

## Chapter X

### Comparing Performances: Odisha and Bihar (2000-2010)

#### Introduction

This chapter compares Poverty, Education, Health and Social Welfare in Bihar and Odisha. The chapter is divided into four sections. The first section deals with poverty in Bihar and Odisha where we have compared the poverty ratio and poverty alleviation measures in these two states. There are wide disparities in terms of poverty in different regions and districts in Bihar and Odisha. We have also discussed different poverty alleviation programmes in Bihar and Odisha and tried to find out the common programmes in it. In the second section we have discussed the literacy rates in Bihar and Odisha. Also the enrolment ratio of these two states had been compared in this section. There are several common initiatives that has been taken by the state government for the development in the education sector in these two states that is also discussed in this section. The third section focuses on the health indicators i.e. IMR, CDR, CBR, LEB of these two states. Several programmes has been taken by the central and state governments in these two states for the development of the health sector which are common in these two states which we have also discussed in this section. And in section IV we have compared social welfare policies for the welfare of the SCs, STs, Women, Child, Disabled and Old persons has been taken by the state government of these two states. As we all know Bihar and Odisha has been placed top position in the poverty list. Through this discussion we will know which state has a better position in terms of poverty list in different spheres.

## Section 1

### Poverty

The incidence of Poverty in Bihar during 1999-2000 as per the NSSO Survey and Lakdawala Committee Methodology was 42.6 percent. Rural Poverty in the same period was 44.3 percent and Urban Poverty was 32.9 percent (GOB, Economic Survey, 2006-07, p.124). During 2004-05 Rural and Urban Poverty in Bihar as per Tendulkar Committee methodology were 55.7 percent and 43.7 percent respectively. And the overall incidence of Poverty during 2004-05 was 54.4 percent. According to the Tendulkar Committee during 2009-10, the incidence of Poverty in Rural and Urban areas in Bihar were 55.3 percent and 39.4 percent respectively. The overall poverty ratio in the state in the same period had been 53.5 percent (GOB, Economic Survey, 2012-13, p.222). From the data it is found that there is no substantial improvement in the poverty ratio in Bihar but what we note is that the percentage of population below poverty line has shown a miniscule improvement from 2004-05 to 2009-10.

Now, let us look at Poverty ratio in Orissa for the same period. During 1999-2000 the overall incidence of Poverty in Odisha was 47.15 percent taking both Rural and Urban areas together which was 48.01 percent and 42.83 percent respectively. In 2004-05 the overall poverty ratio improved marginally. It was reduced to 39.90 percent. The Rural and Urban poverty in the same period was 39.80 percent and 40.30 percent as per the NSS data and Lakdawala Committee Methodology (GOO, Economic Survey, 2009-10, p.240). It is also a noticeable fact that using the NSS data and Tendulkar Committee methodology based on mixed recall period the trend of population below poverty line in Rural and Urban Odisha was slightly different. During 2004-05 the overall population below poverty line in Odisha was 57.20 percent. And the poverty ratio in rural and urban areas in Odisha was 60.80 percent and 37.60 percent respectively. The incidence of poverty during 2009-10 in Odisha was 37.00 percent comprising of 39.20 percentages in rural Odisha and 25.90 percentages in Urban Odisha respectively. So the data reveals that the incidence of poverty has

shown a substantial improvement from 47.15 percent during 1999-2000 to 37.00 percentages during 2009-10.

**Table: 10.1**

**Incidence of Poverty in Bihar & Orissa from 1993-1994 to 2009-2010**

State	Year	Rural	Urban	Total
Bihar	1993-1994	62.3	44.7	60.5
	1999-2000	44.3	32.9	42.6
	2004-2005	55.7	43.7	54.4
	2009-2010	55.3	39.4	53.5
Orissa	1993-1994	63.00	34.50	59.10
	1999-2000	48.01	42.83	47.15
	2004-2005	60.80	37.60	57.20
	2009-2010	39.20	25.90	37.00

Based on Tendulkar Committee Methodology and the poverty ratio during 1999-2000 (55<sup>th</sup> NSS Round) are given on the basis of URP Methodology

Now let us look at the extent of poverty in regions and districts in Bihar. In Bihar there are wide disparities in terms of poverty in the regions and districts of the State. Some authors K. M. Singh, Abhay Kumar, M. S. Mehta, A. K. Jha, Anjani Kumar conducted a Survey on the four villages of the State of Bihar under the project 'Tracking change in rural poverty in house-hold and Village economics in Eastern India'. The four villages are Arap, Baghakole, Inari and Sassari. These villages are from Patna and Darbhanga districts. From the survey they found that Arap, Baghakole from Patna district are more developed as compared to Inari, Sassari from Darbhanga district. They have observed that various factors determine the poverty level in the districts of the State. These factors are education, health, land and Tenure, assets, residential and facilities, migration etc. They have also found that the poverty level was very high in Sassari (73.4%) and Inari (55.5%) also. Another article entitled 'Poverty and Social Assessment – A District-wise study of Bihar' by Prabhat P. Ghosh has also argued that districts can be classified in terms of poverty on the basis of four different indicators such as percentage of rural population living below poverty line in each district, percentage of rural households not having any Consumer durable, percentage of rural house-holds

living in one room and work participation rate of females as marginal workers. On the basis of these four indicators Prabhat P. Ghosh conducted a Survey on the districts in Bihar and he observed that Bhagalpur, Koshi, Purnia faces a high level of poverty. In the report the author has explained that BRLPS (Bihar Rural Livelihood Promotion Society) has made intervention for promoting rural livelihood opportunities in every regions and districts of Bihar i.e. Nalanda, Gaya, Khagaria, Muzaffarpur, Madhubani and Purnia of the State. He observed that in Khagaria, Madhubani and Purnia the Poverty levels are very high.

In Bihar the percentage of scheduled castes population is much higher than the scheduled tribe population and these two together consists 17.4 percentage of the total population. Prabhat P. Ghosh argued that the Scheduled Castes/ Scheduled Tribes house-holds are socially vulnerable. He also observed that the Scheduled Castes house-holds generally do not posses any land. In the article 'Dimensions of Poverty in Bihar' K. M. Singh, R. K. P. Singh, M. S. Meena & Abhay Kumar has pointed out that in Patna and Darbhanga district the scheduled caste house-holds is very high. They made a survey of these two districts in Bihar. So, it is very noticeable fact that poverty is widely prevalent among the marginalized sections of the Society (Singh, Meena & Kumar, 2013, p.4).

Now, we look at the extent of poverty in regions and districts in Odisha. Like Bihar, there are wide disparities in terms of poverty in different regions and districts in Odisha. As we have already pointed out that the extent of poverty in southern and northern regions of Odisha is very much higher in comparison to coastal Region. It is also revealed by the NSS data that the incidence of poverty is the highest in the Southern and Northern Regions whereas the coastal region has witnessed the lowest incidence of poverty. Accordingly, to NSS data it is found that the incidence of poverty has got reduced substantially from 45% percent in 1993-94 to 27% percent in 2004-05 in the coastal region whereas it was increased by 4% percentage points in the southern region from 68.8% percent in 1993-94 to 72.7% percent in 2004-05. It is also found that the Northern Region has witnessed the biggest rise in the incidence of rural poverty by 13% percentage point from 46% percent in 1993-74 to 59% percent in 2004-05 (Panda & Sahu, Orissa Review, 2011). So, the coastal districts like Baleshwar, Bhadrak, Jaipur,

Kendrapara, Cuttack, Jagatsinghpur, Khurda, Puri, and Ganjam have shown a low incidence of rural poverty vis-à-vis tribal and highland districts southern and northern Orissa, such as Nabarangpur, Koraput, Malkangiri, Rayagada, Kandhamal, Gajapati, Kalahandi, Nawapara, Bolangir, Mayurbhanj, Sundargarh etc. From this analysis, it shows that 40% percent of the downtrodden section of the State population in Odisha bears the highest incidence of poverty in the State. The KBK region in Odisha is chronically backward. Poverty is an acute problem in this region. This KBK districts are commonly known as Kalahandi, Bolangir and Koraput districts and the area coming under these districts is called KBK region of Odisha.

Most of the scheduled Castes (SC) and Scheduled Tribes are inhabitants of the KBK districts. As per the 2001 census the Scheduled Castes and Scheduled Tribes population in this region together constituted 54.6% of the total population. Mehta and Shah have observed that the KBK region of Odisha is one of the poorest regions in India where the incidence of poverty is a very serious issue and 34.08% people of rural areas of this region were very poor, 69.02% were poor (Parida, RLG, 2007-08).

A large number of Scheduled Castes and Scheduled Tribes live in the southern part of Odisha. They are deprived in all the spheres of the society. The percentage of Scheduled Tribes population in 2001 was 22.13 percent as compared to only 8.01 percent at the All India Level. And the percentage of Scheduled Castes population at the All India Level is very much close to the Scheduled Castes population in Odisha (i.e. 16.53 in Odisha and 16.33 in India) (Panda & Sahu, Odisha Review, 2011).

There is a high incidence of poverty that prevails among the scheduled tribe population in the southern region (92.42%) in comparison to Northern (61.7% percent) and coastal (66.6%) regions. Although during the period between 2004-05 to 2009-10, there is a sharp decline in terms of poverty in the 3 (three) regions of Odisha among all categories of population. For this reason State Government has taken a number of initiatives for the reduction of poverty in the 3 (three) regions of the State including the KBK region.

Now, let us discuss the reasons behind the prevalence of poverty in both the states i.e. Bihar and Odisha. In Bihar the growth rate of population is very high. Population increases every year in Bihar. This is caused due to illiteracy, lack of

awareness among the people in the state. State Government needs to pay more attention to combat this situation. Another reason is landlessness which is very acute problem in the State. It is well known that lack of adequate land is the principal reason behind the existence of poverty in rural Bihar. This is very much true so far as the vulnerable groups i.e. Scheduled Castes and Scheduled Tribes are concerned. It is due to the fact that land is not distributed properly. In addition to that land transfer through unfair means is very much prevalent in north Bihar than in South Bihar. In Bihar we note that the prevalence of landlessness among the Scheduled Castes/ Scheduled Tribes has increased very rapidly. They possess about one fifth of the land endowments which is very little in terms of land endowment. We also note that land poverty is also prevalent among the Muslim house-holds to a great extent (Ghosh, ADRI, 2007).

Among the other causes of poverty in Bihar is the low level of agricultural productivity. It is known that institutional and technological reasons act as stumbling block in the growth of the agricultural sector in Bihar. Due to recurrence of floods, crops are not grown properly. For this reason there is also a scarcity of food. It is also seen that production in the agricultural sector has declined. Corruption, Poor governance and Mal Administration are also responsible for the existence of poverty in Bihar. The State had faced rampant corruption at all levels during the 1990's. The State government has taken different initiatives for the eradication of poverty in the State. A large number of poverty alleviation programmes have been adopted but the programmes have not been successfully/ implemented. The State Government have been allotted funds for the implementation of these programmes but it has been observed that a large amount of funds is swallowed up by the officialdom who show that the work that the work has been completed. It has also been observed that huge funds remain unspent because of failure of sending utilization certificates for the amount spent of many centrally sponsored schemes which leads to non-disbursement of more funds. Low level of literacy and unhygienic health condition are also responsible for the prevalence of poverty in the State. As per the 2011 census the literacy rate in Bihar was 63.8 percent as against the literacy rate in 2001 which was 47.5 percent. Though the literacy rate in Bihar has increased inspite of these the gap

among the male and female literacy still exists and it is higher than the national average. And due to poor health infrastructure, the health system in Bihar is not so good. Besides IMR, MMR still remains high in the State. So, the State Government must look after this matter.

Now let us come to a discussion of the reasons behind the existence of poverty in Odisha. One of the reasons is poor rate of agricultural growth in Odisha. About 70% percent of the people of Odisha are directly dependent on agricultural activities. Not only that, the state's economy is largely based on the primary sector i.e. agricultural and allied activities. But the growth in the agricultural sector has been erratic and fluctuating because of bad monsoons and poor irrigation facilities. The State of Odisha has been facing several kinds of natural calamities such as drought, flood, cyclone and it is caused due to climate change and irregular precipitation of monsoon rain. For this reason the agricultural sector has been worsely affected. Though during 2008-09 the growth in the Primary sector had declined but during 2009-10, the situation changed, it has registered a very fast increase from its low base (Mid-Term Appraisal of Eleventh 5 (five) years Plan of Orissa (Meher&Padhi, 2010, p.13). Several reasons are attributed to the low level of agricultural growth such as traditional agricultural practices, inadequate capital formation, low investment and uneconomic size of the holdings.

The second reason is lack of land resources. During 2002-03, the per capita availability of land in Odisha has been reduced to 0.16 hectre from 0.39 hectre in the year 1950-51 due to over population. For this reason crops do not grow properly due to inadequacies of cultivated land. State Government has taken initiatives to increase food production by adopting improved agricultural practices. The third reason is poor literacy rate in Odisha. As per 2001 census the literacy rate of population in the State was 63.08% percent. There are wide gaps in terms of literacy rate among the women, Scheduled Castes and Scheduled Tribes category population in the State. The male and female literacy level in the State was 75.35% percent and 50.51% percent respectively. And the literacy rate among the Scheduled Castes and Scheduled Tribes population was 55.53 percent and 37.37 percent. It is also observed that the incidence of poverty among the Scheduled Tribes was 75.6% percent during 2004-05. During 2004-05, it is seen that the incidence of rural poverty in the State was 46.8% percent

whereas it was observed that 50.2% percent among the Scheduled Castes 75.6% percent among the Scheduled Tribes and 36.9 percent among the OBCs. From the data it reveals that 40 percent of the State's population belongs to the downtrodden section of population (Meher&Padhi, 2010).

The fourth reason is the poor health care facilities. In the State though it has found that the key indicators of health system i.e. IMR, MMR, CDR has improved still it is lagging behind many other major states of the country. The crude death rate is the highest in the State, because of poverty and malnutrition which leads to multiple health problems. It is very much prevalent among the downtrodden sections of the population. They not only suffer from the problem of acute poverty but also from the problem of poor health and accessibility to quality health care services. They cannot benefit from the State sponsored programmes because of poor health infrastructure in the tribal areas in the State. And the fifth reason is that there is a sluggish rate of economic growth in the State. Though there was a declining trend in the primary sector till 2000-01 but during 10<sup>th</sup> plan period it has revived and the primary sector has grown at a healthy rate of 11.48 percent. In the beginning of the 21<sup>st</sup> Century State's economic growth was at a sluggish rate but during 9<sup>th</sup> and 10<sup>th</sup> Five-year plan (1997-2002) (2002-2007) the State's economy has grown at a faster rate of 6.14 percent (Meher&Padhi, 2010).

Now let us see the performance of some common poverty alleviation programmes by the Central Government in Bihar and Odisha. There are some poverty alleviation programmes which are launched by the Central Government in both of the states. The schemes are Swarnajoyanti Gram Swarojgar Yojana, Indira Awas Yojana, and National Rural Employment Guarantee Scheme (NREGS), Targeted Public Distribution System etc.

**Swarnajoyanti Gram Swarojgar Yojana:** The scheme was launched by the Central Government and it is a single self employment programme from 1<sup>st</sup> April, 1999. The funds for the Swarnajoyanti Gram Swarojgar Yojana are shared on the basis of 75:25 ratio between the Central and State Governments. The purpose of the Swarnajoyanti Gram Swarojgar Yojana is to help the poor families above the poverty line by assuring them with income generating assets through a mix of Bank credit and

governmental subsidy (GOO, Economic Survey, 2007-08, p.8/4). In Bihar during 2009-10, a number of SHGS (17,809) were formed and the numbers of women Swarojgaris were 10,213. Though the number of SHGS has increased but there were no significant changes in the individual Swarojgaris under Swarnajoyanti Gram Swarojgar Yojana Scheme. In Bihar it has been observed that all Swarojgaris members including women, Scheduled Castes, the individual Swarojgaris has provided training and economic assistance under the Scheme. In Odisha during 2003-04 under Swarnajoyanti Gram Swarojgar Yojana it has assisted 59,289 Swarojgaris. And in 2006-07, 68,687 Swarojgaris have been assisted under Swarnajoyanti Gram Swarojgar Yojana Scheme against the target of 66,250 Swarojgaris (GOO, Economic Survey, 2007-08, p.8/4).

**Table: 10.2**

**Performance of the SGSY Programme (2007-08 to 2011-12) in Bihar**

Year	No. of Members of SHGs Assisted for Economic activities.		No. of individuals Swarojgaris Assisted for Economic activities.		No. of SHGs formed		Percentage of Fund utilization
	Total	Women	Total	Women	Total	Women	
2007-08	85355	43872 (51.4)	18205	4007 (22.0)	14036	8120 (57.9)	46.9
2008-09	120402	69949 (58.1)	4976	1281 (25.7)	20407	11791 (57.8)	40.8
2009-10	158061	98695 (62.4)	6090	1266 (20.8)	30701	19073 (62.1)	52.5
2010-11	184225	120901 (65.6)	15398	3937 (25.6)	31453	28576 (90.9)	57.6
2011-12	127567	91836 (72.0)	8698	2122 (24.4)	12017	9297 (77.4)	48.0

Note: Figures in parentheses denote percentage.

Source: Department of Rural Development, Govt. of Bihar, Economic Survey, 2012-13, P. 224.

**Table: 10.3**  
**Physical & Financial Achievement under SGSY in Orissa**

(Rs. in Crore)

YEAR	FINANCIAL			PHYSICAL	
	Expenditure (Rs. in lakh)	Per capita investment (Rs)	Subsidy credit ratio	Target	Achievement
1999-2000	7457.65	19880	1:1.75	99583	74633
2000-2001	9780.81	22004	1:1.86	99094	86171
2001-2002	6138.55	21885	1:1.78	53755	59233
2002-2003	5499.02	22396	1:1.69	45293	48925
2003-2004	6699.20	21437	1:1.58	54348	59289
2004-2005	8281.62	23878	1:1.64	58229	65712
2005-2006	8073.92	26048	1:1.80	58229	63904
2006-2007	8611.11	29448	1:1.25	66250	68687
2007-2008	11694.96	29362	1:2.26	81656	87171

Source: Panchayat Raj Department, Govt of Orissa, 2008-09, p.8/5

### **INDIRA AWAS YOJANA**

It is a scheme launched by the Central Government during 1985-86 and it is a sub-scheme of RLEGP, JRY. Its main objective is to provide financial assistance for the construction of dwelling unit of members of Scheduled Castes / Scheduled Tribes, freed bonded labourers, minorities in the below poverty line category and other below poverty line non-Scheduled Castes / Scheduled Tribes rural house-holds. The programme is funded on a cost sharing basis between the Government of India and the State Governments in the ratio of 75:25. In Bihar 35 percent of the houses have been completed by the State Government during 2009-10, i.e. upto October, 2009 (GOB, Economic Survey, 2009-10, p.190). The State Government has also taken initiatives for the Scheduled Castes, Scheduled Tribes minorities by providing houses. But from a survey it has been found that there are wide variations in different districts in the implementation of IAY.

**Table: 10.4****Performance of the IAY Scheme in Bihar**

Year	Annual Physical Target	Houses Completed		Percentage of Fund Utilization
		Total	SC & ST	
2007-08	N.A.	24740	13559 (54.8)	72.2
2008-09	567125	673658 (118.8)	394885 (58.6)	77.3
2009-10	1098001	645621 (58.8)	335675 (52.0)	69.5
2010-11	758904	529392 (69.8)	259867 (49.1)	66.4
2011-12	737486	450248 (61.1)	200393 (44.5)	68.02

Note: Figures in parentheses denote percentage with respect to previous column.

Source: Department of Rural Development, Govt. of Bihar, Economic Survey, 2012-13, P. 229.

In Odisha we find that during 2003-04 under the Indira Awas Yojana (Normal) the target of the State Government was to construct 66,026 houses and Rs.135.25 crore had been allotted for this purpose, but during this period 58,996 houses had been completed by the State Government by utilizing Rs.126.36 crore (GOO, Economic Survey, 2004-05, p.8/11). In Odisha we find that the State faced super cyclone in 1999. And this natural calamity affected the people of the State and it damaged most of the houses. It is a noticeable fact that the Government of India sanctioned Rs.165 crore to construct the one Lakh Indira Awas Houses in 24 (twenty-four) districts for the cyclone victims during 2001. It has been observed that the IAY has acquired a good result during 2006-07 with an achievement of 99.85% (GOO, Economic Survey, 2007-08, p.8/16).

**Table: 10.5**

**Physical & Financial Achievement under IAY (New construction), since 1996 – 1997 to 2007-08 in Orissa**

Sl. No.	Year	Fund Received				Expenditure	Expenditure %	Physical (No. of Houses)		
		Centre	State	other	Total			Target	Achievement	%
1,	1996-97	6545.55	1631.37	0.45	8177.37	9012.73	110	62250	54612	88
2.	1997-98	8527.34	1287.99	1.15	9816.48	8844.81	90	45483	50023	110
3.	1998-99-	9673.19	2886.02	3.44	12562.65	10607.79	84	67682	50671	75
4.	1999-00	8912.84	2785.39	14.32	11712.53	11525.98	98	55221	53328	97
5.	2000-01	2115.44	1112.65	16.75	3244.84	6475.92	200	21888	43293	198
6.	2001-02	4156.52	1219.14	9.55	5385.21	5418.31	101	50639	27394	54
7.	2002-03	6217.93	1801.77	41.31	8061.01	8061.59	100	51824	48465	94
8.	2003-04	9792.52	2535.28	763.51	13091.31	12635.92	97	66026	58996	89
9.	2004-05	13355.05	5116.87	80.13	18552.05	18192.33	98	74735	67892	91
10	2005-06	14341.20	5201.38	129.94	19672.52	19484.21	99	75465	77850	103
11	2006-07	15964.13	5620.24	28.29	21612.66	21026.71	97	80228	79668	99
12	2007-08	19633.46	5954.33	261.31	25849.10	23371.67	90	111431	90627	81
13	2008-09	24581.33	6664.41	246.36	31492.00	25199.47	80	111422	61662	55
14	Total:	143816.48	43816.84	1596.41	189229.73	179859.44	95	874294	764481	87

**Source:** Panchayat raj Department, Govt. of Orissa, Bhubaneswar (Meher&Padhi, 2010, p. 90)

**NATIONAL RURAL EMPLOYMENT GUARRANTEE SCHEME**

NREGA is a very landmark scheme launched by the Central Government for generating income in the rural areas. The scheme was implemented from 2<sup>nd</sup> February, 2006 in 200 districts all over the Country including Odisha and Bihar. It is a centrally sponsored scheme with fund sharing between the Centre and the State. The main aim of this programme is to provide life security to each rural house-hold through ensuring them

minimum 100 days of wage work. In Odisha the scheme was launched in March 2006. In Odisha we find that in the beginning NREGA scheme was not properly implemented in all the districts. But since 1<sup>st</sup> April, 2008, it is in operation in full swing in all the 30 (thirty) districts of the state. Though in Bihar, from its inception of this scheme, it was implemented in all the 38 (thirty-eight) districts. If we compare the operation of the schemes of these 2 (two) States, Odisha and Bihar we find some differences. In Odisha till 2009-10, total job card issued to house-holds was 55.81 lakh whereas in Bihar it was 124.06 lakh. Though the numbers of issued job cards in Odisha was less but 13.94 lakh (98.66%) were provided employment on an average of 40 days during 2009-10 whereas in Bihar 41.2 lakh (33% percent) were provided employment on an average of 28 (twenty-eight) days during 2009-10. Though the utilization of funds have improved over the years in both of the states. In Bihar during 2009-10, it was 75.8% percent compared to 60% percent in 2008-09 (GOB, Economic Survey, 2011-12, p.226). In Odisha it was found that the utilization of funds during 2009-10 was 96% compared to 59% percent during 2008-09 (Meher&Padhi, 2009). One can observe a common thing in both the States i.e. there is a considerable variation across the districts in the implementation of MNREGS. However, it is found that, MNREGA has provided employment guarantees to the rural house-holds. But it has failed to attract the large number of wage seeking house-holds during 2009-10. The number of 100 days completed work was very less in both the States. So, it cannot be denied that MGNREGA has shown improvement through various activities under the programme such as water harvesting and conservation, Renovation of traditional water bodies, land development, irrigation canals, Drought proofing rural connectivity, farm ponds, fisheries, rural drinking water supply, rural sanitation work, flood control and protection etc. In both the States, Odisha and Bihar the rural infrastructure has been improved through the implementation of the MGNREGA programme. But providing 100 days of wage employment to every wage seeker poor family in rural area is not successfully implemented in these states. This is due to lack of proper planning in the Gram Panchayat/ Village level. Another reason is unusual delay in payment of wages, so it is seen that many poor people do not show willingness to work in MGNREGS projects at the grassroots level. Another problem is observed that many of the non-wage worker people in many villages of the KBK regions in Odisha are the

beneficiaries of MGNREGA programme. It is caused due to some corrupt officials at the grassroots level. It has also been observed that in the name of the poverty alleviation programmes many of the non-poorer category of the people has grabbed the benefits.

**Table: 10.6**

**Performance of the MNREGS (2007-08 to 2010-11) in Bihar**

Year	Total Job Cards Issued(in lakh)	Households provided employment (in lakh)	Person days generation(in lakh)		Households completed 100 days	Percentage of Fund utilized	Number of Completed works	Average employment per household (days)	Total accounts opened(in lakh)
			Total	Percentage share of women					
2007-08	81.24	39.26(48.3)	840.58	27.3	49945(1.3)	71.5	46436	21.4	-
2008-09	102.99	38.42(37.3)	991.22	29.8	100891(2.6)	60.0	53939	25.8	48.78
2009-10	124.06	41.27(33.3)	1137.53	30.0	287019(7.0)	75.8	70491	27.6	84.91
2010-11	130.44	46.84(35.9)	1597.49	29.6	260919(5.6)	82.7	83593	34.1	102.57

Note: (1) Total accounts include both individual and joint account in both Bank and Post-Office

(2) Figures in parentheses denote percentage with respect to total job- cards issued

Source: Annual Reports, Department of Rural Development, GOB, Economic Survey, 2011-12, p.226

**Table: 10.7****Performance under NREGS: 2006-07 & 2007-08 in Orissa**

<b>Physical Achievement</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>
No. of Districts	19	24	30	30
Households registered (cumulative) in lakh	28.77	48.67	53.58	--
Job card issued to Households (cumulative) in lakh	25.93 (90.13)	42.56 (87.62)	52.71 (98.38)	55.81
Employment demanded by Households in lakh	14.07 (54.26)	12.59 (29.58)	12.21 (23.16)	14.13 (25.31)
Employment provided to number of households (in lakh)	13.94 (99.08)	12.17 (96.66)	11.99 (98.20)	13.94 (98.66)
Employment generated in lakh person days	799.34	430.63	420.64	551.59
Average no. of days of work provided per households	57	35.4	35.08	39.56
100 days completed households (in lakh)	1.54 (11.05)	0.43 (3.53)	0.52 (4.34)	0.82 (5.88)
Employment allowance paid (Rs. in lakh)	--	1.03	--	--
Financial Achievement	--	--	--	--
Funds available (Rs. in Crore)	890.00	792.00	1151.54	976.46
Expenditure (Rs. in Crore)	733.00 (82.36)	691.00 (87.25)	678.29 (58.90)	932.60 (95.51)
Unskilled wages out of total expenditure (Rs. in Crore)	422.00 (57.57)	353.00 (51.09)	--	--

N.B.: Figures in parentheses refer to percentage.

**Source:**

1. Govt. of Orissa, Annual Report, 2006-07 and 2007-08, Bhubaneswar: Panchayatraj Department.
2. Govt. of Orissa (2010), Economic Survey, 2009-10, pp. 20-21 & 57-58. Bhubaneswar: Planning and Co-Ordination Department (Meher&Padhi, 2010, p. 86).

Another common Central scheme is Targeted Public Distribution Scheme (TPDS) which was launched in both the States Bihar and Odisha by the Central Government in 1997. The scheme is especially made for the BPL house-holds in both the states. It ensures food security to the poor house-holds. The scheme is operational through a network of fair price shops. In both the states, the essential commodity is being provided to the BPL house-holds at subsidized rates. Though in both the states there is wide range of variation in the number of PDS shops in different districts of the states. The lifting of rice and wheat and other essential commodities is not equal in the States. But some common problems have been seen in the implementation of the scheme in both the states. One common problem is that essential commodities like Kerosene oil, edible oil, rice, wheat is not supplied to the BPL house-holds properly through the PDS. From a survey it has been found that the quotas for BPL house-holds are diverted to the open market, so it does not reach the ultimate beneficiary. It is caused due to the convergence between PDS dealers, political leaders and bureaucrats. They use corrupt practices and misutilize funds. Another common problem is poor quality of food grains, lack of accessibility of PDS facilities due to distance, high price of rice. The state government in Odisha has taken initiatives for the KBK region to provide 25 kg of rice per month at Rs.2/- per kg to both BPL and APL category house-holds in this region. So, it cannot be denied that the scheme TPDS provides food security to the poor. But due to some leakages by the Political leaders, PDS dealers, the PDS facilities does not reached to the final beneficiary. So the State Governments in both the two states must have taken some strong initiatives for the successful implementation of PDS like revamping the PDS to include the poor person's only, Ration Cards should be provided only to genuine card holders to approach the fair price shops and all the essential commodities must reach the poor, such as coarse cloths, baby food, matches, edible oils etc. Strong actions must be taken against the PDS dealers and other co-operatives.

**Table: 10.8**

**Working of Public Distribution System (2001-02 to 2010-11) in Bihar**

(Figures in '000tonnes)

Year	BPL						Antyoday					
	Wheat			Rice			Wheat			Rice		
	Allotment	Lifting	Lifting Percentage									
2001-02	1331.5	310.6	23.3	887.7	66.2	7.5	90.0	68.8	76.4	60.0	46.5	77.5
2002-03	1331.5	401.6	30.2	887.7	45.1	5.1	252.0	152.6	60.6	168.0	98.1	58.4
2003-04	1331.5	603.5	45.3	887.7	59.6	6.7	252.0	243.0	96.4	168.0	157.1	93.5
2004-05	1331.5	672.5	50.5	887.7	132.3	14.9	252.0	237.1	94.1	168.0	155.1	92.3
2005-06	1148.9	524.0	45.6	1001.0	147.5	14.7	273.0	258.4	94.6	182.0	166.6	91.5
2006-07	623.0	227.4	36.5	1313.3	184.4	14.0	275.3	238.3	86.5	386.8	300.4	77.7
2007-08	479.3	273.8	57.1	1198.2	479.6	40.0	408.0	366.6	89.9	612.0	514.0	84.0
2008-09	447.7	289.9	64.8	1272.1	470.3	37.0	408.0	322.4	79.0	612.0	461.5	75.4
2009-10	447.7	410.3	91.6	1272.1	741.6	58.3	408.0	385.4	94.5	612.0	543.2	88.8
2010-11	438.6	816.8	186.2	1258.4	1202.6	95.6	417.1	408.6	97.9	625.7	595.2	95.1

Source: Department of Food and Consumer Protection, GOB, 2011-12, Economic Survey, p.230

Now, let us look at the State sponsored schemes for poverty reduction in both the States. In Bihar the state government has taken several initiatives for the development of the deprived sections of the population i.e. SCs, STs, OBCs and the Mahadalits. There are a number of programmes that has been undertaken by the Bihar MahadalitVikas Mission such as MahadalitSauchalayaNirman Yojana, MukhyamantriMahadalitPoshak Yojana, MahadalitAwas yojana, Special School or Hostel for Mahadalits, MukhgyamantriNari Jyoti Scheme. In Odisha, there are some

poverty alleviation schemes by the State Governments which are Mo Kudia Scheme, RLAP programme in KBK districts, and GopabandhuGramin Yojana.

**Mo Kudia Scheme:** It is a state sponsored scheme. It was launched on 1st April, 2008. Its objective is to provide dwelling houses to the downtrodden people belonging to BPL category. The scheme plays an important role for the improvement in the resources under Indira Awas Yojana and it also increases the availability of houses for the rural poor. In the annual plan 2008-09 Rs. 100 crore was provided with a flow of funds to TASP and SCSP to the tune of Rs. 22.13 crore and Rs. 16.53 Crore respectively.

**RLAP and Special Plan for KBK Districts:** The programme was launched since 1998-99 by the state government in consultation with the Government of India. RLAP programme replaced an earlier Long Term Action Plan (LTAP) which was not so adequate. It came into being for the speedier socio-economic development of the KBK districts. RLAP programme which was prepared and submitted to GOI in 1998 envisaged a total outlay of Rs.6251.06 crore over a period of 9 years from 1998-99 to 2006-07 (GOO, Economic Survey, 2004-05, p.18/4).

**Gopabandhu Grameen Yojana:** It is also a State Plan programme launched in 2006-07. It provides additional development assistance to the targeted eleven districts which are Angul, Balasore, Jagat Singhpur, Kendrapara, Khurda, Nayagarh and Puri. This programme emphasizes on infrastructure projects such as Bijli Sadak and Pani, livelihood activities and other social welfare programmes. The State Government has increased its grants/ funds from Rs.10.00 crore to Rs.15.00 crore per district during 2008-09.

The study reveals that Odisha performed well in comparison to Bihar. The proof of this is that the poverty ratio during 2009-2010 in Odisha was 37 percent but in Bihar it was 53.5 percent. This is so despite both the states tried to eradicate poverty through the implementation of various poverty alleviation programmes. There are some common factors behind the existence of poverty in these two states which are low level of agricultural growth, lack of land resources, poor rate of female literacy etc.

## SECTION II

### EDUCATION

If we compare the literacy rates in Bihar and Odisha we find that Odisha is far ahead than the state of Bihar. As per the 2001 census the average literacy rate in Odisha is 63.08% whereas in Bihar it is just 47.0 percent. The male and female literacy rates in Bihar and Odisha are also different. As per 2001 census the male and female literacy rates in Bihar were 60.3 percent and 33.6 percent respectively whereas the male and female literacy rates in Odisha were 75.95 percent and 50.97 percent. As per the 2011 census the literacy rate in Bihar is 63.8 percent as compared to 47.0 percent in 2001 whereas in odisha it is 73.45 per cent. The male and female literacy rate in Bihar and odisha in 2011 are 73.4 percent (male) 53.3 percent (female) and 82.40 percent (male) 64.36 percent (female) respectively. One thing is very common in both the states i.e. there is huge gender disparity in terms of literacy rates.

**Table: 10.9**

**Literacy rate of Bihar and Odisha vis-à-vis India**

Year	Bihar			Odisha			All India		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1961	35.2	8.2	22.0	34.68	8.65	21.66	40.4	15.4	28.3
1971	35.8	10.2	23.2	38.29	13.92	26.18	46.0	22.0	34.5
1981	43.8	15.8	32.3	46.39	20.60	33.62	56.4	29.8	43.6
1991	52.5	22.9	37.5	63.09	34.68	49.09	64.1	39.3	52.2
2001	60.3	33.6	47.0	75.35	50.51	63.08	75.3	53.7	64.8
2011	73.4	53.3	63.8	82.40	64.36	73.45	82.1	65.5	74.0

If we notice the literacy level among the Scheduled Castes and Scheduled Tribes communities in these States, it is also found that there is huge difference. In Odisha during 2001 the percentage of Scheduled Castes and Scheduled Tribes communities

who were literate were 55.53 percent and 37.37 percent, whereas in Bihar it is much less than Odisha. In Bihar the overall literacy rate among the Scheduled Castes and Scheduled Tribes communities were 28.47 percent and 28.17 percent as per the 2001 census. So it can be said that Bihar has lagged far behind than Odisha in the literacy front. Poor education infrastructure is the main reason behind the low level of literacy in Bihar. Besides, inadequacy of Government expenditure is another reason on this front. Though in both the states there are inter district variations in terms of literacy.

In terms of enrolment ratio both the states i.e. Odisha and Bihar has performed well in recent years. Though, the enrolment ratio in primary level in Odisha has increased whereas the enrolment ratio at the upper primary level has increased in Bihar. In this state girls are performing well in all categories in the upper primary level. In spite of these, Gender disparity still exists in both the states when we look at all the literacy indicators. The enrolment ratio among the Scheduled Castes students is better in these states. However, even though the enrolment ratio in both the States has increased but the drop out ratio in the states is high. The drop out ratio has been higher among the Scheduled Castes and Scheduled Tribes in these two states.

**Table: 10.10****Dropout rates in the Primary and Upper Primary Schools in Bihar and Odisha**

Bihar						
Year	Primary			Upper Primary		
	All Categories	SC	ST	ALL Categories	SC	ST
2004-05	51.6	55.2	33.4	72.1	81.1	76.2
2005-06	46.6	57.4	40.6	68.3	78.8	74.4
2006-07	46.1	51.5	34.5	61.8	72.8	66.9
2007-08	45.4	52.4	31.6	61.4	71.2	64.3
2008-09	45.0	50.1	30.3	60.3	70.1	61.9
2009-10	42.5	50.4	10.9	58.8	71.6	14.8
Odisha						
Year	Primary			Upper Primary		
	All Categories	SC	ST	All Categories	SC	ST
2004-05	32.0	34.8	52.0	49.1	55.0	69.5
2005-06	18.49	19.46	23.32	28.39	29.33	37.07
2006-07	10.53	16.97	22.88	18.05	25.59	32.44
2007-08	7.97	12.54	16.89	13.27	18.80	23.83
2008-09	4.95	7.96	10.69	8.42	11.92	15.12
2009-10	2.83	4.21	6.46	8.19	8.89	9.72

In Odisha poor quality of teaching in most of the Primary and upper Primary Schools run by the state government leads to bad results in the 10<sup>th</sup> and 12<sup>th</sup> classes than the Private English medium schools. In the Annual HSC examination conducted by the Board of Secondary Education Odisha in 2012, the percentage of success among Scheduled Castes, Scheduled Tribes and Girl students was 57.3, 57.5 and 65.4 percent under Board of Secondary education during 2011-12 and during this period the success rate among Scheduled Castes, Scheduled Tribes and girls under CBSE/ ICSE Board was 99.2, 98.2 and 99.8 respectively (GOO, Economic Survey, 2012-13, p.282).

There were two common programmes which were launched by the Central Government i.e. Mid-day Meal programme and Sarba Shiksha Abhiyan and these are implemented for the development of the educational sector in both the states.

## **MID-DAY MEAL PROGRAMME**

The Mid-day Meal programme was introduced by the Central Government in 1995 in Odisha and in Bihar. Its objective is to provide cooked noon meal to Primary school children to improve the nutritional status of the Children in all Government Schools, Government aided schools studying in Class – I to Class – V. This scheme reduced the dropout rates in schools and has increased the enrolment. The Mahadalit Development Scheme also has tried to remove the disparities among caste and gender and Class inequalities. In Odisha during 2008-09, the scheme has covered 46,89,829 students in 66,230 Primary schools and 177,230 students in 18,930 upper primary school.

In Bihar the MDMS scheme was initially introduced on 1<sup>st</sup> day of September, 2004 with an initial coverage of about 1 (one) lakh children. Later on, it was universalized in all the Primary school from January, 2005. And in February 2008 it was extended to upper primary school to cover all the children from class I-VIII. In the state the coverage of MDMS for Primary Schools was 70.9 percent during 2008-09 but in the next 2 (two) years i.e. 2009-10 and 2010-11, the coverage of MDMS scheme was reduced to 53.8 percent and 54.7 percent respectively. In Odisha the total allocation for the implementation of the scheme during 2008-09 was Rs.517.19 crore (Rs.440.00 crore under CSP and Rs.77.19 crore under State Plan). And in Bihar during 2008-09 the total allocation for MDMS was increased from Rs.538.5 lakh to Rs. 1,426.6lakh in 2010-11 (GOB, Economic Survey, 2011-12, p.196). So, it can be said that the MDMS Scheme has helped the malnourished children and increased the concentration level of the poor children in school. It has also reduced dropout rates still it is high among Scheduled Tribe girls in Odisha. And in Bihar similar case has been found among Scheduled Castes girls at Primary schools.

**Table: 10.11**  
**Coverage of MDMS in Bihar (2008-09 to 2010-11)**

Year	Class I to V			Class VI to VIII		
	Total Enrolment (in lakhs)	No. of Children Availing MDM (per day) (in lakhs)	Coverage Percentage	Total Enrolment (in lakhs)	No. of Children Availing MDM (per day) (in lakhs)	Coverage Percentage
2008-09	138.70	98.27	70.9	38.8	31.51	81.2
2009-10	144.77	77.91	53.8	43.37	20.41	47.1
2010-11	144.77	79.18	54.7	43.37	20.94	48.3

Source: MDMS, GOB, Economic Survey, 2011-12, p.196

**Table: 10.12**  
**Year-Wise Physical and Financial Achievement**  
**under MDM:2002-03 to 2009-10 in Orissa**

Year	Coverage	Expenditure (Rs in Lakh)	Per Capita Expenditure On MDM (Rs.)
2002-03	4621934	1144.80	24.77
2003-04	4631826	933.53	20.15
2004-05	5151346	4819.71	93.56
2005-06	5156154	6667.49	129.31
2006-07	5002269	12736.75	254.62
2007-08	4230818	24635.90	582.30
2008-09	4410700	41550.56	942.04
2009-10	5687698	28536.12	501.72

**Source:** Government of Orissa, Women and Child Development Department, Bhubaneswar (Meher&Padhi, 2010)

Another common scheme is SSA (Sarva Shiksha Abhiyan). The SARVA SIKSHYA ABHIYAN is a centrally sponsored scheme, launched in 2001-02 throughout the Country for ensuring universalization of elementary education. Its main aim is to improve the quality education to all children in the age group of 6-14 years. In Odisha and Bihar, the State Governments has tried to improve the infrastructural development of the schools like construction of new school Buildings and class rooms, teacher training, teaching learning equipments, resource centers, and free text book etc. In Bihar through BEPC (Bihar Education Project Council) SARVA SIKSHYA ABHIYAN scheme has been implemented. Bihar Education Project Council has made a number of innovations to bring the out of school children back to the schooling system. Such as Uttar Kendra's for Mahadalit categories, TalimiMarkejMaktabMadarsa Kendra's for Muslim children, Utpreran Kendra and so on. According to good governance, 2010-15, under SARVA SIKSHYA ABHIYAN 20,804 (97%) Primary Schools are operational against a target of 21,419 Primary schools in 2013-14. Under SARVA SIKSHYA ABHIYAN scheme 19,412 (98%) Primary schools were upgraded to middle schools as against a target of 19,725. During 2013-14, as per free education session, the State Government has provided free text books for Class – I to Class – VIII made available to 1,88,13,081 (97%) students. Under SSA scheme construction of 7,705 toilets were completed for girls and 3,490 under construction. The fund utilization of SARVA SIKSHYA ABHIYAN however is not so high. During 2009-10 it was 50.3 percent which was increased to 55.6 percent in 2010-11.

In Odisha, we find that the SARVA SIKSHYA ABHIYAN is operational throughout the State since 2003-04. From the GOO, Economic Survey 2009-10, it is observed that a number of projects have been completed under SARVA SIKSHYA ABHIYAN. Under it 7,572 Primary schools, 8,409 upper primary schools have been opened up, 167 Block Resource centers have been constructed, construction of 5,590 toilets have been completed. There is a provision of free uniform to all school going girls in the age group 6-14 years. Supply of free text books to 4,372 children reading in Government and Government aided Madrasas were done. So the SARVA SIKSHYA ABHIYAN scheme in both the states has created a huge demand for secondary examination. For that reason, the State Government in both states had taken effective

steps for the construction of large number of schools at that level and number of residential schools for girls under Kasturba Gandhi Balika Vidyalaya Scheme. Not only that, through SARVA SIKSHYA ABHIYAN scheme, in both the states, the enrolment status has increased and the dropout rates have decreased in the elementary schools. There has been marked improvement in terms of GER and marked decrease in dropout ratio of children at the elementary level in both the states. The third common Scheme is Kasturba Gandhi Balika Vidyalaya (KGBV). It is also a central scheme which was introduced in August, 2004. The objective of this scheme is to provide residential schools with boarding facilities at elementary level for girls belonging to Scheduled Castes and Scheduled Tribes, Other Backward Classes, minority communities and families.

The programme is designed for the out of School girls back to Schooling facility under Kasturba Gandhi Balika Vidyalaya scheme, residential school with boarding facilities have been set up for girls belonging to Scheduled Tribes, Scheduled Castes, Other Backward Classes and other minority communities. In Bihar, out of 535 Kasturba Gandhi Girls Schools, 529 schools are functioning. And during 2012-13, 30 (thirty) schools started functioning in which 47,311 girls have been enrolled in the educationally backward state of Bihar.

In Odisha by the end of 2008-09 under Kasturba Gandhi Balika Vidyalaya Scheme total 157 residential schools have been opened up and around 15,410 girls have been enrolled in the educationally backward blocks of Orissa belonging to Scheduled Castes, Scheduled Tribes, Other Backward Classes and other minority communities. So, it can be said that Under Kasturba Gandhi Balika Vidyalaya Scheme number of residential schools and hostels have been set up for the Girls belonging to Scheduled Castes, Scheduled Tribes, Other Backward Classes and other minority communities in the EBBs (Educationally Backward Blocks) where the female literacy rate is low than the national average and also gender gap exists. It needs to be pointed out that Kasturba Gandhi Balika Vidyalaya Scheme is now integrated into the SSA scheme.

In Bihar there are some state sponsored schemes for the development in the education system, such as Mukhyamantri Balika Poshak Yojana, Mukhya Mantri Balak

Cycle Yojana and Mukhyamantri Balika Cycle Yojana. Under Mukhyamantri Balika Poshak Yojana Rs. 11,252.49lakh has been allotted for the 16.07 lakh girls (Class 6-8) for buying 2 (two) sets of clothes, teaching materials during the financial year 2009-10. Under Mukhya Mantri Cycle Yojana during 2009-10, Rs.11, 293.00 lakh has been allotted for 5.65 lakh boys for buying Bicycles. Rs. 10,000/- has been provided to the Girls who passed 10 with First Division under Mukhya Mantri Balika Protsahar Yojana and under Mukhya Mantri AksharAnchal Yojana nearly 40 lakh illiterate women has become literate. Under Mukhya Mantri Balika Cycle Yojana about 2.68 lakh girls studying in Class –IX has been provided Money for Buying Bicycles in 2008-09. During 2009-10, the State Government, Bihar has been allotted Rs. 8,700/- lakh to the 4.87 lakh girls for buying Bicycles (GOB, Economic Survey, 2009-10, p.165).

It has been observed that in the Primary and Upper Primary level the dropout ratio among the Girl students belonging to all categories including Scheduled Castes and Scheduled Tribes have decreased in both the States as compared to the boys. The enrollment status among the Girl students in all categories including Girl Scheduled Castes/ Scheduled Tribes students have also increased during 2008-09 in both the states. There has been a marked improvement in the teacher student ratio at the elementary level in both states. Both the states have focused more on quality of education. Though in Bihar, the dropout rates among Children still continues in the Secondary and Higher Secondary education (GOB, Economic Survey, 2011-12, p.193). In Odisha we find the dropout rate at the High School level still exists when compared to the Primary or Upper Primary Level (GOO, Economic Survey, 2009-10, p.262, Meher&Padhi, 2010).

In terms of technical education, both the states i.e. Bihar and Odisha have given considerable effort to improve the technical education system. Both the states would need to improve the adequate number of Engineering Colleges and Polytechnic Institutes. Though in Bihar there has been considerable improvement in the education system in the State. New institutions have been set up. These are Indian Institute of Technology (IIT), Indian Institute of Management (IIM) and National Law University. And all these have come up during the rule of the JD (U) Government in Bihar. In Odisha we also find a number of Technical Institutes, such as Engineering College,

Engineering Schools, Polytechnics, Industrial Training Institutes (ITI), Industrial Training Centres (ITCs), Educational Training Institutions etc. To improve the technical education system in the State DTET (The Directorate of Technical Education and Training) plays the role of nodal agency with the co-operation of State Council of Technical Education Universities and National level Technical Institutions and agencies.

The infrastructure facilities have largely affected the enrollment and dropout rates. In both the States many of the Primary Schools are running without proper building and other infrastructures. Toilet facilities for Girls are very inadequate in both the primary and upper primary schools in both the states.

In Bihar and Odisha, we find that the State Government has tried to make efforts to improve the educational system in both the States. Though in Bihar, the share of expenditure of education in total expenditure on social services during 2001-02 was 73.6 percent and it was reduced to 49.7 percent in 2010-11. And in Odisha we find the State Government has concentrated more on elementary education than higher and technical education. From a Survey prepared by NCDS, Odisha, Meher and Padhi (2010) have observed that the budgetary expenditure on education in higher and technical education of the State is less than 20% percent of the total budgetary allocation on education. So the State Government needs to concentrate more on higher and technical education for the economic development of the State.

From a detailed discussion of education system in Bihar and Odisha, we find Odisha is much more developed as compared to Bihar in terms of literacy though in both the states the State Government has made constant efforts for the improvement in the education system and quality of education. And in Bihar the JD (U) Government has taken several initiatives for the development in the education sector in recent years. The establishment of IIT, IIM, National Law University in the state are the significant developments in this regard.

## SECTION III

### COMPARATIVE STUDY OF HEALTH IN BIHAR AND ODISHA

For the Development of any nation the quality of human capital is very necessary. And the quality of human capital refers to the development in the quality of education and health status of population. If we look at the health sector in Bihar and Odisha, we find a number of variations in terms of health indications of both the states. There are a number of health indicators such as Infant mortality rate(IMR), Maternal mortality rate (MMR), Crude death rate (CDR) and Crude Birth rate (CBR) which determines the health situation in a State or of any Nation. In Bihar during 2004 the infant mortality rate was 61 which came down to 48 during 2010. And in Odisha during 2004 the IMR was 77 which came down to 61 in 2010.

**Table: 10.13**

**CBR, CDR, IMR in Bihar, Odisha and India**

Year	Crude Birth Rate (CBR)			Crude Death Rate (CDR)			Infant Mortality Rate (IMR)		
	Bihar	Odisha	India	Bihar	Odisha	India	Bihar	Odisha	India
2004	30.2	22.7	24.1	8.1	9.6	7.5	61	77	58
2005	30.5	22.3	23.8	8.1	9.5	7.6	61	75	58
2006	29.9	21.9	23.5	7.7	9.3	7.5	60	73	57
2007	29.4	21.5	23.1	7.5	9.2	7.4	58	71	55
2008	28.9	21.4	22.8	7.3	9	7.4	56	69	53
2009	28.5	21.0	22.5	7.0	8.8	7.3	52	65	50
2010	28.1	20.5	22.1	6.8	8.6	7.2	48	61	47

Another important health indication is life expectancy at birth which is also important indicator for determining the health status of the population. In Bihar we find during 2001-2005, the LEB for male and female were 62.0 years and 60.1 years respectively

and during 2006-10; it has increased to 65.5 years for male and 66.2 years for female respectively. But in Odisha we find the picture is different. Here we find the LEB has increased from 58.6 years for Male and 58.7 years for Female in 1999-2003 to 60.3 years for Male and 62.3 years for female during 2001-05. So it assumes that during 2006-10 the LEB for male and female would have been 62 and 65.9 respectively. Hence if we compare the LEB in Bihar and Odisha in general, we find the LEB for Female in Bihar and Odisha are very much similar. But one thing need to point out that in Odisha female person survives more than the male person. Though as per the Technical Group on Population Projection, in Odisha the projected level of life expectancy at birth will be 64.3 years for male and 67.3 years for females during 2011-15 as against 67.3 years for male and 69.6 years for females at the national level (GOO, Economic Survey, 2009-10, p.270). Now let us come to the crude Birth rate in Bihar. In Bihar in the year 2004, the CBR was 30.2 which got reduced to 28.1 in 2010. There was no substantial reduction in terms of CBR in Bihar. In Odisha the CBR has decreased from 22.7% in 2004 to 20.5 in 2010 respectively. Here the picture is almost the same as in Bihar. The CBR has not decreased much in Odisha it decreased very little during these years. And the CDR (Crude Death Rate) in Bihar during 2004 was 8.1 which reduced to 6.8 in 2010. In Odisha it has been observed that the CDR in 2004 was 9.6 which indicate a poor health status in comparison to Bihar. Though the CDR in Odisha has come down but the margin is not high. During 2010 the CDR in Odisha has been reduced to 8.6. So from the above discussion it has been found that Bihar has slightly improved its health status than Odisha in terms of CDR during the same period. The other indicator i.e. TFR (Total fertility rate) in Bihar has also decreased from 4.3 in 2004 to 3.9 in 2009 due to demographic behavior patterns and health services for limiting the size of the family. According to NFHS (National Family Health Survey) data the TFR in Odisha has got reduced from 2.53 in 1990-92 to 1.89 in 2005-06. So, Bihar has shown high fertility rate than the all India figure of 2.6 and this figure remains higher as compared to many other major states of India.

Now let us see the health infrastructures in both the states Odisha and Bihar. In Bihar there were 10634 health centres as on October 2009. Among these there were 487 Rural Primary Health Centres (PHCs), 46 Urban PHCs, 8858 Health Sub-Centres

and 1243 additional PHCs (GOB, Economic Survey, 2009-10, p.174). It has also been observed that during 2011 there were 11559 health centers of different hospitals. Among these there are 533 Primary Health Centers (PHCs), 9696 Health sub-centers and 1243 additional PHCs. During 2008 there were 13 Health Centers for every lakh of population, whereas in 2009 there are 11 Health Centres for every lakh of population. There are wide variations in terms of availability of health institutions such as numbers of sub-centers, Primary Health Centres, Community Health Centres etc.

**Table: 10.14**

**Overall Status of Health Infrastructure in Bihar**

	Dist hospital	Referral Hospital	Sub Divisional Hospital	Health Centres				Total PHCs APHCs and Sub Centre per ten lakh of Population
				PHC	Sub Centre	APHC	Total	
2001	24	70	23	395	9140	1082	10617	140
2002	24	70	23	396	9140	1082	10618	139
2003	24	70	23	398	9140	1082	10620	136
2004	24	70	23	398	9140	1082	10620	134
2005	24	70	23	398	8858	1082	10338	128
2006	24	70	23	398	8858	1082	10338	126
2007	25	70	23	420	9558	1082	11090	119
2008	33	70	45	484	9588	1243	11315	131
2009	33	70	46	533	9588	1243	11364	130
2010	36	70	46	533	9598	1243	11470	118
2011	36	70	55	533	9696	1330	11560	111

Source: State Health Society, GOB, 2011-12, Economic Survey, p.208

In Odisha we find there were 1944 Medical Institutions consisting of 140 Hospitals, 378 Community Health Centres (CHCs), 1227 Primary Health Centres (PHCs) and 199 Mobile Health Units (MHUs) functioning in the State by the end of 2011-12. There are substantial number of Private Sector Medical Institutions which also provides medical care in the State. In the public sector there were 6688 sub-health centers. There were eight Medical Institutions per lakh population and one Medical Institution per 44 sq. km. at the end of 2011-12 (GOO, Economic Survey, 2012-13, p.291).

In Bihar we find that there are district wise wide disparities in the availability of Doctors. The State Government has sanctioned a number of regular and contractual posts for Doctors in 2009. In 2008 5 (five) Doctors were in position for every lakh of population in the State whereas in 2009 there were 4 (four) Doctors that were in position for every lakh of population in the State. Among the various districts in Khagaria and Gopalganj the availability of Doctors are better than the other Districts. 49 (forty-nine) Doctors are available per lakh of population in Khagaria whereas 38 in Gopalganj. Besides we also find that there is only 1 (one) Doctor available per lakh of population in Arwal. There is also a shortage of Grade – ‘A’ Nurses in the State. Though the State Government has tried to fulfill the sanctioned posts for Grade – ‘A’ staff Nurses but the State Government has failed to fulfill all the vacancies in the State. There is a lack of ANMs (Auxiliary Nurse-cum-Mid wife) in the State. During 2008-09, there are 16 (sixteen) ANMs working for every lakh of population in the State. The State Government has succeeded in appointing the ASHA workers in the State. Besides it has been also observed that the number of patients visiting Government hospitals has increased in recent years. The number of patients visiting Government Hospitals was very poor during 2006. But during 2008-09 the situation in Government Hospitals has improved. As a result the number of patients visiting Government Hospitals has increased. And it cannot be denied that the Bed occupancy rate has also increased in different districts of Bihar. It has increased from 22.6 percent in 2009-10 to 94.1 percent in 2011-12 (Government of Bihar, Economic Survey, 2011-12, p. 213). The improvement has also observed in the sphere of institutional deliveries in Bihar. During 2007-08 the overall percentage of institutional deliveries increased from 18.8 percent (2002-04) to 27.7 percent in 2007-08. Institutional deliveries have improved for the successful implementation of the Janani Evam Bal Suraksha Yojana (JBSY) in Bihar (GOB, Economic Survey, 2011-12, p.214).

Now let us see the health infrastructure in Odisha. There are a substantial number of Medical Institutions including Hospitals, community health centers, PHCs functioning in the State. By the end of 2007 there were 1704 Medical Institutions with 5095 Doctors and 14166 Hospital Beds (Meher&Padhi, NCDS 2010, p. 67). And also the private sector medical institutions have provided Medical care to the people of

Odisha. At the end of 2008-09 the bed population ratio was 1:1798. The Government of Odisha has taken initiatives for providing Health Care Services to the State at a very low affordable cost through the alternative systems of medicine such as, Homoeopathy, Ayurvedic, Unani dispensaries. In addition to that, there were 90 Mobile health units functioning in all 80 (eighty) Block of the eight KBK (Kalahandi Bolangir and Kalahandi) Districts under the RLTAAP (Revised Long-Term Action Plan) Programme for providing basic health care facilities to the poor people of Tribal areas of the State. Though the State Government have taken different initiatives for the recruitment of Doctors, Nurses and other paramedical staff but in spite of these numbers of posts remains vacant for years together in majority of the health centers. From the table of System Load in Government Hospitals it has been found that Doctors per lakh population has declined. In 2005-06 doctors in government hospitals available per lakh of population stood at 12.88 which got reduced to 10.56 in 2009-10. Not only that the number of beds in government hospitals also decreased in the state. During 2005-06 bed available for a population of 10000 was 3.96 which had declined to 3.76 in 2009-10. While the population has grown the number of beds in government facilities has not changed much, it is just about 15,668. Mohanty in New Indian Express dated 3<sup>rd</sup> March, 2012 has argued that against a sanctioned strength of 4,362 doctors in the state more than 1,150 posts is still lying vacant because of unwillingness of doctors to join the government sector. Though the Odisha government has tried to rope in doctors on ad hoc and contract basis to fill in the gap. For that reason recently the government had announced incentives for those serving in the backward KBK districts.

**Table: 10.15****System Load in Government Hospitals of Orissa**

Year	Doctors per lakh population	Beds per 10000 population	In patient to total population	Out patient to total population	Total patient to total population	Bed Turn our rate	Bed occupan t rate
1	2	3	4	5	6	7	8
2005-2006	12.88	3.96	6.61	64.20	70.82	166.90	91.40
2006-2007	12.71	3.91	6.59	64.01	70.61	168.60	92.40
2007-2008	12.55	3.86	6.55	55.00	61.56	169.80	93.00
2008-2009	12.39	3.81	7.30	58.04	65.34	191.50	104.93
2009-2010	10.56	3.76	8.78	60.62	67.41	233.39	127.84
2010-2011	8.24	3.71	9.45	64.42	73.88	254.26	139.32

Source: Director of Family Welfare, Odisha & Director of Health, Odisha, Bhubaneswar (GOO, Economic Survey, 2012-13, Annexure 8.20, p.332)

Like Bihar, in Odisha also the institutional deliveries have increased through Janani Suraksha Yojana. During 2004-05, it was increased from 36 percent to 50 percent in 2007-08 and further to 71 percent in 2008-09. The State targeted to reach 80 percent by the end of Eleventh Five-year plan. The institutional deliveries have increased due to the presence of trained birth attendants, Anganwadi workers and Auxiliary Nurse, Nurse-Mid-wives (ANMs). Like Bihar, in Odisha the position of Doctors and other paramedical staff has also increased but inspite of these, the positions of Doctor and other paramedical staff remains vacant.

Now let us look at the different health programmes in both the States. There are some common health programmes which were launched by the Central Government for providing better health services to all in both the states like Iodine Deficiency Disorders Control programme, National Rural Health Mission, Routine Immunization, Revised National Tuberculosis Control Programme, Blinders Control Programme etc. It's not possible to discuss all the Programmes in details.

**National Iodine Deficiency Disorders Control programme:** It was launched by the Central Government in 1988. The main objectives of this programme is the Control of Goitre physically and mental disorders, cretinism, deafness in the States. In Bihar and Odisha we find that the State Governments has banned the sale of non-iodine salt since 1989.

### **NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS**

This programme was launched by the Central Government in the year 1976. It is a 100% centrally sponsored scheme. Its main aim is to reduce the prevalence of blindness in the State. In Bihar it was targeted to reduce the adequacies of blindness to 0.8% by 2007 (10<sup>th</sup> plan). And in Odisha the State Government was successful in holding cataract operation. Not only that, the State Government has provided training equipment and material to improve the severe condition of the individual in the State for the reduction of prevalence of Blindness.

### **NATIONAL VECTOR BORNE DISEASES CONTOL PROGRAMME (KALAZAR)**

Kalazar is a serious health hazard all over the country. It was launched in 2003-04 by merging National Ante Malaria Centre Programme. More than 90 percent VL cases in India are coming from Bihar alone. The State Government has provided insecticide residual spray of DDT in 31 Kalazar endemic districts in Bihar. The State Government has also provided number of medicines like SAG (Sodium Antimony Glaciate) Amphotericin – B. Miltefosine which are now available in PHCs, District hospitals, Medical Colleges. The State Government has also provided Amphotericin B, rk 39 dipsticks in all districts in Bihar.

In Odisha the State Government has taken different initiatives like cleanliness of inhabited areas, spraying DDT to kill mosquitoes and to make awareness among the people about this disease through campaigning, information, education and communication activities. The Government of Odisha has taken different activities, such as surveillance, Distribution of drugs through Drug Distribution Centre (DDC) and Fever Treatment depot (FTD) and Chemo prophylaxis to all pregnant women. 4 (four)

districts of Odisha, such as Kandhamal, Keonjhar, Sundargarh and Mayurbhanj are severely affected by Malaria. And this is caused due to the predominance of deadly plasmodium Falciparum (Meher&Padhi, 2010). So, it is seen that the State Government of these 2 (two) states (Bihar and Odisha) has taken several initiatives to tackle this situation.

## **ROUTINE IMMUNIZATION & PULSE POLIO**

In Bihar the year 2006 has been declared as a Routine Immunization year by the State Government and in Odisha also the Universal Immunization programme has been implemented. The objectives of this programme is to reduce infant mortality and maternal mortality rates and disabilities which are caused by these six diseases (namely tuberculosis, diphtheria, pertussis, tetanus, polio and measles) and it provides free vaccines to all eligible children (NFHS-2, India, 1998-99, Orissa). It has been observed from a report entitled *Bihar Road Map for Development of Health Sector – A Report of the Special Task Force on Bihar* published by the Government of India, 2007 that Bihar has performed better in terms of immunization from 11% to 34%. The State Government has been targeted to provide a secure immunization with all antigens (plus & Dosages of vitamin – ‘A’) to all children between 12-23 months and all pregnant woman with 2 (two) doses of FT in the entire district in Bihar by the year 2010. During 2010-11, the immunization coverage with all antigens (BCG, TT, Department, Measles, Polio, T. B.) was very much higher than the previous years. The overall immunization in Bihar has been increased from 18% in 2005 to 66.8% in 2010 (GOB, Economic Survey, 2011-12, p.215). In Odisha the ICDS project has strengthened the immunization programme. Also the Anganwadi workers, Auxiliary Nurses and Mid-wives are involved in this programme. The State Government of Odisha has immunized the infants and children of 0-5 years ago against the Polio with an aim of making the state Polio free through the National Pulse Polio Programme. Pregnant women are being provided immunization against Tetanus which reduces maternal and neonatal mortality. So it can be said that both the State has shown substantial improvement in the immunization coverage with all antigens.

## REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

It is a Central Scheme which is in operation since early 1999 in Bihar and since October, 1997 in Odisha though it was launched in India in 1993 in replace of National T. B. Control Programme (1964). In Bihar RNTCP Programme came into being with a well-planned strategy and it was launched in all the 38 districts in Bihar. Through this programme the new sputum positive detection rate has increased from 25% to 41%; 11,157 patients were being provided treatment for T. B. during 2006-07. In Odisha RNTCP programme has been adopted in 1997 with the assistance of DANIDA. From its (RNTBCP) inception till June, 2009 about 3,38,392 T. B. Cases are located out of which 2,43,642 were treated with DOTs (Directly Observed Treatment short course Chemotherapy). Although among those treated, 14,822 persons died. In 2009, it has been found that the new smear positive case detection rate was 76% against the norm of 70% and 86% cases were succeeded (GOO, Economic Survey, 2009-10, p.275).

In Bihar institutional deliveries has been increased for the successful implementation of the Janani Evam Bal Suraksha Yojana (JBSY). The improvement in the institutional deliveries has reduced maternal as well as infant mortality. In Odisha Janani Suraksha Yojana has been implemented and through this programme institutional delivery has increased. And it has also reduced maternal mortality, infant mortality ratio. The poor and backward segments of the society has benefitted from this scheme.

The State Government, Bihar has increased the budget for the health sector from Rs.398.22 crore in 2005-06 to Rs.1040.66 crore in 2009-10. And the percentage of Utilization against receipts has also increased from 31.1 percent in 2005-06 to 89.8 percent in 2009-10. So, Bihar has shown considerable improvement in terms of utilization against received funds (GOB, Economic Survey, 2011-12, p.215). In Odisha the allocation of health and family welfare expenditure has declined in general and primary health in particular. During 1999-2000 the per capita expenditure on health was Rs.116.68 as against Rs.110.51 during 1998-1999 (GOO, Economic Survey, 2000-2001, p.15/2). The health infrastructure has not improved in Orissa over the period 1997-98 to 2002-03 due to less amount of allocation on health sector (Meher&Padhi, 2010).

From the above discussion, it is clear that the State Government in both states has taken different initiatives for the improvement of the health sector in the study period. In spite of these both the states have witnessed several problems such as unavailability of Doctors, low level of infrastructure, such as lack of qualified attendants or staffs in PHCs, medical equipment, beds, non-availability of beds and other facilities in Medical institutions. It has also been observed that Kalazar is a severe disease in both the state. Though, the State Government of these two states has taken several initiatives in this regard. Another common factor in these two States i.e. the prevalence of Anemia and malnutrition among the women and children. It still exists in these two states to a very high extent. The other problem which is seen in these two states i.e. in both States the people cannot access the health services specially the Scheduled Castes and Scheduled Tribes due to distance, their traditional belief. The tribal priests and medicine men such as 'Ojhas' play a key role in this regard. Many of the tribal people easily embraced and depend on these local resources such as black magic, sorcery etc.

So, it has been observed that many common factors exist in these two states. Both the states have taken several initiatives for providing better health services to the people. But the problem is poverty in these two States. In spite of these, it can be said that Odisha performs better in the health scenario in terms of numbers of Doctors, nurses, beds than Bihar. But the infant and maternal mortality rate still remains high in Odisha.

## SECTION IV

### SOCIAL WELFARE: COMPARATIVE STUDY

The State Governments in Bihar and Odisha during the period not only concentrated on poverty alleviation programmes, the rejuvenation of the health and education sector, it also laid emphasis on the Social Welfare of children, women, marginalized sections of the population and old and disabled persons etc. Both the states have adopted and implemented several policies for the welfare of women, children, old and disabled and marginalized sections of the population during the period 2000-2010.

Let us see the steps that have been taken by the State Government in Bihar for the welfare of the Scheduled Tribes and Castes during the period of 2000-2010. In Bihar as per the 2001 census the Scheduled Castes constituted about 15.7 percent of its population and 0.9 percent of the State's population are considered as Scheduled Tribes. Several initiatives have been taken by the JD (U) Government under the leadership of Nitish Kumar to ameliorate the miserable condition of the Scheduled Castes and Scheduled Tribes.

- i) Scholarship and stipends are provided to the Scheduled Castes and Scheduled Tribes students. 22,000 Scheduled Castes and Scheduled Tribes students are the beneficiaries of the Post Matric Scholarship Scheme with an expenditure of 5.00 crore during the financial year 2005-06. Not only Scheduled Castes and Scheduled Tribes students, the scheme also benefitted the 55,823 BC and EBC students during the financial year 2007-08.
- ii) The State Government has provided training facilities to the Scheduled Castes and Scheduled Tribes students for the preparation of competitive examinations, such as UPSC, BPSC, RAILWAYS, and Banks during 2010-11 (GOB, Economic Survey, 2011-12, p.231)
- iii) UrbanJananayakKarpuri Thakur Hostel Scheme the State Government has decided to construct Hostels in all the districts for the extremely

backwardclasses during the financial year 2008-09 to 2010-15 (Marching Ahead, Agenda of Good Governance, 2005-2015, p.145).

- iv) The State Government in Bihar had established 65 residential schools for Scheduled Castes and 15 residential schools for Scheduled Tribes for 28,520 students by 2010-11 (GOB, Economic Survey, 2011-12, p.231).

For the Mahadalits, the State Government has taken initiatives such as construction of toilets free of cost under the scheme of total sanitation campaign i.e.” MahadalitSauchalayaNirman Yojana” with the help of Bihar MahadalitBikash Mission (Bihar MahadalitVikas Mission). 3,01,401 Mahadalit persons are the beneficiaries of the scheme (Marching Ahead, Agenda of Good Governance, 2005-15, p.143). There are several other schemes that are meant for the Mahadalit’s, such as Mahadalit Bhumi Awas Yojana, Mahadalit water supply scheme, Mahadalit crèche, special School or Hostel for Mahadalits, MahadalitPoshak Yojana, DashrathManjhiShramik Training Institute, Mukhyamantri Jeevan DristiProgramme, Mukhyamantri Public Distribution System, Dhanvantari Mobile Ayurvedic Chikitsa.

Under MahadalitPoshak Yojana 842537 students studying in government schools have been benefitted till 2009-10 (GOB, Economic Survey, 2010-11, p. 249). Under MahadalitAwas Bhumi Yojana the state government has provided 3 decimals of land to each landless Mahadalit family for construction of houses (GOO, Economic Survey, 2011-12, p.233). The state government has claimed that 150 girls students in Patna and 100 girls students in Gaya are the beneficiaries of Special School-Cum-Hostel Scheme. Rs 4 crore has been utilized on this scheme from 2010-11. Another programmeDashrathManjhi Kaushal Vikas Yojana has been started in 2010-11. Its objective is to improve the socio-economic condition of Mahadalit Community through providing them employment by giving them skill development training in different trades through different reputed agencies. During 2010-11 about 83792 youths have been conveyed training in different trades with an expenditure of Rs.43.56 crore (Marching Ahead, Agenda of Good Governance, 2005-15, p.144). Under MukhyamantriNari Jyoti Scheme as per the Economic Survey of Bihar 2011-12 reveals that about 3567 families have been benefitted (GOB, Economic Survey, 2011-12, p.233).

The Government as per the Economic Survey's of Bihar has claimed that there are some programmes which are designed for the improvement of the Mahadalits and that has succeeded. But the achievements of all the programmes are not given appropriately in the Economic Survey of Bihar.

Now, let us come to the Welfare activities taken by the State Government of Odisha for the Scheduled castes, Scheduled Tribes during the BJD's regime particularly during our study period.

In Odisha the total population of Scheduled Castes and Scheduled Tribes constitutes about 38.66% of the total population of the State. As per the 2001 census, Scheduled Caste population constituted about 16.53% of the total population and Scheduled Tribes population of the State accounted for 22.13 percent. The BJD Government led by Naveen Patnaik carries out many programmes for the welfare and Development of the communities.

The Ministry of Tribal affairs of the Union Government has provided annual grant to states for providing better livelihood for the Scheduled Tribes, Tribal sub-plan area included in this category. Various projects which are being implemented under the programme, such as Eklavya Model Residential Schools (EMRS) from Classes VI to XII, roads, bridges, minor irrigation projects, hostel, Buildings and drinking water facilities etc. Under Article 275(1) during 2008-09 453 projects had been completed with an expenditure of Rs.29.95 crore (GOO, Economic Survey, 2009-10, p.295). And during 2011-12 the central government released Rs.83.51 crore and Rs.32.49 crore had been utilized for the completion of 488 projects under Article 275(1) [GOO, Economic Survey, 2012-13, p.311]

One of the important programmes is RLTAAP Programme in KBK districts in Odisha. RLTAAP programme was launched in 1998-99 to increase general and female literacy among Scheduled Tribes and Scheduled Castes through Scholarships, Hostel accommodation and other facilities. Under this programme, 440 seated Scheduled Tribes girls hostels with all basic amenities was established in KBK districts between 1998-99 and 2001-2002. The State Government has constructed 246 Hostels for Scheduled Tribes and Scheduled Castes girls with an expenditure of Rs.32.10 crore between 2005-06 to 2007-08 (GOO, Economic Survey, 2009-10, p.297).

Both the State Governments of Bihar and Odisha have also taken initiatives for the empowerment of women in the two states. One of the important programmes taken by the JD(U) government in Bihar is Kanya Suraksha Yojana to stop female foeticide. Another important programme for the empowerment of women is Mukhya Mantri Nari Shakti Yojana (MNSY) launched in 2007-08 by the Women's Development Corporation throughout the State. The programme lays stress on social, economic and cultural empowerment of women as well as the holistic empowerment of women.

The State Government in Bihar has provided 50 percent reservation to women in local level Panchayati Raj Institutions and also at the urban level. The other programmes are Mukhya Mantri Balika Poshak Yojana and Mukhya Mantri Balika Cycle Yojana which have been implemented in the State to increase the girls' attentiveness in schools.

In Odisha the State Government has also taken initiatives for the empowerment of women i.e. State Commission for women. It is a statutory body and it observes the situation of women in prisons. The other important programme is Mahila Vikas Samabaya Nigam (MVSAN) which was launched for the development of women. Another important initiative which has been taken by the State Government is Mission Shakti. It was launched in 2001. Its main objective is to organize 2.00 lakh Women Self Help Groups (WSHG) covering all revenue villages of the State. For the successful implementation of Mission Shakti empowerment of women through self-help groups is very necessary.

**Table: 10.16****Status of WSHGs in Orissa, 2008-09**

i)	No. of WSHGs formed	3,72,748
ii)	No. of members	44,72,976
iii)	Credit advanced	Rs. 1294.44 crore
v)	Amount of savings	Rs. 239.93 crore
vi)	No. of WSHGs credit linked	4,13,656
vii)	Federation formed	7593
viii)	No. of SHGs to repeat finance	67,659
ix)	Amount of repeat finance	Rs. 460.44 crore

Source: GOO, Economic Survey, 2009-10, p.291

There are some other activities of Mission Shakti such as participation of the WSHGs for sensitizing and supporting pregnant mothers for institutional delivery, 2137 WSHGs are participated in LPG Gas distribution through the Shakti Gaon programme and 627 SHGs are concerned in the implementation of total sanitation (GOO, Economic Survey, 2009-10, p.291).

Apart from these another programme has been adopted by the State Government for the empowerment of women, i.e. Swayam Siddha which covers 36 (thirty-six) blocks of the KBK (Kalahandi, Bolangir and Koraput) district and Boudh district. It has also increased awareness and confidence among the women SHGs members regarding their status, health, nutrition, education, sanitation and hygiene etc (GOO, Department of Women and Child Development, Report on Activities of W & CD Department for 2008-09).

Now, let us look at the important steps that have been taken by the State Governments in both the states, Bihar and Odisha for the development of the old and disabled.

There are a large number of welfare schemes both Central and State schemes which have been undertaken by the State Government in Bihar and Odisha. In Bihar the Central Sector schemes is for the old aged, widow and disabled. The Central schemes are Indira Gandhi National Old Age Pension Scheme, Indira Gandhi National

Widow Pension Scheme, Indira Gandhi National Disability Pension Scheme and National Family Benefit Scheme. And the State Sector schemes that has been undertaken by the State Government for the old, widow and disabled are Laxmi Bari Pension Scheme, Bihar State Social Security Pension Scheme, Kabir Antyesti Grant Scheme, Scholarship to Disability Scheme, Upgradation of special schools (GOB, Economic Survey, 2011-12, p.246).

Under the Kabir Antyeshthi Anudan Yojana which was initiated in the financial year 2007-08 the member from the BPL family has been or is being provided one-time grant for performing death rituals. Another important programme is SAMBAL (Mukhyamantri Viklang Sashaktikaran Yojana) for the persons with Disability. It has emerged to implement various articles of The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. All the state schemes which is made for the PWD i.e. Scholarship Scheme, Survey and Certification, Mukhyamantri Samarth Yojana, Mukhyamantri Nishakjan Reen Yojana and workshop for PWD are merged with the Mukhyamantri Viklang Sashaktikaran Yojana (SAMBAL). To the Economic Survey its main aim is to protect and promote the rights of PWD in the financial year 2012-13 (<http://www.ssups.w.in>>MVSY). Under this scheme scholarship, artificial limbs, machines, certification special schools, service provider centers, educational loans, self employment loans and protection homes are provided to the handicapped persons for their better livelihood (GOB, Economic Survey, 2012-13, p.249).

In Odisha we also find some central and state schemes were undertaken by the State Government for the welfare of the handicapped and old. From the Economic Surveys of the Government we note that the schemes are Orissa Disability Pension Scheme (ODP), special school for children with disability and supply of special aids and appliances, Scholarship to Students and Disability, National old Age Pension Scheme (NOAP), special school for children with disability and supply of special aids and appliances, scholarship to students and Disability, National Old age Pension Scheme (NOAP), National Family Benefit Scheme, Madhu Babu Pension Yojana etc (GOO, Economic Survey, 2009-10, p.286-288).

One of the important State schemes for the old and disabled are Orissa Disability Pension Scheme which is merged with the MBPY and is being implemented from 1<sup>st</sup> Jan, 2008. The scheme is functional for those persons who are 5 (five) years of age or above and are totally blind or orthopedically handicapped or mentally retarded or affected by cerebral palsy and with a maximum annual income of Rs. 12,000/- only. This scheme attracts lot of beneficiaries (GOO, Economic Survey, 2009-10, p.286).

The State Government in Odisha has also established special schools for the disabled children. Not only that, the State Government of Odisha has also provided some materials such as Tricycles, blind sticks, crutches, hearing aids to help the disabled persons (GOO, Economic Survey, 2007-08, p.15/27).

The other important state schemes for old are Madhubabu Pension Yojana. This scheme came out by integrating 2 (two) pension schemes, namely Old Age Pension Scheme, 1989 and Disability Pension Rule, 1985. The State Government has also established Old Age Homes, short stay homes, Day care centres for the destitute old men and women (GOO, Economic Survey, 2008-09, p.15/33).

The State Government in Bihar not only looks after the welfare of the Scheduled Castes and Scheduled Tribes old and disabled women, it also concentrates on the welfare of the minorities. The JD (U) Government has tried to remove disparities among the deprived sections of the populations. The State Government has constructed Hostels for minority students both for boys and girls and has also provided Scholarship to the College students of minority community. To improve the economic condition of Muslim women the State Government of Bihar has provided Rs, 10,000/- only under Muslim MahilaParityakta Yojana.

And in Odisha the BJD Government has also laid emphasis on child welfare through ICDS, MDM Emergency Feeding Programme which we have discussed in the earlier chapter.

What is therefore noticed is that both the State Governments in Bihar and Odisha made constant efforts for the welfare of the Scheduled Castes and Scheduled Tribes, women, old and disabled, child minority etc. In spite of these, we note that the states had failed to achieve the target in all cases except in some.