly observed treatment short course (DOTS) **24.** Proportion of tuberculosis cases detected and cured under

(a) Amongst contraceptive methods, only condoms are effective in preventing HIV transmission. The contraceptive prevalence rate is also useful in tracking progress in other health, gender and poverty goals. Because the condom use rate is only measured amongst women in union, it will be supplemented by an indicator on condom use in high risk situations. These indicators will be augmented with an indicator of knowledge and misconceptions regarding HIV/AIDS by 15–24 year-olds (UNICEF – WHO).

(b) To be measured by the ratio of proportion of orphans to non-orphans aged 10–14 who are attending school.

(c) Prevention to be measured by the % of under 5s sleeping under insecticide treated bednets; treatment to be measured by % of under 5s who are appropriately treated.

Source: WHO, 2003

to be brought down to under 60, Maternal Mortality Rate (MMR) to under 200 and births attended by skilled persons and antenatal care to universal coverage. The Indian State has undertaken too much target practice and yet is far away from the bull's eye. There is all probability that the MDG targets will meet the same fate. Hence it is high time we put an end to this hunting game and get serious with making comprehensive primary healthcare a fundamental right.

The graphs below depict the inequities across various groups in access and health outcomes related to the various MDG goals.

- *Infant and child mortality rates*: India's infant and under-5 mortality rates are amongst the highest in the world. India's child mortality rate of 87 is higher than even its poor neighbours Bangladesh (69), Bhutan (85) and Nepal (82)[17]. Infant mortality rates too are more adverse for India. Further, it is observed that the decline of IMR and U-5 had peaked 25% and 35%, respectively, (Graph 1) for the decade 1981–1991 when with NHP-1982 in place, India's public health investment and expenditure also peaked to 1.4% of GDP. (Duggal, 2005). Subsequently with economic reforms and SAP we see a major slowing down in decline of IMR and U-5 mortality.

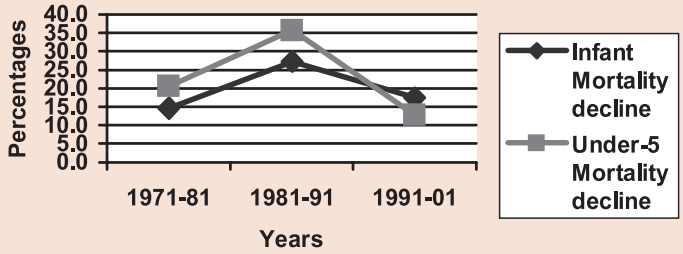
*Source for Graph 1 and 2: SRS Bulletins and UNDP HDRs, various years*Further, in Graph 2 the comparative picture of IMR trends over the last 40 years shows that India continues to remain in the bottom quartile of low income countries even at the turn of the millennium, with urban India also showing stagnation as reflected in the reducing gap of urban India with low income countries' average. Within India the differentials in child mortality due to regional, gender, class and social groups continue to be wide as is evident in Graph 3 (NFHS-

1998). IMR, U-5 and Neo Natal Mortality Rate (NNMR), all show large variance across different groups, thus providing evidence that disparities are widespread and the MDG strategy is not working.

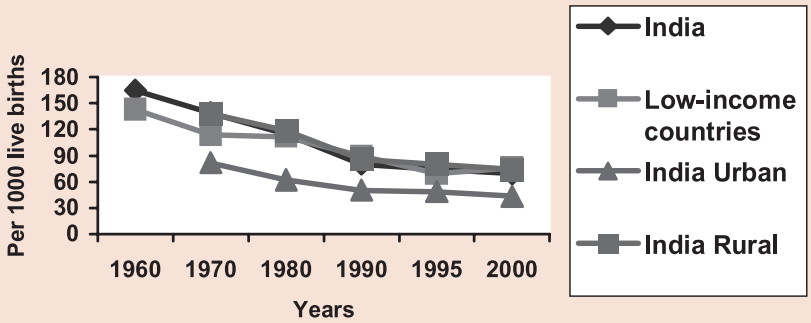
- *Access to Maternal and Child Health Services*: As part of the primary healthcare programme in India, maternal and child health services are an important feature and these are linked intimately with the Health MDGs. Since they form the core of the primary healthcare programme, one would have expected that access to these services would be nearly universal. But recent national data from the National Family Health Survey (NFHS) 2nd Round shows that there are significant variances in access depending on social geography, gender, class and social groups (dalits. adivasis, OBCs, etc.). Given this situation, it is not surprising that India's MMR got worse between the two rounds of NFHS increasing from 424 per 100,000 live births in 1992–93 (rural 434 and urban 385) to 540 in 1998–99 (rural 619 and urban 267). (NFHS-1998) And the most recent estimates put MMR in India at 408, with India accounting for one-fifth of all maternal deaths in the world. This places India in the bottom quartile in the world.

Maternal health services include antenatal check ups, tetanus toxoid and iron-folic acid prophylaxis, safe delivery (institutional or attended by health professional), nutritional supplementation and contraception. This package of services is mandated by health policy and the Reproductive and Child Health (RCH) and Integrated Child Development Services (ICDS) programmes and also has the support of the MDGs. Yet we find in Graph 4 that all these services suffer widespread disparities in access due to regional, class or social status. Thus scheduled castes, adivasis, low standard of

Graph 1: Slowing Down in Rate of IMR and U-5 Mortality Decline 1971 – 2001



Graph 2: IMR Trends in India and Low-Income Countries 1960 – 2000

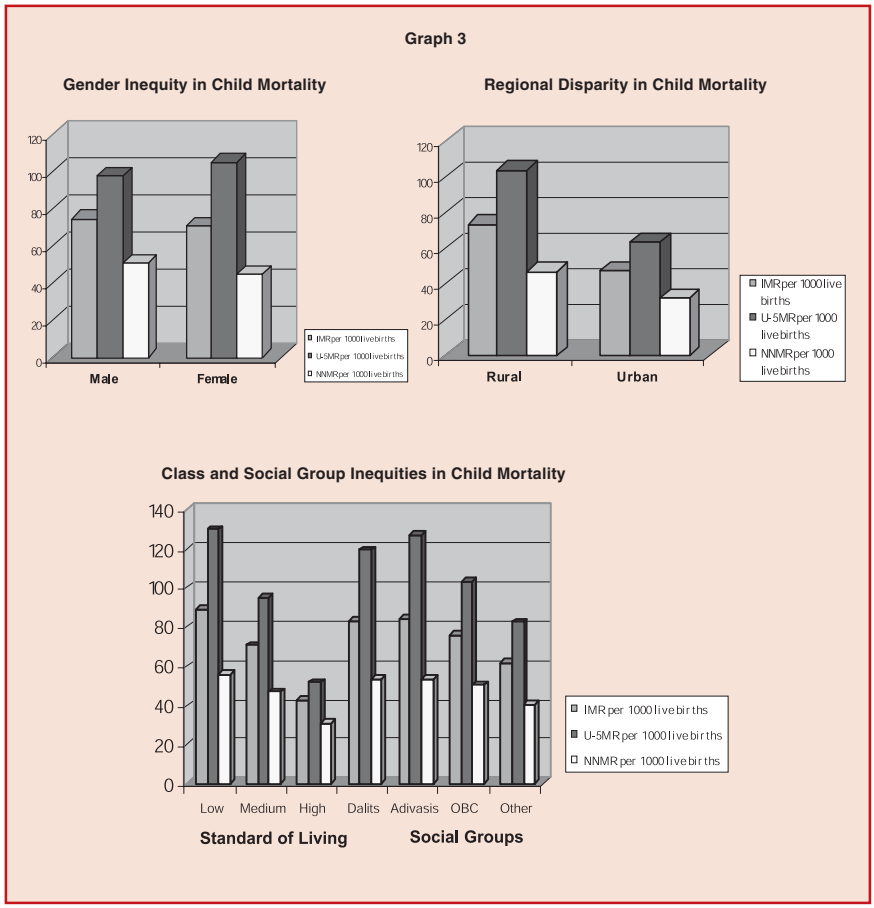


Source for Graph 1 & 2: SRS Bullettins and UNDP HDRs, various years

living and rural populations have grossly low levels of access as compared to better- off sections and urban population.

The situation of child health services like immunisation for vaccine preventable diseases and access to nutritional supplements, and their nutritional status suffers a similar fate with severe disparities across caste groups, gender, classes and regions. (Graph 5)

- *HIV/AIDS, Malaria, Tuberculosis etc.*: While these diseases are extremely important and contribute to very high morbidity and mortality in India, the approach to fight these through vertical programmes, has failed miserably. Tuberculosis and malaria are only getting worse. We have not been able to control even diarrhoeal diseases. NFHS-1998



Source for Graph 3: NFHS-1998

data in Graph 6 shows that rural–urban disparities with respect to some selected diseases is huge. This disease-specific strategy has not worked for the last 55 years and there is no reason why it should work under MDGs. Healthcare has to adopt a comprehensive and universal access approach if the MDG goals have to be achieved. The experience of all countries that achieved the MDG targets in the seventies and eighties and some in the nineties is very clear – near universal access to comprehensive basic health services, larger role of public financing in healthcare and a regulated healthcare delivery system.

Thus what emerges clearly from assessment of this data is that this focused approach of selected goals under the MDG strategy is not going to work until we make the transition from policy mandate to healthcare as a right.

What Next?

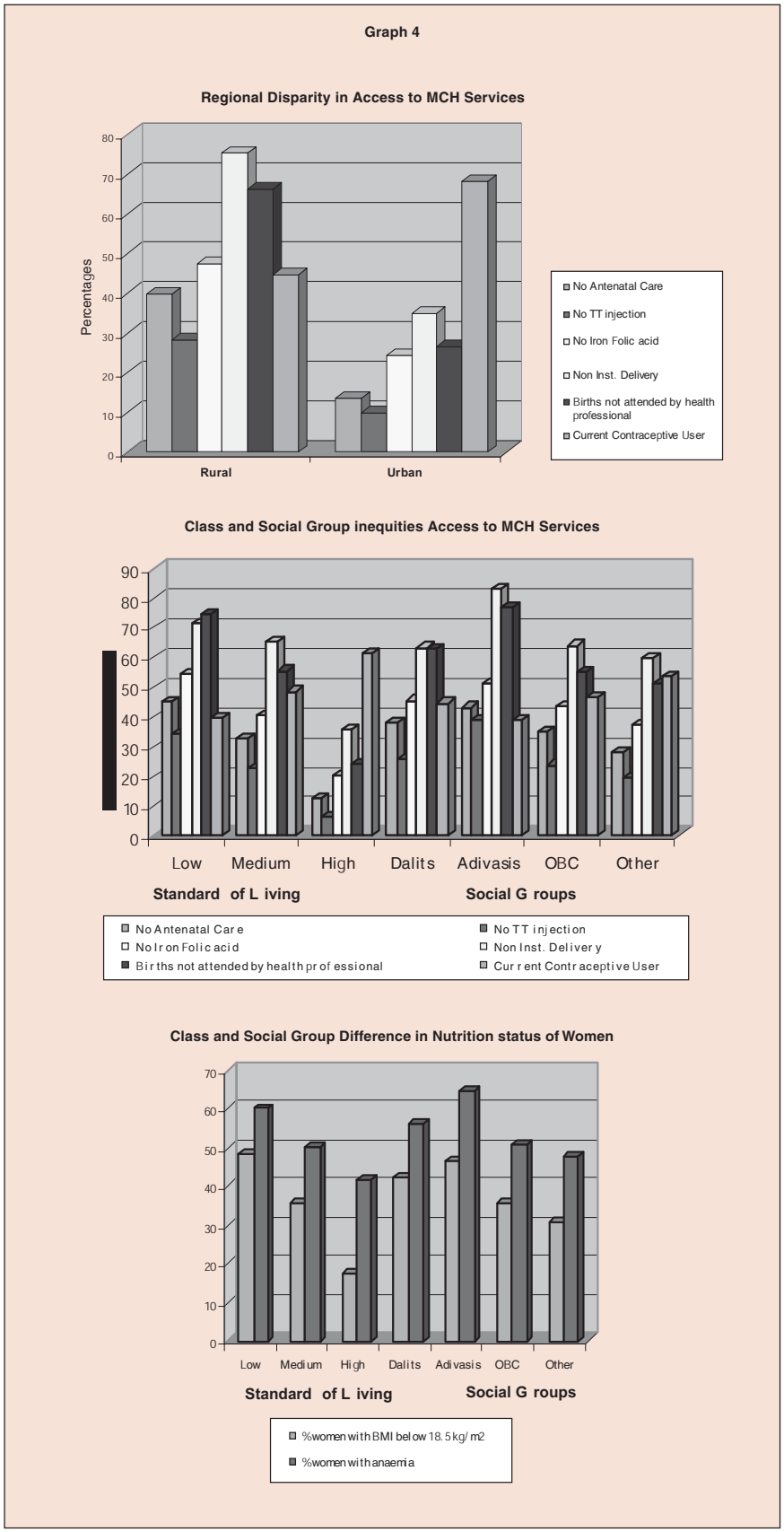
The foregoing analysis gives ample evidence of the failure of public health in India and if we continue in the same way, then we will soon see the end of public health and equity. How do we remedy this scenario? The political economy of health in India is increasingly following the market route with very rapid expansion of the private health sector in India as well as privatisation through user fees and other indirect means of the small public health sector which remains. Even highly developed market economies like Europe, Canada, Japan, Australia and some of the emerging economies like South Korea, Malaysia, Brazil, etc. have healthcare systems which are predominantly publicly financed and the market plays a very limited role in healthcare in these countries. Their health systems are organised and regulated and supported through pooling of resources via tax revenues, social or national insurance and payroll deductions for social security. This is the only route to universal access for healthcare and to achieve the goals which MDGs have set. And these issues are primarily governance issues. We have no choice but to restructure the political economy of health in India.

The health economy has to be organised into a system and not left to the whims of the market. Even the US health economy is highly regulated and 'managed'. This implies that both private and public healthcare providers have to be brought under a single umbrella and made to follow rules and regulations, including price regulation. This can only be achieved through a mechanism of single payer or monopoly financing through a publicly mandated agency. Besides this, two other things would be needed – one, a legislation which mandates this organised healthcare system and a

national authority to govern it, and second, regulation of the private health sector, which would include redistribution and relocation of providers and facilities to create equity in access.

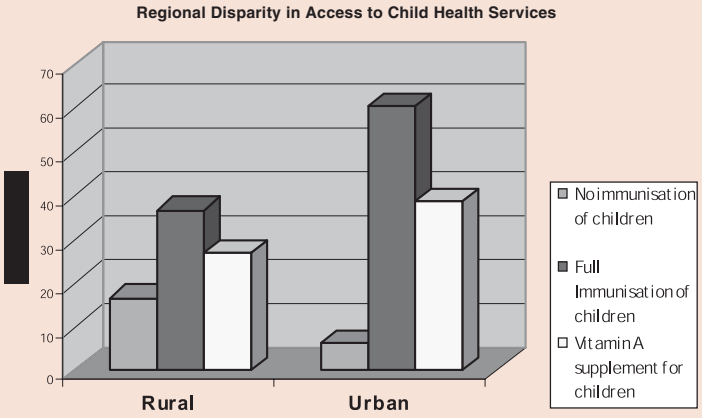
India already has an opportunity to shift gears. First there is the decentralisation mandate via panchayat raj. The Constitution of India has made health care services largely a responsibility of state governments but has left enough manoeuverability for the Centre since a large number of items are listed in the concurrent list. And this the Centre has used adequately to expand its sphere of control over the health sector.[18] In recent years efforts to decentralise governance has resulted in many functions being transferred to the district level under the Panchayat Raj Acts in various states. Under the health sector a very large domain has been suggested to be taken over by the local authorities.[19] However, it must be noted that as yet the implementation of these various provisions is very poor, especially since fiscal decentralisation has not taken place. Wherever decentralisation has occurred, like in Maharashtra since the sixties, large local bureaucracies have also emerged at the district and taluka levels. Despite these processes, decision-making and control of the health sector remain highly centralised at the central and state government levels and this is primarily due to the fact that governments have retained fiscal powers. These large bureaucracies at the centre and state level and in a few states even at the district level 'direct and administer' the various health programmes through officials and medical personnel at the district and lower levels and in metropolitan city hospitals. The large cities, depending on their population, have a few municipal or state-run hospitals (including teaching hospitals). At the district level, on an average, there is a 150–200 bedded Civil General Hospital in the main district town and a few smaller hospitals and dispensaries

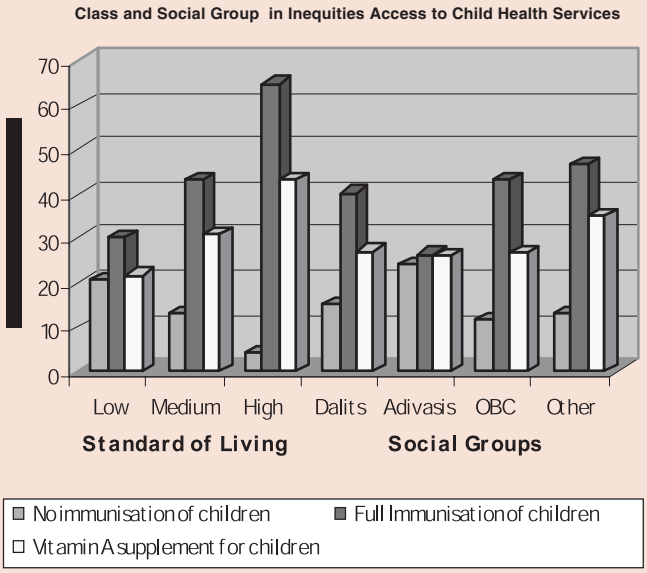
Graph 4

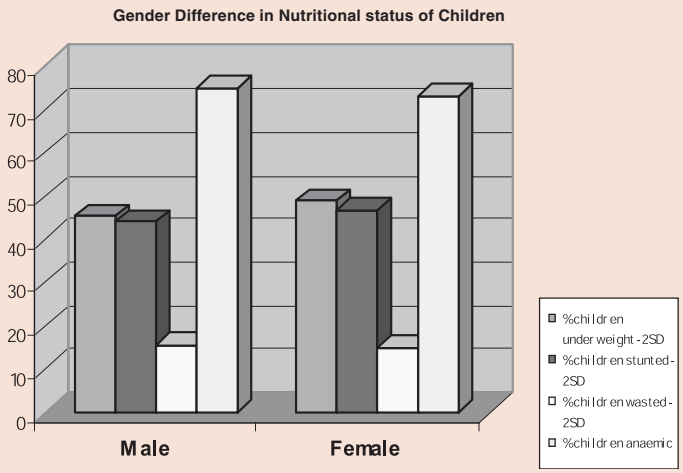


Source for Graphs 4 – 6: NFHS-1998

Graph 5







spread over the other towns in the district and sometimes in large villages. In the rural areas of the district there are rural hospitals, primary health centres and sub-centres that provide various health services and outreach services. Thus structurally the public health system appears to be decentralised but that is only a façade. In reality it is a bureaucratic hierarchy at work with decisions emanating from the top and financial allocations also being decide centrally. So in actual practice, decentralisation has miserably failed.

However, provision of healthcare services is indeed amenable to decentralisation if there is adequate political will and faith in local communities to take their own decisions. To do this we have to move out of the framework of national programmes and a programme-based approach. Instead, the approach as suggested by the 1982 National Health Policy of universal comprehensive healthcare is what we need to adopt to provide healthcare services. Here we will attempt to spell out a framework for such an approach which would function on the principles of decentralisation. Today we do have an opportunity to plan differently. The Central government has set up a National Rural Health Mission and a lot of discussion and debate is taking place. The unfortunate part of this mission approach is that *babus* from the Centre, who are far removed from the grassroots reality, are trying to shape this mission from their perspective rather than that from where the services will be located. So this needs to be changed.

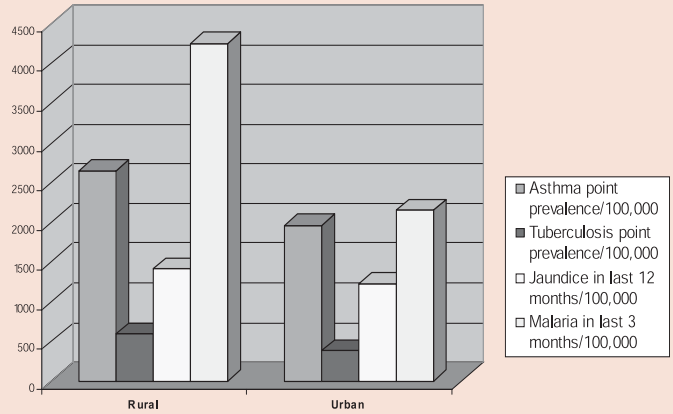
In order to change this, the first thing we need to do when we think of 'decentralisation' is not to romanticise it. Decentralisation should not become a holy cow and we go to the other extreme and say that 'people's health in people's hands'. This is not decentralisation but abdication of responsibility. Provision of healthcare has a logic and scale of its own and hence the basic

unit of healthcare provision need not coincide with the administrative/revenue unit. The health district must be independent of the administrative units. Secondly we have to keep in mind that healthcare access, especially ambulatory care has to be within easy local reach. This is a very critical issue for rural areas. Unlike urban areas which have high density of population, rural communities are scattered and hence provision of clinical services at very close distance in most rural areas becomes problematic. Hence innovative approaches are needed. It is here that the community health model has a role to play but again we must be pragmatic and not romanticise community health as is unfortunately being done. Community health workers within compact habitats are important first contact persons for health promotion and limited curative care. They are critical link workers within communities where access to the first clinical or epidemiological unit is relatively remote.

In terms of scale of operations, a clinical unit at 5000 population level and an epidemiological unit at 10,000 population level seems the best option in planning decentralised health services. This means that a PHC at 10,000 population level with two doctors (for clinical services, and not necessarily employed by the state) and one Public Health Nurse (for the epidemiological unit) along with the required paramedical and support staff becomes the primary unit for health planning and provisioning. Five to ten such units, depending on population density, would form the health district (between 50,000–100,000 population) which would have the equivalent of the Community Health Centre and this should be governed by a committee (Standing Health Committee) of the panchayat members of that population unit, who should employ/contract the providers and monitor and regulate them. This committee, with secretarial/technical support from the providers, would be the planning unit for the health district and

Graph 6

Regional Differences in Prevalence of Selected Ailments



control the health resources which should be allocated to them on a per capita basis by the state government from their health budget. This comprehensive decentralised unit, if optimally provided, should take care of 90% of healthcare needs of the population and this would in turn help decongest the district and tertiary hospitals which would become primarily referral centres. The community under each such unit would have to be enrolled (like the NHS in Britain) with the unit and it would be the unit's responsibility to look after their members' healthcare needs, including referral demands for higher level care. This would then become a rights based entitlement for the community and the unit would be accountable to it to deliver, failing which it would be violation of their rights. Of course, this system will have to be mandated by legislation and provided adequate resources, which estimates show, would not exceed the commitment of 2 to 3% of GDP as promised in the Common Minimum Programme (CMP) of the present coalition government at the Centre.

Such a decentralisation strategy cannot be exercised by political (policy) action alone but requires concerted effort at reorienting and organising the present unregulated

healthcare system into an organised entity, governed by a well- defined regulatory mechanism, as well as being socially audited. Such a strategy will also require fiscal and planning autonomy to local governments who should be given the resources on a per capita basis and be left alone to decide how the resources are best used for their community's welfare.

The second opportunity is a larger public interest in healthcare as a right as is evidenced through the increasing influence of the *Jan Swasthya Abhiyan* (JSA) (Peoples Health Movement). The JSA since the last two years has been campaigning for the right to health and healthcare and has increasingly involved public agencies like the National Human Rights Commission (NHRC) to facilitate processes that help move closer towards the goal of right to healthcare. Similarly the JSA has decided to monitor the implementation of the NHRM and use it as an opportunity to steer it towards a rights based direction.

To conclude, it is important to re-emphasise that healthcare is a public or social good and cannot be left to the vagaries of the market. To realise its social or public value it has to be organised and regulated using both public and private resources for social benefit. Further, healthcare cannot be planned at the central or state level but has to be decentralised at an appropriate community level as discussed above. The role of the Centre and state is to strategise such actions, mobilise and disburse resources and monitor its outcomes. The planning and provision functions are best left to local governance under community vigilance. Such is the global experience where healthcare is universally accessible with equity. Why should it be different in India?

... it is important to re-emphasise that healthcare is a public or social good and cannot be left to the vagaries of the market.

End Notes

1. Compulsory public medical service for a limited number of years for medical graduates from the public medical schools is a good mechanism to fulfil the needs of the public healthcare system. The Union Ministry of Health is presently seriously considering this option, including allowing post-graduate medical education only to those who have completed the minimum public medical service, also in rural areas
2. Data on availability of essential drugs show that in 1982–83 the gap in availability was only 2.7% but by 1991– 92 it had walloped to 22.3%. This is precisely the period in which drug price control went out of the window. (Phadke, A, 1998)
3. NFHS-1998 data shows that in rural areas availability of health services within the village was as follows: 13% of villages had a PHC, 28% villages had a dispensary, 10% had hospitals, 42% had at least one private doctor (not necessarily qualified), 31% of villages had visiting private doctors, 59% had trained birth attendants, and 33% had village health workers
4. The first phase of this survey done in 1999, which covered 210 district hospitals, 760 First Referral Units, 886 CHCs and 7959 PHCs, shows the following results: **Per cent of Different Units Adequately Equipped.**

   Adequacy is defined as facilities having up to 60% of critical inputs (India Facility Survey Phase I, 1999, IIPS, Ministry of Health and Family Welfare, New Delhi, 2001)
5. It must be noted that coercion was not confined only to the Emergency period in the mid-seventies, but has been part and parcel of the programme through a target approach wherein various government officials from the school teacher to the revenue officials were imposed targets for sterilisation and IUCDs and were penalised for not fulfilling these targets in different ways, like cuts and/or delays in salaries, punishment postings, etc.
6. For details see Leena Gangolli, Ravi Duggal, Abhay Shukla (eds), 2005
7. In the 18th century rights were interpreted as fences or protection for the individual from the unfettered authoritarian governments that were considered the greatest threat to human welfare. Today democratic governments do not pose the same kind of problems and there are many new kinds of threats to the right to life and well-being. (Chapman, 1993) Hence in today's environment, reliance on mechanisms that provide for collective rights is a more appropriate and workable option. Social democrats all over Europe, in Canada, Australia have adequately demonstrated this in the domain of healthcare.
8. A human rights approach would not necessitate that all healthcare resources be distributed according to strict quantitative equality or that society attempt to provide equality in medical outcomes, neither of which would in any case be feasible. Instead, the universality of the right to healthcare requires the definition of a specific entitlement be guaranteed to all members of our society without any discrimination. (Chapman, 1993)
9. Country specific thresholds should be developed by indicators measuring nutrition, infant mortality, disease frequency, life expectancy, income, unemployment and underemployment, and by indicators relating to adequate food consumption. States should have an immediate obligation to ensure the fulfilment of this minimum threshold. (Andreassen et.al., 1988 as quoted by Toebes,1998)
10. In India, people who are better off, have jobs in the organised sector, work in the government, etc., about 15% of the population get free healthcare through social insurance or other benefit programmes; for the rest of the population, most of whom live at subsistence or below it, they have to depend largely on the market to seek healthcare (Duggal, 2003)
11. Efforts to prevent hunger have been there through the Integrated Child Development Services programme and mid-day meals. Analysis of data on malnutrition clearly indicates that where enrolment under ICDS is optimal, malnutrition amongst children is absent, but where it is deficient one sees malnutrition. Another issue is that we have overflowing foodstocks in godowns but yet each year there are multiple occasions of mass starvation in various pockets of the country.
12. The poorer classes have reported such low rates of hospitalisation, not because they fall ill less often but because they lack resources to access healthcare, and hence invariably postpone their utilisation of hospital services until it is absolutely unavoidable.
13. A survey in Mumbai in 1994 showed that the official list with the Municipal Corporation accounted for only 64% of private hospitals and nursing homes (Nandraj and Duggal, 1997). Similarly, a much larger study in Andhra Pradesh in 1993 revealed extraordinary missing statistics about the private health sector. For that year official records indicated that AP had 266 private hospitals and 11,103 beds, but the survey revealed that the actual strength of the private sector was over ten times more hospitals with a figure of 2802 private hospitals and nearly four times more hospital beds at 42192 private hospital beds.
14. Data of 80 top selling drugs in 1991 showed that 29% of them were irrational and/or hazardous and their value was to the tune of Rs2.86 billion. A study of prescription practice in Maharashtra in 1993 revealed that outright irrational drugs constituted 45% of all drugs prescribed and rational prescriptions were only 18%. The proportion of irrationality was higher in private practice by over one-fifth. (Phadke, A, 1998)
15. In Mumbai CEHAT, in collaboration with various medical associations and hospital owner associations have set up a non-profit company called Health Care Accreditation Council. This body hopes to provide the basis for evolving a much larger initiative on this front.
16. www.un.org/documents/ga/res/55/a55r002.pdf
17. http://www.who.int/whr/2005/annex/annexe1_en.pdf
18. The Constitutional provisions (Schedule 7 of Article 246) are classified into three lists, including a Concurrent list which both centre and states can govern but the overriding power is with the centre. The list here includes original entry numbers **Central List:** 28. Port quarantine, including hospitals connected therewith; seamen's and marine hospitals 55. Regulation of labour and safety in mines and oilfields **State List:** 6. Public health and sanitation; hospitals and

dispensaries 9. Relief of the disabled and unemployable **Concurrent List:** 16. Lunacy and mental deficiency, including places for the reception or treatment of lunatics and mental deficients 18. Adulteration of foodstuffs and other goods. 19. Drugs and poisons, subject to the provisions of entry 59 of List I with respect to opium 20A. Population control and family planning 23. Social security and social insurance; employment and unemployment. 24. Welfare of labour including conditions of work, provident fund, employers' liability, workmen's compensation, invalidity and old age pensions and maternity benefits 25. Education, including technical education, medical education and universities, subject to the provisions of entries 63, 64, 65 and 66 of List I; vocational and technical training of labour. 26. Legal, medical and other professions 30. Vital statistics including registration of births and deaths. (http://alfa.nic.in/const/schedule.html)

19. An example of the Karnataka Panchayat Act is given here: **Panchayat level:** XVIII. Rural sanitation: (1) Maintenance of general sanitation. (2) Cleaning of public roads, drains, tanks, wells and other public places. (3) Maintenance and regulation of burning and burial grounds. (4) Construction and maintenance of public latrines. (5) Disposal of unclaimed corpses and carcasses. (6) Management and control of washing and bathing ghats. XIX. Public health and family welfare: (1) Implementation of family welfare programmes. (2) Prevention and remedial measures against epidemics. (3) Regulation of sale of meat, fish and other perishable food articles. (4) Participation in programmes of human and animal vaccination. (5) Licensing of eating and entertainment establishments. (6) Destruction of stray dogs. (7) Regulation of curing, tanning and dyeing of skins and hides. (8) Regulation of offensive and dangerous trades. XX. Women and child development: (1) Participation in the implementation of women and child welfare programmes. (2) Promotion of school health and nutrition programmes. XXI. Social welfare including welfare of the handicapped and mentally retarded: (1) Participation in the implementation of the social welfare programmes, including welfare of the handicapped, mentally retarded and destitute. (2) Monitoring of the old-age and widows pension schemes.

Taluk Panchyat level: XIX. Health and family welfare: (1) Promotion of health and family welfare programmes. (2) Promotion of immunisation and vaccination programmes. (3) Health and sanitation at fairs and festivals. XX. Women and child development: (1) Promotion of programmes relating to development of women and children. (2) Promotion of school health and nutrition programmes. (3) Promotion of participation of voluntary organisations in women and child development programmes. XXI. Social welfare including welfare of the handicapped and mentally retarded: (1) Social welfare programmes including welfare of handicapped, mentally retarded and destitute. (2) Monitoring the Old Age and Widow's pensions and pensions for the handicapped.

Zillah Panchayat level: XIX. Health and family welfare: (1) Management of hospitals and dispensaries excluding those under the management of Government or any other local authority. (2) Implementation of maternity and child health programmes. (3) Implementation of family welfare programmes. (4) Implementation of immunisation and vaccination programmes. XX. Women and child development: (1) Promotion of programmes relating to development of women and children. (2) Promotion of school health and nutrition programmes. (3) Promotion of participation of voluntary organisations in women and child development programmes. XXI. Social welfare, including welfare of the handicapped and mentally retarded: Promotion of social welfare programmes, including welfare of handicapped, mentally retarded and destitute. (http://www.kar.nic.in/rdpr/acts-frameset.html)

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III

Mirages in Shifting Sands

MDGs Poverty and Food Security in India

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Introduction

It was in its 1944 Philadelphia Declaration that the International Labour Organization (ILO) acknowledged that poverty anywhere is a threat to prosperity everywhere. The formation of various United Nations Organization (UNO) bodies like UNDP, UNESCO, and UNICEF later was to address the issues of poverty worldwide. Multilateral organisations like the World Bank (WB) also claim to target poverty alleviation. The WB has, as part of this projection, come out with Poverty Reduction Strategy Papers. Developed countries in their Oslo Convention adopted that each developed country shall allot 0.07 per cent of their GDP to poverty alleviation in the poor countries.

But how far has all this reflected on the ground in terms of actual poverty alleviation worldwide? Though the performance of some countries in this realm has recorded improvement in conditions to some extent, the overall global situation is far from satisfactory. It is in this context that the Millennium Development Goals (MDGs) acquire significance. These eight MDGs were announced in September 2000 at a convention attended by a large number of heads of government from different parts of the world. The MDGs aim to bring down poverty and its various manifestations. Specifically, the MDGs are to strive to eradicate poverty, achieve universal primary education, promote gender equality, reduce child mortality, improve maternal health, combat HIV/AIDS, malaria and other diseases, ensure environmental sustainability and develop a global partnership for development.

In terms of poverty eradication, the MDG targets to bring down to half, between 1990 and 2015, the proportion of people whose income is less than $1 a day. It also proposes to halve, between 1990 and 2015, the proportion of people who suffer from hunger.

Since their pronouncement MDGs have been an important influence in the development policies in poor countries. India is no exception to this trend. The Government of India has taken these goals into consideration while taking economic decisions. The Planning Commission of India has set key Tenth Five-Year Plan targets on the basis of MDG targets and set a target to bring down the incidence of poverty to 10% by 2012. The total budgeted outlays on rural development over the entire 10th Plan period, 2002 to 2007, is around Rs300,000 crore. According to government estimation, in 1993–94 the proportion of people below the poverty line stood at around 37 per cent and this was brought down to 27 per cent by 1999–2000. This is planned to be brought down to 10 per cent by the end of the eleventh plan. In other words, the Government of India wants to achieve more than that envisaged under the MDGs.

The period under consideration experienced political as well as economic changes. During this period two political formations had handled power. Bharatiya Janata Party (BJP)-led NDA was in power up to June 2004 and since then Congress led United Progressive Alliance (UPA) is holding office at the national level. This period also saw

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far reaching changes in economic policies by way of accentuation of the liberalisation process that was initiated in 1991 when Congress was in power. The governments that succeeded it followed similar policies.

In June 2004, UPA consisting of 15 political parties led by Congress and supported by the Left parties adopted a CMP to provide direction to its rule. Two items included in the CMP were aimed at creating a positive impact on the poverty and hunger situation in the country. One of the items is related to employment. This item of the CMP promised to enact a National Employment Guarantee Act. This was to provide a legal guarantee for at least 100 days of employment to begin with on asset-creating public works programmes every year at minimum wages for at least one able-bodied person in every rural, urban poor and lower middle-class household. In the interim, a massive food-for-work programme (FFWP) was also promised. (Moves to enact the EGA were mooted in the monsoon session of Parliament in an atmosphere marked by political arguments and controversy).

Another item in the CMP addresses food and nutrition security in the country. According to this, the UPA will work out a comprehensive medium-term strategy for food and nutrition security. The professed objective was to move towards universal food security over time, if found feasible. The UPA government also promised to strengthen the public distribution system (PDS), particularly in the poorest and backward blocks of the country and also to involve women and ex-servicemen's cooperatives in its management. Special schemes to reach food grains to the most destitute and infirm were also to be launched. Grain banks in chronically food-scarce areas were to be established. Antyodaya cards for all households at risk of hunger were to be introduced. The UPA government also promised to bring about major improvements in the functioning of the FCI to control inefficiencies that increase the food subsidy burden. Nutrition programmes, particularly for the girl child were to be expanded on a significant scale.

... the proportion of the poor in the rural areas declined from 37.3 per cent in 1993–94 to 27.1 per cent in 1999–2000, in the case of urban areas it declined from 32.4 per cent to 23.6 per cent. This implies that poverty declined by 10 per cent.

In this paper an attempt is made to examine the status of MDGs related to poverty and food security in India. This is intended to serve as a shadow report emerging from civil society to challenge other window dressed reports and drive the government to serve to its full and agreed commitments.

The above table shows that at the time of launch of the Millennium project, 29.4 per cent of the population in India was below the poverty line. While the proportion of the poor in the rural areas declined from 37.3 per cent in 1993–94 to 27.1 per cent in 1999–2000, in the case of urban areas it declined from 32.4 per cent to 23.6 per cent. This implies that poverty declined by 10 per cent. Based on this, the Government claimed that more than 60 million people of the country moved above the poverty line.

Poverty assessment figures for the year 1999–2000 were mired in controversy as the 55th round of the NSS study on the basis of which this poverty line has emerged deviated from the previous rounds. One of the important shortcomings of this round is that the reference periods were changed in the consumer expenditure survey that led to underestimation of poverty. Many researchers attempted to correct this to arrive at acceptable assessment. An often-mentioned study by Deaton shows that the actual statistics is 30.3 per cent opposed to the Government's estimate of rural poverty at 27.1 per cent. In the case of urban poverty it is 24.7 per cent instead of 23.6 per cent (Deaton 2003, 323–4). From this it was inferred that about 30 million people escaped from poverty.

But these numbers do not correspond to ground realities. Frequent starvation deaths in different parts of the country and farmers suicides on one hand and increasing agriculture labourers' migration to urban areas indicate severe crisis in rural areas. The conservative, deflationary economic policies being followed by the governments only added to the intensity of the crisis. It was felt that the 1990s, though having seen introduction of economic reforms, is a lost decade as for as poverty alleviation is considered. Attempts were made to make sense out of the numbers churned out of NSS's 55th round.

One of the noted attempts is by Abhijit Sen and Himanshu. By making necessary adjustments to this survey results, they came to the conclusion that between 1993–94 and 1999–2000, poverty declined by a mere 2.8 per cent and not 10 per cent as made out by the government. This small reduction in percentage of poverty did not entail any reduction in absolute number of poor people. They conclude that the absolute number of poor did not decline during this period. (Sen and Himanshu 2004) They also point out that the 1990s was the first post-independence decade when economic inequality increased sharply in all its dimensions.

There were also calls to adopt calorie-based poverty assessment, on the lines of studies done in early 1970s, to fathom the magnitude of poverty. For example, Ray and Lancaster contend, "There has been relatively little attempt to question whether the official poverty lines as used today retain their original definition based on minimum calorie norms when they were first set nearly three decades ago…now there is increasing evidence that calorie intake fell during the 1980s and the 1990s, while malnourishment and hunger increased over the period." (Ray and Lancaster 2005)

Situation at the Time of Launch of MDGs (1990–2000)

Poverty

***Table 1:* Official Headcount Poverty Ratios (per cent)**

	50th Round* (1993–94)		55th Round* (1999–2000)		All India** 1983 1999	
	Rural	Urban	Rural	Urban		
Andhra Pradesh	15.9	38.3.	11.1	26.6	35.3	20.2
Assam	45.0	7.7	40.0	7.5	41.3	36.5
Bihar	58.2	34.5	44.3	32.9	62.1	44.3
Gujarat	22.2	27.9	13.2	15.6	33.3	17.1
Haryana	28.0	16.4	8.3	10.0	23.5	8.8
Himachal Pradesh	30.3	9.2	7.9	4.6	23.1	8.1
Karnataka	29.9	40.1	17.4	25.3	41.1	25.3
Kerala	25.8	24.6	9.4	20.3	40.4	12.3
Madhya Pradesh	40.8	48.4	37.1	38.4	51.5	41.3
Maharashtra	37.9	35.2	23.7	26.8	41.1	32.1
Orissa	49.7	41.6	48.0	42.8	65.4	50.3
Punjab	12.0	11.4	6.4	5.8	17.2	6.1
Rajasthan	26.5	30.5	13.7	19.9	36.1	16.3
Tamil Nadu	32.5	39.8	20.6	22.1	52.4	26.2
Uttar Pradesh	42.3	35.4	31.2	30.9	47.4	32.3
West Bengal	40.8	22.4	31.9	14.9	54.3	29.3
All India	37.3	32.4	27.1	23.6	48.2.	29.4

*Source: *Deaton 2003, **Bhalla.2003.*

***Table2:* All-India Calorie Based Poverty Rates Computed from NSS 55th Round**

	Rural	Urban
No PDS	65.5	48.8
With PDS	57.7	40.3

Source: Ray and Lancaster 2005.

The above table based on the analysis of Ray and Lancaster clarifies that at the time of the launch of MDGs, more than half of the Indian population is mired in poverty.

The indirect method to arrive at the poverty figures employed by the government and researchers was also questioned by Utsa Patnaik who also argued for adoption of calorie-based poverty line. She explained on the basis of the information on physical quantities of food available in the NSS survey data that by 1999–2000 seven-tenths of the rural population was below the norm of 2400 calories per day (the norm originally adopted in all poverty studies). This implies that in 1999–2000 about 70 per cent of the rural population was in poverty. Similarly, nearly 40 per cent of the urban population was below the lower urban norm of 2100 calories. Even if a much lower level of 2100 calories, equal to the urban norm, is considered for rural areas, over half the rural population can be considered as below the poverty level. (Patnaik 2004)

If we take the official poverty percentage of 27% for the year 1999–2000, this corresponds to per capita calorie intake of less than 1900 per day. This shows that the official estimate is incapable of capturing the ground reality of larger numbers of people still in the confines of poverty. Calorie intake information for the year 1993–94 collected by NSS also showed that nearly 70 per cent of the rural population was in the poverty bracket then. This indicates that the economic development claimed to have been achieved during the 1990s because of neo-liberal economic reforms, did not reach majority of the country's population.

Utsa Patnaik also explains that to meet the 2400 calorie norm a person needed to spend at least Rs567 per month or Rs19 per day which is equivalent to US44 cents at the then exchange rate of Rs43.33 to a dollar. 55th round of consumer expenditure shows that in 1999–2000 more then 60 per cent of the family budget went to the purchase of food. According to the World Bank norm, those who earn less then US$1 per day have to be considered poor. If this World Bank norm is adopted, an even larger proportion of Indian population needs to be categorised as poor.

The 1999–2000 National Sample Survey Organisation (NSSO) survey shows that the number of poor is about 260 million out of a total population of 997 million. This figure is roughly equal to the current population of

Table 3: **The Population in Poverty from direct observation of Calorie Intake As against expenditure group and distribution of persons, 1999–2000, NSSO**

RURAL			***URBAN***		
Monthly per capita expenditure Rs.	Calorie intake per diem	Per cent of persons %	Monthly per capita expenditure Rs.	Calorie intake per diem	Per cent of persons %
Below 225	1383	5.1	Below 300	1398	5.0
225–255	1609	5.0	300–350	1654	5.1
255–300	1733	10.1	350–425	1729	9.6
300–340	1868	10.0	425–500	1912	10.1
340–380	1957	10.3	500–575	1968	9.9
380–420	2054	9.7	575–665	2091	10.0
420–470	2173	10.2	665–775	2187	10.1
470–525	2289	9.3	775–915	2297	10.0
525–615	2403	10.3	915–1120	2467	10.0
615–775	2581	9.9	112–1500	2536	10.1
775–900	2735	5.0	1500–1925	2736	5.0
900 & more	3178	5.0	1925 & more	2938	5.0
ALL	2149	99.9	ALL	2156	99.9
Summary					
470–525 and less	***2289 and less***	***69.7***	***500–575 and less***	***1968 and less***	***39.7***
525– 615	*2403*	*10.3*	*575– 665*	*2091*	*10.0.*
615–775	*2581*	*19.9*	*665– 775*	*2187*	*50.2*

Source: Utsa Patnaik 2004

Note: The monthly per capita expenditure refers to the expenditure on both food and non-food, with the food expenditure part giving the calories indicated against each group.

United States of America. If the alternative estimates arrived at by Utsa Patnaik and others are taken into consideration at the time of launch of MDGs in India, the number of poor is nearly 500 million. The presence of such large numbers of poor people will continue to have major political, social, economic and environmental impacts

In the background of this mounting poverty, despite the Governments' efforts in India, the MDGs' target of reducing by half the proportion of people whose income is less than US$1 a day by the year 2015 appears to be daunting.

Another important dimension of the poverty scenario is its regional dimension. This phenomenon is generally described by the use of the term 'BIMARU'. This stands for the states of Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh. In Bihar, the poor account for 44.3 per cent of the state's population. In the case of Madhya Pradesh it stands at 41.3 per cent. In Uttar Pradesh it is 32.3 per cent. It can be said that Rajasthan has moved out of this configuration as only 16.3 per cent of its population according to 1999–2000 figures is below the poverty line. There are also other states where poverty percentages are considerable. In the case of Orissa, 50.3 per cent of the state's population is poor. In Assam, 36.5 per cent of the state's population is poor. From this it can also be said that majority of the poor in India are located in the eastern part of the country despite that region being endowed with abundant natural resources. 'BIMARU' may no longer signify the poor states, not only because Rajasthan has slipped out of the group but also three of these four states are bifurcated.

Food Security and Hunger

Food security encompasses availability as well as accessibility of food grains. It has been said that India achieved self-sufficiency in food grains. In other words, food security is achieved at the national level. But this did not reflect at the individual/family level. The stark fact of starvation deaths in different parts of the country shows that some families do not have access to necessary food grains. This is also reflected in the decline in per capita availability of food grains.

***Table 4:* Annual *per capita* Food grains Output and Availability in India in the 1990s (Three Year Average)**

		Net Output per Head			Net Availability per Head		
Three-yr. period ending in Year	Average population million day	*cereals* Kg	*Food-grains* Kg	*Cereals* Kg	*Pulses* Kg	*Food-grains* Kg	Gms.
1991–92	850.70	163.43	178.77	162.8	14.2	177.0	485
1994–95	901.02	166.74	181.59	160.8	13.5	174.3	478
1997–98	953.07	162.98	176.81	161.6	12.6	174.2	477
2000–01	1008.14	164.84	177.71	151.7	11.5	163.2	447
Individual Year							
2001–02	1046.44	165.40	177.01	146.76	11.61	158.37	434
2002–03*	1066.22	140.54	150.09	148.14	9.55	157.69	427
Average of the Years 2000–01 & 2001–02							
	1036.74	161.63	173.30	144.51	10.64	155.15	425

Change in Per Capita Availability of Food grains, %
Triennium ending 1991–92 to Triennium ending 1997–98 - 1.6
Triennium ending 1997–98 to biennium ending 2001–02 - 10.9
Total Change, 1991–92 to 2001–02. -12.3

Source: Utsa Patnaik 2004
** Note that 2002–03 estimate of availability is provisional.*

Per capita availability of food grains declined from 177 kgs per year in 1991–92 to 163.2 kgs in 2000–01. This sort of low level of availability was experienced only during the pre independence period. The per capita food production did not keep pace with the population growth. During the 1990s, while population increased at the rate of 1.84 per cent per annum food grain production per capita per year increased by only 0.90 per cent. During the 1990s the growth of agriculture decelerated as compared to the 1980s. The growth rate of food grains

production declined to 1.92% per annum from 3.54% per annum. The growth rate of productivity in food grains declined to 1.32% in the 1990s as compared to 3.3% in the 1980s. The overall growth rate of crop production declined from 3.72% to 2.29% and productivity from 2.99% to 1.21% per annum. That is to say, population growth outstripped food production growth leading to decline in per capita availability of food grains in the country. India needs an agricultural growth rate of 4.0 to 4.5 per cent per annum to reduce poverty and food insecurity significantly. This also goes to show that the claims of self sufficiency in food grains does not cut much ice with empty stomachs – the order of the day in greater part of the country. One of the important reasons for this performance on the agriculture front is decline in public investment in agriculture, particularly in irrigation in the 1990s. The annual growth rate of public investment in agriculture declined from 4 per cent in 1980s to 1.9 per cent in 1990s. Hence, if the MDGs target to reduce by half the proportion of hungry population in 2015, it is necessary to change the direction in public investment in agriculture in our country.

***Table 5:* Growth of Employment: Usual Status and Current Daily Status**

Industry	Usual Status: Principal and subsidiary (% per annum)		Current Daily Status (% per annum)	
	1983 to 1993–94	1993–94 to 1999–00	1983 to 1993–94	1993–94 to 1999–00
Agriculture	1.51	-0.34	2.23	0.02
Mining & quarrying	4.16	-2.85	3.68	-1.91
Manufacturing	2.14	2.05	2.26	2.58
Electricity, gas & water supply	4.50	-0.88	5.31	-3.55
Construction	5.32	7.09	4.18	5.21
Trade	3.57	5.04	3.80	5.72
Transport, Storage & Commn.	3.24	6.04	3.35	5.53
Financial Services	7.18	6.20	4.60	5.40
Community social & per. Services	2.90	0.55	3.85	-2.08
Total Employment	**2.04**	**0.98**	**2.67**	**1.07**

Source: Mahendra Dev 2004

Along with availability of food grains, its accessibility determines the food security situation of the people. Accessibility is influenced by the income positions of the people. The employment situation along with wage levels influence this factor. Employment situation in combination with wage or income levels influence the purchasing power. The growth rate of rural employment declined from 1.7 per cent per annum between 1983–84 and 1993–94 to 0.5 per cent per annum between 1993–94 and 1999–00. The daily status unemployment rate in rural areas has increased from 5.63% in 1993–94 to 7.21% in 1999–00. The overall employment growth declined from 2.04 per cent during 1983–94 to 0.98% during 1994–2000. The agriculture and community social and personal services that account for 70% of the total employment have not shown any growth during the 1990s.

Changes in wages along with changes in employment situation indicate accessibility in the context of food security. An examination of the growth of real agricultural wages shows that it declined from about 5 per cent per annum in the 1980s to 2.5 per cent per annum in the 1990s. Trends both in the employment situation and real wages show that accessibility or capacity to purchase of the masses is moving downwards. If the targets of the MDGs are to be achieved, these trends need to be reversed urgently.

The declining employment opportunities and real wages also imply that hunger among the deprived masses is on the rise. According to FAO's *State of Food Insecurity in the World – 2003*, the number of

undernourished people in India increased by 19 million between 1995–97 and 1999–2001. According to Utsa Patnaik, "A large segment of rural masses in India with a much lower food grains absorption than the average, have been already reduced to the nutritional status of Sub Saharan Africa. On the basis of the NSS data on calorie intake for 1999–2000, I estimate that about 40% of the rural population was at the low absorption level of the SSA average." (Patnaik 2004). Though severe malnutrition among children declined from 11.1 per cent to 6.4 per cent during 1990s, still 47 per cent of the children were malnourished at the end of the same period. Nearly half of the adult population had chronic energy deficiency (CED). According to the National Family Health Survey in 1998–99, 51.8 per cent of women and 74.3 per cent of children were anaemic.

Progress (2000–2005)

Already one-third of the period meant to achieve the goals/targets of MDGs is coming to an end. Though up-to-date information and data on all the parameters discussed above like consumption and poverty levels are not available, there are bits and pieces of information that indicate the trend of the things that are going to unravel.

One of the important signs of the times is the continuing reports on starvation deaths from different parts of the country including Orissa, Rajasthan, Madhya Pradesh and Andhra Pradesh. Though millions of tonnes of food grains are rotting in the godowns of the FCI, even in Andhra Pradesh, which once was known as food basket (Annapurna), starvation deaths are taking place frequently. On the one hand, there is the inability of these households to access adequate food grains because of the dwindling livelihood opportunities and on the other it is the insensitivity of the administration to provide succour to the needy families. In most of these cases, government dismissed these starvations deaths as deaths due to other diseases. Sakshi, a Hyderabad based NGO working among dalits recorded 111 starvations deaths from different parts of the state between May 2000 and December 2004. These were based on newspaper reports. Many starvation deaths went unreported. In many cases starvation deaths were reported in the district editions of the newspapers only and they did not draw attention at the state level. This indicates that the figure reported by Sakshi is a conservative one.

Table 6: **Districtwise Distribution of Starvation Deaths**

Sl. No	District	No. of Starvation Deaths
1.	Adilabad	1
2.	Anantapur	5
3.	Chittoor	2
4.	East Godavari	4
5.	Guntur	1
6.	Hyderabad	1
7.	Kadapa	1
8.	Karimnagar	11
9.	Khammam	3
10.	Kurnool	1
11.	Mahabubnagar	38
12.	Medak	17
13.	Nalgonda	8
14.	Nellore	1
15.	Nizamabad	6
16.	Ongole	1
17.	Ranga Reddy	2
18.	Visakhapatnam	1
19.	Warangal	7
	Total	**111**

Source: Sakshi

Table 7: **Starvation Deaths by Age**

Age in Years	No. of Starvation Deaths
Up to 14	6
15–24	1
25–59	64
60 and above	31
Age Not Known	9
Total	**111**

Source: Sakshi

The list of starvation deaths shows that these starvation deaths are reported from all parts of the state. Even developed districts like East Godavari and Guntur also reported starvation deaths. But it is the backward districts of Telengana, which bore the brunt of severe food insecurity. While Mahabubnagar recorded 38 starvation deaths, Medak had 17 starvation deaths, Karimnagar had 11, and Nalgonda recorded 8, Warangal 7 and Nizamabad 6.

Agewise analysis of the list of the starvation deaths shows that majority of those who died were of a productive age. Out of the dead, 64 were in the age group of 25 to 59. This implies that one of the bread winners of the family succumbed to starvation. In the tragic case of Mamidi Ambadas of Jogiahpally village of Thimmapur mandal in Karimnagar district, he gave whatever food was available to his wife and two daughters while he starved to death. Children also became victims of starvation. In the case of Gangamani (aged 5 years) and Yamuna (aged 3 years), their father Vadde Nagaiah gave them poison and killed them since he could not bear to witness his children starve. Nearly half of the dead were women. While most of the dead came from agriculture labour families, some of the weavers also died due to starvation.

Another tragic development in the background of unraveling liberalisation is the suicides among farmers. The farmers' suicides were also reported from many states including Karnataka, Kerala, Maharashtra, Punjab and Andhra Pradesh. The irony of the situation was that the very farmers who supplied life sustaining food grains to the nation were not able to sustain their own lives. Over the last five years, thousands of farmers in different parts of the country chose to end their lives as they found themselves unable to face the pressures of the crisis engulfing the agriculture sector.

In the post-launch period of MDGs in India, per capita availability of food grains declined drastically. It declined to 157.69kg per year in 2002–03 from 174.2 kg in 1997–98. Between 1997–98 and 2001–02, the per capita availability of food grains declined by nearly 11 per cent.

By any yardstick, the policies of liberalisation followed by both the central and state governments have contributed majorly to the crisis in the agriculture sector. Take the case of Andhra Pradesh, rated as one of the laboratories of liberalisation. In the year 2004, the number of farmer suicides reached 1,691(various issues of *Rythu Vani*, a Telugu magazine, ending with July 2005). Even now, not a single day passes without news reports on farmer suicides. These suicides are reported from all the districts, including

so-called developed districts like Krishna and Guntur. In the year 2002 as many as 2,580 farmers resorted to suicide. Ironically the recent survey of states published by *India Today* (August 15, 2005) ranked Andhra Pradesh as the second highest economically most free state. But what is the real situation in this 'economically free state'? The prices of agriculture inputs like fertilisers, pesticides and even seeds, which the farmers once used and produce themselves, are moving up higher and higher, even as the prices of agricultural produce are moving down further and further. The reason? Opening of the markets as a part of the liberalisation policies. Naturally, the crisis-ridden farmers are not able to make both ends meet, especially in a situation where credit has become costlier than ever.

In the post-launch period of MDGs in India, per capita availability of food grains declined drastically. It declined to 157.69kg per year in 2002–03 from 174.2kg in 1997–98. Between 1997–98 and 2001–02, the per capita availability of food grains declined by nearly 11 per cent (See Table 4). Even while per capita availability of food grains declined, food grain stocks with FCI reached 63 million tons by 2002. This is 40 million tons over and above the buffer stock norm. This implies that while the number of hungry population is increasing, food grain stocks

with the government are mounting. Instead of using these massive food stocks to address the spreading hunger, BJP-led NDA government at the centre then exported a major portion of it at Below the Poverty Line (BPL) prices. Between June 2002 and June 2003, 12 million tons from the stocks with FCI are exported. This quantum reached 17 million tons by November 2003. At present stocks with FCI depleted to less than 20 million tons. This would not have been possible without increasing the number of people going to bed with empty stomachs.

In 2000 three states had recorded that one-third of its rural population consumes food equivalent to less than 1800 calories. At present, the number of such 'deficient' states has increased to eight. Already certain regions in the country and some sections of the population resemble famine-struck Sub Saharan Africa.

Issues

Political Economy

The main culprit for the looming spectre of poverty in India is the deflationary, neo-liberal economic reform policy being followed by both the centre as well as many state governments. In the name of reducing fiscal deficits and bringing in fiscal discipline, allocations for important social sectors that impinge on the welfare of the masses are being curtailed. Public expenditure on rural development, which was about 14.5% of Gross Domestic Product (GDP) during the 1980s, declined to 8% of GDP by the early 1900s as part of the deflationary policies. During later years this further came down to less than 5%. In real terms, Utsa Patnaik (2004) explains that this amounts to a reduction of about Rs30,000 crores annually in development expenditures on average during the last five years, compared to the pre-reform period. As a result of this, incomes of the rural poor declined proportionately, dragging them further down the poverty line.

Under the 10th Five-Year Plan, covering the period 2002 to 2007, Rs300,000 crore are allocated towards rural development and consequent poverty alleviation. Though already three years of the Plan period are over, until now only Rs100,000 crore has been spent. To meet the overall 10th Plan spending target, during each of the remaining two years at least Rs100,000 crore has to be spent. Though Rs100,000 crore may appear large, it is less than 4 per cent of the GDP (Utsa Patnaik 2005). There are little signs of this amount also being spent during the remaining two years of the 10th Plan.

One of the factors that led to severe poverty situation in the rural areas was dwindling employment opportunities in agriculture and no sign of expansion of non-farm employment. This could have been effectively addressed by deploying the surplus food stocks lying with FCI in rural employment programmes. The then BJP-led National Democratic Alliance (NDA) central government did not have any inclination to take up such ameliorative programmes. It was also not ready to supply food grain at BPL prices to hungry households. Instead it got rid of most of the 40 million tons of excess stocks through exports and open market sales at the same or even less than BPL prices. It was indeed shocking to note that this insensitive government went out of its way to sell food grains at cheaper rate to wealthy business sections, but was not inclined to sell the same food grains at the same price to the hungry millions. This pointed to the narrow policy perspective being followed by the NDA regime.

It is in this background that the Congress-led UPA coalition promised employment guarantee in rural areas through the Employment Guarantee Act (EGA) during the general elections held in May 2004. The UPA government has, after a one-year delay marked by much debate and hesitation, finally

Under the 10th Five-Year Plan, covering the period 2002 to 2007, Rs300,000 crore are allocated towards rural development and consequent poverty alleviation.

taken some steps to enact EGA. Apart from this delay and hesitation, vis-à-vis the EGA, the other steps being taken by the UPA government also do not inspire confidence that MDGs can be achieved in India.

In 2002–03, the NDA-led central government had spent Rs42,000 crore on rural development. This increased to Rs51,000 crore in 2003–04. The increase amounts to less than 2.5 per cent of NNP. People expected that UPA government, which came to power on the promise of employment guarantee in rural areas, would allocate larger amounts to rural development to redeem its promises. But contrary to these expectations, the UPA government brought down these allocations to Rs13,500 crore in 2004–05, which is about one-fourth of the previous NDA government's allocation. This is less than one per cent of NNP. There are also apprehensions that actual spending might not have crossed Rs9000 crore. Budget allocation for the year 2005–06 towards rural development under central plan is only Rs11,494 crore. Such reduction in spending will only further accentuate the already severe crisis. With such meagre allocations achieving MDGs, particularly targets concerning reduction in poverty levels, will be a mirage.

All this calls for an immediate change in the direction of the economic policy. It has to move from the tendency to slash development expenditure in the name of fiscal discipline to demand driven, expansionary macro-economic policies that include programmes like universal employment guarantee. This is the only way to reach the MDGs. On the other hand, if this crisis is not addressed in time through proper measures, it may lead to social and political turmoil.

The FFW programme has severe limitations to meet the food needs, on time, of all the poor in drought areas, defeating its basic objective.

In order to overcome the shortcomings of the FFW programme model under which employment generation schemes are being implemented up to now, the Food Assurance model can be adopted, as is being done currently in Andhra Pradesh. Priya Deshinkar and Crain Johnson (2003), who have studied the implementation of this FFW programme and brought out systemic and other shortcomings, listed six generic types of irregularity, which were particularly damaging to the poor:

- ineffective *Grama Sabh*as and top–down methods of work identification.
- employment of 'contractors'.
- selection of beneficiaries by contractors instead of the very poor self-selecting themselves.
- inappropriate wage setting and the displacement of the very poor by slightly better-off people.
- Payments in cash instead of grain.
- Use of labour displacing machinery and a disregard of the mandatory labour to material ratio in works executed.

The FFW programme has severe limitations to meet the food needs, on time, of all the poor in drought areas, defeating its basic objective. One of the limitations is the complex nature of drought intervention measures and decision-making in the government, defeating the purpose of mitigation measures and timely intervention. Also, under FFW, 'work' rather than the 'food' needs of the poor became the focus. The senior officials have been concerned with monitoring and certifying 'work' rather than distributing food in time and to all the needy. This has led to corruption as mentioned earlier in the work certification and food distribution, and the role for contractors and use of machinery at the cost of the needy poor.

To serve the original objective of FFW – to address food needs of hungry households in drought areas – the programme must be restructured. A unique civil society initiative in Andhra Pradesh to reach the needy in drought prone areas is Food Assurance. Under this approach which has been accepted by the government, but not yet implemented effectively, is that grain and cash are given on time and if necessary, on credit. Sometimes, grain may be advanced and at other times, people would have repaid the value by work and have to obtain the grain.

The advantages of Food Assurance are:

- The poor receive food immediately when they need it most.
- The role of the officials is one of facilitators rather than enforcers.
- The communities have ownership of the works undertaken, thereby doing works that are suitable both to the community need and skills of the workers.
- The extent of 'works' taken up is limited to the cash value of food borrowed.
- The people get food during the difficult time of summer and execute work when the weather is more merciful and the work is 'productive'.
- It provides dignity to the poor and involves borrowing and lending.

Food grains supplied under the Public Distribution System (PDS) are an important source of food to the poor households at affordable price, though this accounted for only a small proportion of their food needs – i.e., less than 25 per cent. As a part of reducing the subsidy burden, attempts are being made to reduce the reach as well as quantum of food grain supply under PDS. The targeted PDS (TPDS) being implemented since 1997 is one such attempt. Under it, only below poverty line (BPL) families are being allowed to access food grain at lower price, i.e., Rs5.65 per kg. The poverty measurements used by the government are another instrument to deny large sections of the poor population fruits of PDS. According to

The distinguishing features of Food Assurance vis-à-vis Food for Work

Old Scheme (Food for Work Programme)	New Scheme (Food Assurance Programme)
Work was central and access to food was considered following progress on work.	Focus on identifying needy families in all habitations to provide food and cash on time each month.
Attention of officials only on identification, sanctions, value and technicalities of works. Thus food access of the needy people was delayed and uncertain.	Self-selection of households and approved at Gram Sabha with people agreeing to work for the value of grain and cash, to be repaid in four months. Timely food access.
Work estimate made and approved by officials.	Estimates for work made by people and approved by Gram Panchayat.
Work starts after sanction.nd grain given after check measurement entered in the measurement book and is the basis for giving grain.	Panchayat approves estimates and grain is given through Food Assurance cards. MB recording after the completion of work and necessary adjustment can be made later.
Grain is released only after check measurement, administrative and technical clearance.	Grain is given by the 5th of each month and the Gram Panchayat monitors progress of work.
People not sure when and how much grain they would receive till it reaches them.	Each household receives 40 kg and Rs100 each month.
Reduced costs by using machinery or employing skilled people only.	Work is manual and people decide nature of works/implementation.
Few large work, with some villages getting benefit of unlimited grain.	Work limited to value of grain and cash taken by the habitation.
Contractors responsible for getting the labour and completing works.	Borrowers form work teams and take responsibility for various work.
Contractors distribute grain to the beneficiaries, with no role for govt.	Grain distribution transparency is fully ensured by officials.
Minimum and equal wages are overlooked as contractor decides wage.	Minimum and equal wages built in estimation of value of each work.
Govt. officials see that work is of good value, of quality and on time.	Govt. officials ensure food and cash in correct quantity/amount reach people on time.
People chase food and govt. 'work'.	Govt. chase food and people 'work'.

government estimates, 60 million people crossed the poverty line. Even if a lower estimate arrived at by Deaton is adopted, 30 million people would be out of the BPL net.

The Government of India also launched many studies to find ways to reduce the burden on subsidising food grain under PDS. One of the attempts is to reduce the costs of grain handling incurred by FCI. But the study by ASCI shows that increases in FCI costs are well below the cost figures recommended by BICP. The post procurement operations of FCI enjoy definite economies of scale and it will be impossible to private operators to compete with FCI if they have to pay MSP. The High Level Committee on Long Term Grain Policy appointed by the central government also recommended universal PDS.

***Table 8:* Average Monthly per capita cereal consumption in PDS 1999–2000**

	Per Capita Cereal Consumption in kg	Cereals from PDS as % of total cereal consumption by levels of calorie intake
Andhra Pradesh	2.09	17.02
Kerala	4.46	42.02
Tamil Nadu	3.04	29.12
Bihar	0.22	1.61
Madhya Pradesh	0.35	2.78
Rajasthan	0.20	1.46
Uttar Pradesh	0.28	2.15
All India	1.01	8.25

Source: NSSO

It is also to be noted that fruits of PDS are effectively accessible in only a few states, particularly southern and western states. At the procurement stage also it is benefiting a few states, namely, Punjab, Haryana, Uttar Pradesh, Andhra Pradesh and West Bengal; and these are also states where incidence and severity of poverty are not high. In terms of distribution of food grain under PDS, really poor states are not receiving adequate quantities of food grains.

From the above table it is clear that really poor states are not benefiting much from PDS. Per capita cereal consumption from PDS in BIMARU states is only one-fifth to one-third of the national average while in southern states it is two to four times more than the national average. In the case of PDS cereals' contribution to total calorie intake, a similar trend prevails. These anomalies in PDS implementation need to be addressed urgently if India is to inch forward in reaching the MDGs.

In the background of declining per capita availability of food grains, it is a travesty of truth to say that India is facing a situation of over production. This over production is only an index of under nutrition among the poor but not of over production. It is equally important to address the issues related to food grain production…The fact that the rate of agricultural growth has slowed drastically and fallen below population growth is worrying. During 1990s, the growth rate of food grain production is less than half of the population growth rate during the same period. It has ominous implications. Without increasing agriculture production, it is difficult to achieve food security related MDGs. This should simultaneously address growing unemployment in rural areas. Between 1993–4 and 1999–2000 rural employment grew at an annual rate of below 0.6%.

Agriculture sector in India is also facing challenges from WTO regime. Under pressure from advanced countries, the Indian government removed all quantitative trade restriction by April 2001, much in advance to the available timetable, and exposed the farmers to global unfair trade. Farmers immediately were hit with declining commodity prices. While prices of crops like

cotton and sugar declined by nearly 50 per cent, oilseed crops experienced a decline of up to 85 per cent. Plantation crops like tea and coffee also faced a price crunch. This was too many massive a blow to the farmers and a large number of them resorted to suicides. The majority who committed suicide relied on commercial crops like cotton, chillies, tobacco and groundnut. While developing countries like India are lowering the subsidies being provided to the beleaguered farmers, developed countries and particularly USA are increasing the subsidies to their farmers by conveniently categorising them as non-trade distorting. It is important to evolve mechanisms to protect the farming community who are already in deep crisis from the onslaught of the WTO regime and the resultant liberalisation. In these circumstances, Utsa Patnaik proposes to end deflationary practices: "They seem not to realize that unemployment and income deflation have swamped this sector, that every price is also an income, and cutting MSP today when there is already agrarian crisis, would further widen and deepen income deflation and lead to more indebtedness and more suicides. They forget that for years and decades India's surplus farmers, the much reviled 'kulaks', sold grain without complaining to the FCI at half the global price when global price was high, thus ensuring cheap food for urban areas. Now, when the global price has fallen below the local price, these farmers have a moral right not to be abandoned to unfair competition from heavily subsidized foreign grain and other products, and a right to be given enough price support to prevent their total ruin. If those misguided economists who put forward unethical arguments about lowering MSP, were seriously interested in the cause of the poorer farmers and labourers they should be demanding an expansionary fiscal stance, a large hike in public investment and in rural development expenditures to restore employment and purchasing power." (Patnaik 2004)

Related to this is the increasing dependence of farmers for seeds on the market in the background of Intellectual Property Rights (IPR) being propagated as a part of WTO? Farmers are increasingly depending on seeds from the corporate houses and being caught in their trap. Though the Protection of Plant Varieties and Farmers' Rights Act 2001 provided an enabling framework to the farmers' to conserve their seed either by chance or design, farmers are caught in the vicious circle of dependence on seed varieties promoted by national and international seed companies. Effective steps need to be taken to educate the farmers on their rights vis-à-vis seeds.

As a part of alleviating poverty and increasing food security it is important to support dry land agriculture. More public investment is needed in rain-fed and backward areas. The PDS largely depends on the food grain procured from the green revolution areas. These areas encompass Punjab, Haryana, western Uttar Pradesh, coastal areas in AP and some districts in Tamil Nadu. Agriculture in all these areas is canal irrigated. In other words, food insecurity alleviation programmes hitherto relied heavily on irrigated and input intensive agriculture. As a result of this rainfed dry land, agriculture is severely neglected. Further a shift in cropping pattern in favour of commercial crops dealt a deathblow to agriculture in rainfed areas, as these are resource deficit both in natural resources and capital resources. More than this, it is the people in this area who are severely food insecure. Deterioration in agriculture sector, which is their sole breadwinner, drastically affected their livelihoods. In Andhra Pradesh more than 60 per cent of the agricultural land is under rainfed cultivation. Traditionally these lands are used for cultivation of food crops like sorghum, bajra, and ragi. Rainfed agriculture in semi-arid areas is characterised by uncertainty, small profit margins and low productivity. Due to high

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subsidies, prices of irrigated crops like rice remained relatively low. Additionally, state government offered rice at Rs2 per kg to poor people through the PDS. The availability of cheap rice led the poor in rainfed farming areas to shift from eating their traditional foodgrains like jowar and bajra to eating rice. Consequently, prices of traditional food crops went down. Farmers reacted to shrinking profit margins by leaving land fallow and getting increasingly involved in labour migration. But employment opportunities being unsure and wages low, merely kept these people food insecure and hungry throughout the year.

In spite of the dismal picture, the extent of dry land and the crucial role it plays makes one sit up and pay serious attention to it. In India, rainfed, dry land agriculture sustains 40 per cent of the human population and 60 per cent of the cattle and contributes 44 per cent of food production. Environmental constraints like spreading salinity and alkalinity of irrigated lands and vast financial resources needed to take up new irrigation projects limits further recourse to irrigated agriculture. Added to this, due to various constraints, the potential created under irrigation infrastructure is not being fully utilised. In this scenario, rainfed agriculture will have to provide an increasing share of the expanding demand for food in the country. In other words, there is no other way than looking up to the rainfed agriculture for deliverance. This strategy simultaneously addresses both poverty and food insecurity.

Conclusion

Poverty has various dimensions. It is not having two square meals a day. It is not having a roof over the head. It is being deprived of minimum, basic education. It is being sick and not being able to afford a doctor. It is being at the mercy of the creditor. It is not having a job and insecurity and fear about the future. It is lack of a voice and self-esteem (Thekaekara, 2005). Each dimension is fearsome. But the usual poverty figures do not encompass all these dimensions. Still, the stark numbers themselves are awesome and disturbing.

As the above analysis shows, nearly half of the Indian population is in poverty at present. The Government of India has claimed to set up a target of reducing this proportion to 10 per cent by 2012. But its promises and claims are not matched by the actual financial allocations. Even the allocated funds are not released, calling into question the resolve of the government to achieve the target. During the first three years of the Tenth Five-Year Plan, even one-third of the allocated funds are not spent on rural development. Under such circumstances it is difficult to reach the poverty related MDGs in the stipulated period.

More than fund allocations, the nature of economic policies being followed by the central state governments are themselves leading to the increase in poverty and food insecurity in the country. As a result of the conservative and deflationary policies being followed by these governments, allocations to the sectors that impinge on poverty are being reduced. This is very much visible in allocations to rural development. Public expenditure on rural development which was about 14.5% of GDP in the 1980s, declined to 8% of GDP by the early 1990s because of the deflationary policies. During later years this further came down to less than 5%. With such policies, achieving MDGs is a mirage!

During the same period food insecurity and hunger also increased. On the one hand per capita availability of food grains declined and on the other incomes of the poor declined, rendering them unable to access even the available food grains. During this period, food grain production grew at the rate of 0.9 per cent per annum while population growth outstripped it and stood at 1.84 per cent.

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One of the reasons for this lower growth rate in food grain production is the public investment in agriculture. Without reversing this trend, which amounts to changing the direction of the government policies, it will not be possible to halve the population who are poor and hungry by 2015.

Unprecedented food grain stocks with FCI at the turn of the century presented an opportunity to address these problems effectively. But the governments, because of their policy predilections chose to spurn this and dispose off this huge stock in the national and international market at throwaway prices, and not make it available to the poor in the country. Such insensitive policies cannot rescue the poor from the pangs of hunger. Needless to say achievement of MGDs seems a mirage.

The existing PDS is not able to meet the requirements of the poor. Its benefits are unevenly distributed. In the states that have large concentration of poor, the per capita availability food grains under PDS are less than developed states. Without streamlining and extending the operation of PDS it is not possible to reduce the number and proportion of poor people. But the governments' attempt to reduce their subsidy burden including food subsidy in the name of fiscal discipline makes this also impossible.

In the recent past, the Supreme Court has given interim orders of far reaching significance in response to the writ petition filed by PUCL in April 2001. In July 2001 the Supreme Court directed the states to see that all the PDS shops, if closed, are opened again and made functional within one week and regular supplies made. In August 2001 the Supreme Court stated that it is the prime responsibility of the government to prevent hunger and starvation. In September 2001, the Supreme Court asked 16 states which had not identified beneficiaries for the Antyodaya Anna Yojana scheme to do so within two weeks. In November 2001 the Supreme Court passed Interim Orders with directions to make the benefits of eight nutrition-related schemes (PDS, Antyodaya, mid-meals, ICDS, Annapurna, old-age persons, NMBS and NFBS) into legal entitlements, to all state governments to begin cooked mid-day meals for all children in government and government-assisted schools, and to see that all these programmes are implemented in a transparent manner by ensuring public awareness. Through an interim order in May 2002, the Supreme Court directed the state governments not to divert central funds meant for food and employment schemes. The interim orders also authorised the gram sabha, i.e., the village councils to conduct social audits over all food and employment schemes implemented in their area. Dr N C Saxena and Mr S R Sankaran were appointed as commissioners to monitor the implementation of the schemes and redress complaints arising therein on behalf of the court. In spite of these proactive measures taken by the Supreme Court, very few states moved in this direction.

The public pressure brought by various civil society groups, including human right organisations and NGOs, is one of the factors motivating the government to at least take a few steps in the right direction. The Supreme Court directives were also in response to a case filed by PUCL. The message of all this is clear. There is a growing need to increase the vigil by civil society organisations to raise and develop sensible, positive and effective poverty and hunger alleviation programmes.

The existing PDS is not able to meet the requirements of the poor. Its benefits are unevenly distributed. In the states that have large concentration of poor, the per capita availability food grains under PDS are less than developed states.

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IV

Drinking Water in India

Many More Thirsts to Quench

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The parameters of this study are broadly the following: analyse the existing drinking water situation in India, examine the political commitments of the United Progressive Alliance (UPA) government to the people for mitigating the drinking water crisis and evaluate the international commitment that the state of India has to its own people, being a signatory to the Millenium Development Goals . The paper would also seek to highlight the concerns which need to be addressed on a priority basis if access to safe drinking water is to be a reality.

Water is a fundamental human right. That was certain long before the idea was encapsulated internationally in constitutional and legalistic terms with the entitlement of access to basic survival being an amount of 40 lpcd, i.e., 40 litres per capita per day.

But in recent years, there is increasing witness to a change in the discourse on water. It can be said that with the changing nature of financing in the essential services sector, the true nature of water is also sought to be changed clandestinely in irreversible terms. Several factors have contributed to this. The most important among them is the back-door entry of the ideological choice of treating water as a tradeable economic goods or a 'cashable resource'. This ideological choice has come in the context of the so-called economic reforms becoming the flavour-of- the-season in urban India.

These reforms, no matter where they are happening, mega-city, medium city or small town have some essential commonalities like:

- Investments being made on a full cost recovery basis.
- Cutting down on non-revenue water which is the life-line for urban poor.
- Management contracts of the utility to water companies which are essentially engineering and infrastructure consortiums.

Drinking water scenario in the summer of 2005 – some snapshots

- Drinking Water in Delhi, Chennai, Bangalore, Mumbai, Ahmedabad, Hyderabad (six out of the proposed seven mega-cities) became front page news for over a month. These cities have annual drinking water crisis which goes much beyond the summer season.
- In medium and small towns like Dhanbad, Cuttack, Talcher, Gwalior and Trichy, water crisis is acute but does not receive comparable media attention.
- In Aurangabad district in rural Maharastra, shortage of water and food has become regular features of summer.
- Twin city of Hyderabad & Secunderabad witnessed unprecedented outbreak of diarrhoeal diseases (including gastroenteritis, cholera and dysentery).
- Water conflicts of various genre have been increasingly acquiring print space and prime-time slots in the media.

Understanding the rural riddle

Rural water coverage as per the Department of Drinking Water Supply (DDWS, the nodal agency for drinking water and sanitation in the Ministry of Rural Development) stands at **94% of rural habitations in early 2004**. However, in November 2004, the Secretary of DDWS claimed at the Water Supply & Sanitation Collaborative Council meeting that 98% of the rural population has been covered with drinking water provision. This means that India has already met the MDG target of 70.5% of habitations 'fully covered' by 2015. The GoI target is to achieve 100% coverage by 2007, i.e. by the end of the Tenth Five-year Plan.

New Initiatives in the water sector had been initiated through the Sector Reform Project later scaled up as **Swajaldhara** in 2002. The increase in the number of people covered by drinking water in rural areas is a notable achievement and reflection of the significant investments by the Government of India (GoI) over the last decade. Swajaldhara has now been upscaled to 409 districts all over India. The coverage criteria of DDWS stipulates one handpump for a habitation of 250 people which should be within a radius of 1.6km. The DDWS seems to believe that this is an optimal or at least satisfactory scale. But some realistic analyses would paint a rather different picture.

In Madhya Pradesh, between 1998–2003, there has been an increase of 92% in diarrhoeal diseases (including gastroenteritis, cholera and dysentery), 3.2% in jaundice cases.

The norms of GoI stipulate that everyone should have access to 40lpcd in rural areas. Now there is something called the pressure of the handpumps. Mark II handpumps can discharge around 12 litres per minute. For a community of 250 people, the handpump would need to work continuously for 13 hours and 53 minutes every day to ensure an output of 40lpcd.

When a community grows to 251 people, a new handpump, according to a very strict interpretation of the guidelines, should be installed. However, if this is not the case and the population increased to about 400 before a new handpump is installed, the pressure on the existing pump increases significantly. For a population of 400, one pump would need to be continuously used for over 22 hours each day to ensure 40lpcd, which is somewhat impractical. In case this situation is occurring, and most likely it is, state governments are still reporting such habitations as fully covered by the DDWS. But then coverage would obviously be lower than 94%.

Statistics released by the DDWS only measured access to government water points but they do not take into account the number of people still using potentially unsafe private wells. Uttar Pradesh (with a million out of the 3.5 million handpumps in India) and Bihar are considered 100% 'fully covered', yet large numbers of people in these states suffer from water-related diseases since people still draw dirty water from private shallow wells. In Madhya Pradesh, between 1998–2003, there has been an increase of 92% in diarrhoeal diseases (including gastroenteritis, cholera and dysentery), 3.2% in jaundice cases. Whilst 94% of rural habitations may well be fully covered with safe government water points, this is not the same as saying that 94% of the population only use safe water points for they may also be using their unsafe private wells.

DDWS figures are based on 2001 Census assessments of the number of habitations in India. The number of habitations increases from year to year due to population growth and displacement caused by natural disasters. As new habitations are only measured every decade, in the years preceding a census coverage, statistics will not take into account these new habitations which are likely to have poor water facilities. Hence, the percentage of 'fully covered'

habitations may be lower than 94%, especially in the few years prior to a census.

Some of these issues – but not all – have been recognised by the Central Government under the term 'slippage'. Slippage refers to 'fully covered' habitations slipping into the 'partially covered' category, and 'partially covered' habitations slipping to 'not covered', due to problems of source functionality, water quality and the emergence of new habitations. Besides, the government itself estimates 15% slippage at any point of time. Hence, if by end 2004, 98% people were covered by the DDWS, then 83% people are supposed to be covered, (assuming 98% is correct claim in the first place). The Working Group on the Tenth Five-Year Plan said that slippage affected around 15% of habitations in rural India. It is reasonable to assume that at any given point in time, a certain percentage of sources will be non functional. For example, the source could be waiting for a mechanic to come and fix a small fault that has rendered it unusable. If this is the case, in most of the slippage habitations, then 'slippage' will be temporary and will not be much of a problem so long as the fault is dealt with speedily.

The key factor is cause of the 'slip'. No statistics have been released which break the cause of slippage down into: source non-functionality (in which case the length of time for which the source is non-functional will be important); water quality problems; or as a result of new habitations arising without a safe source. Furthermore, if non-functionality is a result of sources having reached the end of their working lives rather than having broken down, then the sources will need replacing, not just fixing. Besides, for the piped water supply in rural India, erratic power supply is a major concern and cause of slippage. It is therefore difficult to ascertain whether 'slippage' is a serious or a relatively minor problem.

Smaller studies have highlighted a large number of non-functional or unusable water sources, primarily as a result of falling groundwater levels leading to insufficient yield, increasing problems of water quality or poor maintenance leading to defunct infrastructure. **There is a difference between the number of habitations considered 'fully covered' and the number with coverage plus use plus sustainability.** Assessing the progress India has made in the provision of rural water largely depends on how water 'provision' (or 'coverage') is defined.

Urban India – Intractable Challenge?

Before any assessment of coverage of urban population with drinking water service is done, it is important to recognise that urbanisation is a fast growing phenomenon in India. The urban population was 27.8% in 2000 which is likely to increase to 32.5% by 2015. There is a poverty dimension to this growth. Failing rural livelihoods is triggering mass distress migration to urban areas in India. The mid-term review of the Planning Commission's Ninth Plan in 2000 found that the service levels of water supply in most of the cities and towns were far below the desired norm, and in smaller towns, even below the rural norms.

For urban water, official reports tend to give greater weightage to physical and financial progress rather than to the quality, reliability and sustainability of services, which lead to problems in identifying coverage. For instance, the coverage of drinking water in urban areas was reported to be 91% in the 55th round of the National Sample Survey in 1998–99. However, 59% of the urban population received drinking water only from a public source to which they did not have sole access. In WaterAid India's experience, public sources often provide insufficient amounts of water and/or intermittently in congested urban areas. In fact, the Tenth Five-Year Plan notes that 15% of the urban

If by end 2004, 98% people were covered by the DDWS, then 83% people are supposed to be covered, (assuming 98% is correct claim in the first place).

households did not get sufficient water from their principal water source in April, May and June. It is therefore hard to believe that 88% of the urban population of India had access to safe and adequate drinking water in 1990.

The urban slum population of India is severely under-reported as per official estimates. Even though slum populations are valued as vote banks, the enumeration for 'informal settlements' usually excludes them in the total headcount for urban population. There are many categories/ classifications of urban poor settlements in India including authorised and unauthorised slums, resettled slums and Jhuggi Jhopdi clusters. Urban poor living in slum-like conditions could constitute at least 50% of the Indian urban population. It is fair to assume that only 50% of the urban slum population has adequate access to safe water.

Moreover, urban water access/coverage is often calculated by measuring the total water available in an urban area and dividing this by the total population. This provides an unsatisfactory assessment of coverage, as there is inequity in the distribution of water in Indian cities. Whilst wealthier parts of the town receive huge quantities of water, poorer areas go dry. Yet the average supply per capita looks good. Poor quality, regular shortages in supply (which in turn leads to contamination), weak infrastructure and high leakages (as high as 25–50%) are also major problems confronting the provision of urban drinking water.

The issue of effective coverage for slum populations in urban areas of India is particularly difficult as it is often linked to the tenure status of settlements and large floating populations. This makes investments in water and infrastructure problematic. The **poor coverage situation in poorer areas is also often a reflection of poor and disadvantaged people being excluded from participation in water and sanitation decision-making.** For example, the Bhagidaari Scheme in Delhi for urban governance has meticulously included Resident Welfare Associations and Co-operative Housing Societies which essentially constitutes the upper and middle class population. Like Delhi's Bhaagidaari model, similar **models of participatory urban governance in Mumbai and Bangalore have also conveniently excluded the poor slum dwellers** giving rise to sustainable inequity in planning and infrastructure layout for basic services like water and sanitation. In the city of Mumbai, the financial capital of India, 60% population lives in 12% land and the rest 40% lives in 88% land. **Water and sanitation in urban India are intrinsically linked with land tenure and unless the inequity in land distribution/allotment is addressed, no sustainable solution to urban drinking water crisis is possible.**

It is pertinent to describe the situation in Hyderabad in some detail here, which is an ode to the intractable nature of drinking water challenge in urban India. Hyderabad, with about 6 million population, is one of the important software centres in India. About 25% of the city's population lives in slums. This city has been experiencing water scarcity for several years. The tap water supply is restricted to only two hours on alternate days. In several parts of the old city, contaminated water flows through rusted pipes. In a number of such localities and slums, during January–November 2003, 45 people died and several thousands were treated of diseases caused by polluted water and poor sanitary conditions. While this was the situation, the Hyderabad Metropolitan Water Supply and Sewerage Board (HMWSSB) has been selling one million litres of treated water daily to Coca Cola at a rate of only Rs25 per kilo litre (i.e., 2.5paise per litre). The sale of water to Coca Cola was increased from 200,000 litres a

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day in August 2001 to one million a day in course of time. This was when the city was experiencing one of the worst water crises and people were paying about Rs500–600 per tanker, i.e., approximately Rs100–120 per kilo litre, for untreated borewell water.

The water tariff fixed by the HMWSSB applies the same price of Rs25 per kilo litre to commercial organisations like Coca Cola, five-star hotels, industries, etc., and also to general hospitals (which treat patients from poor and low-income groups) and educational institutions. In the process, water charges become high for public institutions, which work for social well-being and not-for-profit, while water is made available very cheaply to commercial bodies. The grouping of commercial and public institutions in the same category of water tariff is nothing but favouring the rich consumers even while talking about the poor financial condition of the water authority, explains Dr Ramachandriah of CESS. Water pricing is also used as an incentive for MNCs in the name of attracting them to Hyderabad. The Indian School of Business (ISB) takes about 300–500 kilolitres of water a day at a rate of only Rs4 per kilolitre whereas the domestic rate for citizens is Rs6 per kilolitre. This demonstrates the corporate sector's ISB gets water cheaper than common citizens and its volume of intake is enormous compared to the small number of persons (less than one thousand) living on its campus.

The burgeoning unregulated market for drinking water in many Indian cities also points to a failing of the water infrastructure in many towns and cities. This had led to a mushrooming of the market for private tanker water. This private service, by its very nature, will only supply water to those who can afford the relatively high market price for tanker water. This is particularly worrying in cities such as Chennai, where private tanker operators are buying up water discharged by large borewells in neighbouring agricultural areas and selling the water to the wealthier denizens of the city. Such unscrupulous extraction of groundwater and diversion from agriculture to cater to indiscrete usage is the festering ground for social unrest.

Drinking Water & the UPA's Common Minimum Programme (CMP)

It is hardly surprising that drinking water is a high premium emotive issue in India's political context. The current UPA government in India has also imbibed this political reality. A glance through the UPA's Common Minimum Programme:

Under Agriculture Section:

Water management in all its aspects, both for irrigation and drinking purposes, will receive urgent attention.

Under Infrastructure Section:

UPA attaches the highest priority to the development and expansion of physical infrastructure like roads, highways, ports, power, railways, water supply, sewage treatment and sanitation. **Public investment in infrastructure will be enhanced, even as the role of the private sector is expanded.** Subsidies will be made explicit and provided through the budget.

Under Water Resources Section:

To put an end to the acute drinking water shortage in cities, especially in southern states, desalination plants will be installed all along the Coromandel Coast starting with Chennai.

Special problems of habitations in hilly terrains will be addressed immediately.

Providing drinking water to all sections in urban and rural areas and augmenting availability of drinking water sources is an issue of topmost priority. Harvesting rain

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water, desilting existing ponds and other innovative mechanisms will be adopted.

Other than the above-three sections where direct reference has been made to 'prioritisation of drinking water', the other sections where references have been made to issues which will have immense bearing on drinking water scenario in India are:

- Panchayati Raj with appropriate devolution of power to the panchayats and timely fund transfer for proper implementation of poverty alleviation and rural development schemes with strict monitoring (Swajaldhara is implemented through the elected Panchayats).
- Promotion of social housing and urban renewal and an end to forced evictions and demolition of slums in the infrastructure section (will foster increased investments in water sanitation for the urban poor).

So are these just pious utterances?

Other than the CMP of the current government, the Government of India, irrespective of which party/alliance is in power, is also committed to the Millennium Development Goals to halve poverty by 2015.

The **MDG Goal Seven** reads:
Ensure Environmental Sustainability
Target 10: To halve by 2015 from 1990 levels, the proportion of people without sustainable access to safe drinking water and basic sanitation.
From the preceding section on the rural and urban scenario, it is evident that India is on the high road to achieving MDGs but can we say that with confidence when the coverage figures quoted by GoI itself raise more eyebrows than applause? Even if MDGs are on the way to be achieved, what about the national development goals and the CMP commitments?

To halve by 2015 from 1990 levels, the proportion of people without sustainable access to safe drinking water and basic sanitation.

In the Planning Commission's own words:

What the 'coverage' statistics do not reveal (this is with specific reference to the urban water scenario but the coverage conundrum in rural water is murkier still). Statistics of 'coverage' of around 90%, and bare figures of quantity of water supplied in the cities as claimed by authorities, tend to hide several realities regarding both the operations of the system, and the experience of consumers. Some of which are:

- Coverage does not reveal the year-round performance, like water availability in summer. In a number of schemes dependent on ground-water as well as surface sources, availability reduces in summer, causing serious disruption of normal life.
- Figures on treated and non-treated water supply are not available. Many urban centres lack treatment facilities, and where they do exist, they are often not used or used without quality control and testing.
- Most importantly, the coverage figures say nothing about the equity of distribution. While it is well-known that the poorer areas are provided with less water, the influential rich will get more satisfactory service.

Budgetary allocation:

If budgets are anything to go by, then drinking water issue has been gaining the importance which is its due. The second Union Budget presented by UPA government for FY 2005–06 lists the departmental/ ministerial allocations as below:

Rural Drinking Water:

UNICEF/WHO/Planning Commission made an estimate of Rs380 billion or INR38000 crores for rural water sector to achieve the MDG. World Bank estimates requirement of Rs17000 crores for achieving 100%

	Budget Estimate	Revised Estimate	Budget Estimate
	04–05	04–05	05–06
DDWS	3300	3300	4750
Ministry of Urban Development	2176	2668	2871

(figures in crores)

coverage. The Tenth Five-Year Plan has made an outlay of Rs404 billion or INR40400 crores. Hence it can be safely concluded that budget is not a constraint.

Whilst Swajaldhara is being pushed by the Central Government, it is difficult to predict how quickly states and districts will adopt the reforms and whether the reforms will be successful in terms of mobilising community resources. Shifting the responsibility for Operations & Maintenance (O&M) from the central to the local level in theory should bridge the shortfall in O&M funding. However, the reforms may not be as successful in mobilising community resources as envisaged. The take-off of Swajaldhara has also been slower than foreseen. It may therefore be a long time until the policy is implemented throughout the country and the resource gap for O&M is bridged.

One of the features of Swajaldhara which will severely limit its uptake by communities is the fact that while communities are expected to bear 100% O&M cost, most often they are not aware of the various technologies available and end up being left with a cost-intensive technology with expensive O&M which they have to bear.

It is difficult to understand the high financial allocation from the Central Government in the Tenth Five-Year Plan given the official figure of 94% of habitations fully covered. The cost of replacing every one of the 3.5 million handpumps in India is less than the Central Government outlay just to reach the remaining 6% of Partially Covered and Not Covered habitations. This obviously adds to the complexity of the problem. Financial outlays need to be assessed by transparent monitoring and evaluation and funds also need to be assessed for their equitable and efficient distribution.

Urban Drinking Water:

UNICEF/WHO have given a rough prediction that India would need to invest approximately Rs96 billion or INR9600 crores between 2002–15 to reach the MDG Target for urban water and Rs208 billion or INR20800 crores for urban sanitation. The Ministry of Urban Development has projected investment needs of Rs282 billion or INR28200 crores for urban water and Rs232 billion or INR23200 crores for the Tenth Five-Year Plan (2002–07). If the Ministry of Urban Development's investment needs are matched by actual spending, there would appear to be enough resources in the sector to achieve the MDG targets for water and sanitation by 2015.

However, the Expert Group Committee on Infrastructure Privatisation set up by the GoI estimates Rs1505 billion or INR150500 crores requirement for new infrastructure which is inclusive of drainage, sewerage and solid waste management.

Lack of basic infrastructure in smaller urban areas is an important concern. To top it, these small towns are in bad financial shape and are unable to access capital from private/commercial sources. Some of these towns are being provided finance through multi-lateral development banks like Asian Development Bank under the Integrated

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Urban Development projects. However, the interest rates become so high by the time they reach the end-user that the Urban Local Body is accepting such finance arrangements with resistance or rejecting them (Ratlam in Madhya Pradesh rejected the loan because the rate of interest at 12% was prohibitive).

Another dimension to urban water is its linkage with sanitation. It is also important to note that making good progress towards achieving the water NDG/MDG target could actually make it more difficult to achieve the sanitation target, in both rural and urban areas. For instance, providing a water supply service level of 40lpcd produces wastewater of some 25–30lpcd. This wastewater is hazardous. If not disposed off properly, can seep into and pollute the existing water supply. These linkages between water and sanitation means it is important that both water and sanitation are given high priority. In areas that lack either or both these, focusing on water without improving sanitation may not achieve the health benefits that are hoped for.

Finally, it is pertinent to point out that allocations to the urban water and sanitation sector have never crossed even 2% of the Plan funds of the Government of India since independence. During this period, the number of urban population has gone up from 61.6 million to about 286 million. As a percentage of total population, it has increased from 17.3 to 27.8% during 1951 to 2001. The low allocations are a reality with the Tenth Five-Year Plan notwithstanding when viewed vis-à-vis the four-fold increase in the urban population.

... providing a water supply service level of 40 lpcd produces wastewater of some 25–30lpcd.

Drinking Water: Paradigm Shift?

The GoI has made overt commitment to solving the drinking water problem and if the budgetary allocations and elaborate delivery institutions are anything to go by, then addressing drinking water problem is top priority. However, it is also true that inadequate access to water and sanitation to the poor in India has been going on for a long time, even before the advent of economic reforms. This has been happening despite the Supreme Court's rulings time and again that access to clean drinking water is a fundamental right as part of right to life in Article 21 of the Indian Constitution. The National Committee to Review Working of the Constitution has also recommended inclusion of Right to Drinking Water in its 'Expansion of Fundamental Rights' chapter. Why is it that the same governments at state and central levels show such callous attitude to the problem of drinking water for poor people even while adhering, in public postures, to the basic tenets of the Constitution? Is it because of the inability of the poor to mobilise themselves into effective pressure groups over a longer period of time?

Furthermore, the United Nations Economic and Social Council, Committee on Economic, Social and Cultural Rights, in its twenty-ninth session (General Comment No.15), has explicitly declared 'right to water' as a fundamental right under right to life and placed several obligations on state parties to ensure and enable the citizens to realise the right. It is clearly stated that safe drinking water is fundamental for life and health and it is a precondition for the realisation of all human rights. Every citizen is entitled 'to safe, sufficient, affordable and accessible drinking water that is adequate for individual requirements (drinking, household sanitation, food preparation, and hygiene)'. Further, 'the manner of the realization of the right to drinking water must also be sustainable, ensuring that the right can be realized for present and future generations'.

However, the discourse on the nature of water is shifting and from a vital social good, it is increasingly being dubbed as Tradeable Economic good by the international financial

institutions (IFIs), esp. the Bretton Woods institutions like the World Bank. While the Dublin Conference on Water and Environment in 1992 has been roundly blamed for reinforcing the economic nature of water, its 4th Principle has been variously interpreted and the ambiguity of the same has been used by the IFIs to invoke the economic nature and consequently tradeable nature of water solely.

Over 40% of World Bank loans approved in 2001 for the water and sanitation sector contain privatisation of water utilities as a condition. A scrutiny of World Bank's lending in this sector during 2000–2004 reveals that a very high proportion of the loan amount is tied to promotion of privatisation and full cost recovery. Following the structural adjustment policies in India since 1991, the Eighth Plan (1992–97) made a significant departure from the past in giving a thrust towards privatisation of the water sector. The main thrust and strategies were, among others, to: manage water as a commodity in exactly the same way as any other resource; encourage private sector for construction and maintenance of drinking water projects and mobilise them to the maximum extent feasible; and ensure that, in urban areas, municipalities are free to levy and raise appropriate user charges for drinking water and sanitation facilities in order to strengthen their financial position.

The Tenth Plan (2002–07) also further stressed the philosophy of liberalisation in the water sector:

Water needs to be managed as an economic asset rather than a free commodity in the same way as any other resource… Supply of water to consumers should normally be based on the principle of effective demand that should broadly correspond to the standard of service which the users as a community are willing to maintain, operate and finance (p. 633).

The Tenth Plan, however, advocates special provisions to the poor who have less capacity to pay. Thus, from the Eighth Plan onwards, water has come to be treated as an economic goods like any other commodity in India's official Planning Commission documents.

The current genre of Integrated Urban Development Projects has very distinct salient features:

- Willingness to pay surveys have become the hallmark of any pre-investment feasibility study.
- Full cost recovery is the operating mantra.
- While the utilities are being planted with government finances which are also debts, the management contracts for these utilities are being awarded foreign water companies.
- The terms of reference of these contracts are never placed in public domain and attempts to access them are always rebuffed as these are claimed to be confidential.
- In contravention of the 74th constitutional amendment, the urban local body is thrust with repayment terms without much/any say in the project design, financing arrangement.

All the characteristics listed above have been the consitutents of the water utility reform in the national capital of Delhi, i.e. the Delhi Jal Board reforms with financial assistance from the World Bank. This seems to be the blueprint of utility reform in urban India. To manage public resistance which the inevitable tariff hike will generate, this hike is being pushed under the 24/7 dream. Similar experience from similar reforms initiative pre-dating Delhi, documented by Parivartan, a Delhi-based Right to

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Information and Governance group, has a different story to tell:

In other countries too, the water companies promised to supply 24-hour water. But the promises were never met. The water company in Nelspurit in South Africa is learnt to be contractually bound to ensure 24-hour water availability to all areas by the end of the first year of the 30-year contract. However, more than a year later, water was available 3 hours a day or less – for a good portion of the time no water came out of the taps. While water stopped flowing from the tap; the new meters installed after privatisation actually led to massive inflation in bills as the meters did not stop running after the water stopped flowing. The people were literally paying for air.

The DJB reform currently underway has no tariff hike projection for NDMC and Cantonment, the most pampered areas of Delhi, waterwise. Delhi Cantonment gets anything between 508–543lpcd.

There is also an attempt to replace faucets with bottles so that instead of demanding potable water from our taps, we are being conditioned to accept the bottled water as the healthy option. Bottled water or packaged water sector is considered to be one of the fastest growing business sectors in India. Several big Indian and multinational corporations have entered into the water business sector in a big way. This market is estimated at US$104 to 145 million and the sales had increased from 95 to 935 million litres between 1992 and 2000. The growth rate of this sector is put in the range of 30–70% per year. The growth of this market is predicated upon the failure of the governments to provide clean drinking water to the citizens and the increase in demand for clean water due to environmental pollution. This industry has seen as many as 180 players in the market selling as much as 1,000 million litres of water each year. Public water for corporate profit has become the order of the day. The Plachimada struggle (in the Palakkad district of the south Indian state of Kerala) to stop indiscrete extraction of ground water by Coke is a case in point. Sale of 22.6 km of Sheonath river to Radius Water Limited is another such appropriation of public good for private profit.

The Plachimada struggle (in the Palakkad district of the south Indian state of Kerala) to stop indiscrete extraction of ground water by Coke is a case in point. Sale of 22.6 km of Sheonath river to Radius Water Limited is another such appropriation of public good for private profit.

Negative public health effects, including resurgence in dysentery, dramatic increase in 'water poverty', etc., have impelled advocacy groups and municipalities in the United Kingdom to wage public campaigns against water companies whose practices were seen to impact most severely the 'vulnerable' groups. Thanks to financing the urban water sanitation sector primarily with loans from multi-lateral development banks, needless to say, the trappings, debt servicing and reform terms that accompany these, India has graduated from 'low indebted' category of developing State to 'moderately-medium indebted category.

But raising an emotive pitch against these clandestine privatisation efforts is not enough. Unless an alternative roadmap is presented, the IFIs and their think-tanks and friends in the state will always trivialise these protestations as 'ravings and rantings' of 'discontented do-gooders'.

Road Ahead:

Hence even if it is not the scope of the paper yet, a concerted effort in terms of recommendations are important pre-empting those attempts of trivialisation:

- **Improving the quality, regularity and reliability of statistics of drinking water:** Arriving at a common definition of coverage and its assessment, is required for all national level surveys. Functionality of the improved source, usage and water quality have to be

included in these norms. There has to be consistency in methodology of estimating coverage by NSS, DDWS and Census.

- *Monitoring of water quality, access and affordability of drinking water should become a key consideration of national and state level agencies:* Effective monitoring of access, quantity and quality of water, is a key consideration for India. Given the large investments and big programmes and schemes, including the current thrust of sector reforms, absence of good quality of monitoring on the ground is a big lacuna. Monitoring of parameters of health and hygiene, status of other complimentary services like electricity and delivery charges, social aspects of access for the marginalised and poor communities, programmes and schemes, subsidies and campaigns, interface between different agencies is the key.

- *Effectiveness of public spending and realistic estimates of sector financing from a bottom–up approach to assessment of finances for the sector:* Irrespective of Sector Reforms or no reforms, effective financial allocation for new investments and operations and maintenance, not the quantum of available finance for rural water supply, is an emerging concern. However, an estimation of financial requirements is based on the reliability of the existing status of coverage and the technology options.

Bottlenecks in the timely release of grants of various government schemes and the coordination of funding support of various civil society organisations, is a major concern for effective financial management in the sector. Estimates of financing requirements need to have a bottom–up approach from the village, block and district levels, for different levels of service provision and technology options. Merely announcing new schemes with a demand driven approach is not the panacea.

- *Improved and equitable water for urban poor:* Given the increasing urbanisation trend in India, high vulnerability of urban livelihoods and insecurity, the higher financial allocations or resource mobilisation for some cities and not others and the inequity in distribution and access to water and sanitation facilities within a city – all these provide the moral imperative to include urban water and sanitation as a developmental goal for India for the coming decades.

Since different cities in India have a different economic status, there is potential for exploring different options for delivery of water and sanitation to the urban poor in India. Lifeline subsidy for free minimum drinking water along with a slab-based water tariff that cross subsidises lower consumption levels has to be seriously considered and implemented.

While models of participatory urban governance, especially in the basic services sector like electricity, roads, transportation, water and sanitation are taking off in some cities, the participation is invariably limited to the Resident Welfare Associations excluding the poor by design and coincidence. Hence **pro-active visible efforts have to be made for the urban poor to participate and have a say in issues of urban governance**.

- *Effective Policy, administrative and legal action needed to secure the sustainability of safe drinking water points*: Given the increasing unsustainability of rural drinking water schemes, there is a need to identify water points exclusively for drinking water needs of the rural community and incorporate this into the legal and administrative framework of rural governance so that these water points are considered a common property resource and any threat to its

Monitoring of water quality, access and affordability of drinking water should become a key consideration of national and state level agencies

sustainability is countered by administrative action. If this is not done, merely increasing funding will not solve the problem of increasing water distress.

Long-term planning for urban drinking water needs and for safe disposal of liquid and solid wastes, is required. The current discourse on right to drinking water and priority for drinking water in the national and state level water policies, is not matched with the reality of budget allocation and projects on the ground.

Water basin level approach to planning is being proposed in most state and national budget planning. The same has been mentioned in the CMP too but before any such attempts are implemented, discussion has to be carried transparently in the public domain and information freely made available so that consensus could be reached through informed debate.

Strengthening regulation for safe drinking water provision is also required for the service providers to be regulated with stringent regulations for public health and safety. This is more imperative to be in place before India privatises its utilities in haste and gives a license-to-loot to groundwater based extractive industries and repents in leisure when it is too late.

Water needs to be treated holistically, the conflicting demands on water have to be recognised and legislation has to respond to this reality. The National Water Policy has peripheral reference to drinking water and such passing references will only complicate the scenario.

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Conclusion

Not just the Indian State, the citizenry is also at the cross-roads. Especially, in the context of the repeated emphasis on the increasing importance of India internationally. It is important, in this context, to assert the value and significance of democratic governance that is humane and beneficial to all than toe the line of IFIs and replicate failed experiments abroad. This should not be construed as a case for continuing with inefficient iniquitous utilities, which obviously need reforms and whose staff needs capacity building. Privatisation of the same is not the only way to go about it. Other approaches like reforming public utility while maintaining its public status through formalisation of citizens' participation is another way of going about it.

There is, however, greater awareness today on the social and economic rights of citizens. The impassioned level of discourse and informed debates on natural resources and the increasing demand for accountability of public functionaries is cause celebre'. While the State of India vies for a permanent seat in the United Nations' Security Council, it is important for the people to stem the trend of minimalist nature of our State and its withdrawal from social sector.

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V

People's Speak

The Truth about MDGs

People Speak
The Truth about MDGs

All governments speak about the *People*. All developmental initiatives are launched in the name of doing well to them. But, beyond the official proclamations and sanctimonious pronouncements, where exactly do the *People* stand in the developmental discourse? How do *People* themselves look at the state of their development; the benefits, services and gains they have been promised and are supposed to get? The official view on all these questions essentially reflect in the form of development records that rely mainly on macro statistical projections and studies. Academic assessment and/or criticism of government positions on these questions take the form of alternative statistical-theoretical interpretations.

People Speak is an attempt to go beyond the realm of statistics and statistical-theoretical interpretation and focus on everyday dimensions of the developmental discourse. It is an effort to gauge how much people are part of the developmental process, the gains they have made, how much of these gains relate to the promises they have been made, both qualitatively and quantitatively. While this report records the findings of this probe in India, civil society groups led by Action Aid had undertaken similar exercises in 17 other countries.

Specifically, *People Speak* looks into four major areas related to Millennium Development Goals (MDG) viz Health, Education, Poverty Alleviation and Environmental Sustainability, particularly in relation to availability of drinking water.

Approximately 25,000 people from 1541villages spread across 13 states in India were covered through this endeavour. A number of questions were addressed to these people, mostly in community meetings in their own villages and locations. The discussions evoked raised questions on development, and how it reflected in the lives of the people discussing it. It also led to consideration on the state of development services and rights, including the promises inherent in the MDGs.

The 1541 villages present a cross section of India and are spread across the states of Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Orissa, Rajasthan, Tamil Nadu and Uttar Pradesh. The respondents from these states included people who have suffered natural calamities, such as floods and drought, as well as human-made maladies such as social and gender discrimination.

The questionnaire circulated as the basis for the interactions in the villages was broadly based on the issues relating to Health, Education, Poverty Alleviation and Environmental Sustainability. Specific questions like, access to educational institutions, availability of teachers and teaching aids, toilets and drinking water facilities, affordability of education, status of education of girl children, and the prevalence of social and gender discrimination were raised as part of the discussions on Education.

The questions relating to poverty alleviation included, availability of work around the year, whether food is available in sufficient quantities and throughout the year, the prevalence of starvation and/or malnutrition deaths, the overall financial condition of the village, the existence of destitutes who are dependent, social security support of the state or help from their neighbours and the prevalence of social groups or families with huge debts. Issues relating to social and gender discrimination including differences in wages and work-hours for men and women as well the prevalence of child labour were discussed.

The questions relating to Health included availability of primary health centres or sub-centres in the village, the distance from the nearest health centre, availability, accessibility and affordability of trained doctors, nurses, and medicines. The number of deaths of expecting mothers and infants in the villages also formed part of the points of discussion. The availability of drinking water as well as the distances covered to obtain it were also part of the discussions.

The methodology was based on the premise that it was important to hear and understand people's views and perspectives, rather than merely engage in surveys and data collection. The effort was to consolidate people's reflections and reports on the state of their well-being, services and rights in a manner which helps build up action points locally and presents a reality checks for opinion makers, policy makers and civil society organisations.

In many of the locations 3–5 hour long discussions were held in groups; in the poorer hamlets/locations of the village with women, men and children participating, each of these issues was discussed. In many cases, separate discussions were held with women's' groups, and groups of children. In addition, people's views and demands were documented, as were the specific case studies. A village sheet also listed the main issues in the villages.

In these reports lie peoples' collective messaging for freedom from want and fear and hope for lives of dignity. Through their perspectives on livelihoods and income, access to basic services, quality of social infrastructure, and the level of fulfillment of their fundamental rights to food, water, health, and education, people bring forth the current realities of their villages and town settlements. This is in sharp contrast to their aspirations – life is a harsh reality, where a single drought, inability to treat common ailments like fever and a few days of not being able to obtain wages, can mean a difference between life and death. These are places where particularly for Dalits and minorities, even minor assertions of basic liberties, such as demanding equal wages, or access to water, can lead to years of social boycott with the use of violence as an instrument of control.

Also in the perspective and messaging from people, consultation or participation in design and delivery of services was completely lacking. In no case, apart from this group discussion, were people aware of any feedback that has been taken on the performance of development schemes or on local governance, and issues such like. No discussions related to MDG or National development Goals (NDG) had ever been held in most of these villages.

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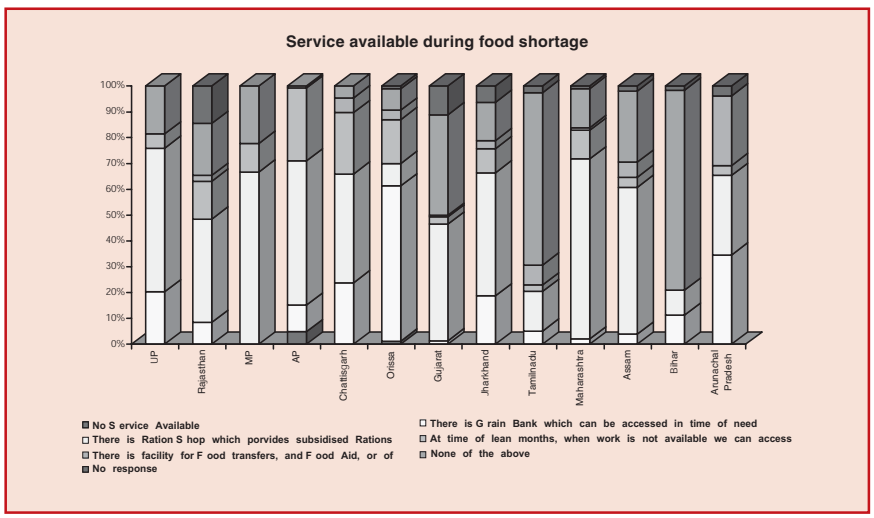
Reports on Poverty and Hunger

It is said that the global epicentre for extreme poverty is the small farm and the wage earning agricultural labour force in the rural communities. Nearly 70% of the people at risk of hunger and starvation, come from this group according to the FAO's Special Programme for Food Security.

People viewed poverty and hunger as wounds which refuse to heal, changing if at all, only to become worse, squashing their destinies even as their lives were invaded by external forces in the name of technology, modernisation and governance, and the milieu they inhabit was sucked irresistibly into the global market. Poverty for them was not merely earning the meagre 'dollar a day' that has become the global benchmark for their condition. Rather, it was a debilitating condition, suffocating their capabilities, and those of their future generations.

People reported an unrelenting pattern of 'casualisation' of work, of small and marginal farmers losing their small patches of land because it no longer remained viable to live off it. Small patches, without provision of water and other resources were not enough to provide food for more than a few months. Small farmers and agricultural workers accustomed to a certain rhythm of production and settled into an accepted relationship of exchange in the local marketplace, now report an invasion by forces unseen and unknown. They discover and report that their land has become a terrain where corporations seed their profit calculations, their local marketplace has been supplanted by the vast multinational which buys their produce at prices they have little say in determining. The benevolent government which was there to hand out a modest subsidy through its local functionary, is now nowhere in sight. The implements of their trade and the inputs they need to raise a crop now have to be bought at extortionate rates from the 'free market'. State services have begun retreating even from the peripheral role they played in their lives.

Survival becomes a struggle for many families over obtaining enough food. Nearly 14% (208 of the total 1541villages) have reported seeing hunger and starvation deaths as an intimate reality. Hunger deaths and starvation are grim symbols of what constitutes harshness of existence for people. An even more painful reality in the eyes of people, are the decisions to skip meals. As many as 48% of the villages reported poor communities that have to skip meals. The regional disparities in terms of this phenomenon were also striking. In the states like Uttar Pradesh and Orissa, 90% and 69% of the villages brought under the purview of discussion reported this situation. In Madhya Pradesh and Andhra Pradesh too, 50% or more of the villages reported the phenomenon.



In 45% of the villages where the human conditions were discussed, the prevalence of destitutes was reported. Villages in Assam (68 %), Uttar Pradesh (67.4%), Orissa (57.5%) and Jharkhand (46%) reported this trend in large numbers. Approximately 36% of the villages which witnessed a consideration of the issues mentioned above, had population that did not have protection throughout the year. In all probability this could point towards the actual ground situation in these states.

Small and marginal farmers who demographically comprise the single largest occupational group in most of these states, mentioned that they engage in four main strategies in a bid to overcome food shortages. They engage in manual labour and non-farm work if these are available.

Struggling with Debts

Muthammal lives in Thirumalapuram, a small village in Tamil Nadu, with her two daughters and a son. Although her husband was working in Chennai as a labourer and she was working as an agricultural coolie, their income was not enough to support their children's education.

The situation deteriorated when, four years ago, Muthammal's husband stopped coming home. The family received no communication from him and later they found out that he had married another woman. Muthammal's wages as a coolie were inconsistent as work was not available throughout the year. Even in the high season, 'work may not be available on all days'.

To meet food expenses, Muthammal began to get borrow from moneylenders. This was insufficient and she says that she 'had no other option than to send… [her]…elder daughter to work in a textile mill in Coimbatore'. Even so the family were struggling for food and so Muthammal reluctantly sent her younger daughter to work in a cardboard factory.

NGO convinced her to send this younger daughter back to school. However, the family's problems did not improve and she was forced to reverse this situation when she realised that she was in serious debt. Muthammal recounts how 'we live in a rented house. Even paying a rent of 50 Rupees is a big burden for us. Every day we are hassled by the moneylenders to pay back the money we have borrowed from them. We now have a debt of nearly 5000 rupees'. Muthammal is in a difficult situation; her parents also are unable to help. Her only hope is that she can continue to send her son to school, with the wages that she and her daughters provide. 'I will be happy if the education he gets will enable him to rescue our family from all our struggles' she says.

Or they take loans and sell productive assets to meet the needs. Another reported form of a survival measure is the loans taken by a large number of families at high interest rates, sending them into an endless and vicious circle of indebtedness.

88% of the villages report that for the most number of landless, small and marginal farmers in their communities, who comprise the majority of the households in their villages, work is not available year round. In nearly 45% of the locations, agricultural and wage work were available for less than half the month. Only 5% of men and 3.8% of women in the villages under discussion reported work for more than 25 days in a month.

Micro-studies in some states, such as one conducted among rural landless workers in parts of Andhra Pradesh in India, not only confirm the above trend but also present another very disturbing picture – that the number of wage days available to them is actually falling, from a third of the year to a level closer to a fourth.

Safety nets in the form of social protection systems and services of the State for meeting the needs of families in months of food shortage are minimal in their spread and effectiveness. 20% of the villages which discussed issues of state welfare and protection, did not have any access to support services in general and specifically when needed most, in lean months A public distribution system, which provides food at slightly subsidised prices for those most in need, is available in approximately 42% of the villages. But, interestingly, in nearly 68 % of the villages the discussions came up with the opinion that the facilities like PDS did not the meet the needs of people for whom it is intended.

The Right to Food Campaign in India through building peoples and media pressure, based on well-researched realities, and with interventions of the judiciary, has been able to institutionalise the mid-day meal scheme in all primary schools. Recently with all these efforts in the Indian Parliament the bill has been tabled which will provide employment guarantee of 100 days to each family needing it, in 100 of the poorest districts of India. The wage fixed for this is USD1.3 (Rs60) per day. The funds required from the programme are being debated on whether there will be an extra cess or whether these will come from the existing retargeting of existing subsidies.

The problem is that villages not having services are the ones where access was difficult, or in the villages where the services were present, communities, depending upon gender, caste and economic power had differential access. In effect, in the perception of the people, the poorest had the least access to minimal services afforded by the state.

While discrimination is often not openly evident, and discussed in village groups, for fear of reprisals, as many as 20% of the villages reported some form of discrimination. Documented cases of discrimination based on caste were reported from almost all the 13 states under consideration. 80 different forms of untouchability practices in both public and private spheres were reported against Dalits in India. These range from untouchability based practices in tea stalls, in drinking water utensils, in public distribution shops and post offices, to those that prevented access in schools, in health facilities, in public distribution.

In most of these villages, the needy are left to fend for themselves, solicit food from better off relatives elsewhere, or just beg when acute food scarcity hits them. One of the most frequently mentioned survival strategy of the people to these conditions was migration in search of food and dignity.

In village reports and group discussions, there have been numerous sarcastic or self pitying responses of how it does not matter, history and life have never been kind to them, and they are not equipped to deal with the needs of world which could give them employment. Among an estimated 100,000 homeless street dwellers in the Indian capital of Delhi, nearly 20% beg, and of these 60% are from families who have been pushed out of rural areas, where they could not meet their basic food needs (Ashray Adhikar Abhiyan, Delhi).

Denial of basic Rights

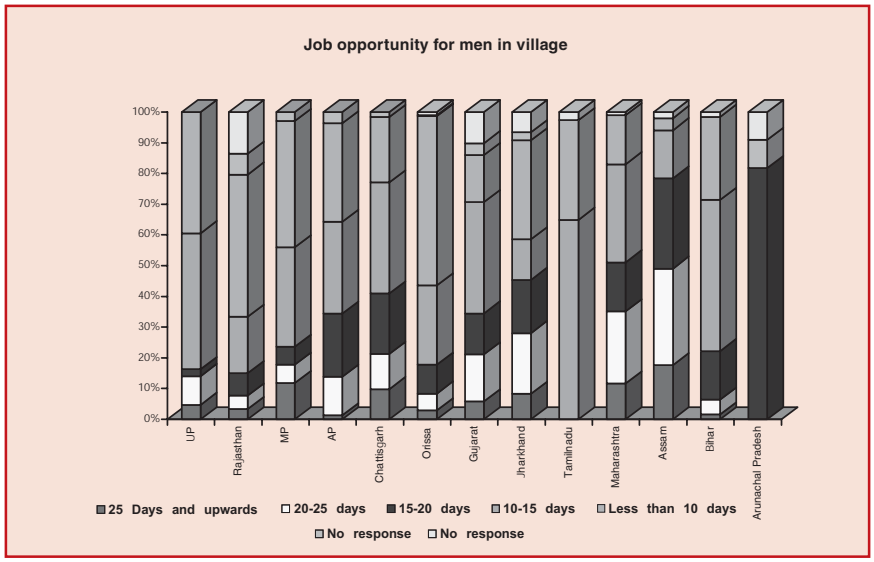
"My name is Ammasi, I am 38 years old. I am a leader of a women self help group and living in a dalit village called Melmoolaparaiyur of Kolathur block Mettur taluk. There are totally 81 *dalit* families in our village. In the outskirts of the village there are few Gounder families. Geographically our village is located in an upper area whereas the few *gounder* families are located in a geographically lower area.

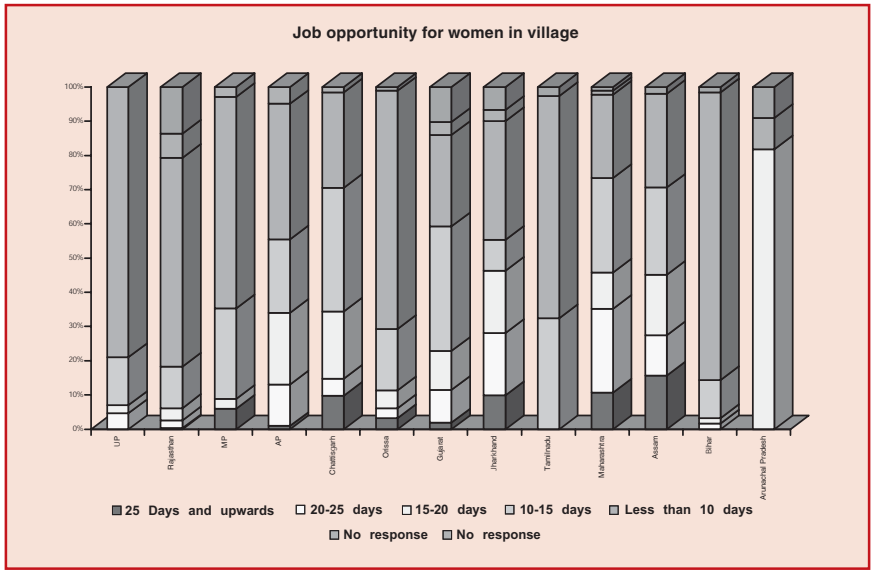
In our village there is a common water tank from which a water tap is connected to the street and that is only the main junction to collect drinking water. Every day, water comes only for an hour; therefore we are forced to rush up to collect drinking water. Also the water is not sufficient for us.

In this situation, one family from the gounder community wanted to have separate pipe connection from the main tap, which is located in the village and they took a separate pipe connection from the main tap with the support of the Panchayat president who belongs to the gounder community. As villagers, we opposed this action but the panchayat president was in favour of the gounder community. When we asked justice with the president he replied that***, "You all are dalits, you cannot do anything"***. This hurt us very much.

If a separate pipe connection is made from the main tap the water will directly flow into the streets of the gounder community since it is located in a lower area and in turn the water will not come from the main tap. Ultimately we have to suffer. Women sangha members and men of the village visited the Rural Development Office and District Collector office and lodged a petition. But the officers in the collector office stated that, any individual has right and provision to have separate water pipe connection by paying Rs1500. But we strongly feel that, 'our rights have been denied only because we are dalits'.

Reports on problems of agriculture, availability of work, and state of welfare services and social security measures, constitute for the people strong indicators of the state of livelihood security in their locations. These trends are strongly indicative of the livelihood crisis the poor are facing – where enough work is not available for families to meet their basic needs, frequent and recurring trade offs are made on costs in education, gender of the child, and medical facilities. Yet there is not much room for accommodation. Where all





else fails and financial ruin, hunger, and illness seem inevitable, suicides are often the only recourse.

The fact that no major land redistribution programmes have been carried out in the recent years was reiterated from all the villages. Problems of titling were reported from villages too. The situation is at a standstill and quite possibly at a reversal. Where the programme has featured on the margins of official policy, it is confined to distribution of wastelands and common property resources, including lands owned by the governments. In no case was a challenge allowed to established power structures or to erstwhile feudal holdings. Instead, where such assertions have been made in the case of a few villages in caste-dominated rural Andhra Pradesh by the agency of the poor, it has often led to strong backlashes and violence for the Dalit communities.

In fact, in a reversal of the land redistribution agendas followed – in word more than deed – in more than 50 countries across the world, the effort now, with the support of the World Bank, is to create land markets that will end up facilitating consolidation of land. Such programmes are not unmindful about the interests of the poor, the marginal farmers, small holders and landless. It ascribes them the role of eking out a living by labouring on vast farms created by land consolidation, or to migrate to occupations in the secondary or tertiary sectors. It pays little attention to the fact that this would effectively put them in terms of skills and education, at the very bottom of the ladder – the utterly unorganised segment of workers in the informal sector, deprived of the protections of law and the State, deprived of the fallback option of tilling their land in situations of extreme adversity.

The voices of people universally assert that if their own countries were serious of desiring and achieving developmental goals, the first measure would be redistribution of productive assets (land being one of the prime resource), along with ensuring redistributive spirit in state-supported services. Even basic and welfarist redistributive measures such as social security funded through taxation, food transfers to the poorest and the destitute, old age pensions, and health insurance, are virtually non existent in most of the villages people report from.

Securing social and economic rights is a distant dream for people, but yet a strong need asserted universally by voices from women and men. The common retort is that even though the governments ignore us, yet as humans we need health, education and food rights.

Report on Rights of Women

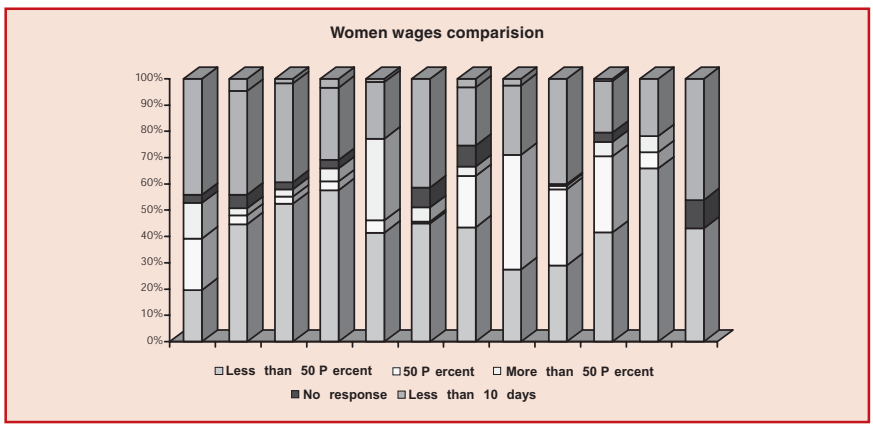
The prime candidates for redistribution are women, and landless population belonging to the socially and economically deprived groups. From the reports of people, only 37.2% of the villages report that women own agricultural land. Even when women report ownership of land, the most frequently reported are joint titles and ownership.

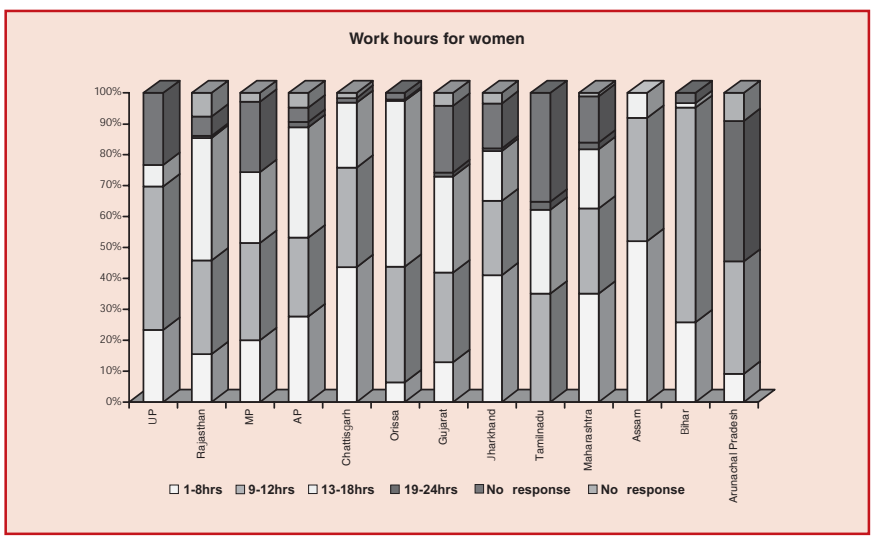
While there are schemes of pensions and policies for financial transfers of other kinds, these have a very small coverage, not enough to serve any need on any structural basis – both the amount and coverage being very small. Widow Pension Scheme is in operation for decades, 64% of the reporting villages confirmed that benefits under the scheme were being received by some widows in their village, though their quantum remained very low and coverage very narrow. In more than 75% of the villages from this report, the widow pension scheme covered less than 30% of the eligible households. Once again the poorest were usually last to get access.

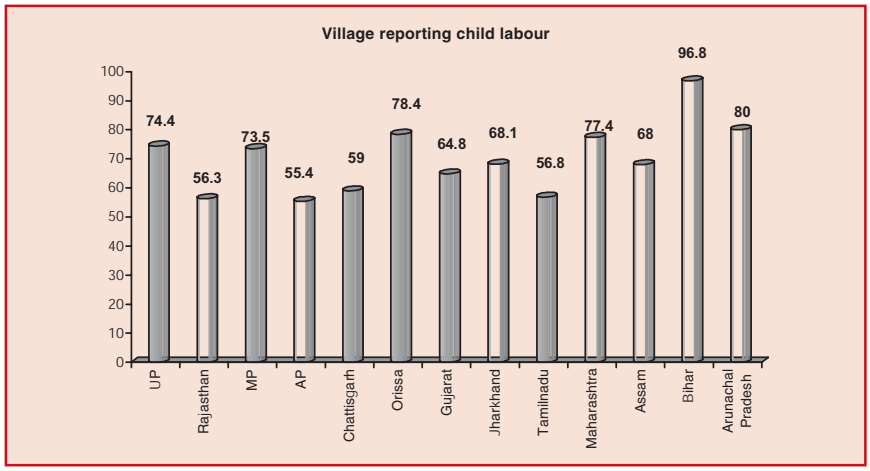
Work availability for women also reflects the deep structure of discrimination and patriarchy. In over 55% of the villages, women report either that no work is available, or if there is work it is less than 10 days a month. For another 19%, work available for women on an average is between 10 and 15 days. Women from across the country reported a constant struggle for livelihoods, which they see as a manifestation of the control men have on their lives.

In the drier areas and especially during the increasingly frequent droughts, when the supply of jobs is less, women find employment with great difficulty, as work when more scarce and more intensive, is considered a male preserve.

Women mention that it is not only that the work availability is lesser, the wages are lesser too. In 82% of the villages covered, women reported not getting equal wages as men, for common agricultural operations. . The reality is even harsher in half of the villages where women get less than 50% of what the men get. In each state, women get lower wages for similar work, their hours of work put in caring for children, adults, and the old and infirm, are not ascribed a value, and are treated essentially as unpaid labour.







People's reports and testimonies surfacing from the 13 states speak powerfully of the discrimination faced by women, and it is deepening in a context of poverty, when the ascribed roles of rendering care to the family and bearing the burden of domestic chores, leaves them few opportunities for anything else. Women's stories from each location illustrate how with each drought, more women have to solicit help from neighbours or enter the vast army of mendicancy to make ends meet. With each illness in the family, women are called upon to play the role of rendering care, and with each birth, there is the role of nurture involved.

Each basic service, which fails to deliver, and every privatisation measure which curtails access to the essentials for the poor, intensifies the woman's responsibilities manifold. Whether the distance travelled to collect drinking water or fuel wood, or the extra hours put in by women to tend to ailments and other debilities within the family, all this tend only to add to the reduction of one half of humanity to the role of instrumentalities that serve the needs of others. It is evident in the information that women from these villages reported working nearly 30–40 more than men on an average.

These stories of women shared by communities illustrate the pain of being mothers, daughters, wives and companions, apart from being the instrumentality of social reproduction and the breadwinner. A poor record of support from the State, in this context of social disadvantage multiplied by cultural prejudices, is evident in the peoples' reports and testimonies.

Wealth concentration is a particularly strong feature of social structures, originating from land property concentration in colonial and feudal times, and equally strongly manifesting itself in the neo-liberalised market economy. And with women, to a large extent outside the formal economy, and involved as they are in the household and social reproduction, benefits of asset ownership have been completely absent in the neo-liberal pattern of growth which has been grafted on the older oppressive social structures.

Report on Education

During the village discussions, education was considered an important service. Despite hardships, families reported efforts to send children, especially boys, to school when they could manage the costs.

For people there have been a number of important concerns on education and the rights of children. From these indicators, the important ones reflected upon were availability, accessibility and affordability of education, including reflections on the relevance of education for employment.

Nearly 88 percent villages reported that primary schools were located within the boundaries of the village, and children did not have to travel extra distances to access primary education. Where these schools were away, distance and ease of access (including transportation) were an important factor in determining enrolment. In over 18 percent of the villages, children had to walk over a kilometre and half to reach primary school.

Secondary schools are in a majority of cases located away from the villages. In over 73 percent of the cases, schools are located away from the village, and for nearly 19 percent of the villages, these were more than 3km away. Children find it difficult to access and families find it difficult to afford.

Though primary education was listed as supported by state and free, when questions of affordability of education came up, it was rated as pretty steep. These included the costs involved in clothing the child for school, the books and other materiel involved, and travel. At the same time, given that children in most villages are wage-workers, or contributors to the work burden involved in the sustenance of their homes and farms, there is a large potential loss for the family involved in sending them to school. Nearly 68% villages reported that there were children in their villages, including their own, working for wages, and contributing to family incomes. Particularly during difficult times for the family such as droughts, or in cases of adverse family conditions, children worked, often taking responsibilities of families with their elders.

Overall from 51 percent of the villages, groups were blunt in venturing their opinion that education was not affordable, given the costs incurred in one form or another. In each location, reports outlined how children have had to drop out due to circumstances in the family.

In this context, girls face more difficulty and this is reflected in the fact that in nearly 62percent of the villages there are girls in school-going ages who have not been enrolled. The target for achieving gender parity in primary education has already been missed by a wide margin. In many cases, investment in the education of girls is seen as devoid of any return to the family, as in any case the girl after marriage, ceases to be a member and a working asset.

Girls are Denied Education in Rural Areas

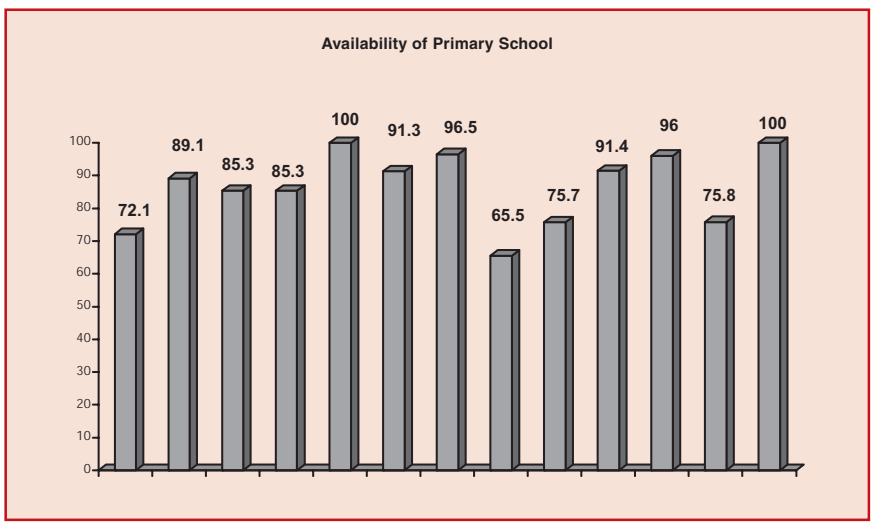
Thamaraikani is a fourteen-year-old girl. Three years ago her father fell ill and her mother's coolie wages were not sufficient to feed the family. Although she and her older sister, Kalyani, were enjoying school and wanted to continue their studies, their father withdrew them and sent them both to work in the matchbox factory works in Koppampatti saying 'it's no good for you to study. It is a waste'.

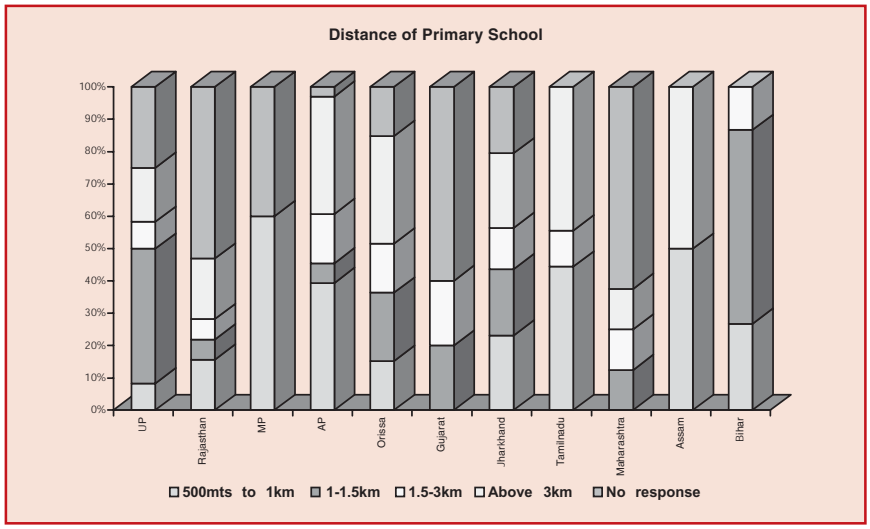
Each morning at seven, a mini bus comes and takes the two girls, and around twelve others from the village, to the factory, which is about 12km from the village.

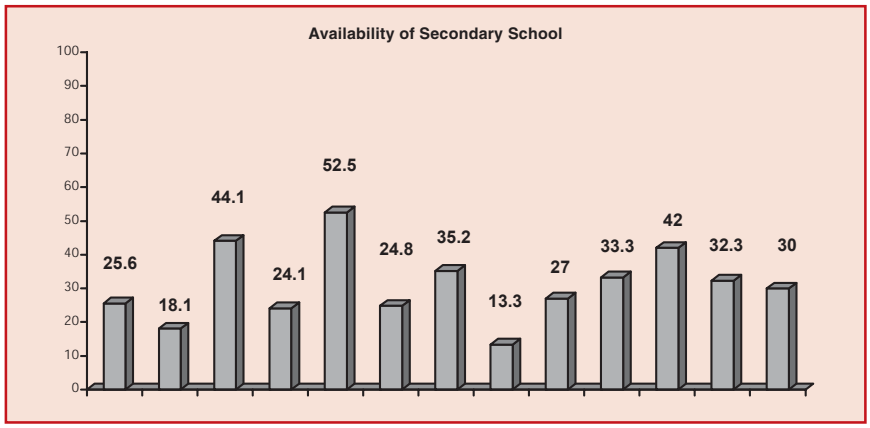
Thamaraikani works twelve-hour shifts. It takes her about three or four hours to complete 900 matchboxes. She will get Rs10 for this. In the whole day she gets Rs30

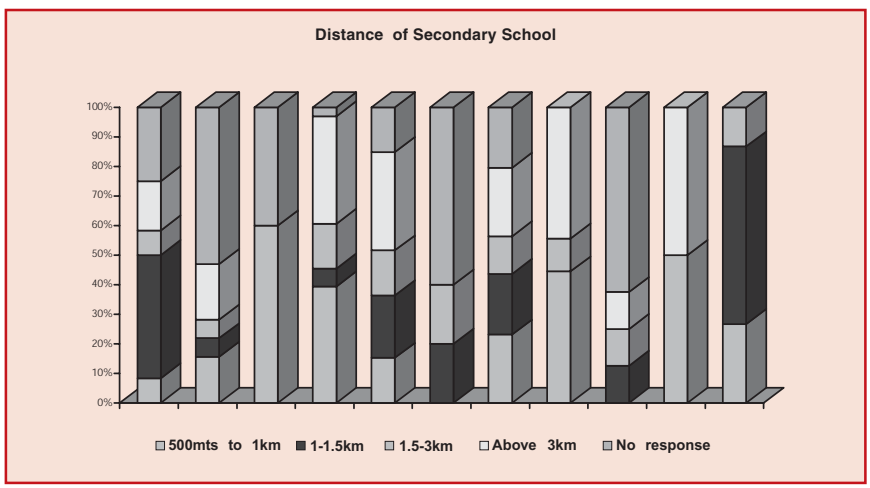
Thamaraikani is envious of her classmates, 'in the morning when I start the van, I see my classmates go to school. I used to pay with them before'. Now, 'even in the evening when I return home I cannot play with them. It will be dark and I am too tired'.

However, the situation is difficult for her classmates as well. "There is only a primary school in our village", she says. "After fifth class, we have to go to Kamanayakarpatti, which is 4km. There is no bus. A few go by bicycle but many walk the distance". The people who walk are often late. Thamaraikani's sister, Kalyan, describes the punishments that she suffers if she is late. Sometimes she is caned; sometimes there are other punishments. Thanmariakani says that 'some… are too frightening'. It seems that even so, she wishes she could go to school.









More than 51 percent of the villages reported that they were not satisfied with the education services. The reasons varied. While 67 percent of the villages mentioned that teachers were regular at schools their children attended, what is evident from the various reports is a concern that education needed much more improvement, with reference to the quality of teaching aids and school infrastructure

With underfunding being the norm in the education sector, school infrastructure is poorly developed. With governments in retreat, communities are asked to contribute to the upkeep of school buildings and infrastructure. There was even an attempt to make it mandatory that people contribute to building schools in one of the locations surveyed. People responded by making 'voluntary' community contributions, beyond the expectations of the law.

Only 40 percent of the primary and secondary schools have toilets for girls, the remainder do not provide access within the school premises or even at a reasonable distance. This has been one of the most frequently cited concerns, preventing families from sending their girl children to school.

From the sharing of communities, the trends which emerge are that enrolment rates in education are much lower, with a very high number of villages reporting that girls do not go to school. The education infrastructure itself does not respond to the needs of girls. The distances involved to get to school, the fear of violence, and a lack of basic amenities, such as toilets for girls, are invoked as reasons for denying them an education.

Another important indicator of the state of education services, when viewed from the perspective of affordability, is the midday meal or school feeding. School meals, people reported, could be an important factor in helping poor communities, for whom there are continuous tradeoffs between sending children to school and the costs, children's wage-earning capacity, and their contribution to the domestic workload.

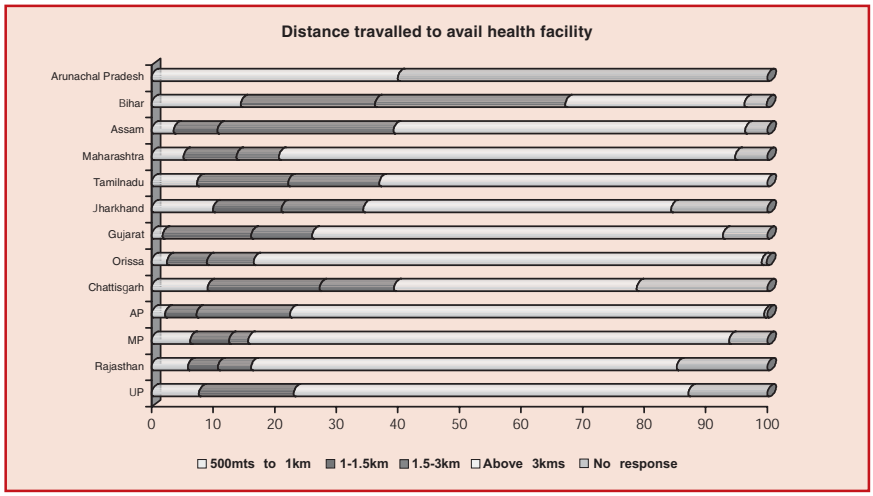
Discrimination in access for the children of certain social strata and the disabled, further depresses enrolment rates. Dalit children face a range of discriminatory practices. There is a strong discrimination even in the location of education infrastructure. Dalits who live in segregated settlements in villages face the burden of numerous forms of social ostracism. If one looks at the location of primary education centres, schools are rarely located in Dalit hamlets. Dalit children face insults and discrimination while accessing these schools – within the schools in many cases they are made to sit in separate rows, or not allowed drinking water from the same pots, and often face verbal abuse from upper caste personnel who perform the school functions.

Report on Health

People reflections on health and health services are from the dimensions of availability, access and affordability. These dimensions are applied to the range of services, from basic health care to the treatment available for more serious ailments.

One of the basic indicators of the state of well-being of services is the presence of health centres. Without a basic health infrastructure in place, even minor ailments can end up as major health hazards. While schools have come closer to people in the recent years, in the opinion of communities health facilities have remained distant. Women, children and men have to walk long distances to access even basic health facilities.

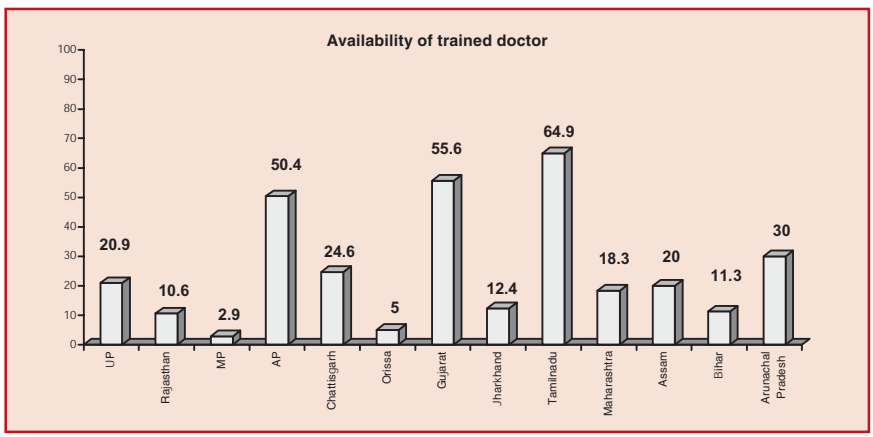
Only 21 percent of the villages in all the states are served by primary health centres located within the village precincts. Residents in all the other villages have to walk long distances to access even basic health care. In nearly 70% of the villages, people have to walk more than



3km to access the health utilities afforded by the public centres, in many cases these are in the range of 10km.

At the public health centres and in general, village reports highlighted that the trained doctors were in short supply, especially for people who cannot afford to pay and in areas where lifestyle adversities are high. The reports from people on the availability of trained midwifes and nurses varied. Overall, at the health centre locations, it was reported by people that 22% of the villages had trained doctor availability at the centre. The availability of trained nurses was much higher at these locations. Nearly 52% of the villages reported the availability of trained nurses at the health centres.

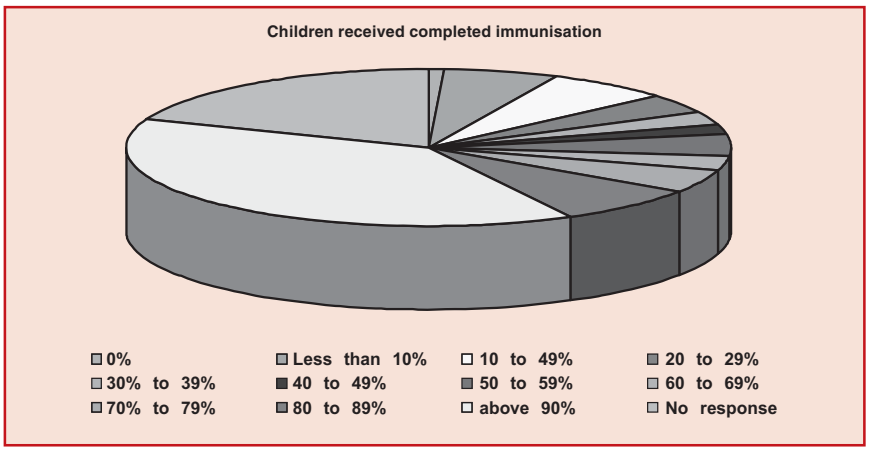
With increasing costs of medicines and the gradual withdrawal of state support underwriting healthcare, leading to



Bleak future of children in Dhowjri Village, Uttar Pradesh

Dhowjri is a village located in block Lalitpur. Being a mining area, a number of people residing in this village, mostly labourers, suffer from tuberculosis. It is estimated that about 2% population dies every year only due to T.B. The average age is 40-50 years, much lower than the national average. Most affected people work in stone quarries. At present 6 persons among 71 families in the village suffer from TB and 8 women have been widowed due to this killer disease. Treatment taken by them is far from satisfactory. Many patients give up their treatment mid way, which is even more harmful for them. Even if they know the consequences, they can't help it because they cannot afford to have the expensive medicines and rich diet which they must have. Health care is low priority for them.

Poverty is rampant in the area. Children do not get adequate nutrition. Many children join their parents at work in the quarries and miss out on their studies. There is a primary school in the village. Most children belonging to Sahariya families do not join schools due to abject poverty. Those who complete their class 5 education, take admission in the upper primary school which is about 6 kilometers away from their village. Worse still they have to pass through a forest to reach their school. It is no surprise that the drop out rate is high in the village. Parents are unable to take care of the health needs of their malnourished children.



increasing numbers of centres which are defunct, only 25.6% of the villages reported availability of medicines. Which means 74% of the villages did not have medicines available at the health centres and as a result medicines have to be bought at higher prices from the retail trade.

Curative support was not provided as a regular feature. In the village discussions, people from only 21% locations where this discussion took place felt that curative care was provided by health centres. In another 79% cases they thought that no curative care was provided at the health centres. In serious cases, people reported that adequate support was often not provided. Only 58 villages, which is less than 4% of the villages which discussed the issue, had health centres that were able to provide support in cases of serious health disorders. Otherwise, the government supported health system was found remote and inaccessible.

While Primary Health Care Centres have trained nurses in 52% of the cases, the number of instances where trained birth attendants are present is much less, and there is a possible correlation with the number of infant and maternal deaths during childbirth. Only 24% of the reported villages had birth attendants always, while 27% had attendants sometimes. Of the villages, 11% reported maternal deaths and 39 percent reported infant deaths at the time of childbirth.

According to the people and with inputs from the local health centres (where a number of these cases discussions were held), the six most important reasons for morbidity, featuring almost in all discussions on health are malnutrition and hunger, lack of health and hygiene practices and awareness, unavailability of safe drinking water, mosquitoes and malaria, unavailability of health facilities close by and poor sanitation.

Nearly 51% of villages were of the view that morbidity is the result of less intake of food or malnutrition. The discussion groups also aired the view that 23.4% of infant mortality was due to malnutrition or hunger. 32.4% of the villages rated lack of safe drinking

water as the chief cause of morbidity and 13.2% was of the view that inaccessibility to health centres was the main cause.

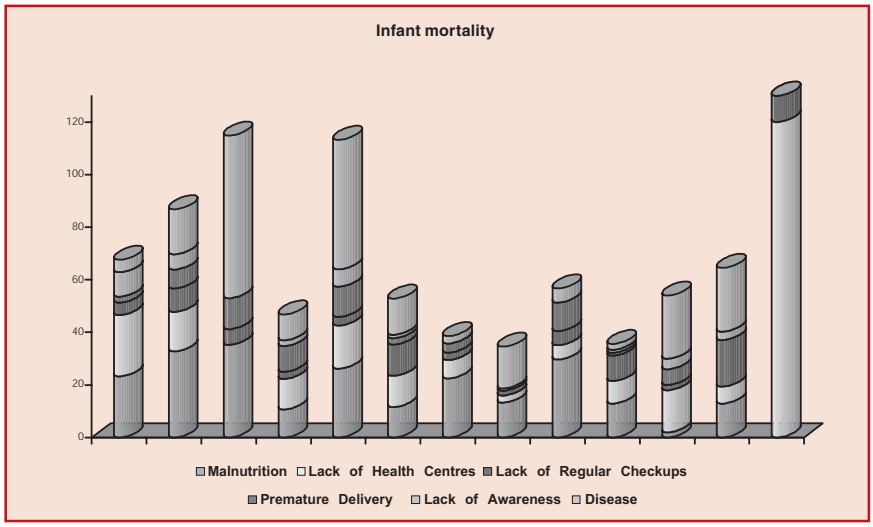
Report on Water

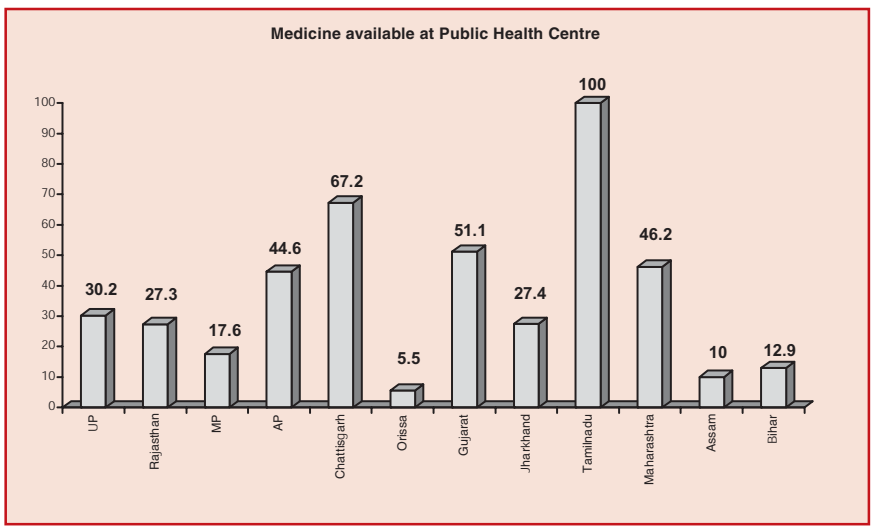
People's prime indicators on drinking water are availability and adequacy. While states have some form of water resources management policies and each have their own goals on provision of drinking water, along with norms of distance and quality, the reality on the ground varies considerably.

Of the villages that partook in the discussions, 43% reported that they had access to clean drinking water, and for the other 57%, there were a number of concerns about the availability of drinking water – ranging from very restricted availability to drought-like conditions where drinking water itself was at a premium, or to conditions where women have to travel long distances to fetch water.

In terms of traveling to get drinking water, 18 percent of villages mentioned that they could drink at or near their doorsteps; another 39% mentioned that this was available within about half a kilometer and largely within the village boundary. The residents of another 11% said they had to travel upwards of a kilometer (and in 3% cases, upwards of 3km) to get drinking water for families.

These were the conditions reported in normal times. The distances travelled and time spent in gathering water invariably increased during dry seasons and scarcity periods. And here it is predominantly the women and young girls who were tasked with fetching water for their households. It was only in times of uncertainty of availability such as acute shortages and drought that boys and men pitched in to help.





Conclusion

The People's Voice from a broad series of parameters highlights the picture of an extensive unanimity of the citizens weighed down by oppressive socio-economic conditions. The incongruous policies pursued by the administration and governments only accentuate the misery of the people. There is little doubt that the vignettes from *People Speak* could well become the basic pointers towards as broad and unified a struggle as the miseries of the people.

VI People's Charter of Demands

People's Charter of Demands

As heads of the 189 countries meet to discuss the progress made on the MDGs. by their respective countries so far, people present their own agenda. It is evident through the discussions held with a cross-section of people that realisation of rights to lead a life of dignity would require enhanced resource allocation and improved governance by the government.

The least people can demand is provisioning of basic minimum services – universal access to safe drinking water, full coverage of primary healthcare centres, universalisation of education, public housing assurance to shelterless families, road connectivity to all villages and habitations, and streamlining the public distribution system targeted to families below the income poverty line.

Men, women, activists and civil society organisations experiencing poverty or working towards the elimination of poverty voice similar concerns. Perhaps most of the populace has not heard of the Millennium Development Goals. What they relate to are the daily problems faced by them. Whether these are related to education, health, livelihood, they do know what can change their lives.

In May 2005 over 100 civil society organisations had got together to reflect on the progress made in the implementation of the National Common Minimum Programme (NCMP). The group had collectively come up with a set of demands.

All these voices have been put together in the form of the following charter of demands. Together there is a call for action on the part of the government.

Call to Address Problems of Land Rights, Livelihood and Poverty

Attempts to examine poverty only in economic and not human, social or political terms would give an incomplete understanding. Globally it has been learnt that mere economic growth does not necessarily lead to reduction of poverty. In the Indian context what would really make a difference would be agrarian reforms and land distribution. This has not been taken up in right earnest in most states of India. Exploitation of the poor due to caste and class factors too has not been addressed adequately so far. The belief that the GDP growth rate of at least 6 per cent per annum over the next 10 years would end poverty can not hold true unless the causes are taken care of.

This can be done by:

- Ensuring that the income poor and the socially disadvantaged groups receive special attention and priority.
- Taking urgent steps to reduce indebtedness of small and marginal farmers and agricultural labourers.
- Improving the working conditions and wages of the agricultural and unorganised labour by guaranteeing minimum living wages, social security and regulation of work.

- Implementing land-ceiling laws strictly and acquiring all lands above ceiling limits. This should be distributed among the agricultural labourers, *dalits* and poor within a month with proper land *patta* and ownership rights. Government should also expedite distribution of land already acquired.

- Ensuring socio-economic security to the retrenched workers of closed factories. In the last decade many factories and companies have closed down and thousands of workers and employees of closed companies and factories are facing serious livelihood crisis. The socio-economic conditions of the artisans, traditional craftspersons, weavers, tanners, flayers and other people engaged in traditional occupations also warrant attention. Government should take urgent steps by framing appropriate schemes, programmes and investment policy to alleviate their problems.

- Extending loan facilities at low interest rates for the poor farmers.

- Universalising ICDS and mid-day meal schemes, covering all the left out hamlets, which do not fall under current coverage of ICDS guidelines.

- Improving the Public Distribution System (PDS) with special emphasis on the *Annapoorna* and *Antyodaya* schemes. PDS should include other items that meet the essential needs of daily life.

Call to Provide Quality Education to all Children

There is an overall agreement that education is a means towards human development. Yet we have still not been able to fulfil the promises made in the Constitution. The fundamental right to education must translate itself into provision of equitable education also. People will not be able to benefit from the positive effects of globalisation unless they are prepared for it – through education and trainings – at all levels.

This requires:

- Early childhood education be given due importance. The NCMP ignores the link between the ICDS and primary education.

- A policy framework whereby primary and middle schools are merged. A large number of children, especially girls, drop out of school after completing primary schooling.

- Reduction of the gap between the literacy levels of *Dalit* and non-*Dalit* population, which has increased over the years. We request the government to prepare a committed education plan targeting *Dalit* children.

- Making school education available to all children. Education that is equitable, relevant and promotes secular values. Special efforts should be made to ensure that children with disability find access to schools. This would also require employment of full-time trained teachers in all schools.

- Fulfilment of the UPA Government's commitments of supporting 75 per cent financial burden of *Sarva Shiksha Abhiyan* (SSA) during the 10th Plan. The SSA needs to be reviewed especially on its qualitative aspects. While this process of review takes place, we urge the government to take immediate measures to make the minimum infrastructure available in schools (as promised in the existing framework). This would be the first step towards improving the environment for joyful learning.

Making school education available to all children.

Special efforts should be made to ensure that children with disability find access to schools.

- Making education affordable. Many people still find it unaffordable. This deters many families to send their children to school even if they realise the importance of education.

Call for Providing Comprehensive and Affordable Health Services to All

There are several indicators to prove that there is inequitable distribution of health services among people. The inequity seen in rural-urban populations and among states and among different socio-economic groups must end. The poor are spend a much higher proportion of their income in accessing health services than the people from higher income strata. This has largely to do with diminishing public spending on health over the years.

In order to provide a socially committed health system we urge that:

- The health services including trained personnel and medicines should be made available at an affordable cost. Adequate financial resources should be allocated for the same.

- The National Rural Health Mission (NRHM) focuses on the two key survival priorities of reducing first week/month neonatal mortality and maternal mortality. These are major failures of healthcare to date. Lack of basic healthcare in rural areas is one of the prime reasons of indebtness of the rural poor, *Dalits*, and *Adivasis*. Immediate steps need to be taken to complement NRHM as per the needs of the people and ensure free health care.

- Higher investment should be made in foundation and health infrastructures, which governments seems to be missing on. A comprehensive review of health policy would be required to build and develop health infrastructure for the poor and the needy.

- The *Janani Suraksha Yojna* – a scheme for population control measure - needs to be looked at carefully from a child and women's rights perspective. It must not replace the National Maternity Benefit Scheme which derives itself from the Constitution.

Call to Protect and Promote Rights of Women

The impact of each of the recent global trends is increasing girls and women's powerlessness and denial of human rights in many ways. With, reduced access to basic social services, access to and control over economic assets, major shifts in production patterns and shrinking of common property resources, women with already differential entitlements, capabilities and rights are getting further pauperised. This is resulting in increased vulnerability to hunger, involuntary migration and trafficking of girls and women.

Increasing violence against women and girls, both in the domestic and the public space, growing incidence of fundamentalism, communalism and conflicts across the nation has put further constrains upon the freedom of women and girls to participate actively in public life. This is leading to women's and girls, exclusion from decision-making processes, political participation, absolute deprivation and lower status in society.

To check this trend, the government should ensure that:

- Women's rights are fully integrated into the National Development Goals and not limited to provision of education and better maternal and child care.

- They get opportunities for decision-making through reservation in

A comprehensive review of health policy would be required to build and develop health infrastructure for the poor and the needy.

Legislatures. The Bill to give them this right has been pending for a long time. All possible efforts are made to clear this bill in the Parliament.

- Domestic Violence Bill is also passed and enacted by the Parliament as soon as possible because most violence against women happens at home. Women need to be protected against this.

- Parallel forums/institutions to the *panchayats* are not created. Women should be empowered to take up responsibilities for provision of basic services. One-third of the funds to *Panchayats* must be earmarked for women and children.

- As promised in the NCMP, equal rights on land and property should be provided to women and there is no discrimination in wages on the grounds of gender.

Call to end Discrimination of the Scheduled Castes and Scheduled Tribes

Despite the fact that non-discrimination forms the foundation of our Constitution, it still exists and periodically surfaces in its ugly form. The social dimension of poverty requires an even greater attention. Viewing it from a purely economic perspective will not help a large segment of our society. Both warrant equal emphasis.

We call upon the government to

- Enact legislation to protect land and forest rights of tribals and forest dwellers.

- Protect *dalits* from violence against them. We are concerned about the increasing atrocities on *Dalits* and the failure of police and judiciary in systematic prosecution of those committing atrocities against Scheduled Castes, Scheduled Tribes. Suitable modifications in the prosecution machinery need to be made.

- Take immediate action to prepare a comprehensive resettlement and rehabilitation policy for the displaced people in consultation with civil society. A large number of *Dalits* and *Adivasis*, who have been displaced due to various development projects have not been rehabilitated.

- Eradicate manual scavenging in real terms. We are seriously concerned about the withdrawal of financial support to National Scavenger Liberation Scheme in the current budget, without eradicating manual scavenging. The scheme should be restored till such time that this worst form of exploitation exists.

Call to Protect Human Rights

Violations of human rights, including conflict, are inextricably linked with poverty. When violence is used as a form of exploitation of certain sections of society, it further pushes them to the edges. There are others who are pushed towards poverty due to certain state policies also. There has been rampant uprooting of slum dwellers, which has deprived them from livelihood opportunities, shelter, education and other basic amenities. The human rights of people must be protected.

The would mean that:

- The government should do away with the special anti-terrorism legislations that are jeopardising the peace process in all the insurgency affected areas.

- All precautionary steps are taken, as per the existing law, against incitement and propagation of ill-will on the basis of religion, caste and gender.

Domestic Violence Bill is also passed and enacted by the Parliament as soon as possible because most violence against women happens at home.

- Mechanisms are devised to empower civil society organisations to keep vigil over the implementation of welfare programmes and ensure that exclusions based on caste and faiths are eliminated.

- People are not uprooted from their dwellings unless they are provided fully developed alternative shelter sites.

Call for Effective Implementation of Government Schemes

Schemes meant for people living in poverty do not reach them. We may have the most brilliant legislation in the world. We may have the most pro-poor policies. Unless these are implemented effectively and reach out to those for whom they are meant, these will not be able to alleviate poverty – the very purpose why these are formulated.

To make the schemes more effective :

- The BPL (Below Poverty Line) survey should be done properly to ensure that every deserving person gets the benefit of the available schemes. Detailed guidelines should be prepared to identify BPL households.

- The public distribution system (PDS) should be improved and items of supply under PDS should include other essential needs of daily life.

- The Government should ensure that exclusions based on caste and faiths in welfare programmes are eliminated.

- Urban poverty alleviation schemes should be strengthened.

Financial Allocations

All the aforesaid aspirations cannot be fulfilled unless adequate resources allocation are made.

We urge the government to

- Increase the combined (State and Centre) tax – GDP ratio from the current level of 14% of the GDP to 25% over the next five years.

- Abolish the Fiscal Responsibility and Budget Management (FRBM) Act in its present form and enact alternative legislations that fulfil the budgetary promises for welfare.

- Further increase the budgetary allocation for education and fulfil its promise made in the NCMP of increasing the budgetary allocation for education to at least 6% of the GDP.

- Increase budget allocation in proportion to their population. At present less than 1% budgetary allocation has been made for the Scheduled Castes, Scheduled Tribes and Other Backward Classes.

- Take strict measure to reduce the burden on account of the non-performing assets.

The public distribution system (PDS) should be improved and items of supply under PDS should include other essential needs of daily life.

Abbreviations

AIE	Alternative and Innovative Education
AIES	All India Education Survey
BJP	Bharatiya Janata Party
BPL	Below Poverty Line
CED	chronic energy deficiency
CMP	Common Minimum Programme
DDWS	Department of Drinking Water Supply
DJB	Delhi Jal Board
DPEP	District Primary Education Programme
EFA	Education For All
EGA	Employment Guarantee Act
EGS	Education Guarantee Scheme
FCI	Food Corporation of India
FFWP	Food for Work Programme
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GOI	Government of India
GPI	Gender Parity Index
HFA	Health For All
HMWSSB	Hyderabad Metropolitan Water Supply and Sewerage Board
ICDS	Integrated Child Development Services
ICESCR	International Covenant on Economic, Social and Cultural Rights
IFI	International Financial Institutions
ILO	International Labour Organization
JSA	Jan Swasthya Abhiyan
IMR	Infant Mortality Rate
IPR	Intellectual Property Rights
MDG	Millennium Development Goals
MHRD	Ministry of Human Resource Development
MMR	Maternal Mortality Rate
MOHFW	Ministry of Health and Family Welfare
NDA	National Democratic Alliance
NDG	National Development Goals
NDMC	New Delhi Municipal Corporation
NFHS	National Family Health Survey
NHP	National Health Policy
NNMR	Neo Natal Mortality Rate
NSS	National Sample Survey
NSSO	National Sample Survey Organisation
O&M	Operations & Maintenance
OBB	Operation Black Board
OBC	Other Backward Castes
PDS	Public Distribution System
PHC	Public Health Facility
PRI	Panchyati Raj Institutions
RCH	Reproductive and Child Health
SAP	Structural Adjustment Programme
SDMC	School Development and Monitoring Committees
SSA	Sarva Shiksha Abhiyan
UEE	Universal elementary education
UNESCO	United Nations Educational, Scientific and Cultural Organization
UPA	United Progressive Alliance
UPE	Universities with Potential Excellence
WB	World Bank
WHO	World Health Organization

List of Organisations

Aman Samuday – Gujarat

Association for Needy & Kindle the Illiterate through Action (Ankita) – Andhra Pradesh

ANKURAN – Jharkhand

Anantha Paryavarana Parirakshana Samithi (APPS) – Andhra Pradesh

APWAD – Bihar

Action in Rural Technology & Services (ARTS) – Andhra Pradesh

ASRA – Jharkhand

BADLAO – Jharkhand

BKS – Jharkhand

CARE – Jharkhand

CARE – Chattisgarh

CECOEDECON – Rajasthan

CHETNA VIKAS – Jharkhand

Collective Action for Drought Mitigation – Orissa

Commitments: Commitments – Andhra Pradesh

COVA – Andhra Pradesh

CYSD – Orissa

Dalit Mannuramai Kootamaippu – Tamil Nadu

Jago Sakhi Network – Rajasthan

Jan Chetna – Rajasthan

Jan Chetna Kendra – Jharkhand

JJK – Jharkhand

KGVK – Jharkhand

LGSS – Jharkhand

Lok Adhikar Network – Rajasthan

MJVSS – Chattisgarh

Movement of Rural Emancipation (MORE) – Andhra Pradesh

Musahar Vikas Pahal Samitti – Uttar Pradesh

Nav Bharat Jagriti Kendra – Jharkhand

Network of Voluntary Organisations of Kurnool (NOVOK) – Andhra Pradesh

Network of People with Disability Organisation (NPDO) – Andhra Pradesh

Organisation for Rural Reconstruction (ORRC) – Andhra Pradesh

PARDS – Chattisgarh

Pragati Gramin Vikas Samiti – Bihar

PRAYAS – Gujarat

Pragathi Seva Samithi (PSS) – Andhra Pradesh

PVS – Chattisgarh

Sai Jyoti – Uttar Pradesh

Samajik Sodh Evam Vikas Kendra – Bihar

SAMARTHAN – Bhopal

SANDHAN – Chattisgarh

SANSKAR – Jharkhand

SATHEE – Jharkhand

Sathee – Rajasthan

Social Discrimination Project (SDP) – Andhra Pradesh

SEDP – Jharkhand

SHARE – Jharkhand

SHORE – Chattisgarh

Singhbhum Legal Aid and Development Society – Jharkhand

Sneh Samuday – Gujarat

Southern Collective for New Intiatives on Childhold – Tamil Nadu

The Hunger Project – Assam & Arunachal Pradesh

Trust for Community Development and Research – Jharkhand

UPVAN – Uttar Pradesh

Urmul Marusthali Bunkar Vikas Samiti – Rajasthan

Vikas Sahyog Kendra – Jharkhand

Vikas Mitra – Chattisgarh

Welfare Centre for Women and Children – Tamil Nadu

YUVA – Maharashtra

DISCLAIMER for section IV 'Drinking Water in India':

The author works with WaterAid India (the only INGO exclusively dedicated to water and sanitation) as Policy Research Officer. The views expressed in this paper are independent of her organisational views. She wishes to acknowledge the immense contribution of *Drinking Water and Sanitation Status in India: Coverage, Financing and Emerging Concerns* by WaterAid India and *Right to Drinking Water in India* by C Ramachandriah in this work. The usual disclaimers apply.