

**DEVELOPMENT POLICIES IN THE SOCIAL
SECTOR AND THE STATE PARTY LED COALITION
GOVERNMENTS: A STUDY OF TWO STATES OF
ODISHA AND BIHAR (2000-2010)**

**Thesis Submitted for the Award of Doctor of
Philosophy (Political Science) Under the University of
North Bengal**

Submitted by

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2020**

Under the Supervision of

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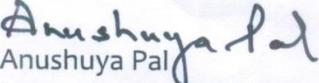
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ANUSHUYA PAL
2020**

Declaration

I declare that the thesis entitled “**DEVELOPMENT POLICIES IN THE SOCIAL SECTOR AND THE STATE PARTY LED COALITION GOVERNMENTS: A STUDY OF TWO STATES OF ODISHA AND BIHAR (2000-2010)**” has been prepared by me under the guidance of Dr. ArunKanti Jana, Professor, Department of Political Science of the University of North Bengal. No part of this thesis has formed the basis for the award of any degree or fellow previously.


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Certificate

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249

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DEVELOPMENT POLICIES IN THE SOCIAL SECTOR AND THE STATE PARTY LED COALITION GOVERNMENTS: A STUDY OF TWO STATES OF ODISHA AND BIHAR (2000-2010)

(PhD Thesis Submitted to the University of North Bengal 2020)

(Abstract)

Development is a key term which is used by all the political parties for coming to political power. Be it regional or national all the parties have used the slogan of development for capturing the heart of the people and to come to power. And it is very much true that now-a-days people only want development in every sphere especially in health, education etc. Our thesis is concerned with the poverty alleviation programmes and its impact in Odisha and Bihar and also development policies in the social sector in Odisha and Bihar during the period 2000-2010. Our main aim is to find out the existence of poverty in Odisha and Bihar and how far the BJD -BJP alliance in Odisha (2000-2010) and RJD -Congress alliance government (2000-2005) and JD(U) - BJP alliance government led by Nitish Kumar in its first term (2005-2010) have succeeded in eradicating poverty in the state and also investigates about various programmes in the field of education, health and general social welfare that has been taken by the BJD-BJP alliance governments in Odisha and RJD-Congress alliance government and JD(U)- BJP alliance government led by Nitish Kumar during the period of 2000-2010. Though in Bihar during Laloo's regime (2000-2005) there was no considerable improvement that was seen in different sectors. During this period law and order situation was so weak. However, Odisha and Bihar are the two most backward states in India. It is because the percentage of people living below the poverty line is very much higher in these two states than many other states in India. During the period 1999-2000 the incidence of poverty in Odisha was 47.15 percent and in Bihar it was 42.6 percent which has been reduced to 37.0 percent and 53.5 percent during 2009-2010 respectively. So it can be observed that there is a sharp decline in the poverty ratio of Odisha and Bihar and this has been possible due to state intervention of these two states. We have analyzed this on the basis of primary and

secondary resources. From the different sources we have come to learn that poverty ratio in both the states has declined. Several poverty alleviation programmes has been implemented by the BJD-BJP government in Odisha and JD(U)- BJP alliance government in Bihar. Two most important programmes implemented by the state government in Odisha are RLTAAP programme in KBK districts and NREGA programme. RLTAAP programme is a state sponsored programme introduced by the state government in consultation with the Government of India in 1998-1999. Its main aim is to improve the socio-economic condition of the KBK districts in Odisha because Koraput, Bolangir, Kalahandi (KBK) is regarded as one of the backward regions in Odisha. It has several components which are agriculture Horticulture, Watershed Development, Afforestation, Rural Employment, Irrigation, Health and Emergency Feeding, Drinking Water Supply, Rural Connectivity and welfare of the SC/ST etc. Under this programme state government has conducted several activities for the development of the KBK regions of the state. Like for girls state government has established number of hostels starting from primary to high school level. Through the different government initiatives enrolment ratio has increased in this region. To increase the literacy level among the tribal's state government has launched Special Literacy Campaign for the tribal's in this region. Though the government had tried to improve the condition of the people of the KBK regions of the state inspite of these poverty still remains a major issue in KBK districts in Odisha. Kalahandi is one of the proofs in this regard. People of this region till now face scarcity of food. Another programme is NREGA which is designed for the development of the poor people from hunger and distress. Its main objective is to provide employment opportunities by guaranteeing 100 days of wage employment in a year to the rural households. We have evaluated this programme on the basis of secondary sources. We have found that the programme has failed to provide 100 days of work to the poor households. In Bihar during the reign of Laloo Prasad Yadav there was no considerable improvement seen in the state but after Nitish Kumar came to political power there was some improvement in different sectors. In Bihar the state government has also tried to eradicate poverty through the implementation of several poverty alleviation programmes such as Targeted Public Distribution System, SGSY, NREGA. The most important scheme is Targeted Public Distribution System which came into being in

1997. Its main aim is to ensure the availability of food to the rural households. This programme has helped BPL households, widows and other single women, a number of helpless old persons, primitive tribes and homeless senior citizens by providing food grains and other facilities but the quality of food was poor. Another programme is NREGA which provides 100 days of wage employment in a year to the rural households but like Odisha it has also failed to provide minimum number of days of work to the rural households. In the education sector both the states perform better than the previous years. Generally education plays an important role for human development. The total literacy rate in Odisha as per the 2001 census was 63.08 percent and in Bihar it was 47.0 percent. Though in both the states female literacy had increased inspite of these from our research it reveals that there is still wide gender disparities in terms of literacy rates in Odisha and Bihar. We have investigated the reasons behind the dropout rate among the children especially among the SCs & STs girls in school in these two states. We have found that the status of elementary education has improved in Bihar and the enrolment ratio among the girl students in the upper primary level had increased. Two programmes i.e. Mid-Day Meal Programme and SarvaShiksha Abhiyan played a major role for reducing the drop-out rate and increasing the enrolment ratio among the children in schools in both Odisha and Bihar. We have evaluated the programmes and found that these programmes helped a lot in the sphere of enrolment ratio and dropout rate among the children in the primary and upper primary level despite some leakages in the system. Both the state government has taken number of steps for the improvement in the literacy level among the SC & ST children such as Scholarship, boarding facilities, free text books etc. In Bihar during the regime of Nitish Kumar 2005-2010 there has shown considerable improvement in the education sector because during this time Nitish Kumar has established number of centres for bringing the out of school children back to the schooling system which are Uttahan Kendra, Talimi Markej, Utpreran Kendra, Maktab Madarsa Kendra. In Odisha however there is a need to pay more attention in technical education as well as in the quality education and the state government of Bihar also need to emphasize more on the quality education in the state. Our thesis also analyses the health situation in both the states i.e. Odisha and Bihar. There are some health indicators which determines health system in the state i.e. CBR, CDR,

IMR. In Odisha we have found that the crude death rate and infant mortality rate are higher than the state of Bihar. We have analyzed different health indicators of both the states. For the improvement in the health sector the state government in Odisha in collaboration with the central government has implemented several health programmes which are National Iodine Deficiency Disorder Control Programme, National Vector Disease Control Programme, National Leprosy Eradication Programme, National Filaria Control Programme, National Programme for Control of Blindness, RLAP programme in KBK districts, Pancha Byadhi Chikitsa, National Rural Health Mission, Janani Suraksha Yojana. All the programmes have been more or less successful. Like through the National Vector Disease Control Programme Odisha has succeeded to reduce malaria deaths in the state because the high incidence of malaria is found in the state. State government has taken different initiatives in this regard like cleanliness of inhabited areas, DDT spray for killing mosquitoes, awareness campaign about this disease. Though government tried to eradicate malaria from the state but still it remains a major issue in the state. Another programme Pancha Byadhi Chikitsa also helped the poor people who cannot avail the benefits from public health institution. Through Janani Suraksha Yojana the state government has succeeded to increase the institutional deliveries in the state. In Odisha the presence of anemia and malnutrition is largely found particularly among the tribal women and children. In Bihar it is found that the infant mortality rate was high during 2006 it was 60 which has reduced to 48 during 2010. And the LEB shows that female survives less than the male person. There has shown wide gender disparities in this regard. Our thesis also analyses the health infrastructures of the state such as doctors, nurses, beds, Auxiliary Nurse Cum Mid-Wife position and so on. We have found that the number of doctors is so less in both the states. Besides it has been also observed that the growth of population has increased day by day in Bihar. State government has taken a number of initiatives for the improvement in the health sector which are anemia Control Programme, Revised Tuberculosis control Programme, Janani Evam Bal Suraksha Yojana, National Vector Borne Disease Control Programme, Muskaan Ek Abhiyan, Nayi Peedi Swasthya Guarantee Yojana, The Yukti Yojana. In Bihar number of institutional deliveries has increased since 2008 because of effective implementation of Janani Evam Bal Suraksha Yojana. The number of polio cases has also been reduced during

2009-2010. To increase the level of immunization among the children the state government launched Muskaan Ek Abhiyaan in 2009. Both the states have tried to improve the health system by implementing various programmes in spite of all these there is still a large number of shortages of health infrastructures especially doctors, beds, nurses, other paramedical staffs and shortage of manpower in the rural areas that provide services to the poor in these two states. Number of infant deaths is caused due to neo-natal mortality in these two states and the proportion of babies with low birth weight still now a major concern in these two states. So government must provide the health infrastructures in the smaller hospitals and also increase the number of staffs in the hospitals, sanitary system. For this reason, the government must increase the budget in the health sector so that all people especially the poor people can get the minimum facilities in the hospitals. Our thesis also concentrates on the social welfare sector of these two states. For the welfare of the old and disabled, women and children, SCs & STs state government of these two states has taken a number of steps such as National Old Age Pension Scheme, Madhubabu Pension Yojana. State government of Odisha has established a number of Old Age Homes, Short Stay Homes, Day Care Centre through NGO's for the under privileged sections of the society. Integrated Child Development Programme (ICDS) has played an important role for the welfare of the women and children. For the development of the disabled persons state government in Odisha has implemented a number of programmes which are Orissa Disability Pension Scheme, Special School for Children with Disability, Distribution of Special aids and appliances, Scholarship to students and Disability. The programme helped the disabled persons by providing them a good position in the society. Not only that state government tried to empower women through a number of programmes which are Mahila Vikas Samabaya Nigam, Mission Shakti etc. Through Mission Shakti number of self-help groups have been formed in the state. For the welfare of the SCs & STs state government with the cooperation of central government has taken a number of programmes which included ITDA, TSP, MADA. Our thesis analyses these programmes on the basis of secondary sources. But what we find is that the tribal situation has not improved much. The Nitish Kumar government during his first term (2005-2010) has tried to develop the conditions of all the vulnerable sections of the society that means the old and disabled, women,

children, Mahadalits, SC's & STs. For the old people state government of Bihar has taken a number of pension schemes. Old Age Pension Scheme performs well in this regard. For the Mahadalits state government has implemented number of schemes which are Mahadalit Poshak Yojana, Dasharathi Kaushal Vikas Yojana. For the development of the extremely backward classes number of steps were taken by the JD (U) government in Bihar which are Merit Unnayan Yojana, Mukhyamantri Medha Vritti Yojana, Jananayak Karpuri Thakur Hostels. In Bihar Muslims constitutes around 16.53 percent of the population so for the upliftment of the Muslim population state government has taken several welfare measures which included Muslim Parityakto Yojana, Mukhyamantri Alpasankhak Pratsahar Yojana, Mukhya mantri Shrama Shakti Yojana. For the welfare of the disabled persons the programme which is very important is SAMBAL. Under this scheme shelters, artificial limbs and machines, scholarships all are provided to the disabled persons. So in the social welfare sector both the state governments of Odisha and Bihar has tried to develop the condition of all the sections of the society but despite of all these efforts of these two state governments we have found that development does not reach to every nook and corner of the states. Lastly our thesis also tries to find out the difference between Odisha and Bihar. It addressed the question which state is in a good position among the two? To find out the answer our thesis compares these two states in terms of poverty, education, health and social welfare. The study shows that Odisha performed far better than the state of Bihar because of its poverty ratio, literacy rate, health infrastructure and so on though it can never be denied that both the states had improved the literacy scenario in the state. What about health infrastructure? Both the states still now are not in a good position in this regard. When we look at the neonatal mortality rate we see the abysmal figures of the health indicators that when the whole picture became clear to us about the health system in these two states. When we compare these two states Odisha's performance in the health sector is slightly better than the state of Bihar. Although it is very interesting to note here that the per capita income (total GDP divided by total population) of Bihar during 2009-2010 was better than Odisha. Maybe it is caused due to the natural disasters such as droughts, floods, cyclones in these two states and for this reason state was unable to recover. But Bihar has succeeded to increase its GDP despite its monsoon failures. So it must

be admitted that both the state governments has tried to improve all the sectors respectively and its proof is that BJD government in Odisha and JD(U) government in Bihar still survive in their own states. In spite of these it is very much true that both Odisha and Bihar still now lagging behind when compared with many other states. Both the state government claims that they have improved their position in every sphere. It can never be denied that the health system is so poor in these two states. So government must look after the health infrastructure including providing medical facilities, ambulance services and also look after the implementation of all the programmes carefully in relation to health, poverty so that all the government facilities can reach each and every corner of these two states. Government also needs to pay more attention on the education of the girls and increase awareness campaign among the people about these programmes. And not only that the mindset of the people should also be changed so that poor people can avail the benefits of the government programmes.

Preface

First of all I owe debt to the Almighty God. I extend my heartfelt thanks and sincere gratitude to the people who encouraged and assisted me in various ways in accomplishing this endeavor, a great challenge indeed. I extend my sincere gratitude and thanks especially to my Supervisor Dr. Arun Kanti Jana, Professor, Department of Political Science, University of North Bengal for his constant guidance, inspiration and encouragement. Without his guidance and counsel, it was not possible on my part to give it a final shape. I am highly indebted to him. He is like my 'friend, philosopher and guide'. I am so fortunate to get him as my supervisor.

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One thing that I want to share that is I have a very pleasant memory of working at the libraries of Jawaharlal Nehru University, Teenmurti Library in New Delhi, ADRI Institute in Patna, Nabakrushna Choudhury Developmental Studies in Orissa. I wish to thank the staffs of all these libraries for their ready help and co-operation.

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Contents

| | Page No. |
|--|----------|
| List of Tables | i |
| List of Abbreviation | v |
| List of Glossary | xi |
| Chapter I : Introduction | 1 |
| Statement of the Problem | |
| Review of Literature | |
| Research Gap | |
| Objectives of the study | |
| Research Questions | |
| Hypothesis | |
| Definition, Rationale and Scope of the Study | |
| Research Methods | |
| Limitation of the Study | |
| Chapters | |
| Chapter-2: The Government's and the Problem of Poverty in Odisha (2000-2010) | 44 |
| Introduction | |
| Poverty among various social groups | |
| Economic Growth in Odisha | |
| The Anti-Poverty Programmes | |
| Assessment of Poverty Alleviation Programmes in Odisha | |
| Chapter-3: The Government's and Education in Odisha (2000-2010) | 88 |
| Introduction | |
| Literacy Scenario in the state | |
| Reasons for Drop Out of Children | |
| Secondary Education | |
| Higher Secondary Education | |
| Vocational Education | |
| Higher Education | |
| Technical Education | |
| Important Government Programmes and Policies | |
| Expenditure on Education | |

| | |
|---|-----|
| Chapter-4: The Government's and the Health Sector in Odisha (2000-2010) | 110 |
| Objectives | |
| Health Indicators | |
| Programmes in the Health Sector | |
| Expenditure on Health | |
| Evaluation | |
| Chapter-5: The Government's and Social Welfare in Odisha (2000-2010) | 134 |
| Introduction | |
| Child Welfare | |
| Welfare of the Handicapped | |
| Social Security Schemes | |
| Women Development and Welfare | |
| Welfare of the Scheduled Castes and Scheduled Tribes | |
| Chapter-6: The Government's and Poverty in Bihar (2000-2010) | 159 |
| Introduction | |
| The Extent and Magnitude of the Problem | |
| Poverty in Regions and Districts | |
| Dimensions of Poverty | |
| Caste wise Extent of Poverty | |
| Region wise Poverty in Bihar | |
| Causes of Poverty in Bihar | |
| Poverty Alleviation Programmes in Bihar | |
| Chapter- 7: The Government's and Education in Bihar (2000-2010) | 194 |
| Introduction | |
| The Status of Education | |
| Expansion of Elementary Education | |
| Drop Out rates at all Levels in Bihar | |
| Expenditure on Education | |
| Programmes | |
| Higher Education | |
| Chapter- 8: The Government's and Health Sector in Bihar (2000-2010) | 220 |
| Introduction | |
| Health Indicators | |

| | |
|--|-----|
| Health Infrastructure in Bihar | |
| Budget for the Health Sector | |
| Programmes in the Health Sector | |
| Chapter- 9: The Government's and Social Welfare in Bihar (2000-2010) | 244 |
| Schemes for the SCs & STs | |
| Mahadalits | |
| Women's Empowerment | |
| Welfare of the Backward and Extremely Backward Classes | |
| Minority Welfare | |
| Social Welfare for Old and Disabled | |
| Chapter- 10: Comparing Performances: Odisha and Bihar (2000-2010) | 254 |
| Introduction | |
| I Poverty | |
| II Education | |
| III Comparative Study of Health in Bihar and Odisha | |
| IV Social Welfare: Comparative Study | |
| Chapter -11: Conclusion | 298 |
| Bibliography | 318 |

Tables

| Table No. | Title | Page No. |
|-----------|--|----------|
| 2.1 | The Percentage of Population Below Poverty Line in Odisha as Compared to Other Major States in India. | 46 |
| 2.2 | The poverty lines and poverty Head count ratio using the Tendulkar Methodology and Lakdawala Methodology for the year 1993-94, 2004-05 and 2009-10 | 47 |
| 2.3 | Poverty among NSS Regions in Odisha (Head Count Ratio in Percent Terms) | 49 |
| 2.4 | Head Count Ratio by Regions and Social Groups (Rural) in Odisha: 1999-2000: | 51 |
| 2.5 | The poverty estimates for Rural Odisha by social groups and by NSS regions for 2004-05 and 2009-10. | 52 |
| 2.6 | Physical & Financial Achievement Under SGSY | 62 |
| 2.7 | Achievement Under SGRY | 64 |
| 2.8 | Progress of SJSRY in Orissa | 66 |
| 2.9 | Performance Under GopabandhuGramin Yojana | 69 |
| 2.10 | Physical & Financial Achievement under IAY (New construction), since 1996 – 1997 to 2007-08 in Orissa | 71 |
| 2.11 | Achievement under EWS & LIG Housing Schemes in the State | 74 |
| 2.12 | Performance under NREGS: 2006-07 & 2007-08 | 77 |
| 3.1 | Growth of Literacy in Odisha vis-à-vis India. | 89 |
| 3.2 | Number of Primary Schools, Enrolment, Teachers & Gross/ Net Enrolment Ratio: | 91 |
| 3.3 | Dropout Rates in Primary and Upper Primary Schools of Odisha (in %). | 94 |
| 3.4 | Results of Secondary Level Examination (Appeared, Passed and % of success) in Odisha. | 96 |

| Table No. | Title | Page No. |
|------------------|---|-----------------|
| 3.5 | Year-Wise Physical and Financial Achievement under MDM:2002-03 to 2009-10 | 100 |
| 3.6 | Financial Position of SSA and NPEGEL | 104 |
| 3.7 | Sectoral Expenditure on Education in Orissa (in %). | 106 |
| 4.1 | Birth Rate, Death Rate and Infant Mortality Rate in Odisha and All India | 112 |
| 4.2 | Government Ayurvedic & Homoeopathic, Medical Institutions & Services in Odisha | 115 |
| 4.3 | Status of IDD survey in Orissa | 117 |
| 4.4 | Achievement under NPCB in Orissa in numbers | 120 |
| 4.5 | Achievement Level under Janani Surakshya Yojana | 125 |
| 4.6 | Progress of immunization programme in Orissa | 127 |
| 4.7 | Extent of Public Health Expenditure | 128 |
| 5.1 | Status of Women Self Help Groups in Odisha in the year 2008-09 | 149 |
| 6.1 | NSSO – Survey on Poverty ratios in Bihar and India | 161 |
| 6.2 | Poverty Lines and HCR of poverty in Bihar and India | 162 |
| 6.3 | Poverty Ratio as per Tendulkar Committee Methodology | 162 |
| 6.4 | Percentage and Number of Poor Estimated from Expert Group (Tendulkar) Methodology Poverty Ratio | 163 |
| 6.5 | Per Capita Land and Tenural status of BPL Households in Bihar, India | 167 |
| 6.6 | Caste Category – Wise Extent migration in BPL Households in Bihar, India | 168 |
| 6.7 | Caste–Wise Distribution of BPL Households in Bihar, India (%) | 169 |

| Table No. | Title | Page No. |
|------------------|---|-----------------|
| 7.1 | Trend of literacy rates in India and Bihar | 195 |
| 7.2 | Total Enrolment in Primary and Upper Primary Level (2002-03 to 2009-10) | 198 |
| 7.3 | Gender-wise Total Enrolment of Primary and Upper Primary Levels | 199 |
| 7.4 | Dropout Rates at Primary, Upper Primary, Secondary and Higher Secondary Levels. | 201 |
| 7.5 | Dropout Rates (SC & ST) at Primary, Upper Primary and Secondary Levels. | 202 |
| 7.6 | Expenditure on Education in Bihar | 204 |
| 7.7 | Coverage of MDMS in Bihar (2008-09 to 2010-11) | 205 |
| 8.1 | Health In Bihar (Life Expectancy at Birth of Bihar and India) | 222 |
| 8.2 | The State Government has sanctioned regular and contractual posts for Doctors in the State in 2008-09 and 2009-10 | 224 |
| 8.3 | Number of Patients per facility per day | 227 |
| 8.4 | Coverage under Janani Bal Suraksha Yojana | 228 |
| 8.5 | Financial Overview of Health Expenditure | 229 |
| 8.6 | Staffing Position in ICDS in Bihar | 231 |
| 8.7 | Antigen wise Immunization Coverage in Bihar (2008-09 to 2011-12) | 235 |
| 9.1 | Financial Progress of BC and EBC Welfare (Rs. crore) | 249 |
| 10.1 | Incidence of Poverty in Bihar & Orissa | 256 |
| 10.2 | Performance of the SGSY Programme (2007-08 to 2011-12) in Bihar | 262 |

| Table No. | Title | Page No. |
|------------------|---|-----------------|
| 10.3 | Physical & Financial Achievement under SGSY in Orissa | 263 |
| 10.4 | Performance of the IAY Scheme in Bihar | 264 |
| 10.5 | Physical & Financial Achievement under IAY (New construction), since 1996 – 1997 to 2007-08 in Orissa | 265 |
| 10.6 | Performance of the MNREGS (2007-08 to 2010-11) in Bihar | 267 |
| 10.7 | Performance under NREGS: 2006-07 & 2007-08 in Orissa | 268 |
| 10.8 | Working of Public Distribution System (20012-02 to 2010-11) in Bihar | 270 |
| 10.9 | Literacy rate of Bihar and Odisha | 272 |
| 10.10 | Dropout rates in the Primary and Upper Primary Schools in Bihar and Odisha | 274 |
| 10.11 | Coverage of MDMS in Bihar (2008-09 to 2010-11) | 276 |
| 10.12 | Year-Wise Physical and Financial Achievement under MDM:2002-03 to 2009-10 in Orissa | 276 |
| 10.13 | CBR, CDR, IMR in Odisha and Bihar vis-a vis India/ CBR, CDR, IMR IN Bihar, Odisha and India | 281 |
| 10.14 | Overall Status of Health Infrastructure in Bihar | 283 |
| 10.15 | System Load in Government Hospitals of Orissa | 286 |
| 10.16 | Status of WSHGs in Orissa, 2008-09 | 295 |

Abbreviations

BJD-Biju Janata Dal

BJP-Bharatiya Janata Party

BKVY-Biju Krushuka Vikash Yojana

RJD-Rashtriya Janata Dal

JD (U)-Janata Dal United

NREGS- National Rural Employment Guarantee Scheme

BRGF- Backward Regions Grant Fund

IAY- Indira Awas Yojana

IRDP- Integrated Rural Development Programme

PDS- Public Distribution System

ICDS- Integrated Child Development Scheme

MDMS- Mid Day Meal Scheme

RLEGP- The Rural Landless Employment Guarantee Programme

SGSY-Swarnajayanti Gram Swarojgar Yojana

JBSY- Janani Bal Suraksha Yojana

RLTAP- Revised Long -Term Action Plan

GGY-Gopabandhu Gramin Yojana

KBK- Kalahandi Bolangir Koraput

SSI- Small Scale Industries

GSDP- Gross State Domestic Product

NSDP- Net State Domestic Product

MSME- Micro, Small and Medium Enterprises

PMGSY- Pradhan Mantri Gram Sadak Yojana

SJSRY- Swarna Jayanti SahariRojgar Yojana

DPAP- Drought Prone Area Programme

PTF- Poverty Task Force

PHDMA- Poverty and Human Development Monitoring Agency

OBB- Operation Black Board

BGBY- Biju GraminBajar Yojana

PMGY- Pradhan Mantri Gramodaya Yojana

ORHDC- Odisha Rural Housing Development Corporation

IHSDP- Integrated Housing and Slum Development Programme

JNNURM- Jawaharlal Nehru National Urban Renewal Mission

EWS- Economically Weaker Sections

LIG- Low Income Groups

CFFS- Centre for Environment and Food Security

MGNREGA- Mahatma Gandhi National Rural Employment Guarantee Act

LIP- Lift Irrigation Programme

MIP- Minor Irrigation Programme

HYV- High Yield Variety

HCR- Head Count Ratio

MWS- Million Wells Scheme

VDS- Veterinary Dispensaries

LAC- Livestock Aid Centres

OMFED- Odisha State Cooperative Milk Producers Federation

KCSD- Kalinga Centre for Social Development

CBR- Crude Birth Rate

IMR- Infant Mortality Rate

LEB- Life Expectancy of Birth

CDR- Crude Death Rate

PHC- Public Health Centre

APHC- Additional Public Health Centre

MHU- Mobile Health Units

NLEP- National Leprosy Eradication Programme

NFCP- National Filaria Control Programme

NPCB- National Programme for Control of Blindness

NVBDCP- National Vector Borne Disease Control Programme

DDC- Drug Distribution Centre

FTD- Fever Treatment Depot

EMCP- Enhanced Malaria Control Programme

NRHM- National Rural Health Mission

ASHA- Accredited Social Health Activist

RNTBCP- Revised National T.B. Control Programme

DANIDA- Danish International Development Agency

DOTS- Direct Observation Treatment Short Course

DDT- Dichlorodiphenyltrichloroethane

DPT- Diphtheria, pertussis (Whooping Cough) and Tuberculosis

OHDR-Orissa Human Development Report

DPEP- District Primary Education Project

SSA- Sarva Shiksha Abhiyan

KGV- Kasturba Gandhi Vidyalaya

BSE- Board of Secondary Education

NAAC- National Assessment and Accreditation Council

DTET- The Directorate of Technical Education

NCVT- National Council of Vocational Training

BPUT- Biju Patnaik University of Technology

ITI- Industrial Training Institute

ITC- Industrial Training Centres

IIM- Indian Institute of Management

IIT- Indian Institute of Technology

OUAT- Orissa University of Agriculture and Technology

NSS- National Service Scheme

NPEGEL- National Programme for Education of Girls at the Elementary Level

ASER- Annual Status of Education Report

ICDS- Integrated Child Development Scheme

SNP- Supplementary Nutrition Programme

OSCCW- Orissa State Council for Child Welfare

ODP- Orissa Disability Pension Scheme

NHFDC- National Handicapped Finance Development Corporation

MVSN- Mahila Vikash Samavaya Nigam

NOAP- National Old Pension Scheme

IGNOAP- Indira Gandhi National Old Age Pension

NFBS- National Family Benefit Scheme

MBPY- Madhubabu Pension Yojana

NFHS- National Family Health Survey

OSSWAB- Orissa State Social Welfare Advisory Board

ORMAS- Orissa Rural Development and Marketing Agency

WSHGS- Women Self- Help Groups

TSP- Tribal Sub-Plan

SCA- Special Central Assistance

ITDA- Integrated Tribal Development Agency

MADA- Modified Area Development Approach

EMRS-Eklavya Model Residential Schools

PTG- Primitive Tribal Groups

DTDP- Dispersed Tribal Development Programme

OTELP- Orissa Tribal Empowerment and Livelihood Programme

OPHI- Oxford Poverty and Human Development Initiative

HDI- Human Development Index

ADRI- Asian Development Research Institute

NSSO- National Sample Survey Organisation

NGO- Non- Governmental Organisation

SRS- Sample Registration System

TFR- Total Fertility Rate

ANM- Auxiliary Nurse- Cum- Mid- Wife

ASHA- Accredited Social Health Activist

JBSY- Janani Bal Surakshya Yojana

CDPO- Child Development Programme Officers

SWASTH- Sector Wide Approach to Strengthening Health

UNICEF- United Nations Children's Fund

DfID- Department for International Development

TBA- Traditional Birth Attendants

BEPC- Bihar Education Project Council

DISE- District Information System for Education

GER- Gross Enrolment Ratio

CSS- Common School System

VSS- Vidyalaya Shiksha Samity

BMVM- Bihar MahadalitVikas Mission

MNSY- MukhyamantriNari Shakti Yojana

IGNWPS- Indira Gandhi National Widow Pension Scheme

DDRC- District Disability Rehabilitation Centres

MSNY-MahadalitSauchalayaNirman Yojana

RNTCP-Revised National Tuberculosis Control Programme

Glossary

NDP- It is very much equal to gross domestic product minus reduction on a country's capital goods. Net Domestic Product accounts for capital that has been spent over the year in the form of housing, vehicle or machinery deterioration.

GDP- Gross Domestic Product is one of the economic indicator which are used worldwide to show the economic health of a country. It is the total value of goods and services manufactured in a country during a period of time.

GSDP- It is the sum total of value added by different economic sectors such as Agriculture, Industry & Services manufactures within the boundaries of the state calculated without duplication during a year. It is one of the measures of economic growth for a state's economy.

GER- It is one of the statistical measure in the education sector. It determines the number of students enrolled in schools at different grade levels. It is used for the purpose of the ratio of the number of students who live in the country to those who qualify for the particular grade level.

DR- Drop Out Ratio means the percentage of students failing to complete a particular school or college course or students who are unable to complete their qualifications in School, College or University.

NER- Net Enrollment Ratio is the number of boys and girls of the age of a particular level of education that are enrolled in that level of education expressed as a percentage of the total population in the age group

IMR- It is the death of children under one year of age per 1000 live births usually computed for a period of one year.

CBR- It is the annual number of live births per 1000 population. The CBR for a single year is usually calculated as the number of live births during a year divided by the estimated mid-year population and multiplied by 1000.

CDR- It is the number of death rate per 1000 population. The CDR for a single year is calculated as the number of deaths during that year divided by the estimated mid-year population and multiplied by 1000.

MMR- Maternal Mortality Rate is the number of deaths of women during pregnancy or childbirth per 100,000 live births.

LEB- It reflects the overall mortality level of a population. it reviews the mortality pattern that exists across all age group, children, adolescents, adults and the elderly.

Poverty Ratio (PR)- It is the percent of population below the poverty line for a point in time. It is also called as the Head Count Ratio.

Sex Ratio- It is the number of females per thousand males.

CHAPTER I

INTRODUCTION

Development has become an important issue in almost all the states more particularly in the backward states of India. As a result political parties; national, regional or state in eastern India has used the slogan of development during elections for attaining political power. We note that in Odisha¹ and Bihar, parties or alliances that have come to power by raising the slogan of development and more particularly by raising the slogan of development of the social sector.² In Odisha in the state Assembly election held in 2000 during the campaigns, the BJD-BJP alliance which ultimately came to power promised among other things that it would take special measures for the development of the Scheduled Castes and the Schedules Tribes and it would create a development fund for the backward classes (The Hindu, Sunday February 13, 2000). The alliance emphasized on healthcare and education. The alliance promised to fully computerize the entire administration in the state. It promised to take measures for watershed development, development of information technology, up gradation of livestock, handloom and sericulture development and, weavers and fisherman's development. The alliance also promised that 70 percent of the budget will be spent for the development of the rural areas and also promised to help the agriculturalists.

After the elections the Biju Janata Dal President, Naveen Patnaik was elected as the Chief Minister of the state. During his first tenure he is said to have taken different measures for the farmers, the tribal population and women. The schemes

¹Till 2009 the name of the state was Orissa but after that the name of the state has changed from Orissa to Odisha and the language of the state's from Oriya to Odia in 2011, with the passage of the Orissa (Alteration of Name) Bill, 2010 and the Constitution (113th) Amendment Bill, 2010 in the Parliament.

²As per the annual economic survey of the Government of Odisha social sector includes; education, health and family welfare, rural development, welfare programmes, women's development and welfare and welfare of SC & ST. As per the annual economic survey of the Government of Bihar social sector includes; education, health, minority welfare, rural development, SC & ST welfare and social welfare. As per the Government of India Annual economic survey's social sectors include; Human development and gender situation, poverty and inclusive growth, employment, education, health, rural water supply and sanitation and women and child development.

undertaken by the alliance Government included the Pani Panchayat Scheme, Biju Krushak Vikash Yojana etc. for the benefit of farmers, New Minor Forest Produce Policy to help the tribal's and Operation Trishna to tackle the drinking water crisis in drought affected districts. He achieved much popularity through his Tribal Welfare Schemes, economic and administrative reforms, maintenance of law and order (Bhuyan&Parida, 2010). The BJD–BJP alliance also won the 2004 elections. Naveen Patnaik assumed the office of the Chief Minister for the second term on May 16, 2004. After forming the government, he is said to have undertaken different welfare schemes like schemes to remove poverty, improve the conditions of the people and to secure an all-round development of the state. He is said to have taken different measures to fight corruption; the BJP-BJD coalition Government had taken a series of economic and administrative reforms and that ensured economic regeneration in Odisha (Bhuyan&Parida, 2010).

In 2009 the BJD fought the election on its own and recorded a landslide victory and it secured a 2/3rd majority. For the third term Naveen Patnaik was sworn in as the Chief Minister on 21st of May, 2009. In the election manifesto released before the elections it had stated that “The BJD’s focus will always be on Orissa and its all-round development.” The BJD promised transformation of Odisha into one of the most prosperous states; complete development of women, children and under developed classes; at least one square meal a day to each inhabitant of Orissa; Rice at Rs.2/- per kilogram; free power to the agricultural sector; speedier development of handloom sector; setting up ancillary Industries around the heavy Industry sites; special attention to development of education, health, economy and culture of the Minority communities; provision of transparent, clean, efficient and accountable administration in real terms; implementation of Madhubabu Pension Yojana, Mo Kudia Scheme, Biju Krushak Yajana and other programs if the BJD returned to power (BJD, Election Manifesto 16th April, 23rd April 2009). The party promised to provide free electricity to farmers as well as farm loans at interest as low as 3 percent. Thus whether it is the BJD-BJP alliance or the BJD alone both have taken recourse to issues of development and more particularly the development of the social sector for coming to power.

Similarly in Bihar we note that political parties that came to power by promising development or through populist promises.³ During the election campaign in 2000 RJD had promised to provide a corruption free administration, revival of industries and fresh impetus to agriculture. In the 2005 state Assembly Elections there were two main political formations; the NDA which comprised of Janata Dal and the Bharatiya Janata party and the alliance of Rashtriya Janata Dal and the Indian National Congress. In 2005, Elections were held twice in Bihar. First in February, 2005 and again in October-November of the same year since the February elections produced a hung assembly.

In 2005 February Elections, the parties made several populist promises. The RJD Chief Laloo Prasad Yadav fought the elections without entering into an alliance with the Congress and the LJP. The party promised free education including technical education and more self-employment for women (Times of India, January 20, 2005). It also promised to provide seeds, fertilizers, diesel, tube-wells, crop insurance and soft loans for buying tractors and farm accessories to farmers. It also promised to solve the problem of floods in North Bihar (The Telegraph, January 21, 2005). The JD (U) leader Nitish Kumar also promised free power to Bhagyajyothi and Kutira schemes and free power to irrigation pump sets. He promised to improve the conditions of village hospitals and to provide free medicines to the poor. JD (U) promised to build Bihar into a heaven in 5 (five) years. It also promised a crime free State. In the October-November 2005 elections, the JD (U) manifesto promised to implement the State food security programme for families who are below the poverty line. It promised to provide more electricity to remote areas in Bihar. The JD (U) leader promised to provide good Governance in Bihar and to provide a *bhaymukt* (fear-free) society (The Telegraph, November 23, 2005 & Frontline Volume 22 Issue 22, October 22-November 04, 2005). In this election the JD (U)-BJP alliance won 143 seats and Nitish Kumar was sworn in as the Chief Minister of the state.

In Bihar caste plays a very important role in the elections (Louis, 2000). Lack of overall development in Bihar was also one of the reasons for the defeat of the RJD.

³In 2000 elections were held in three phases and the central political parties competing were; the Indian National Congress, Janata Dal (U), Rashtriya Janata Dal and the Samata party.

Similarly in 2010 the JD (U) and BJP alliance won a landslide victory. In this Election JD (U) leader Nitish Kumar made a number of promises. He promised to provide a secure state or a 'Bhaymukt Society'. He campaigned on the issue by saying that the law and order situation in Bihar had improved. He tried to mobilize the central agencies for speeding up work under the Rajiv Gandhi VidyutikarnYojona. He had also taken long term measures for protection of the people from natural calamities like flood (The Telegraph, November 13, 2009 & November 19, 2009). He also promised to issue identity cards to farmers and also land health card (The Telegraph, November, 28, 2009). In this election the JD (United) and its ally, the BJP won 206 seats and Nitish Kumar became the Chief Minister for the second term on the 26th of November, 2010.

After Nitish Kumar came to power it is widely believed that there has been a change in Bihar. It is widely believed that development has taken place in Bihar during his first term. He was the first Chief Minister of the state who used the language of development and emphasized on maintaining law and order. He interacted with the masses through his 'Vikas Yatra' (development march), agriculture, expert camps in villages and his 'Janata ke Darbar Mein Mukhyamantri' (Chief Minister in People's Court) etc. It is said that his Government also initiated bicycle and meal programmes—the Government gave bicycle to girls. He gave 50% reservations to the women and extremely backward castes. He launched the E-Shakti NREGS program through which rural people can get employment information by Telephone.

It therefore appears that political parties or alliances that have come to power in Odisha or Bihar from the turn of the century laid emphasis on development policies related to the social sector which includes; education, health, water supply, general welfare programmes, welfare of SCs & STs, women's development etc. This emphasis is understandable because of democratic compulsions. It helps political parties to come to power and maintain political power in the Indian context. The study undertaken has focussed on the development policies in the social sector in the two eastern states; Odisha and Bihar.

Statement of the Research Problem

Liberalization of the Indian Economy started from 1991 onwards and it is because of this the Indian state had withdrawn from certain sectors of the economy. In spite of these we find that the Indian government and also the states in India are spending substantial money on the social sector. They do so because of democratic compulsion. Parties concentrate on welfare policies for coming to political power and to maintain power. This is what is also noticed in Odisha and Bihar and in these two states what we note is that the state governments are spending in the social sector. The ruling alliances in both the states promised a number of welfare schemes in their election manifestos and tried to implement all the promises. In Odisha we have noted that the Biju Janata Dal led alliance came to power in 2000 with a number of promises. After coming to power the government took steps to implement new agricultural policy, irrigation facilities, drinking water facilities, road construction, education, health, etc. (Nayak, 2009). It is said that he has encouraged popular schemes or yojanas like Biju Krushaka Yojana, GopaBandhuGraminSadak Yojana, two rupees rice scheme, increased wages scheme for Kendupatrapluckers. In the social-service sector it is said that through the women & child development department he is implementing various schemes under ICDS, MDM programme, Emergency Feeding Programme, Women Welfare, Welfare of Children, Welfare of the Disabled & Welfare of the Older Persons etc (Orissa Review, April 2011). In spite of this, there is lack of development in Odisha. Even though poverty has declined but still it has remained a serious issue in the state.

Similarly in Bihar we note that the RJD led government also concentrated on the social sector. In the educational sector the leader promised to open schools for girls in Muslim populated areas and to remove social, educational and economic backwardness among the Muslims. He promised to build up pucca houses, to develop small agro industries in the state and construct five lakh Indira Awas Houses for the poor. It is said that among the promises which he could fulfill was the construction of Pucca houses under the Indira Awas Yojana. During the tenure of RJD rule various poverty alleviation programmes like IRDP, NREP and RLEGP was implemented but the success rate was low and thus government failed to remove poverty in Bihar. In October 2005 State Assembly Election, the JD (U) led alliance under the leadership of

Nitish Kumar came to power and after coming to power he adopted several measures and it is said or widely believed that he had succeeded in bringing in development in Bihar (Kumar, 2005). Among the numerous development programmes educational opportunities in the last decade it is said have improved (The Telegraph, November, 22, 2009). It would therefore be interesting to analyse the development policies and the effect of these policies in the social sector in poverty, health, education, social welfare etc in these two states.

Review of literature

Review of Literature: There are several studies on the society, politics and political economy of Odisha and Bihar. In a few paragraphs below we review the studies in brief. When we look at the studies on Bihar and Odisha we note that these studies belong to three different categories. The categories are as given follows:

1. **Literature on election results:** In the first category we find some articles are related to election and electoral results. The authors who can be included in this category are Ramashray Roy (1997), B.Mahapatra (2000), Surya N. Mishra (2004), Sanjoy Kumar (2004), Mohammad BadrulAlam (2006), V. Krishna Ananth (2005) etc.

In the article entitled 'General Elections, 1996, BJP's Emergence as Third Force in Orissa' the author Ramashray Roy (1997) is of the view that in Odisha Congress had lost its popularity in the 1996 General Election and as a consequence BJP has emerged as a Third Force in Odisha Politics. He also discusses the outcome of the 1995 Assembly Elections. He refers to the position of the Congress in Odisha politics. He analyses how in 1995 Odisha Assembly Elections Congress came to power and also won the 1996 Lok Sabha Elections. The author also analyses the role which the different castes play in Odisha Politics.

Bishnu Mahapatra (2000) has dealt with the decline of the Congress in the 12th Assembly elections. The author has argued that the Congress party was ousted from power for the inadequate help to the cyclone affected areas. The

BJP-BJD alliance took advantage of the situation. In this article the author analysed the different reasons for the poor performance of the Congress in Orissa and the growing influence of the BJP-BJD alliance in the 2000 state assembly election. The Congress was not able to hold its position in the State. The help which the Congress provided to the cyclone victims was inadequate. Besides, factions within the Congress also contributed to its debacle. To the author there was another factor which was responsible for the decline of Congress i.e. anti-incumbency factor.

Mishra Surya N. (2004) has analysed the performance of the BJP-BJD alliance in Orissa. He is saying that the Congress was unable to hold its position because of anti-incumbency factor. In the 2000 Assembly Elections, BJP-BJD performed very well. Though their performance was not so well in the 2004 Assembly Elections but in spite of these the alliance was able to return to power and Naveen Patnaik became the Chief Minister for the second term. Many of the voters were happy with the performance of the BJD led State Government. To the author the government had done a commendable job in improving the condition of roads and law and order, education etc. But the employment situation was bad. For this reason the performance of the BJP-BJD alliance was relatively poor in the 2004 state assembly elections compared to the 2000 assembly election. The alliance could return to power for the clean image of the Naveen Patnaik who succeeded in fulfilling the aspirations of the people.

Kumar Sanjay (2004) has tried to provide a comparative study of the electoral support in Bihar and Odisha. He demonstrates how in these two states the Janata party got the support from the OBCs. Why the RJD is popular among the dominant OBCs and why BJD in Odisha is not so prominent among the OBCs. The author says caste plays an important role in Bihar while in Odisha people are more divided on regional lines. The author also tried to show the changing support bases of political parties in Bihar and Odisha during the 1990's. It is seen that in Bihar OBCs voted for the Janata Dal in large numbers but after the formation of the RJD its popularity among the OBC voters

declined, while in Odisha few OBC voters voted for the Janata Dal but after the formation of the BJD in 1998, the popularity of the BJD among OBC voters has increased. There is one similarity between Bihar and Odisha and that is in both the states neither the RJD nor the BJD has been the choice of Scheduled Tribe voters. The author concludes by saying that in Bihar the Yadavs, Kurmis and Koeris took the lead in mobilizing the OBC's as an electoral bloc but in Odisha there is less OBC mobilization. In Odisha, the upper castes remain powerful than the OBC's.

Mohammad BadrulAlam (2006) in an article has tried to point out the growing influence of the BJP-BJD coalition Government in Odisha. He tried to show how the BJP enlarged its political space in Odisha. He also talked about the performance of the Congress. In the 2004 State Assembly Elections Naveen Patnaik led BJD-BJP coalition is the only coalition ministry in Odisha to have won an absolute majority. He also said that BJP-BJD coalition Government again came to power on the ground of several populist planks. And the Chief Minister – Naveen Patnaik's charisma and his corruption free image helped the coalition to return to power. The article is very relevant and useful in understanding party politics in Odisha. But the author is not clear about the charisma of Naveen Pattnaik.

In the article by V. Krishna Ananth (2005) the author wanted to say that the performance of the Congress in different states is weak. The Congress tried to hold its strength by different means. But they failed to stay in a position especially in Jharkhand and Bihar. He also said that the other parties like Left parties emerged in this front as an alternative. In the May, 2004 Lok Sabha Election Congress was a powerful force. In Jharkhand, Congress had an alliance with the Jharkhand Mukti Morcha. Congress hoped that it will get a large number of seats but it failed. Congress won only 10 seats. And after the election, Congress was separated from the RJD, Jharkhand Mukti Morcha and the Left parties. The author also discusses how JD (U) leader Nitish Kumar came to power. The CPI (ML Liberation) won 7 (seven) seats in the last assembly elections and it was able to hold its position. The author wanted to

say a left alternative can happen only if the leadership of the CPI (ML Liberation) and that of the CPI (MS Maoist) unite with each other, then there will be a new churning in Bihar.

2. **Literature on Development issues:** In the second category we find the articles are related to development issues. The authors who can be included in this category are Haan and Dubey (2005), Samal Kishore C. (1998), Yuko Tsujita, Hisaya Oda (2010), Prabhat Ghosh (2010), Sharma (1995, 2005), Amartya Sen (2013), Kaushik Basu (2013), Alakh N. Sharma (2013), Meghnath Desai (2013), Shankar Acharya (2013), Arvind Virmani (2013), Arnab Mukherjee and Anjan Mukherjee (2013), Rukmini Banerjee (2013), K. Srinath Reddy & Lalit Dandona (2013), Prachi Mishra (2013) etc.

Haan and Dubey (2005) found that in Odisha there are many disparities on the grounds of regional, social and gender. The article is divided into 6 sections. In the first section they tried to show the regional disparities in Income Poverty between coastal and non-coastal regions. In section 2 (two) they laid emphasis on human Development, health and education. In the third section the authors tried to point out the gender differences within scheduled castes and scheduled tribes. To them in education and health disparities between the social groups is very large. In section IV they discuss gender-based disparities. They also discuss about the disparities in education between men and women. In Section V they discuss the reasons for the failure of the government policies in terms of reducing the disparities in the state. Section VI relates to issues of voice and representation of marginalized groups including the role of decentralization in addressing Poverty and disparities. The author concludes by saying that development has not reached remote areas and the Tribal Groups.

Samal, Kishore C. (1998) is of the opinion that more and more development is necessary to remove poverty and hunger in Odisha. To him there are many approaches to eradicate chronic poverty and hunger. The article is divided into seven sections. The Third section is interesting where he analyses the poverty alleviation measures in Odisha. He had discussed the

different programmes and policies for removing poverty but still it remains a serious issue in Odisha. In the fourth section he concentrates on Laikera block and tries to know what are the different rural development measures that were undertaken by the Government and whether it had reduced the intensity of poverty in the block and to find alternative measures. To him the Government had implemented so many programmes to remove poverty but it did not succeed. In the eighth section the author concludes by saying that in Odisha even though different programmes have been adopted and out of these many programmes have been implemented. In spite of these poverty and hunger has remained a chronic issue in Orissa. The article is very relevant and interesting.

The article by Yuko Tsujita, Hisaya ODA, and Prabhat Ghosh (2010) mainly discusses about development and caste discrimination in Bihar. Here they pointed out that Bihar continues to lag behind any other State in terms of per capita income and also in the progress of social development such as education and health. They have done a field survey in a four staged randomly selected 80 villages in five districts in Bihar in 2008-09 and they noticed that the condition of the villages were not good as it is today. The Mukhiyas (Village head) the heads of Gram Panchayat and Village leaders assessed changes in their villages. They also felt that after 2006 when Nitish Kumar came to power, it is seen that some developments have taken place in Bihar. Different development programs have been introduced in the rural areas. Educational opportunities have improved more than in any other state. The mid-day meal program began in Bihar in 2005 but it is not fully implemented because many of the schools did not get this opportunity. There are five rural development programs; National Rural Employment Guarantee Scheme, The Backward Regions Grant Fund, The Twelfth Finance commission grant, Indira Awas Yojana and the total sanitation campaign. They tried to show how these programs have been implemented in the district and village level. To them the rural development programs have been implemented mainly in developed

villages. There are so many programs which have been introduced for the poor but it had failed to improve the condition of the people at the grass roots level.

Sharma (1995) in his article 'Political Economy of Poverty in Bihar' has pointed out that there are some reasons for the backwardness and poverty in Bihar. The article is divided into 6 (six) sections. In the second section he discusses the different reasons behind the recent decrease in poverty level in the state. In the third section he discusses the growth performance and different poverty alleviation programs. He says that the very low growth rate in agriculture has been the main factor behind the persistence of poverty on a large scale and the various agencies like banks and other financial institutions are also responsible for the backwardness in Bihar. The Government adopted different programs and policies in the state like land reforms, Public Distribution System (PDS) etc but the implementation of these measures has failed due to lack of political will, lack of organization and consciousness among the poor peasants and agricultural labourers. The Public Distribution System for the poor in Bihar has also failed. There is large scale corruption in the distribution system. In the fourth section he discusses about another poverty alleviation programme like IRDP and the reasons behind the poor performance of IRDP in Bihar. In the fifth section he says that the State adopted different poverty alleviation programmes but all have failed due to economic crisis both in agriculture and Industry. In the sixth section he concludes by noting that in the recent years poverty has declined in the state.

Sharma (2005) has pointed out that the state of Bihar is frequently characterized as the 'most backward state of India'. The article is divided into five sections. In the first and second section he discusses the changes in the agrarian relations in Bihar in the pre-independence period. In the pre-independence period Zamindars played an important role for collection of land revenue/rent from Peasants. In the third section he discusses about post-independence developments. In this period to him the Zamindari system was abolished. A number of legislative measures were taken by the government with regard to the agrarian sector. In the fourth section he discusses a result of

a survey about the land relations and emerging class. To him the growth of agricultural production is very low. In the concluding part he says there are two important developments in rural Bihar, one is mobilization of the poor peasants and the second is the increased migration of labour.

In the article 'Bihar: Past, Present and Future' Amartya Sen (2013) presents an overview of the past, present and future of Bihar from a socio, economic and political and cultural perspective. He also discusses the historical background of the distinguished past of Bihar for over a thousand years. The author also highlights some past achievements in the sphere of education, public health care, resistance of inequality and infrastructure of roads, bridges etc. The author contends that that these past experiences helped the state of Bihar to fight against any disadvantages which it had to face in the contemporary world. The author also shows concern about the position of the state in our country. In 2005 the position of Bihar was not so good. It was in a bad position in terms of Human Development Index (HDI), the second lowest ratio of female literacy and also had the highest proportion of the population with 'multi-dimensional poverty'. However since 2005 after Nitish Kumer came to power the state of Bihar has improved in the field of law and order, education, health and infrastructure. As a result, the state has shown remarkable progress. Here the author points out that a significant development is noticed in the field of primary education in Bihar which has emerged from the recent report prepared by the Asian Development Research Institute (ADRI). It reveals that the number of schools, the recruitment of teachers and also the enrolment ratio of the children has increased in the state. Besides, the author also finds some flaws in the situation of primary education in Bihar. The author has also recommended that government should focus more in different fields like health, education etc. This article though gives some reliable information about the state but it also focuses on past glories of the state which is not so much relevant for my work.

The article entitled 'The Bihar Economy: An Overview and some field Notes' by Kaushik Basu (2013) deals with a paradoxical situation of Bihar. In

one side it discusses the decline of Bihar and in another side it discusses the dramatic progress in Bihar since 2005. The author tried to provide a brief account of the state of Bihar's economy. Here he discusses the states GDP per capita income from 1980-81 to 2005-06. He also elaborates the reasons behind the downfall of the industrial sector. As Jharkhand was carved out of Bihar during 2000, most of the industrial sector went to Jharkhand. As a result, the economic structure of Bihar has changed even though the share of the service sector has increased. In this article he finds that between 2004-05 and 2009-10 the percentage of poor people in Bihar has declined, besides it is also seen that at the national level the number of poor in Bihar has increased during the last five years. Here he also tries to understand the reasons behind the growth of the service sector than other sectors like industry and agriculture. During 2005-06 to 2009-2010 agriculture, industry and services contributed 7.7 percent, 4.5 percent and 87.7 percent respectively to Bihar's real NSDP growth. The author also said that the government should create an enable environment for business and enterprise so that the citizens are encouraged to help one another and to do their work and business more effectively. The author also elaborates the crime situation in Bihar. The crime rates for kidnapping and robbery was so high in the state but between 2000 and 2010 it has come down. The author also analyses the corrupt practices in the Public Distribution System. In the PDS what we find that the prices of essential commodities is always lesser than the market price hence people have a tendency of buying it at a low price and sell it in the open market at a higher prices. This is corruption. The system itself gives rise to black marketeering. For that reason the author has argued the best way to get more food to the poor is to give them direct benefits of cash or in terms smart cards biometric or transfers. The author also clears by saying that it will be better to provide money to the poor instead of the ration store owner. Overall he concludes by saying that economics is such a subject which integrally related to other disciplines and also emphasized that culture, politics and even the arts has played an important role in economic development. The article provides a very brief account of the economy of the state and also some other relevant information

which is helpful to those researchers who are working on the economy and the political economy of Bihar. But it does not cover all these things thoroughly.

In the article entitled 'Development in Bihar: An Unfinished Agenda' the author Alakh N. Sharma (2013) has pointed out that 81 percent of Bihar's population was multi-dimensionally poor as against 55 percent for the Indian population as a whole. Although Bihar has improved in different areas like infrastructure, health, education etc. in spite of these Bihar faces a critical challenge in the field of eradication of poverty and enhancing human development. The author has also pointed out that Bihar has initiated lots of programme's for improving the various social and human development indicators like National Rural Health Mission, National Rural Employment Guarantee Act, SwarnajayantiGraminSwarozgar Yojana (SGSY), Antyodaya Anna Yojana (AAY), ICDS (Integrated Child Development Scheme) and Midday Meal Scheme etc. In spite of these the state of Bihar lags behind most of the other states in India. Therefore, Bihar faces considerable challenges for sustaining the growth and makes it inclusive for optimal impact.

The article entitled 'Equity, Growth and Governance: The Bihar Story' the author Meghnath Desai (2013) says that Bihar is the leading candidate in BIMARU (it is an acronym for the four states Bihar, Madhya Pradesh, Rajasthan, Uttar Pradesh). He shows a formal relationship between governance, growth and equity by giving some model.

In the article 'Progress and Poverty in Bihar' the author Shankar Acharya (2013) concentrates on Bihar's growth and development. He also gives some important reasons for Bihar's economic backwardness and low average incomes. There are some indicators of development such as life expectancy, education, urbanization and industrialization, Bihar was at the bottom than any other state. From National Human Development Report which was prepared by the Planning Commission it is seen that Bihar had the lowest Human Development Index (HDI) among the major states of India. The author has explored the actual record of Bihar's growth in three decades since 1980-81. From his study it has found that during the period of 1992-2002 Bihar grew at

more than 2 percent slower than the national economy but during 2007-08 to 2011-12 the economic growth of Bihar has increased dramatically to 11 percent. The author has explained the reasons behind the slow growth rate of Bihar. It is caused due to a steep decline in the already low standards of governance. The author also analyses government's performance during the Laloo Prasad Yadav's regime. During his tenure there was a marked deterioration in law and order and other symptoms of mis-governance. But since November 2005 the economic performance of the state and its fortunes has changed under the leadership of JD(U) leader Nitish Kumar. Number of initiatives has been taken by the JD(U) government for improving governance, infrastructure, education, health. He also made a comparison in the incidence of poverty with other states which was published by the Planning Commission of India on the basis of the large sample surveys by the National Sample Survey Organization (NSSO). The author has noticed some important points. During 2009-10 Bihar has the highest ratio of population below the poverty line of 53.5 percent. During 1993-94 the poverty ratios in odisha and Jharkhand was very much close to Bihar's poverty ratios. But in 2009-10 in these two states the poverty ratios have declined to below 40 percent but the poverty ratio in Bihar has declined marginally despite strong economic growth between 2004-05 and 2009-10. He also argued that though the state of Bihar has implemented a number of development policies, Bihar is still the poorest state in India. It is a very useful article and it is strongly recommended for researchers, analysts and policy makers engaged in the task of poverty alleviation in the state.

In the article entitled 'Bihar's Growth: Learning from Experience' by the author Arvind Virmani (2013) points out that economic performance of Bihar has changed during the period of 2005-06. It has accelerated from an average 5.2 percent per year from 1993-94 to 2004-05 to an average 11.7 percent per year from 2004-05 to 2011-12. The author clearly elaborates the growth situation of the state under Lalu-Rabri's regime and Nitish Kumar's regime. Virmanahas pointed out that average per capita GDP is an important determinant of poverty and also finds that higher agricultural growth has an

impact on poverty reduction. The author has also pointed out that Bihar has gathered experience from its poor performance during the 1990's and also from the better performance of others and of the overall economy. In this chapter he finds out the causes behind the changes in the Bihar's economic situation. During 2004-05 to 2011-12 periods the accelerated growth of Bihar's economy has come from top five contributors, they are trade, hotels and restaurants, construction, agriculture, banking and insurance and communications. There are various causes he pointed out but one of the important reasons he assumes is that the state growth has come from the mainly four sectors and they are construction, communication, trade, hotels and restaurants etc. They played an important role in reducing poverty in the state. The other sectors such as banking and insurance and mining, agriculture has also contributed in accelerating economic growth in the state.

In the article entitled 'Sushanan: Governance and the New Bihar' the author Arnab Mukherjee and Anjan Mukherjee (2013) had laid emphasis on the governance of the state. The author analyses how the slowest economic growth of Bihar has been transformed into a fastest growing state in India within a short period of time. From 2005 onwards, the state of Bihar has concentrated on the role of governance. The Nitish Kumar government after coming to power has made some changes in the sphere of law and order problems, rural development, health, education, infrastructure development through different policies which have changed the minds and trust of the people of Bihar which had widened during the tenure of Laloo Prasad Yadav and Rabri Devi Yadav. The author notes how the changes were moved from the Chief Ministers Office (CMO) in a number of different ways so that the government can come close to its citizens by providing services to the people. The authors has explored the different initiatives taken by the Government of Bihar since 2005 such as Jankari (an e-governance programme which was launched in 2006 which aims at to provide anyone in Bihar to simply call up and file an RTI (Right to Information) request on government services over the phone), Janata ke Darbar Mein Mukhyamantri which means a weekly durbar

for the people where people can consult their problems and interact with the Chief Minister and he would be available for them so that their team would be there to try and solve their grievances. They also talked about law and order situation in Bihar and discussed how the state government had provided peace and security to Bihar's citizens. The state government has provided speedy trials of well-known criminals to instill confidence in the system. It has improved in Bihar during the 2005-10 through speedy trials and by following due processes. Not only that they also laid emphasis on the government's initiatives in education for the poor girl child through providing the grant of Rs 2,500 studying in class IX and class X to purchase a bicycle to go to school. The government has also provided uniforms to children in 2006 and this was the great achievement of the Nitish Kumar government and the success of this policy helped in the re-election of the government led by Nitish Kumar in 2010. Though the government has taken different initiatives in the sphere of education, health, law and order problems despite of these still the challenges will remain with expanding the infrastructure, thinking through floodwater and water management, improving education and health, providing a better safety net to the poor than the leaky public distribution system (PDS). The authors conclude by saying that the law and order situation in Bihar is still a major concern. The government of Bihar had taken actions through speedy trials and by following due processes during 2005-10 period hence crime rate has come down because crime responds to just and speedy punishment. In this way the authors elucidate the achievements of Nitish Kumar's government.

In the 'Elementary Education: Learning the Hard way' the author Rukmini Banerjee (2013) concentrates on the education scenario in Bihar. In this chapter the author also highlights how Bihar schools have improved with numbers of teachers? And this has been possible because of the incumbent leaders in Bihar. In Bihar the highest percentage of school age children are girls who were out of school in 2005 and but during 2011 the proportion of children out of school were lower than the national average and the gender gap had vanished. The Chief Minister of Bihar at that time wanted education for all. The

author has opined that during 2005-2011 Bihar has shown considerable improvement in the field of elementary education. It has been observed that during this period the number of primary schools including teachers, classrooms, buildings has increased. The author also concentrates on the attendance rate and learning outcomes of the students in government primary and upper primary schools. In this sphere the author discusses about the Annual Status of Education Report (ASER) reports where it was found that the attendance of the children's in government primary and upper primary schools was between 50 percent to 59 percent during the period 2007 to 2011. But from 2012 the government has been tracking attendance figures in each district every month. According to government data for September 2012 overall 62 percent of enrolled children are attending schools. There is district wise difference in the number of enrolment of children. District data varies from 55 percent to 71 percent. The article also looks at the number of teachers both during the previous governments and Nitish Kumar governments. Before coming to power Nitish Kumar found that there was no teacher recruitment and hence schools functioned poorly because of lack of adequate manpower. For that reason since 2005 teacher recruitment, preparation, support and professional development were the major priorities of the government. The problems of vacant teachers, untrained teachers, inadequate capacity for training teachers are rampant in Bihar though the situation has improved since 2005. The author explores the extent of family support for schooling and learning. From the ASER 2011 it has been observed that about 60 percent mothers of school going children never went to school and less than 20 percent households do not have any reading material at home. It is a common fact that an educated woman can give effective support to their children but lack of mother's interest in their studies leads to poor learning outcomes of the children.

The state government not only laid emphasis on elementary education it also concentrates on secondary education. It is a noticeable fact that the numbers of students taking tenth standard examination of the Bihar School

Examination Board have increased from about 500,000 in 2005 to over 1,200,000 in 2011. During this period Bihar has 3000 high schools. The author also elaborates the current situation in secondary education and also said that Bihar government should also look after technology support so that the young children can be meaningfully prepared for life beyond school. So the author tries to make understand that the aim of the government of Bihar is to provide education to all. It is a very useful article for the researchers taking interest in the education sector in Bihar.

The article entitled 'The Health Sector on the Mend' the author K. Srinath Reddy & Lalit Dandona (2013) analyses the health sector in Bihar. The authors evaluate the changes in the health system and other determinants of population health may have contributed to the observed health improvements. One of the important indicator is IMR which determines the health system. The authors discussed that Bihar has shown substantial improvement in the sphere of infant mortality rate. In 2001 the IMR in the state was 62 deaths per 1000 live births which has reduced dramatically to 44 in 2011. So, it has been observed that the decline in the IMR in Bihar was higher during the period of 2006-2011. The number of child deliveries had increased during this period. The prevalence of kalazaar was a major health hazard in Bihar but it has come down from 204 in 2001 to 162 in 2006 to seventy-six in 2011. It has also been observed that no case of polio has been reported from Bihar after 2010. For that reason, the chief minister of Bihar, Mr. Nitish Kumar received the first Gates Vaccine Innovation Award in 2012. The authors also discussed about the health facilities in Bihar in terms of the numbers of PHCs, district hospitals, doctors, auxiliary nurse midwives (ANMs) and other facilities. The state government has taken different initiatives for strengthening the nurse and auxiliary nurse midwife workforce in Bihar through the establishment of a directorate of Nursing and twenty-two ANM schools. And to run these schools UNICEF is providing financial and technical support. Then the authors elaborated the government initiatives for the improvement in the health sector such as Muskaan Ek Abhiyan, Sick and Newborn Units and Neonatal Stabilization Units, SWASTH

(Sector Wide Approach to Strengthening Health, Lifesaving Ambulance Service, NayiPeediSwasthya guarantee Yojana, Swasthya Chetna Yatra, Nirmal Bharat Abhiyan etc. although there has been substantial improvement in the health sector in Bihar in spite of these still there is a need for greater investment in health as well as in the health enabling sectors such as water, sanitation, nutrition, education poverty reduction. As the investment in health is very necessary for providing health facilities to all side by side fiscal constraints that limit the states allocation in the health sector, keeping this mind Planning Commission of India has been constituted the HLEG (High Level Expert Group on Universal Coverage) to support the health programmes in Bihar. So the authors said that it is very necessary for both the central and state governments to invest a large amount for improving the health sector in Bihar. It is a very relevant article and very interesting. It provides us a lot of information about the health initiatives taken by the state government during the period under discussion.

In the article entitled 'Higher Education in Bihar: Inputs and Outcomes' the author Prachi Mishra (2013) concentrates on the inputs into and outcomes for higher education in Bihar. She also feels that higher education is necessary for Bihar because in this state maximum percentage of population live in the youngest age group in the country. In this chapter the author elaborates a paradoxical situation in the education sector in Bihar. She discusses some of the outcome indicators related to higher education in Bihar which performs poorly as compared to other states. Such as according to 2009 data Bihar ranked the lowest across states in terms of average years of schooling, the average years of schooling in Bihar has manifested clearly shown a downward trend, with a late turn around in 2007, the number of the highly educated in the working age population in Bihar is comparatively low than any other states, the prevalence of higher education is very less amongst women than men, the GER (gross enrolment ratio) in higher education of the state is very much less than any other states, the share of women in total enrolment in colleges and universities in Bihar also remains quite low. So it is seen that the state of Bihar

ranks the lowest amongst states on almost all outcome indicators of higher education. Besides the author has also tried to find out the answer about the poor outcomes in higher education and also discussed the input indicators of higher education. From the 2010-11 data it shows that Bihar is one of the top spenders on higher education as a proportion of the size of its economy, the number of colleges and universities in Bihar are comparatively higher than any other states and the teacher-pupil ratio is also higher as compared to other states. In spite of these Bihar is lagging behind other states on higher educational outcomes. Then the author explores the reasons behind the poor performance of higher education system in Bihar. It is caused due to weak governance as enunciated by the author. It takes different forms such as teacher absenteeism, lack of regular recruitment of teachers, nationalization or government takeover of colleges, lack of sufficient checks and balances in appointment of teachers, poor quality of instruction as reflected in outdated syllabi and teaching practices, distorted incentives for teachers etc. Then she also focuses on the outmigration for educational purposes from Bihar. In this chapter the author gives the important message that if Bihar has to obtain this demographic dividend and create productive jobs for the growing young population it will have to focus on skilling its workforce. Service- sector jobs should be given top priority. It can be imparted through developing an active policy agenda for higher education. At last the author concludes by saying that the state needs to reform some policies to combat the poor outcome indicators of the higher education system. The article is very relevant and useful in understanding the higher education system and the progress that has been made in the state.

The author K. N. Patnaik (2012) in his paper entitled 'Education in Bihar, Retrospect and Prospects' has laid stress on development on education in Bihar. They have pointed out that from 1990 to 2010 there has been substantial improvement at all level of education in the State. Numbers of institutes have been established such as Indian Institute of Technology, Indian Institute of Management and National Law University. In spite of these Bihar is still at the

lowest in terms of literacy rates and female literacy is still a major concern in the state. He points out that Mid-Day Meal scheme and SarvaShikshya Abhiyan have played an important role for the development in the elementary education system. He also observed that the state of Bihar has achieved a success in reducing the drop-out rates both at primary and upper primary levels. The demand of secondary education has increased due to the effective implementation of SSA. The author said that there are some flaws in the implementation of MDMS. The supply of food grains is not regular because of lack of storage facilities as because FCI supplies are to be lifted from the district godowns. In spite of these the MDMS has become popular and children turn up in large numbers. The author has explained that the importance of secondary education has increased due to SSA. He also observes that secondary education provides a chain between the elementary and higher education. But the state has faced difficulties due to lack of access to secondary education for a large number of children. The state government has provided girls hostels and also provided Bicycle for girls for reducing drop-out rates in the secondary schools. The author also talked about the University Education, Higher Education, Technical Education etc. The state has made progress in terms of universities and higher education. But the technical education system in Bihar is not so well improved in comparison to University and Higher Education. According to the author the number of Poly-techniques in the state is very less. It is only 13. Therefore, the state needs to provide more importance on technical education system and also provide quality education so that students need not to go or migrate to other states for better educational purposes.

In the study entitled 'Development and Poverty in an Indian State: A Study of KBK districts of Orissa (2007)' written by Satya Prakash Dash has pointed out that development is a holistic concept and it is multidimensional. He had discussed that though the economic reforms of 1991 in India had been adopted to achieve social equity and justice but it has been found that poverty and economic equality still exists. This paper seeks to address poverty

in Odisha with special reference to KBK districts. The author analyzes the RLAP programme implemented in KBK districts as a special area development programme. With a view of this RLAP programme he has also discussed the demographic features of Odisha where he explained the total population of Odisha, rural population of Odisha, the percentage of scheduled castes and scheduled Tribes population to the total population of Odisha, literacy rate of the state. Then he laid more emphasis on the KBK districts which are the most backward and under developed districts with perpetual poverty. For the development of the KBK districts the state government in consultation with the GOI has implemented Special Area Development Programme i.e. RLAP programme in KBK districts. Then he elaborates the situation of KBK districts. How the KBK districts suffer from scarcity of food. Migration, starvation deaths are other features of KBK districts. The author has also discussed the health situation of KBK districts in Odisha. He said that the state government has also formulated a Health Vision 2010 document for providing better health services to the people of the state. The health services and its utilization for SC/ST population are not so well improved. They are not interested to go to the health centre's because of lack of awareness among them. The author also analyses the poor health situation of KBK districts in Odisha. The author also describes the state as a fragile state. He also elaborated the different forms of fragile states. The author explores the different reasons behind the poor performance for the development of the people in the KBK districts specially the disadvantaged groups (Scheduled Castes and Scheduled Tribes) such as lack of dedication, sincerity, integrity on the part of the officials and official/ staff absenteeism. For this reason, the state government has failed to provide facilities to the people of the KBK districts in Odisha. Therefore, the author concludes by saying that government is required to focus more on the all-round development of the KBK districts in Odisha. It is a very relevant and useful article for the researchers who are working on the development of the Odisha state.

Behera in his article entitled 'Deprivation and Obstacles for Development of the Tribals in Odisha: State Initiatives at present (2012)' has explained about the development of the tribal's in Odisha. He said that tribal's are the aboriginal inhabitants of India. And they are deprived from all the sections of our society such as ecological, economic and educational angles. The author has also discussed the poverty rates among the Scheduled Castes and Scheduled Tribes in Odisha and also analyzed the SC/ST population of all India rates. He observed that Orissa is one of the poorest states among all the major states in India. Not only that there is a large number of disparities across regions, between social groups and men and women in terms of health and education. The author is of the opinion that the incidence of poverty is also high among the Scheduled Caste and Scheduled Tribe population. The author then pointed out that the literacy rate of Odisha as per the 2001 census was 63.08 percent in comparison to literacy rate of the country was 65.8 percent. The literacy rate of the Scheduled Tribe as per the 2001 census was 37.37 percent which was very much lower than that of the total population. There was a wide disparity in terms of literacy rate of male and female ST population. He also added that a large number of schools in tribal areas suffers from high drop-out rates. He tried to find out the literacy gap between male and female among three selected PTGs (Primitive Tribal Groups) such as KutiaKandha, LanjiaSaara and DongriaKandha. The author has explored the reasons behind the low level of literacy and educational backwardness among tribal communities. He also elaborated the work participation rate of the tribal population. The tribal's economic situation depends upon their participation rate of the tribal population. The tribal's economic situation depends upon their participation in mainstream development and nature of occupation pursued by them. The author also focuses on changes in the occupational structure in rural areas. The article also covers the health situation of the tribal's in Odisha. There are several factors responsible for the low level of development of the tribal's. The author also discusses the government initiatives for tribal development in Odisha. Number of initiatives has been taken by the state government for all round development of the tribal's

through educational, economic and social development programmes. There are 21 Integrated Tribal Development which covers the entire Tribal Sub-Plan Area, 17 Micro projects are operational for the development of 13 PTGs, 46 Modified Area Development Approach (MADA) Packets and 14 Clusters are functioning in the state for improving the socio-economic condition of Tribal's. The state government has also strengthened infrastructure in tribal areas through various schemes aiming at income generation, asset creation, administrative and legal protection for exploitation. The author clearly elaborates the state's initiatives for the welfare of the SC/STs. The state government has also provided free education, scholarships, hostel facilities, free distribution of text books, garments and so on. The MDMS programme has been launched for reducing drop-out rates and increasing enrollment among the SC/STs. As per the reports, during 2008-09 there were 246 Residential High Schools, 109 Ashram Schools, 37 Kanyashrams, 143 Residential Sevashrams working under SC/ST development department of Odisha (GOO, Economic Survey, 2009-10, p.297). For providing quality education to ST students the state government has organized 11 Eklavya Model Residential Schools (EMRSs). The state government has also laid emphasis on the health care services in remote tribal areas. The Ministry of Tribal Affairs has provided Special Central Assistance (SCA) to the Tribal sub plan areas for the improvement in the tribal households with income generation schemes. Therefore the author has tried to make understand that the tribal's are the most vulnerable groups from all spheres of activities. The literacy rate among the Scheduled Tribes is very low, the drop-out rates is also higher. The author has also elaborated that the health indicators i.e. IMR, Neo-natal mortality, child mortality, peri-natal mortality, post-natal mortality are much higher among the Scheduled Tribe population in comparison to general population. So the author has given some suggestions which are adopted by the planners and policy makers for sustainable development of the tribal's of the state. The article provides reliable information regarding the development programmes of the SC/STs and their development.

The author Manoranjan Nayak in his thesis entitled 'Education and Development: A sociological Analysis of Tribal villages in Orissa (2009)' has concentrated on tribal education in Odisha. The author has elaborated the concept of education in various ways. He says that education is a cultural process. He has explored that education is an effective means for the development of the tribal's. The tribal communities to him have their physical and cultural traits. He has discussed about the percentage of literacy among the tribal's in Odisha including Rayagada district. The state government in Odisha has established ashram schools for the tribal's. These schools have provided free boarding and lodging facilities to the tribal pupil. The objective of Nayak's thesis is to assess the level of education among the tribes in Rayagada district of the state of Odisha to look after the number of institutions of tribal itself and their functions in the society, to find out the reasons that prevent educational development among tribal's and also to find out the association between educational development and tribal development. The author also discusses about various policies, programmes and provisions of educational development of tribal's made by the government which contributes to educational development among the tribal people. His thesis also looks after the perceptual gap between the educated and uneducated tribal youths relating to development. From the writings he tried to make understand that education plays a key role to develop every aspect of social and economic development and he also said that education is also an important vehicle for influencing human behavior. He also discussed the twin concept of education and development. For this reason the educational theories and developmental theories have been analysed separately. There are number of programmes that are in operation for the education and socio-economic development of the tribal's in the area. But from the findings it was revealed that in people's participation those programmes are not adequate to improve their education and socio-economic development. Universalization of education to all is necessary for democratic society to function properly. The author remarks that education is more important for economic prosperity and a decent quality of life. That's why he said that eradication of widespread illiteracy from tribal

community is essential. He utterly said that education should occupy the topmost priority in any community development programmes and activities. The growth of education among the tribal population of the country is not very encouraging. The women's literacy rate is much lower in comparison to their male literacy among tribes. The gender disparities may be reduced through education, in spite of these tribal people are lagging behind in the sphere of education. The author also concentrates on the heavy drop-out among the tribal's and this is caused due to lack of motivation to carry due on with the schooling process. He has analyzed that the teachers in the schools should be appointed on the basis of the knowledge of language and cultural background of the tribal. The author also observed that on the question of migration at least one member from their family has migrated to towns/cities in search of livelihood. Though the Government has taken various sub-plan approach to improve the condition of tribal's but the overall tribal situation has not changed yet. The author also concludes that disparities between the tribal's and non-tribal's remains the same and the quality of life of tribal has not improved as well. Not only that, their cultural milieu, adequate resources for their development along with economic development, availability of funds, effective management all are necessary for providing all facilities to the tribal's.

Subrata Kundu in his thesis entitled 'Health Sector Reforms in Orissa and its implications for the health services' (2006) has provided a definition of health sector reforms which indicates a big or little change in the health sector as an element of reform. Any initiative taken in the field of health sector after independence which leads to change in approach is called as a reform measure. Like in Odisha, the Vitamin-A campaign is one of the reform initiatives. So it can be said that the end of the twentieth century is regarded as the beginning of health sector reforms. In the first chapter he discusses about the review of literature which has looked at the process and experience of health sector reforms in various countries of the world. These reforms have tried to increase private participation in different aspects of health sector and at the same time it tried to reduce the role of public sector. His study intends to

look at implications of health sector reforms in Odisha. The objective of his thesis is to examine the process and experience of Health Sector Reforms in Odisha, trends in public financing in Odisha relative to India since mid-eighties and nineties, to study the perception and experience of bureaucracy dealing with the health sector and the experience of health sector reforms in Odisha and also examine the role of bureaucracy in financing, provisioning and manpower of health services during these two decades and its implications for equity. The author has analyzed the reform process in Sundergarh and Khurda districts. Most of the staff in the Directorate of Health were observed to be either gossiping or most were not present at their desk at official hours. Records of health statistics were not also kept appropriately. The thesis also discusses the public health care services were really moving away from provisioning of secondary and tertiary levels of care. As a result it would affect the primary level care which was difficult to predict at this moment. The author also argued that the increasing privatization of health care leads to huge cost of care which would affect the poor most and would also affect their overall quality of life. From this field survey he has found that these hypotheses to be true to a large extent.

Srimati Nayekin her thesis entitled 'Tribal Development in Orissa: An analysis of Health and Educational policies for Tribal women' (2003) has concentrated on the health and educational policies for tribal women especially the Saoras women of Gajapati district in Odisha. The author has argued that the tribal's are the aboriginal groups from the rest of the population. She argued that the tribes of India may be classified on the basis of their a) territorial distribution b) linguistic affiliation c) physical and racial characteristics d) occupation and economy e) cultural contact and f) religious beliefs. In her thesis she analyses classification of different types of Indian tribes. She said that a tribal woman plays a key role in the socio-economic structure of the society. Still now women are discriminated from all the spheres of the society. There are gender disparities in respect of education, health, employment, nutrition and decision-making power. Odisha is in the

second position in the tribal population in India. As the health and education is an important indicator for human development, the author focuses on these two sectors and her thesis also assesses the programme and policies relating to health and education which are undertaken by the Government of Odisha as well as the centrally sponsored schemes for the development of tribal women. Her study also looks after the failure of policies and planning in tribal districts of Odisha. She analyses the Saoras women of Gajapati district, Odisha, who have remain undeveloped as in the past. She has analysed the centrally sponsored schemes and state plan schemes for the deprived sections of the people of Odisha. Like Girls hostels, post -matric scholarship, coaching and pre-examination training schemes, Research, training and special projects are the initiatives taken by the central government for tribals in Odisha. And education, pre-matric scholarship, stipends, boarding grants, hostels, supply of free books, stationary, uniforms, mid-day meals, health, housing, drinking water supply, medical and public health, social and cultural activities are included in the state plan schemes. Her thesis is on the health and educational policies for the development of tribal women in Odisha. She also highlights the government's efforts for the development of the tribal people. She also explored the health and educational policies in Gajapati district among the tribal women in Odisha. And she also elaborates the impact and assessment which covers the various educational planning, programmes and policies which are taken for the development of tribal women. She also gave some suggestions and recommendations on the basis of the study. The author has also argued that the literacy levels among the tribal women has been lagging behind all other sections i.e. urban males and females, rural males and females, SC males & females and tribal males. The author argues that tribal development programmes does not bring desired changes in the tribal societies of this region. There is a close link between education and the economic condition of a population and this is more relevant in this region. She also explains that tribal people of Gajapati district haven't been included in appreciable number in the process of implementation of the scheme. She also discusses about the benefits from the tribal development programmes. She

said that there are several factors for dropouts in the schools such as early marriage of girls and boys, distance of the school from their village, lack of availability of higher classes in the Ashram Schools and Zilla Parishad Schools, low level of education of the parents, participation of girls in their household matters, economic inability of the parents to meet the educational needs of the children. In spite of all these the literacy rate among the tribal's has improved. She explores the government sponsored programmes for the tribal's in Gajapati district. Through the ICDS (Integrated Child Development Services) the state government has reduced the incidence of diseases resistance to malnutrition, infant mortality, morbidity etc. She also analyses different factors regarding health and nutritional hazards among the tribal population in the Gajapati district such as deficiency of nutrients among infants, children and women, early age at marriage, lack of awareness about sanitation and personal hygiene, communication problem, illiteracy among tribal's especially among women, lack of pure and clean drinking water facilities, traditional beliefs and practices about diseases, health and sanitation, blind faith in traditional medical practitioners etc. These are the causes of lack of medical and scientific awareness among the tribal's and their poor health and nutritional status as well. Both the central and state governments have made constant efforts to develop the tribal's and the tribal areas. She found that development programmes have met with very limited success. The development of tribal people is possible only when there is an improvement in the health system of the tribal's. For this reason she recommended for evolving a system of micro-level planning for health and nutrition for the primitive tribes of Odisha in general and Saora tribe in particular. To tackle the problem of economic development of the tribes and tribal areas, the social, cultural and political developments in different regions of our country are very necessary. She also argued that the education of the Saoras has encountered with several problems and also given suggestions about the Tribal Women's Health. She also explores the reasons behind the failure of government programmes due to lack of participation, motivation, awareness and skill among the tribal's. The author concludes by saying that the programmes like education, health,

nutrition which require motivation and community participation should be entrusted to local NGO's for organizing, motivation and awareness building camps and implementation of the programmes in selected tribal pockets where government agencies failed or didn't reach.

Though the government has taken steps through Sub-plan approach for the improvement of the tribal people, but the overall tribal situation has not changed much. The disparities at the level of development between the tribal's and non-tribal's has remained the same and also the quality of the tribal's has not improved. So the author has suggested that proper cognition of cultural milieu of tribal people, identification of problem, areas and address them with appropriate redressal measures, sufficient and timely availability of funds, effective management are very necessary for the development of the tribal areas.

DinamaniBhim(2000) in his dissertation entitled 'A Study of the Politics of Anti-Poverty Programmes in the Block of Laikera, Orissa' deals with the study of poverty alleviation programmes in the Block of Laikera, Odisha. His study emphasized on the role of politics, elected local institutions, MLAs and local bureaucracy and special anti-poverty programmes and their implementation in one of the backward areas of Odisha. His work focuses on the issue of poverty and anti-poverty programmes of the most marginal section belonging to the Block of Laikera, of the district of Jharsuguda in Odisha. The dissertation also has explained how the dominant castes and classes in this area effectively control local power arrangement and accrued the benefits of government sponsored programmes meant for the poor. Several anti-poverty programmes were being implemented in Laikera Block such as integrated Rural Development Programme(IRDP), Orissa State Development Financial Corporation(OSFDC), Swarnajayanti Gram Swarojgar Yojana(SGSY), Modified Area Development Corporation(MADA), Development of Women and Children in Rural Areas (DWCRA), Indira Awas yojana (IAY) and Jawahar Gram Samridhi Yojana(JGSY). The author has argued that in Laikera Block, Orissa, various poverty alleviation programmes such as IRDP,

SGSY, JGSY and IAY has been implemented. The findings of the implementation of anti-poverty programmes are also elaborated by the author. His study also investigates the performance of the bureaucracy and the elected representatives in connection with these programmes and he has explained the implementation process of the anti-poverty programmes in Laikera Block. The author after analyzing the authenticity of the BPL Census and the implementation of all the anti-poverty programmes in the Block of Laikera of Jharsuguda district in Odisha found that these programmes are not successfully implemented. It was observed that sometimes the guidelines are violated and these programmes are being implemented in a haphazard manner. For this reason the benefits of the programmes cannot reach the target group. He recommended for the strengthening of the Panchayati Raj System. It will help in changing the power relations in the rural areas.

Sasmita Jena (2008) in her dissertation entitled 'Influence of Women Malnutrition on Infant Mortality in Orissa: Evidence from NFHS-2 (1998-99) and NFHS-3 (2005-06)' has analyzed the role of the health care services which are very important for individual health. And gender plays an important role for health of individual. There are several factors which also affect health of human being like human rights, aging, science and technology, information and communication, equity and social justice. She also explores the importance of nutrition in human's body. Malnutrition is very much prevalent in rural areas in any country. The lack of nutrients is perceived largely among the women and children. The percentage of anemia is very much higher among women in Odisha. One of the important indicators of health is Mortality rates. The mortality rates help in assessing the overall socio-economic development of a country. Several factors are responsible for the infant mortality in India and other developing countries which are low birth weight, respiratory infections, diarrheal diseases, birth injury, malnutrition. The main objective of the study is to assess the levels of malnutrition among women in Odisha, to find out the linkage between malnutrition among women and infant mortality and comparison between NFHS -II (1998-99) and NFHS-III (2005-06), about the

influence of malnutrition on infant mortality in Odisha. From the survey the author has found that poverty is the main reason for the high level of malnutrition among women and children in India. And this is higher among low status of women in Indian society. The reason behind the infant mortality is higher malnutrition. She has also observed that the majority of women were undernourished in the age group 15-19. The higher percent of undernourished women are seen largely in rural areas. It has been also found that women of underage or lower age group suffer more from anemia. It is very much seen among the illiterate women especially among the SC/ST and other backward class women. The study also shows that the higher incidence of poverty is seen in Odisha, not only that hunger, malnutrition among women and these are the reasons of infant, neonatal and post neo-natal mortality. She also argued that there is a need of a policy to reduce malnutrition and infant mortality in Odisha. May be the infant mortality is caused due to less education and occupation among women and malnutrition among women even though the government has taken different initiatives to tackle this malnutrition problem. The programmes adopted are Public Distribution system (PDS), Integrated Child Development Services (ICDS) Programme, the National Mid-Day Meals Programme and several employment schemes providing food for work. But these programmes have not succeeded fully and do not reach to the poorest segments of the population. These programmes are inadequate to fulfill the aspirations of the poor segments of the population.

The dissertation entitled 'A Sociological Study of Female Literacy and Fertility Among Tribal Women in Orissa' written by Vandana Naik (2002) is interesting. She is of the opinion that there is a close link between fertility and literacy regarding women. It has been observed that female literacy and education are very important for reducing patterns of fertility. An educated woman can get an improved economic life, a better quality of life and a healthier population. Education helps a woman through providing increased autonomy in the home and outside. So there is a direct relationship between literacy and autonomy which affects change in fertility. The objectives of the

study are to find out the relationship between literacy and fertility of women in general and tribal women in particular, to find out the relationship between female literacy and fertility of tribal women with that of non-tribal women and to look after the intra-tribal differences. The author has concentrated on the tribal (Juang) village (Gomatipur) of Keonjhar district in Odisha. In the first chapter she begins with the debate on the link between the literacy and fertility. In the second chapter she has given a survey of literature by different demographers, anthropologists and sociologists. Her third chapter is on the conceptual framework where one can see the situation of tribal literacy from a broader perspective. And her fourth chapter discusses the findings of the field work done in a village of Odisha. She also argued that Odisha acquired a unique position in terms of tribal map of India because of the largest variety of tribal communities. From the findings the author has observed that there is a close relationship between female literacy and fertility. And she also showed in her study that literacy and education are one of the socio-economic factors which strongly influence the intermediate variables to affect the fertility level. She has explored on the importance of education and literacy which provide skills and abilities leading to lower fertility through improved ability to acquire new information and to use contraceptive technologies. Besides education other socio-economic factors are also important. She has also explained about the Juangs in Odisha that the economic condition of the family and tribal beliefs which plays an important role in determining the attitudes of the family planning. So it can be said that the literate women are much aware of fertility control than non-literate women. So literacy has a direct effect on fertility rate.

Rani Si and Sharma in their article entitled 'An Empirical study of the Mid-Day Meal Programme in Khurda, Orissa' has concentrated on the operation of Mid-Day Meal Programme in Khurda district of the state. They have pointed out that Mid-Day Meal Scheme was launched for providing nutritious meals to all school children below the age of 14 because it also increases the concentration level among the school children on class room learning. The Mid-Day Meal Scheme helps to reduce the class inequalities and it

overcomes the caste and gender-based differences during access to primary education. Not only that, the most important thing that they have pointed out is that the Mid-Day Meal Scheme increases enrolment, reduces dropout rates, improves attendance and retention and also the nutritional status of the children. They have focused on the functioning of the Mid-Day Meal Scheme, especially in Khurda district in Odisha. This article covers many of the areas such as brief history of Mid-Day Meal Scheme, salient features of Mid-Day Meal Scheme, some recent studies on this area, field work and the use of other data sources, the broad picture of the Mid-Day Meal Scheme in Orissa i.e. organizational structure of the scheme and also examines the cooked meals and dry ration variants, cost of providing Mid-Day Meals, back ground of the parents and school infrastructure facilities. The authors discuss about the poor infrastructure facilities in the schools and also elaborated the reasons behind the shifting over to the dry ration scheme in all the 10 (ten) blocks of Khurda district from 2001. Some of the reasons elaborated by them are lack of separate space for cooking, lack of separate place for serving meals, lack of drinking water facilities etc. But after the field survey conducted by them, they have come to the point that cooked meal scheme is more effective because most of the households prefer cooked meal scheme and most of the parents are of the opinion that cooked meal scheme increases enrollment and attendance in the school. Through this scheme it has created some employment opportunities among the downtrodden sections of the population especially among the women in the Khurda district of Odisha. Therefore, the authors conclude by saying that cooked meal scheme functioned very well for around 6 (six) years in spite of some short comings and also informed that the schools in Khurda (Odisha) has changed it back to providing cooked meals. The article is very relevant and it provides a lot of information about the functioning of MDM Scheme in the Khurda district of Odisha.

3. **Literature on role of Caste in Elections:** In the third category we find there are few articles which are caste-related. The authors in this category are Prakash

Louis (2000), Gupta (1992). To Prakash Louis (2000) in Bihar Politics, caste plays an important role. The author tries to show how different political parties from the very beginning came to power with the help of 'caste combination'. From 1952 onwards, Congress was in power and it had an alliance between the upper castes, the Dalit's, the Tribal's and the Muslims. In the 1980 and 1985 Assembly Elections it came to power due to 'Indira wave' and 'Rajiv Wave'. But after that it lost the elections. In the 12th Assembly Elections the 2 (two) main contenders for power were Janata Dal (U) and the RJD. The leader of the JD (U) – Nitish Kumar and the leader of RJD was Lalu Prasad Yadav. To him the Janata Dal (U) represented the interests of the upper castes and the RJD represented the interest of the backward castes. In this election Yadav's played an important role. It is an important caste in Bihar. All the parties tried to woo the Yadav votes for coming to power. NDA got the support from the backward castes like Koeris and the most backward caste. There was an emergence of the backward caste like 'KULAKS'. The percentage of Muslim voters was less in the state of Bihar. Women's participation in Bihar has been increasing and from this it is seen that the voters of Bihar demanded change. Sometime they voted for RJD and sometimes they voted for NDA. But they have not given a clear majority to any of the alliances. The author did not discuss why the voters mind has frequently changed and why the parties were unable to fulfill the aspirations of the people.

Gupta (1992) in his article is of the opinion that Yadav politicians has emerged as a victorious caste in the State of Bihar and U.P. He explained the rise of Yadav political power in the Hindi belt. To him Yadavs are the new kulaks of the Hindi heartland. They educationally and culturally lag behind any other developed castes. He discussed the Yadav's dual character. Laloo Prasad Yadav's image increased the importance of the Yadav community. Janata Dal got the full support from this Yadav community. The author discusses the harmonious relationship between the Yadav rich farmer and Janata Dal Leader Laloo Prasad Yadav. The author concludes by saying that Laloo Prasad Yadav got the support from the Yadav Community till now but it is not sure the

Yadavs will vote for him in future since he had failed to fulfill all the aspirations of the Yadav's.

Research Gap: From the review of the literature it is found that most of the studies on Bihar and Odisha had focused on electoral outcomes in different elections. There are few articles which examine issues on development including policies and their implementation. But the authors have not clearly discussed the development policies in different sectors like the agricultural sector, service sector, social welfare sector etc. And they also do not shed much light about the government's initiatives in this sector. In the social sector there were several development policies which the governments in both the states adopted and pursued but it has not been adequately or properly analysed by the researchers. Some authors have concentrated on the education and health sectors and also discussed various programmes but there are very few authors who have discussed about the social welfare policies. And the comparative study on poverty, education, health, social welfare in Odisha and Bihar has not been made by any authors. Hence the articles in this front are deficient. There is thus a research gap which needs to be filled. The study to be undertaken would attempt to do that.

The objective of the Study

1. To see how far the BJD-BJP alliance government was successful in alleviating poverty in the state of Odisha.
2. To analyse the different development policies adopted and pursued by the BJD- BJP government in Odisha in the social sector: in health, education, social welfare etc.
3. To see how far the RJD-Congress alliance government and the JD (U)-BJP alliance governments were successful in implementing poverty alleviation measures and alleviating poverty in the state of Bihar.
4. To analyze the development policies adopted and pursued by the RJD-Congress alliance government and the JD (U)-BJP alliance government in Bihar

in the social sector; in health, education, social welfare etc and the outcome of these.

Research Questions

1. How far the successive BJD-BJP alliance Governments in Odisha in the period 2000-2009 was able to implement the poverty alleviation measures in the state and how far it was successful in this front?
2. How far the programmes in the field of education, health and general social welfare adopted and pursued by the BJD-BJP alliance Governments in Odisha during the period 2000-2009 benefitted the desired sections of the society?
3. How far the RJD-Congress alliance government (2000-2005) and the JD (U)-BJP alliance government led by Nitish Kumar in its first term (2005-2010) was able to implement the poverty alleviation measures in the state and how far it was successful in reducing poverty in the state in the period 2000-2010?
4. What are the policies and programmes which the RJD-Congress alliance government (2000-2005) and the JD (U)-BJP alliance Government led by Nitish Kumar in its first term (2005-2010) adopted and pursued in the social sector in the field of literacy and education, health, and development of the marginalised sections? What was the outcome of these policies and programmes?

Hypothesis

In the post liberalization period when the Indian State has been withdrawing from spending in different sectors of the economy what we note is that in the states of India governments are pursuing different policies in the social sector and this is largely due to democratic compulsions. Parties do this in order to legitimize their rule. In Odisha and Bihar the governments have undertaken various development policies in the social sector. And largely as a result of these there has been an improvement in

the social sector for example, the condition of the poor in the period from 2000 to 2010 in both the states has improved. The percentage of poor has declined significantly.

Definition, Rational and Scope of the Study

The study is on the development policies pursued in the social sector in Bihar and Odisha, the two relatively underdeveloped states in eastern India and the outcome of these policies. In the social sector we will look for literacy and education, demography and health, poverty and rural development and interventions for the marginalised sections. We will focus also on the manner in which different poverty alleviation programmes in the state was implemented and how far the Governments were successful in implementing the poverty alleviation programmes or measures. The question of development policies and policies in the social sector is important since both the states are underdeveloped in the Indian context and the government in both the states adopted different development policies. If we look at the poverty level of both the states we find that the percentage of people living below poverty line is much higher than other states in India. As per the estimates of the Planning Commission, the incidence of poverty in Odisha and Bihar during the period 1993-94 was 48.56 percent and 54.96 percent respectively. In 1999-2000 the percentage of rural poverty in Odisha and Bihar were 48.01 percent and 44.3 percent respectively. Hence the percentage of people living below the poverty line was very high by the turn of the century. But when we come to the year 2004-2005 we note that the number of poor declined in both the states. Poverty in Bihar for example declined from 54.4 percent of the population in 2004-05 to 53.5 percent in 2009-2010 and thereafter to 33.7 percent in 2011-2012. Similarly in case of Odisha the percentage of poor people came down to 32.6 percent in 2011-2012 from 37.0 percent in 2009-2010. Hence what we note is that by the end of the first decade of the 21st century there has been a significant decline in the percentage of poor living in both the states. This could have happened as a result of intervention by the state governments. We also note that the rate of unemployment is also very high in both the states. The number of literates is also low in both the states. We also note that the percentage of SC and ST

population in both the states is high and much of the poor belong to this category. In Odisha the ST population is very high whereas in Bihar the SC population is high. Hence it would be interesting to analyse the policies adopted by the governments in the social sector in these two states.

Research Methods

Considering the research questions and the scope of research we have collected a lot of data from different sources using different techniques and methods. On the development policies in the state of Bihar and Odisha we collected relevant primary and secondary data and analysed it for the execution of the work i.e., for answering the questions which we have raised above. We have primarily analysed the contents of the documents that we have collected.

Primary data collected includes; reports from the website of the Planning Commission (PC). We have looked at the studies and the reports commissioned by the PC on the implementation of several policies in the concerned states. From the Planning Commission website, we collected the Orissa Human Development Report, Orissa Development Report and Bihar Human Development Report and several other reports of the studies which the PC has constituted. We collected the available documents from the website of the Government of Odisha. We visited different departments like education, health and family welfare, rural development, Panchayati Raj, department of SCs, STs and minorities in the website of the Government of Odisha. In the Odisha government website from the department of finance we have collected annual budgets and the Economic Surveys of different years. From the department of ST & SC Development, Minorities & Backward Classes Welfare Department we collected some annual reports of different years and some publications. In the department of health and family welfare we have seen the health profile, plans, projects, publications, programmes and schemes. Then lastly we went through the reports of women and child development department.

From the website of the Government of Bihar we collected a lot of information. In this we visited the different departments like finance, minority

welfare, health, rural development, SC & ST welfare, social welfare etc. In the department of health we looked at different schemes like Mukhyamantri Kalajar Rahat Yojana, Janani ebang Bal Surakshya Yojana, Pariwaar Kalya Karyakaram etc. which had been adopted by the government. From the department of minority welfare we collected information about different schemes adopted by the government. In the department of rural development we need to look at reports related to schemes like NREGS, SJGSY, IAY etc, programmes, annual reports of different years etc. From the department of SC & ST welfare we collected information on the schemes, acts and rules, budget 2012-13 etc. Then finally from the department of social welfare we collected annual reports, budgetary allocations, annual plans, reports and publications etc of various years.

Party literature of the RJD, JD (U) in Bihar and BJP and BJD in Orissa was also collected. Out of the party literature we collected and analysed manifestoes, pamphlets, programmes etc. from party offices and from the website of the concerned political parties. We will collect the materials from the website of various political parties such as the website of RJD (www.rjd.in), of Janata Dal United [www.jd\(u\).in](http://www.jd(u).in), and the Biju Janata Dal www.bjd.in. Election Commission of India (ECI) website was used to look at the electoral results of the central political parties in the states during different elections.

So far as secondary data is concerned it includes books, articles, newspapers, journals, magazines etc. There are different journals which were useful for my work. These are; Economic and Political Weekly, Journal of Social and Economic Studies, Yojana, Indian Journal of Political Science, Indian Journal of Regional Science, Social Change, Comparative Political Studies etc. Magazines like Frontline, Mainstream etc. were useful. We will also collect information from different newspapers like The Statesman, The Hindu, Times of India, The New Indian Express, The Telegraph, Bihar Times, Prabhat Khabar, Samaya, Pragati Badi, Orissa Post etc.

Apart from the web sources we collected and analysed primary and secondary data from various places. Primary and secondary materials were collected from different libraries such as Teenmurti library in New Delhi, Jawaharlal Nehru University Library, Utkal University library and Nabakrushna Choudhury Institute of Development

Studies in Bhubaneswar etc. We also collected materials from Patna University library, A.N. Sinha Institute of social studies library, ADRI Library etc.

Limitation of the Study: States in India pursue a large range of policies in different sectors to effect changes. The study will limit itself to the policies of the governments in the social sector. The present study will not include policies pursued in the agricultural, industrial and infrastructure sectors etc. As per the Government of India social sectors include Human development and gender situation, poverty and inclusive growth, employment, education, health, rural water supply and sanitation and women and child development. The social sector in Bihar as per the annual economic survey's reports would include; Literacy and Education, Demography and Health, Poverty and Rural Development and Interventions for Marginalised Sections. In Odisha as per the annual economic survey's the social sector would include; Education, Health and Family Welfare, Water Supply and Sanitation, Welfare Programmes, Women's Development and Welfare, Welfare of Scheduled Castes and Scheduled Tribes. We also include poverty in this sector. We will analyze the policies pursued by the alliance governments in the social sector and its effects in details in both the states. We also would compare the performances of the states.

The Chapters

Chapter 1: Introduction: In this chapter we have outlined the background of the study, state the research problem, objectives of the study, raised the research questions to be answered in the study, formulated the hypothesis, reviewed the existing literature on the subject, dealt with the rationale and scope of the study, then discussed the methodology used for collecting and analyzing data and then introduced the different chapters of the thesis.

Chapter 2: The chapter is entitled 'The State Government's and the Problem of Poverty in Odisha (2000-2010)'. This chapter analyses the different poverty alleviation programmes and its outcome in Odisha since 2000.

Chapter 3: The State Government's and Education in Odisha (2000-2010). This chapter analyses the various development policies of the BJD led government in Odisha in the education sector. It will also analyse the outcome of the policies.

Chapter 4: The chapter is entitled 'The State Government's and Health in Odisha (2000-2010)'. This chapter analyses the various development policies of the BJD led government in Odisha in health sector. It will also analyse the outcome of the policies.

Chapter 5: The chapter 'The State Government's and Social Welfare in Odisha (2000-2010)' deals with the different welfare policies taken by the BJD-BJP coalition governments for the old and disabled, women, SCs & STs.

Chapter 6: The chapter 'The State Governments and Poverty in Bihar (2000-2010)' analyses the different poverty alleviation programmes in Bihar and also assessed the programmes.

Chapter 7: The chapter 'The State Government's and Education in Bihar (2000-2010)' analyses the different educational policies in Bihar and also outcome of the policies.

Chapter 8: The State Government's and Health Sector in Bihar (2000-2010). This chapter analyses the different programmes in the health Sector in Bihar and also assessed the programmes.

Chapter 9: In the chapter 'The State Government's and Social Welfare in Bihar (2000-2010)' we analyse the different social welfare policies for the Old and Disabled, women and child and for the marginalized sections of the society in Bihar and also analyse the outcome of the policies.

Chapter 10: The chapter makes a comparative assessment of development policies in the social sector in Odisha and Bihar.

Chapter 11: In this chapter we provide a summary of the chapters and then arrive at a Conclusion.

CHAPTER II

The Government's and the Problem of Poverty in Odisha (2000-2010)

Introduction

In this chapter of the thesis we look at the poverty situation in the state of Odisha and the reasons behind the fall of poverty in the study period, 2000-2010. There was a clear decline in the level of poverty in the poverty as per the official figures. What caused this decline? We argue below that the decline was caused due to economic growth in the state which increased slightly in that period and secondly due to the implementation of the poverty alleviation programmes.

Odisha has been one of the poorest state among the 28 (twenty-eight) states in India. It consists of 30 (thirty) districts. It is generally divided into 3 (three) regions; Northern region, Southern region and the Coastal region. In the Northern region lie the districts of Sundargarh, Jhaisuguda, Sambalpur, Bargarh, Subannapur, Mayurbhanj, Kendujhargarh, Angul, Banda, Deogarh, Baripada, Sonapur, Dhenkanel, Keonjhar and Bolangir. In the Southern Region lie the districts of Malkangiri, Koraput, Nabrangapur, Kalahandi, Rayagada, Nuapada, Boudh, Phulbari, Nayagarh, Cuttack and Kandhamal. In the Coastal Region, the districts are Malkangiri, Parlakimidi, Chhatrapur, Gajapati, Rayagada, Puri, Khordha, Ganjam, Jagatsinghpur, Kendrapara, Baleshwar.

A report of the Planning commission in the Economic Survey of Orissa, 2008-09 indicates that Odisha continues to be the poorest among all the major states of the country. Though the incidence of Poverty has come down from 47.15% in 1999-2000 to 39.90% in 2004-05, in spite of this Odisha still remains the poorest state among all the major states in India. The percentage of population below the poverty line at the all India level in 2004-05 was 21.8 percent as against 26.1 percent during 1999-2000. Thus what we notice is compared to many other states Rural poverty in Odisha is still very high, even though successive Governments have taken different initiatives to reduce

the level of poverty (Government of Orissa, Economic Survey, 2008-09). In the state during 1973-74 the percentage of population below poverty line was 66.18% and it declined to 65.29% in 1983. But in 1977-78 it increased to 70.07%. During the period 1987-88 the percentage of population living below the poverty line was 55.58% and finally it declined to 39.90% in the year 2004-05.

The number and percentage of BPL population for the 61st NSS round (2004-05) based on mixed recall period (MRP) and uniform recall period (URP) for all the states and Union Territories, tells us that poverty has declined by 20.2 percentage points from 57.2 percent in 2004-05 (61st NSS round) to 37.0 percent in 2009-10 (66th NSS round). This clearly indicates that there is a welcome sign in drop in Poverty incidence during 2004-05 to 2009-10 (Government of Odisha, Economic Survey, 2012-13, p.263). The Planning commission has appointed so many committees for poverty estimation. But among the various committees there are 2 (two) committees i.e. Lakdawala Committee formed in 1993 and the Tendulkar Committee constituted in 2005 which are the most important ones. These Committees have estimated the number and percentage of poor.

The estimates of poverty from 1973-74 to 2004-05 are based on Lakadwala Committee Methodology and those for the year 1993-94, 2004-05 and 2009-10 are based on NSS data and Tendulkar Committee Methodology. According to Lakdawala Committee the percentage of population living below the poverty line in Odisha has declined by 19.78 percentage points from 66.18 percent in 1973-74 to 46.40 percent in 2004-05. And the poverty estimates of the Tendulkar Committee for the year 1993-94 was 59.10 percent in comparison to 48.56 percent, as per the Lakdawala Committee Methodology. In the year 2009-10, the percentage of poverty as per the Tendulkar Committee was 37 percent. Hence an analysis of the estimates tells us that from 1993-94 to 2009-10, the percentage of population living below the poverty line has declined. It is observed that the Lakdawala Committee used uniform recall period Methodology whereas the Tendulkar Committee used mixed recall period Methodology to find out the poverty ratios in Odisha. The table shows the percentage of population below poverty line in Odisha as compared to other major states in India.

Table: 2.1**Percentage of Population Below the Poverty Line in Odisha as Compared to Other Major States in India.**

| Sl. No. | State | Head Count Ratio (percent) | | | | | | |
|---------|------------------|----------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | | 1973-74 | 1977-78 | 1983 | 1987-88 | 1993-94 | 2004-05* | 2009-10* |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 | Andhra Pradesh | 48.86 | 39.31 | 28.91 | 25.86 | 22.19 | 29.9 | 21.1 |
| 2 | Bihar | 61.91 | 61.55 | 62.22 | 52.13 | 54.96 | 54.40 | 53.50 |
| 3 | Gujarat | 48.15 | 41.23 | 32.79 | 31.54 | 24.21 | 31.80 | 23.00 |
| 4 | Haryana | 35.36 | 29.55 | 21.37 | 16.54 | 25.05 | 24.10 | 20.10 |
| 5 | Karnataka | 54.47 | 48.78 | 38.24 | 37.53 | 33.16 | 33.40 | 23.60 |
| 6 | Kerala | 59.79 | 52.22 | 40.42 | 31.79 | 25.43 | 19.70 | 12.00 |
| 7 | MadhyaPradesh | 61.70 | 61.78 | 49.78 | 43.07 | 42.52 | 48.60 | 36.70 |
| 8 | Maharashtra | 53.24 | 55.88 | 43.44 | 40.41 | 36.86 | 38.10 | 24.50 |
| 9 | Odisha | 66.18 | 70.07 | 65.29 | 55.58 | 48.56 | 57.20 | 37.00 |
| 10 | Punjab | 28.15 | 19.27 | 16.18 | 13.20 | 11.77 | 20.90 | 15.90 |
| 11 | Rajasthan | 46.14 | 37.42 | 34.46 | 35.15 | 27.41 | 34.4 | 24.80 |
| 12 | Tamil Nadu | 54.94 | 54.79 | 51.66 | 43.39 | 35.03 | 28.90 | 17.10 |
| 13 | Uttar Pradesh | 57.07 | 49.05 | 47.07 | 41.45 | 40.85 | 40.90 | 37.70 |
| 14 | West Bengal | 63.43 | 60.52 | 54.85 | 44.72 | 35.66 | 34.30 | 26.70 |
| | All India | 54.88 | 51.32 | 44.48 | 38.36 | 35.97 | 37.20 | 29.80 |

Based on MRP consumption of Tendulkar Committee Methodology (GOO, Economic Survey 2012-13, pp.265)

Given below is another table which shows the poverty lines and poverty Head count ratio using the Tendulkar Methodology and Lakdawala Methodology for the year

1993-94, 2004-05 and 2009-10 (GOO, Economic Survey, 2012-13, Odisha, Feb, 2013, p.263).

Table: 2.2

The poverty lines and poverty Head count ratio using the Tendulkar Methodology and Lakdawala Methodology for the year 1993-94, 2004-05 and 2009-10

| Committee | Methodology | Year | Rural | Urban | Combined |
|-----------|-------------|---------|-------|-------|----------|
| LAKDAWALA | URP | 1993-94 | 49.72 | 41.64 | 48.56 |
| | | 2004-05 | 46.80 | 44.30 | 46.40 |
| TENDULKAR | MRP | 1993-94 | 63.00 | 34.50 | 59.10 |
| | | 2004-05 | 60.80 | 37.60 | 57.20 |
| | | 2009-10 | 39.20 | 25.90 | 37.00 |

The incidence of poverty has declined during 2004-05 to 2009-10. There has been a significant or sharp decline in poverty from 57.20% in 2004-05 to 37% in 2009-10. Odisha still has a high incidence of poverty and the proportion is much higher than the national average. Still as noted earlier as per the report of the Planning Commission and also to other reports poverty ratio has declined in the State. There are several reasons that can be attributed for this decline. Two important reasons for the decline of poverty can be, first in more recent times there is economic growth in Odisha and second it is due to the adoption and implementation of several types of poverty alleviation programmes or measures. To improve the economic condition of the rural and urban poor, the Central Government as well as the State Government has adopted several poverty alleviation measures. Both the factors could have contributed to the decline in the incidence of poverty. We discuss below the rate of economic growth in Odisha then turn to examine the poverty alleviation measures that have been adopted in the state and how far the measures have been successful in its desired effect.

Before we do that we must however note another point. Though poverty has declined in all the NSS Regions of the state but the extent of poverty in Southern and Northern Regions of Odisha is still high. According to Haan and Dubey (2003) though rural poverty in the Coastal and Northern Regions has declined but in the Southern Region the incidence of rural poverty has increased from 80.76% in 1983 to 86.16% in 1999-2000 (Shah, 2010, p.6). This is to some extent because the State has witnessed wide Regional and Social disparities in development more particularly economic growth. The development of all the Regions did not go hand-in-hand or simultaneously. According to NSS data, the Coastal Region has the lowest incidence of poverty while the incidence of poverty is the highest in the Southern and Northern Regions. During the early 1980s poverty in the Southern Region increased (Amita Shah, ODI working paper 325, 2010). From the analysis of NSS data, it is seen that the incidence of poverty has experienced a large fall from 45 percent in 1993-94 to 27 percent in 2004-05 in the Coastal Region. But in the Southern Region it increased by 4 percentage points from 68.8 percent in 1993-94 to 72.7 percent in 2004-05 and the Northern Region has also witnessed the biggest rise in the incidence of rural poverty by 13 percentage point from 46 percent in 1993-94 to 59 percent in 2004-05. Among the three regions, the percentage of poverty is higher in the Southern region than the Northern and Coastal Region. In the Southern region, the very bad condition that prevails is in Koraput (undivided district), where 92% of people lived below the poverty line (Panda, 2004:14). Poverty is chronic in this region. Thus in the Coastal region, the poverty ratio has declined, whereas in the Northern region and in the Southern region it has increased. Most of the Scheduled Castes (SC) and Scheduled Tribes (ST) people are inhabitants of the KBK districts. The KBK districts are commonly described as Kalahandi, Bolangir and Koraput districts and the area coming under these districts is called KBK Region of Odisha. This region is found to be chronically backward. The SC and ST population in this region together constituted 54.6% of the total population as per the 2001 Census. In the KBK Region the percentage of poverty was 81.3% in 1983 and in 1992 it was 82.6% and the percentage of poverty has declined to 72% but it increased to 87.14% in 1999-2000. Mehta and Shah (2003:492) are of the opinion that the KBK Region of Odisha is one of the Poorest regions in India where the poverty incidence is very severe and 34.08% people of Rural areas of this region were very

poor, 69.02% were poor and the square poverty gap was 6.83% in 1993-94 (Parida, RLG, 2007-08). The table shows the incidence of poverty among regions in Odisha.

Table: 2.3

Poverty among NSS Regions in Odisha (Head Count Ratio in Percent Terms)

| Year - Rural | Coastal | Southern | Northern | Odisha State |
|--------------|---------|----------|----------|--------------|
| 1983 | 57.97 | 80.76 | 75.22 | 68.43 |
| 1987-88 | 48.37 | 82.98 | 61.01 | 58.62 |
| 1993-94 | 45.33 | 68.84 | 45.82 | 49.80 |
| 1999-2000 | 29.30 | 86.16 | 50.98 | 48.13 |

| Year - Urban | Coastal | Southern | Northern | Odisha State |
|--------------|---------|----------|----------|--------------|
| 1983 | 46.15 | 45.48 | 54.35 | 49.66 |
| 1987-88 | 42.11 | 52.93 | 39.90 | 42.58 |
| 1993-94 | 47.24 | 41.94 | 32.54 | 40.68 |
| 1999-2000 | 41.65 | 43.97 | 45.81 | 43.51 |

| Combined | Coastal | Southern | Northern | Odisha State |
|-----------|---------|----------|----------|--------------|
| 1983 | 56.47 | 72.28 | 72.28 | 66.24 |
| 1987-88 | 47.67 | 58.16 | 58.16 | 56.75 |
| 1993-94 | 45.57 | 43.92 | 43.92 | 48.64 |
| 1999-2000 | 31.51 | 50.10 | 50.10 | 47.37 |

NSS regions consist of undivided districts as follows

- Coastal : Baleswar, Cuttack, Puri, Ganjam,
- Southern : Phulbari, Koraput, Kalahandi,
- Northern : Sundargarh, Bolangir, Sambalpur, Kendujhar, Dhenkanel,
Mayurbhanj;

Source - Compiled from Haan and Dubey (2003:6) in Amita Shah, 2010

To reduce Poverty in the KBK region, the State Government in consultation with the Government of India had taken different initiatives and it has implemented some of the development programmes such as Revised LongTerm Action Plan (RLTAP), Biju KBK Plan, Biju Kandhamal O Gujarati Yojana, GopabandhuGramin Yojana (GGY), Backward Regions Grant Fund (BRGF) etc. These Development programmes have given this region several benefits. The special Plan for KBK districts has been formulated for the faster development of the backward regions of the state. We will analyse the plans slightly later when we look at the poverty alleviation measures and its impact.

Poverty among various Social Groups

In Odisha the SCs and STs suffer a lot whether it is socially or economically they are deprived in all the spheres of the Society. A large proportion of these groups are located in the Southern regions of Odisha under the NSS (National Sample Survey) regions/ according to NSSO data. In Odisha the percentage of Scheduled Tribe population in 2001 was 22.13 percent as compared to only 8.01 percent at the All India level, while the proportion of Scheduled Caste population is around the All India average (i.e. 16.53 in Odisha and 16.33 in India) [Panda, Sahu, Odisha Review, 2011]. So it has been observed that Orissa has a very high percentage of scheduled tribe population.

It is seen that in 2004 the proportion of Scheduled Tribe population living below the poverty line has increased from 71 percent in 1993 to 76 percent in 2004. But there was no substantial change in poverty percentage among the Scheduled Caste population between 1993 and 2004. The table shows the estimates of poverty by region and social groups.

Table: 2.4

Head Count Ratio by Regions and Social Groups (Rural) in Odisha: 1999-2000:

| Regions | Social Groups | | | |
|----------|---------------|-------|-------|-------|
| | ST | SC | Other | All |
| Coastal | 66.63 | 42.18 | 24.32 | 31.74 |
| Southern | 92.42 | 88.90 | 77.65 | 87.05 |
| Northern | 61.69 | 57.22 | 34.67 | 49.81 |
| All | 73.08 | 52.30 | 33.29 | 48.04 |

Based on Estimates by Haan and Dubey, (Amita Shah, December, 2010, p.7)

From this Table it is revealed that total 73.08% of STs lived below the poverty line in the State. Out of these the incidence of poverty among STs is lower in the Northern (61.7%) and Coastal (66.6%) regions in comparison to southern region. The proportion is significantly higher in the Southern region (92.42%). It is also found that the incidence of poverty among the SCs and other groups in the southern region are also higher in comparison to STs in the northern and coastal regions (61.7% and 66.6%) respectively. So it is seen that not only the STs but also the SCs and other groups in the southern region also live below the poverty line.

However in the period between 2004-05 to 2009-10 there is a substantial reduction of poverty in the 3 (three) regions of Odisha. In the Northern region, it is seen that there is a higher reduction of poverty with 28.8 percentage points and in the Southern region it reduced with 21.0 percentage points and the Coastal region with 16.3 percentage points. The Government has undertaken different programmes in Odisha in general and particularly among the most backward social groups and regions including the KBK region for the reduction of poverty in the 3 (three) regions of the state. The table below indicates the poverty estimates for Rural Odisha by social groups and by NSS regions for 2004-05 and 2009-10.

Table: 2.5

The poverty estimates for Rural Odisha by social groups and by NSS regions for 2004-05 and 2009-10.

| NSS Round | Head Count Ratio (%) by Social Classes | | | | |
|-----------|--|------|------|-------|------|
| | ST | SC | OBC | Other | All |
| 2009-10 | 66.0 | 47.1 | 25.6 | 24.5 | 39.2 |
| 2004-05 | 84.4 | 67.9 | 59.7 | 37.1 | 60.8 |

| NSS Round | Head Count Ratio (%) by NSS Region | | | |
|-----------|------------------------------------|----------|---------|-------|
| | Southern | Northern | Coastal | Total |
| 2009-10 | 52.4 | 41.7 | 25.3 | 39.2 |
| 2004-05 | 73.4 | 70.5 | 41.6 | 60.8 |

Source: Economic Survey, 2012-13, Planning and Co-Ordination Department, Directorate of Economics & Statistics, Government of Odisha, Feb, 2013, p.265.

From this table, it is seen that in recent years Poverty among ST and SC communities have been decreasing at a faster rate and from 2004-05 to 2009-10, the incidence of poverty has got reduced in all the three regions. In spite of this, it is seen that Odisha remains one of the Poorest state in India. Though the Government has taken different poverty reduction programmes but rural poverty till now it is a matter of concern. In the state there is a fluctuation in the rate of poverty reduction but since 1983, the percentage of poverty it can be said has decreased.

Economic Growth in Odisha

We have argued in the previous section that there has been a decline in poverty in Odisha in the recent period even though Odisha remains one of the poorest states among all the major states in the country. The incidence of poverty has come down from 57.2 percent to 37 percent during the period 2004-05 to 2009-10. Several reasons can be attributed for this reduction in the rate of poverty. This has been possible because Odisha in recent years has experienced economic growth and this is likely to

have affected different sections of the population in a positive manner. It must also be because of the intervention of the state through poverty alleviation measures. Let us first in this section turn to the story of economic growth in Odisha.

Odisha's economy has been classified into three categories which are; agriculture, industry and services. If we compare the Indian economy with the economy of Odisha, we find the economy of Odisha is more agricultural less industrial and less service oriented. But now in the recent period high growth have taken place in the industrial sector followed by the service sector and the agricultural sector. The growth rate in the agricultural sector has fluctuated over the years, due to natural calamities such as cyclones, draughts and floods. But the high growth in Odisha happens to be in the industrial sector. Odisha's industry is mineral based.

Let us first start our discussion of the Odisha's economy with the agricultural sector since it is this sector on which Odisha's economy largely depends. A large percentage of people depend on agriculture, nearly 70 percent of the people in the state directly dependent on the agricultural activities (Meher&Padhi, 2010, p.1). Agriculture provided direct and indirect employment opportunities to around 64 percent of the total work force of the state as per the 1991 census. Agricultural and allied sectors contribute less than 30% towards the state's Gross Domestic Product and Agriculture and Animal Husbandry contributed 28.68 percent of the Net State Domestic Product of the State in 1997-98. The production therefore is low. It is generally held that low productivity in agriculture is because of the predominance of traditional agricultural practices, inadequate capital formation and low investment, inadequate irrigation facilities and because of the uneconomic size of the holdings. It has been also found that the percentage of net area irrigated to net area sown in the state was 22.89 percent in comparison to 40.01 percent at the all India level during 2002-03. And it is caused due to poverty all these years.

Keeping the importance of agriculture in mind the State Government formulated a comprehensive Agricultural Policy in 1996. The main aim of this policy was to double the production of food grains and oil seeds, generation of adequate employment opportunities in the rural sector and to adopt agriculture as the main route for eradication of poverty. It stated its main objectives as: to give importance on

agriculture so that young person's can accept agriculture as a means of Self Employment, to generate adequate employment opportunities, to create skilled labourer's for management of modern agriculture, to help mechanization of agriculture to increase productivity, to increase area under tea, coffee, rubber, cashew and other plantation crops, to take up extensive training in the field of agriculture and related activities, to reorient agriculture towards export(GOO, Economic Survey, 2000-2001, p.4/2).

Despite of all this effort the growth in the agricultural sector declined due to super cyclone which hit Odisha in October, 1999. Agriculture and Animal Husbandry contributed 32.88 percent of the Net State Domestic Product of the State in 1999-2000. It contributed 28.13 percent to the Net State Domestic Product of the State in 2001-02. It contributed 22.09% of the Net State Domestic Product to the State in 2002-03 at 1993-94 prices. During 2009-10 the agricultural and allied sectors has contributed 20.97 percent to the state's GSDP at current prices(Meher&Padhi, 2010).

Production of food grains in the State has also fluctuated over the years. In 1991-92 there was a bumper harvest of production of food grains. It was 72.3 lac tones. But during 1992-93, the production of food grains was very low. It was just 59.6 lac tones which was 17.56% less than the production during 1991-92 (GOO, Economic Survey, 2000-01, p.1/4). In 1993-94, the food grain production was 72.2 lac tones which were just below the level of Production in 1991-92. But production continuously declined during the next three years. In 1994-95, the production of food grains declined to 69.0 lac tones due to unfavorable weather conditions. It further declined to 67.8 lac tones in 1995-96. In 1996-97, low production was recorded; it was just 48.1 lac tones. During 1997-98 and 1998-99, production was 66.1 lac tones and 57.9 lac tones respectively. But during 1999-2000, the production of food grains was seriously affected by the super cyclone which hit the 14 fertile coastal districts of the State in October, 1999. This cyclonic storm devastated four coastal districts of Odisha, namely Ganjam, Gajapati, Puri and Khurda. The economy of the State suffered a lot. As a result the development of the State was seriously affected (Government of Orissa, Economic Survey, 1999-2000, p.1/13).In 2008-09 the production of food-grains was 73.93 lakh ton which has come down from 81.44 lakh ton in 2007-08.

Food grain production declined to a very low level of 49.75 lac MT in 2000-2001 due to draught situation. Though it had taken a long time to come back to the earlier stage, but during 2001-02 there was a record production of good grains of 75.40 lac MT as a result of bumper production of rice. Again it declined to a very low level of 35.55 lac MT on account of severe draught in the State during Kharif, 2002 (Govt. of Odisha, Economic Survey, 2003-04, p.4/3). Due to increase in population, the State's per capita availability of cultivated land which was 0.39 hectare in 1950-51 declined to 0.17 hectare in 1999-2000 and in 2002-03, it declined to 0.16 hectare and it reduced to 0.13 hectare in 2007-08 (Govt. of Orissa, Economic Survey 2000-01, p.1/5, 2003-04, p.1/6, 2008-09, p.1/5). As a result the land for cultivation decreased.

Let us now turn to Industry in the state. The State placed an important position on industries because of various reasons. The reasons are availability of vast mineral resources, abundance of raw materials and comfortable power situation. There are many important industries which were set up in the State during the different plan periods i.e. Rourkela Steel Plant, National Aluminum Company (NALCO) Indian Charge Chrome Ltd., Paradeep Phosphate and Coal based power plants at Talcher, Kaniha and Banharpali. The State has various large and medium industries and there are three nodal agencies which are engaged in promoting these industries (GOO, Economic Survey, 2003-04, pp. 1/11). The three nodal agencies are Industrial promotion and Investment Corporation Ltd. (IPICOL), Industrial Development Corporation Ltd. (IDICOL) and Odisha State Electronics Development Corporation (OSED) etc. By the end of 1998-99, Odisha had 334 large and medium industries with an investment of Rs.1, 841.99 crore and employment potential for 81,188 persons (Government of Orissa, Economic Survey, 1999-2000, p.1/9). In the same way during the year 1999-2000, the State had 339 large and medium industries with an investment of Rs. 1,880.36 crore and employment potential for 82,533 persons. Similarly by the end of 2002-03 Odisha had 358 large and medium industries with an investment of Rs.3, 584.71 crore and employment potential for 85,777 persons (Government of Orissa, Economic Survey, 2003-04, p.1/11).

To improve the industrial sector, the State Government reformulated its industrial policy in March, 1996. The emphasis of the policy were as follows:

harnessing Orissa's vast natural resources and the potential for accelerated industrial growth consistent with the protection of environment; attracting and facilitating large investment in infrastructure and industries both from within the country and abroad; generating employment on a large scale in industrial/ commercial activities; development of backward areas/ regions of the State through industrial / mining ventures, stimulating and strengthening local entrepreneurial base/ talent, development of Skills/ expertise etc. (Government of Orissa, Economic Survey,1999-2000, p. 9/1).

The State Government later on reformulated the industrial policy in December, 2001. The main objectives of Industrial Policy, 2001 are: to create a business climate conducive to accelerate investment in industry and infrastructure projects, to raise income, employment and economic growth in the State, to reduce regional disparities in economic development, to balance utilization of the natural resources for sustainable development. To fulfill the above objectives the state Government aimed to: encourage private initiative and restrict Government intervention in such areas where it enjoys a distinct comparative advantage; invite Private Investment for development and operation of quality infrastructure; promote the image of Odisha as an attractive destination for investment and tourism; encourage the creation of small scale industries (SSI) clusters in similar lines of business(Government of Orissa, Economic Survey,2003-04, p. 9/1).

During 1999-2000, four large and medium industries have been set up with an investment of Rs.10.54 crore and employment for 968 persons. Nine large and medium industries has been set up earlier namely – Hindustan Aeronautics Ltd. unit at Sunabada, Rourkela Steel Plant at Rourkela, Indian Rare Earth Ltd at Chhatrapur, Carriage Repair Work Shop at Anugul, Fertilizer Corporation of India (FCI) Units at Talcher, Heavy Water Project at Talcher, National Aluminum Company units at Angul and Damanjodi and Paradeep Phosphate Ltd at Paradeep have been set up in the State in the Central Sector. These are the Units which were set up prior to 1990-91(Government of Orissa, Economic Survey, 2000-2001, p.9/3).During 2007-08, there were 200 Handicraft Cooperative Societies operational in the state with 0.15 lakh members. During this period 9011 cottage industry were working in the state with an

investment of Rs. 38.30 crore and provided employment to 15,368 persons (GOO, Economic Survey, 2008-09, p.1/11). In Odisha during 2008-09 the number of Small Scale Industries (SSI) and Micro, Small and Medium Enterprises had increased. It may be mentioned here that the maximum number of MSMEs was set up in Sundargarh followed by Cuttack, Khorda and Ganjam. As a result the contributions of manufacturing sector in NSDP have been going up over the years. The net value added by manufacture in the State at constant (1980-81) prices was Rs.358.14 crore in 1980-81 which went up to Rs.726.99 crore in 1997-98. The share of the manufacturing sector in the NSDP was 10.40% in 1980-81; 11.20% in 1990-91; 7.37% in 1993-94; 5.31% in 1997-98; 4.57% in 1998-99; 4.30% in 1999-2000 and 7.88% in 2002-03 (Government of Odisha, Economic Survey, 2003-04, p.9/2). During 2008-09 the mining sector has contributed 7% of the GSDP of Orissa. Though the share of exports in total production of mineral varied between 13% to 16% (GOO, Economic Survey, 2009-10, p.3).

For rapid industrialization in the State, emphasis was given and is being laid on infrastructure development. It has been realized that economic growth depends on infrastructural development. Adequacy of infrastructure in the transport and communication sector is crucial for attracting investment. The Industrial Policy, 1996 accorded special priority to infrastructural development so that more and more funds will be used for large investments in the industrial sector. Development of transportation infrastructure is also important for marketing of agricultural products and enabling the farmers to get a fair price.

It is very much important to improve the quality of life and economic conditions in rural areas in every village. To develop the agricultural condition, rural connectivity is necessary. Improvement of the rural economy is important and for that the State Government has accorded high priority to the development of rural connectivity. According to estimates available with the Planning Commission, about 40% of villages in Odisha have all weather connectivity as compared to 60% at the national level. During 2000-01, the state realized that funds are necessary for development of Rural Roads and Bridges. Rural connectivity has been given highest priority within the Pradhan Mantri Gramodaya Yojana and Rs.175.00 crore has been earmarked for the purpose. The State Highways, Major District Roads and other

District Roads have been constructed and maintained by the Works Department of the Government of Odisha. It also maintains 2,752 km of National Highway and 30 km of Express Highway on behalf of the Government of India (Government of Orissa, Economic Survey, 2000-2001, p.12/1).

The Central Sponsored Scheme i.e. PradhanMantri Gram SadakYojona (PMGSY) has been implemented in the State. The objective of PMGSY is to improve the all-weather rural connectivity (GOO, Economic Survey, 2003-04). During 2000-01, Government of India sanctioned an amount of Rs.179.70 crore under this scheme for construction/ improvement of 574 roads (GOO, Economic Survey, 2003-04, p. 12/2). The State Government proposed to implement various projects to improve the road communication between the State Capital and north-western Districts of the State. There is another project i.e. Bhubaneswar Integrated Road Net Work Project (BIRNWP) on Build Operate Transfer (BOT) basis with an estimated cost of Rs.170 crore has been implemented to remove congestion on NH 5 in the vicinity of Bhubaneswar(GOO, Economic Survey,1999-2000, p.12/3).

The contribution of the tertiary sector i.e. transport, communication, trade to the Net State Domestic Product of Odisha at Factor cost at 1993-94 prices was 17.97 (Economic Survey 2003-04).The service sector included trade, hotels, restaurants sub-sector contributed about 25% of value in current price during 2008-09. For this reason it is called as one of the most important individual sub-sector and transport and communication has contributed 17% (GOO, Economic Survey, 2009-10, p.3).

It is also to be noted here that the Gross State Domestic Product (GSDP) of Orissa increased from Rs. 18,612.73crore in 1993-94 to Rs. 23,417.98crore in 1998-99 at 1993-94 prices, showing a compound annual growth rate of 4.70% over the period (Govt. of Orissa, Economic Survey, 1999-2000, p.1/4).The Net State Domestic Product (NSDP) commonly known as State Income increased from Rs.15, 861.30crore in 1993-94 to Rs.19, 329.31 crore (Quick estimate) in 1999-2000 at 1993-94 prices. The increase in NSDP in 1999-2000 over the corresponding figure for 1993-94 is mainly attributable to the increase in SDP of Tertiary Sector as well as Finance and Service/ Sector (Govt. of Orissa, Economic Survey, 2000-01, p.1/4).

The Gross State Domestic Product (GSDP) at constant prices (1993-94) of Odisha has increased from Rs. 18,536.66 crore in 1993-94 to Rs. 25,539.01 crore (Quick estimate) in 2002-03, registering an annual compound growth rate of 3.62 percent over the period. The Net State Domestic Product (NSDP) commonly known as State Income increased from Rs. 16,184.88 crore in 1993-94 to Rs. 21,861.91 crore (Quick estimate) in 2002-03 at 1993-94 prices. During 1999-2000 the GSDP at constant (1999-2000) price of Odisha has increased from Rs. 42,909.62 crore to Rs. 73,542.26 crores (as per the advance estimate) in 2007-08 registering an annual compound growth rate of 6.97 per cent over the period. During the 10th five-year plan period Odisha has shown an annual average growth rate of 9.51% against the target of 6.20% and achievement of 5.30% for the 9th plan. But during the first three years of 11th plan period Odisha's economy experienced a severe drought which caused negative growth of agriculture and its allied sectors during 2011-12 in spite of these the state has attained an annual average growth rate of 8.73%. In 2008-09 Odisha's economy grew at 6.65% in 2008-09 and as per advance estimates it grew at 8.35% in 2009-10 (GOO, Economic Survey, 2009-10, p.1). It has been found that the growth rates of the agriculture sector are not always the same followed by industry and then services. It is because of natural calamities such as cyclones, droughts and floods which Orissa faced frequently. As a result the agricultural sector was badly affected. During 2008-2009 the growth rate of agriculture has remained low whereas the industrial sector has shown a tremendous growth (GOO, Economic Survey, 2009-2010, p.14). Hence from all these figures we can make out that there is overall growth in the state which could have contributed to the decline in poverty in the state.

The Anti-Poverty Programmes

We have stated earlier that the decline in poverty ratio can be attributed also to the implementation of several poverty alleviation programmes. Hence let us look at the programmes in this section. There are several programmes that were implemented and are being implemented like the Swarnajayanti Gram Swarojgar Yojana (SGSY), Sampurna Gramin Rojgar Yojana, Rehabilitation of Bonded Labourer's, Drought Prone

Area Programme (DPAP), SwarnaJayantiSahariRojgarYojana (SJSRY) several housing programmes etc. We will discuss some of these programmes of poverty alleviation.

Swarnajayanti Gram Swarojgar Yojana (SGSY) : The scheme named 'Swarnajayanti Gram Swarojgar Yojana' came into existence on 1st April, 1999. It is a centrally sponsored scheme and it is jointly funded by the Govt. of India and the State Government in the ratio of 75:25. There are various programmes which were in operation in the rural areas till the end of 1998-99. They were Integrated Rural Development Programme (IRDP), Development of Women and Children in Rural Area (DWCRA); Training of Rural Youth for Self Employment (TRYSEM); Supply of Improved Toolkits to Rural Artisan's (SITRA), Ganga Kalyan Yojana (GKY) and Million Well Scheme (MWS) etc. These programmes it was realized were not sufficient to remove the poverty level in Odisha in a coherent manner. For this reason these programmes were merged into a single scheme called 'Swarnajayanti Gram Swarojgar Yojana'.

Its objective is to bring the assisted poor families (Swarozgaries) above the poverty line by ensuring appreciable sustained level of income over a period of time i.e. increasing the income level of families (Swarozgaries) above the poverty line (with income of Rs.2,000/- p.m.) in three years by providing them income generating assets through a mix bank credit and Govt. subsidy (Govt. of India, Ministry of Rural Development and Economic Survey, 2008-09, Government of Orissa, p.8/4).

The Scheme helps the rural poor through the Self-Help Groups (SHGs). It emphasizes skill development through well designed training courses. It also provides for marketing of the goods produced by the Swarnajayanti Gram Swarojgar Yojana Swarozgaries. It gives importance to the vulnerable groups among the rural poor. In the 2000-01 Economic Survey we find that the Swarnajayanti Gram Swarojgar Yojana was to cover at least 50% beneficiaries who belong to the Scheduled Castes and Scheduled Tribes etc. In October, 1999 Odisha had faced a critical situation, a Super Cyclone had devastated the rural economy in 14 districts. The worst hit districts were Ganjam and Gajapati districts. In these 2 districts and also other coastal districts the economic condition of the people was terrible. To tackle this situation, a number of individual oriented schemes were implemented in these districts. For this reason the total expenditure during 2000-01 upto 04.11.2000 under Swarnajayanti

Gram Swarojgar Yojana was Rs.6.84 crore (Govt. of Orissa, Economic Survey, 2000-01). In the Gajapati district the percentage of women Swarozgaries was 67% and 5% in the Nawarangpur district.

During 2003-04, its target was to assist 54,348 Swarozgaris, but it has assisted 59,289 Swarozgaris. During 2006-07, 68,687 Swarozgaris have been assisted under Swarnajayanti Gram Swarojgar Yojana scheme against the target of 66,250 Swarozgaris in Odisha. During 2007-08, the target of SGSY programme was to assist 81,656 Swarozgaris but it has succeeded to assist 87,171 swarojgaris under the scheme which showing an achievement of 107 per cent (Government of Orissa, Economic Survey, 2007-08, p,8/4). The State Government has encouraged self-help groups (SHGs) and it has described it as an important tool for removal of poverty particularly for women living below the poverty line. The Swarnajayanti Gram Swarojgar Yojana mainly concentrates on those exploited groups in the rural areas who have been deprived. It has also been observed that during 2008-09 there were 106,271 swarojgaris who were assisted with an expenditure of 148.34 crore. Most of the swarojgari beneficiaries are from the SCs, STs and womens (GOO, Economic Survey, 2009-10, p.21). Though the state government has claimed success in its achievement but News paper reports state otherwise. The New Indian Express dated 18th August, 2010 reported that the Swarnajayanti Gram Swarojgar Yojana has failed due to inept management of SHGs. Though the Government has succeeded in bringing up 3.23 lakh self-help groups (SHGs). It has been also found that the Orissa's share in the total SGSY credit has been reduced from 9 percent in 1999-2000 to 6.4 percent in 2007-08 because of poor performance of the SGSY. The Newspaper also reported about the poor outcome on the low level of maturity of SHGs. It has also been observed that very few poor households are getting benefitted from SGSY due to low subsidy. For this reason National Institute of Rural Development (NIRD) has referred to the performance of SHGs in Orissa as 'very bad'. The table below gives an idea of the performance of SGSY Scheme.

Table: 2.6**PHYSICAL & FINANCIAL ACHIEVEMENT UNDER SGSY****(Rs. in Crore)**

| YEAR | FINANCIAL | | | PHYSICAL | |
|---------|------------------------------|-----------------------------------|-------------------------|----------|-------------|
| | Expenditure (Rs. in lakh) | Per Capita Investment (Rs.) | Subsidy Credit Ratio | Target | Achievement |
| 1999-00 | 7,457.65 | 19880 | 1:1.75 | 99583 | 74633 |
| 2000-01 | 9,780.81 | 22004 | 1:1.86 | 99094 | 86171 |
| 2001-02 | 6,138.55 | 21885 | 1:1.78 | 53755 | 59233 |
| 2002-03 | 5,499.02 | 22396 | 1:1.69 | 45293 | 48925 |
| 2003-04 | 6,699.20 | 21436 | 1:1.58 | 54348 | 59289 |
| 2004-05 | 8,281.82 | 23878 | 1:1.64 | 58229 | 65712 |
| 2005-06 | 8,073.92 | 26048 | 1:1.80 | 58229 | 63904 |
| 2006-07 | 8,611.11 | 29448 | 1:2.25 | 66250 | 68687 |
| 2007-08 | 11,691.96 | 29362 | 1:2.26 | 81656 | 87171 |

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

Sampoorna Gramin Rojgar Yojana

Lack of employment is one of the main reasons for rural poverty. The Sampoorna Gramin Rojgar Yojana came into existence with effect from 25th September, 2001 for the reduction of unemployment in rural areas. The two-wage employment generating schemes, namely JGSY (the Jawahar Gram Samiridhi Yojana) and EAS (Employment Assurance Scheme) have merged with Sampoorna Gramin Rojgar Yojana scheme which is a centrally sponsored scheme with funding pattern of 75:25 of the cash component between the Centre and the State. The main aim of this programme is to provide additional wage employment in all rural areas and thereby provide food security and improve nutritional levels. There is another objective of this programme i.e. the creation of durable community, social and economic assets and infrastructural development in rural areas. Its programme strategy is 5% of the fund and food grains

under the Sampoorna Gramin Rojgar Yojana will be kept in the Ministry for usage in the rural areas affected by Super Cyclone and flood affected.

As per the Government of Odisha during 2006-07, the Scheme was used in 11 (eleven) districts; Angul, Balasore, Baragarh, Bhadrak, Cuttack, Jagatsinghpur, Jajpur, Kendrapara, Khurda, Nayagarh and Puri. To the Government of Odisha in 2006-07, the target of man day's employment was 183.60 lac but it created 183.61 lac man days employment. The expenditure in these circumstances was Rs.132.23 crore and it showed 100% achievement (Government of Odisha, Economic Survey,2007-08, p.8/5). During 2007-08, the scheme was used in 6 districts i.e. Cuttack, JagatSinghpur, Kendrapara, Khurda, Nayagarh and Puri. In 2007-08, the target of man day's employment was 88.27 lac but it created 74.17 lac man days employment. The total expenditure in this field was Rs.68.65 crore and it showed an achievement of 84%. To the Government when Odisha was in a bad condition, the programme helped the rural landless agricultural labourers through the supply of food grains (Government of Orissa, Economic Survey,2008-09, p.8/6).

Though Sampoorna Gramin Rojgar Yojana programme emphasizes or lays stress on wage employment and food security to poor rural wage seekers, the Government however have given more emphasis on development of village infrastructure like market complexes, village roads with drains and improvement of village water bodies under the title of 'Bazar', Sadak and Pani' (Government of Orissa, Economic Survey, 2008-09,p8/6). Below is a table of achievements under SGRY from Economic Survey, 2008-09, p.8/6.

Table: 2.7
ACHIEVEMENT UNDER SGRY

(Rs. in Crore):

| YEAR | FINANCIAL | | | PHYSICAL | | |
|---------|----------------|------------------|------------------|--|--------------------------|------------------|
| | Fund available | Expenditure made | % of Achievement | Employment generated (Lakh man - days) | Target (Lakh man - days) | % of Achievement |
| 2002-03 | 368.4 | 329.5 | 89 | 599.0 | 568.5 | 105 |
| 2003-04 | 403.9 | 386.1 | 96 | 618.6 | 639.2 | 97 |
| 2004-05 | 397.7 | 362.9 | 91 | 553.9 | 595.7 | 93 |
| 2005-06 | 359.9 | 357.4 | 99 | 556.0 | 689.9 | 81 |
| 2006-07 | 136.7 | 132.2 | 97 | 183.6 | 183.6 | 100 |
| 2007-08 | 76.58 | 68.65 | 90 | 74.17 | 88.27 | 84 |

Source: Panchayatraj Department, Govt. of Orissa, Economic Survey, 2008-09, P. 8

Drought Prone Area Programme (DPAP)

In 47 Blocks of 8 (eight) districts, namely Boudh, Sonepur, Dhenkanal, Phulbani, Kalahandi, Bolangir, Baragarh and Nuapada, the Draught Prone Area Programme (DPAP) is being implemented. It has multiple activities like water shed basis and draught proofing. The first is made for restoration of ecological balance and the second is made for providing all alternative facilities through the management of land, water and other natural resources. In Bolangir and Sonepur 30 number of projects have been completed. During 2003-04, 800 Micro watershed projects were implemented. The other activities in this programme are as follows: -Agriculture, Horticulture, Water Resources Development, Animal Husbandry, Forestry, Fisheries, Sericulture etc. Till March 2007, the total outlay for the 1,319 sanctioned projects was Rs. 381.54 crore for treatment of 6.678 lakh hectares, the central and state government has provided Rs. 93.54 crore and Rs. 41.36 crore for this purpose respectively. It has been also found that during the year 2007-08 an amount of Rs. 135.09 crore has been disbursed in treating 2.43 lakh hectares. During the same period i.e. 2007-08 Rs. 9.29 crore has been exploited under the programme for the treatment of area of 27,652 ha.

though it has been programmed to treat 35,000 ha. during 2008-09 (GOO, Economic Survey, 2008-09, p.8/9).

Swarna Jayanti Sahari Rojgar Yojana (SJSRY)

The Swarna Jayanti Sahari Rojgar Yojana came into being on 01.12.1997. It has merged with 3 earlier schemes for Urban Poverty alleviation, namely – Nehru Rojgar Yojana (NRY), Urban Basic Services for the Poor (UBSP) and Prime Minister’s Integrated Urban Poverty Eradication Programme (PMIUPEP). The Main aim of this Programme was to provide gainful employment to the Urban Unemployed or Underemployed through the setting up of self employment ventures or provision of employment. This scheme targets the Urban poor those who are living below the poverty line and whose monthly per capita income is below Rs.287/-. It mainly focuses on women, SC, ST and Disabled persons. There are some special schemes which are included in this programme, namely:

- i) Urban Self Employment Programme (USEP);
- ii) Urban Wage Employment Programme (UWEP) and
- iii) Development of Women and Children in Urban Areas (DWCUA);

Swarna Jayanti SahariRojgar Yojana is a centrally Sponsored Scheme and its fund is to be shared between Central Government and the State Government. The sharing ratio is 75:25. There are 2 features of USEP. One is setting up of Micro Enterprises for Self-Employment of the poor individuals including women and the second is generating appropriate skills through training. The programme lays stress on Unemployed Women and Children in groups for economic activities through a special component called Development of Women and Children in the Urban Areas (DWCUA).

The objective of Urban Wage Employment Programme is to provide opportunities for Wage Employment for the urban poor. Swarna Jayanti SahariRojgar Yojana has 5 major components:

- i) Urban Self Employment Programme (USEP);
- ii) Urban Women Self–help Programme (UWSP);

- iii) Skill Training for Employment Promotion amongst Urban Poor (STEP-UP);
- iv) Urban Wage Employment Programme (UWEP);
- v) Urban Community Development Network (UCDN);

Some progress was made in the implementation of this scheme in the state. The data relating to progress of SJSRY is given from Economic Survey, 2008-09, p.8/11

Table: 2.8

Progress of SJSRY in Orissa

| Activities: | 2006-07 | 2007-08 |
|--|----------------|----------------|
| Urban Self Employment Programme (S) | | |
| i. No. of beneficiaries | 6361 | 8389 |
| ii. Investment made (Rs. in lakh) | 269.45 | 280.88 |
| Urban Self Employment Programme (T) | | |
| i. No. of persons trained | 4726 | 6228 |
| ii. Investment (Rs. in lakh) | 117.21 | 111.36 |
| DWCUA/ Thrift & credit societies. | | |
| i. Nos. of Groups form | 139 | 327 |
| ii. Expenditure made (Rs. in lakh) | 230.00 | 165.96 |
| iii. No. of Thrift & credit societies formed | 185 | 399 |
| iv. Expenditure made (Rs. in lakh) | 56.45 | 45.44 |
| Urban Wages Employment Programme | | |
| i. Amount spent (Rs. in crore) | 71,922 | 78,000 |
| ii. Employment generated (Man days) | 274.03 | 169.75 |

Source: H & UD Department, Govt. of Orissa, Economic Survey, 2008-09, P. 8/11.

Poverty Task Force (PTF)

To remove the high incidence of poverty, the State Government has constituted a Poverty Task Force (PTF) to develop a poverty reduction strategy for the state and to maintain its implementation. The Poverty Task Force is composed of Principle Secretary/ Secretary to Government in Agriculture, Health, Water resources, Forests environment, Panchayati Raj, ST & SC Development, School and Mass Education and Rural Development Departments along with NabaKrushna Choudhury Centre for Development Studies and is chaired by the Development Commissioner. The Convener of Poverty Task Force is the Special Secretary, Planning and Co-Ordination Department. In Poverty Task Force, the State Government has constituted an agency called Poverty and Human Development Monitoring Agency (PHDMA) which is an autonomous registered Organization under the Administrative Control of Planning and Co-Ordination Department. The objective of this agency is tracking the progress of Poverty and human development indicators within the state from time to time. The State Government has also taken a well-articulated development strategy and it emphasizes on Poverty and Human Development. There are some features which are included in these strategies such as it lays stress on building rural and urban productive infrastructure, it strengthens the momentum already gained in mobilizing rural poor with emphasis on women and vulnerable groups, to reduce IMR, MMR, provide food security and to increase female literacy rate it has emphasized on social security system and it also emphasis on creation of adequate self-employment opportunities.

Operation Black Board (OBB)

It is a centrally sponsored programmewhich started in 1987 after the releasing of Rajiv Gandhi National Policy on Education of 1986 to provide the minimum facilities to all primary schools in the country. It is well known to all that free andcompulsory education to all the children up to the age of 14 years is enshrined in the guiding principle of the education and it is also a part of Minimum Needs Programme and 20-pointprogramme. The educational policy declared by the Central Government in 1986

is to provide free and compulsory education to all the children up to the age of 14 years by 1995. For that reason the Programme operation Black Board was formed. Education is a primary tool through which one can prosper in his/ her life as well as it also determines the level of poverty. It is one of the best way to achieve financial stability. As the government has made compulsory to provide all the children free education, then it is necessary for the state government in Odisha to more emphasis on the school infrastructure so that all the children upto the age of 14 years can get primary education. So The Operation Black Board programme in Odisha was launched in 1990-91. Most of the Primary School's buildings are not well structured. To increase the structure of the Primary School's building, the Government has taken steps. This programme aims to provide basic infrastructure of the Primary School's building. The expenditure in this field was fixed at Rs.1.00 lac but it was revised to Rs.1.50 lac and Rs.2.00 lac was allotted for 2 (two) room Schools. Now the norm is Rs.3.00 lac for each school of 3 (three) rooms. In the period of 2003-04, the target of Primary School's buildings was 68, but 47 (forty-seven) Primary School buildings have been completed during this period and its total expenditure was Rs.0.28 crore (Govt. of Orissa, Economic Survey, 2004-05, p.8/6).

BijuGramin Bazar Yojana (BGBY)

BijuGramin Bazar Yojana has been launched during 2003-04. It creates self-employment through the development of village structure 3,378 shopping complexes have been constructed during 2003-04. During 2004-05, it has been planned to build 15,700 shopping complexes and 314 model tanks/ ponds.

GopabandhuGraminYojana (GGY)

GopabandhuGraminYojana is a new scheme, which had been launched by the State Government in Odisha during 2006-07. It provides additional development assistance to the targeted 11 (eleven) districts. They are – Angul, Balasore, JagatSinghpur, Kendrapara, Khurda, Nayagarh and Puri.

The Main objective of the scheme is to provide additional development funds. It also provides infrastructure facilities like, Bijli, Sadak and Pani to the targeted districts and every revenue village in the identified eleven districts. The Government has allotted Rs.10.00 crore per annum for a period of 6 (six) years i.e. from 2006-07 to 2011-12. It has been increased from Rs.10.00 crore to Rs.15.00 crore per district effective from the year 2008-09. It is learnt that Panchayat Raj Department has played an important role for the purpose of administration of the GopabandhuGraminYojana. Given below is a table regarding the performance of GGY from Economic Survey, 2008-09, p.8/9.

Table: 2.9

PERFORMANCE UNDER GOPABANDHU GRAMIN YOJONA

| Sl. No. | Achievement | 2006-07 | 2007-08 |
|---------|-------------------------------------|----------|----------|
| | Physical | | |
| A. | Works taken up | | |
| i. | Bijli | 280 | 2046 |
| ii. | Sadak | 5882 | 7344 |
| iii. | Pani | 378 | 399 |
| iv. | Other | 31 | 14 |
| | Total | 6571 | 9793 |
| B. | Works completed | 4693 | 8119 |
| C. | Man days generated (in lakh) | 63.03 | 62.13 |
| D. | Villages covered | 5713 | 6165 |
| | Financial | | |
| A. | Total Funds available (Rs. in lakh) | 11027.50 | 13601.33 |
| B. | Expenditure (Rs. in lakh) | 8443.00 | 9915.58 |

Source: Panchayat Raj Department, Govt. of Orissa, Economic Survey, 2008-09, P. 8/9.

Housing

Like food, cloth, housing is one of the basic necessities for human survival. A house is very important for any normal citizen, because it gives economic security and dignity to a citizen in Society. There are some problems for some of the people who do not get any support to build houses. For this reason the Central Government announced a

National Housing and Habitat Policy and its objective is to provide 'Housing for all' by the end of the Tenth Plan period. The scheme was meant for people in the rural and urban areas, people who live below poverty line. In the rural areas the Housing scheme is implemented by Panchayat Raj Department and in the urban areas the Housing schemes are implemented by Housing and Urban Development Department. Now let us turn to these programmes.

Rural Housing Programme

There are various programmes which are being implemented in the rural areas, like Indira Awas Yojana Normal and Upgraded and PMGY etc.

Indira Awas Yojana (Normal)

Indira Awas Yojana Scheme was launched during 1985-86 as a sub-scheme of RLEGP, IAY and its sub-scheme was Jawahar Rojgar Yojana (JRY). It is a centrally sponsored scheme funded on cost sharing basis between the Government of India and the State in the ratio of 75:25. The objective of the Indira Awas Yojana is primarily to help construction/ up gradation of dwelling units of members of Scheduled Castes/ Scheduled Tribes, Freed bonded labourers, minorities in the below poverty line category and other below poverty line non-SC/ST rural house-holds by providing them a lump sum financial assistance. The beneficiaries under this scheme are selected by Gram Sabha/ Palli Sabha and houses are constructed by the beneficiaries themselves. During 2003-04, the Target to build houses was 66,026 and the total fund in this field was Rs.135.25 crore, 58,996 houses have been constructed in the state by utilizing Rs.126.36 crore with an achievement of 89 per cent (Govt. of Orissa, Economic Survey. 2004-05, p.8-11). During 2007-08 about 90,627 houses were completed against the target of 1,11,431 houses with an expenditure of Rs. 23,371.67 lakhs. However, the achievement under the IAY (Normal) was 81 Per cent. However from a newspaper report dated 5th July 2010 it has been found that during the period of 2009-10 only 2314 houses were completed out of the annual target of 2,86,282 with an expenditure of

Rs. 17.17 crore out of available fund of Rs.233.51 crore. It has also been observed from Express News Service dated 8th May 2009 that during 2008-09 the IAY progress was not successfully implemented in Naxalite affected districts. These districts received an allotment of Rs. 39 crore for 28,236 houses but only 957 beneficiaries have completed construction of their houses.

Table: 2.10

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

(Rs. in lakh)

| 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: Panchayatraj Department, Govt. of Orissa, Bhubaneswar (Meher&Padhi, 2010, p. 90)

Indira AwasYojana (IAY) (Up Gradation)

During 1999-2000, there are some steps which have been taken to improve the Rural Housing (RH) Programme. The objective of this scheme is to upgrade the kutchha houses to pucca one with fire proof roof. The unit cost of each unit is Rs. 10,000/- only.

Additional Indira AwasYojana (out of 5% allocation for Natural Calamities)

As per this scheme, the Govt. of India has sanctioned 4923 numbers of additional Indira AwasYojana for Flood victims out of which 5% allocation is earmarked for Natural Calamities victims. By 2006-07, the number of houses completed was 4651 and the total expenditure in this area was Rs.930.51 lac (Government of Orissa, Economic Survey, 2007-08, p.8/13).

Additional Indira AwasYojana (for Cyclone, Flood victims)

In 1999 the Super Cyclone severely devastated most of the houses and it affected the people severely for this reason, the Govt. of India has allotted 6 lac additional Indira Awas house to Cyclone victims. For the Cyclone victims, Govt. of India has sanctioned Rs.165 crore to construct the one lac Indira Awas Houses in 24 districts which were affected by the flood in 2001. During 2006-07, the Indira AwasYojana Schemes have acquired a good result. It shared an achievement of 99.85%(Government of Orissa, Economic Survey, 2007-08, p.8/13).

Pradhan Mantri Gramodaya Yojana

This scheme is one of the Central Assistance Scheme. The objective of this scheme is to provide dwelling units to poor BPL Category House-holds of rural areas. It has been observed that the unit cost and selection of beneficiaries is very much similar to IAY target groups. The scheme has been stopped since 2004-05. Physical and Financial achievement under PMGY (GA) Scheme from Economic Survey, 2007-08, p.8/14

Odisha Rural Housing Development Corporation (ORHDC)

In 1994, the rural housing finance Company came into being in the State. As on 31st March, 2007, Odisha Rural Housing Development Corporation has allotted an amount of Rs.646.59 crore in favour of 1,62,458 cases under different schemes. As per the Government after 2006-07 no proposal has been sanctioned (Govt. of Orissa, Economic Survey, 2007-08, p. 8/14).

MoKudiaYojana

The scheme 'Mo Kudia' has been introduced on 1st April, 2008. Its aim is to provide dwelling houses to the needy rural poor those who are living below the poverty line. It shall also improve the resources under Indira AwasYojana and increase the availability of housing for the rural poor. And Rs.60 crore has been provided for this purpose (Express News Service, 28th June, 2010). As per newspaper reports the achievement under the State sponsored Mo Kudia Scheme in the year 2010-11 is comparatively better than the 2009-10. During the 2009-10 only 223 houses were completed against the target of 28,355 whereas about 4280 houses were completed during 2010-11 against the target of 40,677 with utilization of Rs. 12 crore (Express News Service, 5th July 2010).

Urban Housing Schemes

It is being implemented by H & U. D. Department through different Housing Authorities/ Corporations. These are as follows:

Integrated Housing and Slum Development Programme (IHSDP)

Govt. of India has launched a new scheme named 'Integrated Housing and Slum Development Programme' in December, 2005 on a 80:20 cost sharing basis between the State Government and the Central Government. The aim of this scheme is to improve the condition of Slum Dwellers by providing adequate shelter and basic

infrastructure facilities. It has combined with two previous schemes named 'Valmiki Ambedkar Awas Yojana' (VAMBAY) and National Slum Development Programme Valmiki Ambedkar Awas Yojana(VAMBAM) was launched in the State from 15th August, 2001. It is a centrally sponsored scheme. It provides shelter to the Slum Dwellers as well as weaker sections of the people living below poverty line. It wants to achieve the goal of 'Shelter for all' and it was outlined in the National Housing and Habitat Policy.

The Integrated Housing and Slum Development Programme scheme is applicable to all cities / towns but is not applicable to those cities which are covered under 'Jawaharlal Nehru National Urban Renewal Mission' (JNNURM).

Table: 2.11

Economically Weaker Sections (EWS) and Low-Income Group (LIG) Housing Scheme

| YEAR | Economically Weaker Section (EWS) | | | Low Income Groups (LIG) | | |
|---------|-----------------------------------|-------------|------------------|-------------------------|-------------|------------------|
| | Target | Achievement | % of Achievement | Target | Achievement | % of Achievement |
| 2000-01 | 144721 | 112300 | 78 | 949 | 56 | 6 |
| 2001-02 | 144721 | 7251 | 5 | 949 | 937 | 99 |
| 2002-03 | 3200 | 4500 | 141 | 400 | 409 | 102 |
| 2003-04 | 1620 | 58 | 4 | 450 | 238 | 53 |
| 2004-05 | 1000 | 255 | 26 | 500 | 16 | 3 |
| 2005-06 | 269 | 104 | 38 | 16 | 0 | NIL |
| 2006-07 | 100 | 230 | 230 | NIL | -- | -- |

Source: Planning & Co-ordination Department, Govt. of Orissa, Economic Survey, 2008-09, P. 8/17.

Achievement under EWS & LIG Housing Schemes in the State

Different Housing authorities under the Central of H & U. D. Department have implemented the Housing schemes for Economically Weaker Sections (EWS) and Low-Income Group (LIG). In the 2006-07 the achievement under Economically Weaker Sections Housing Schemes was good in the State. And during 2001-02 and 2002-03, the achievement under Low Income Group Housing Schemes was good (Govt. of

Orissa, Economic Survey, 2007-08, P. 8/15). Given below is a table of achievement under EWS and LIG Housing Schemes in the state.

Self-Employment through Kiosks

In the Urban areas, a new scheme has been launched in the year 2003-04 as a special drive named 'Self Employment through Kiosks'. Its aim is to provide self-employment opportunities for the Educated Unemployed Youth (having minimum qualification of Matriculation and above). The target to make Kiosks/ Shopping units was 10,000 on 131.00 acres of land during 2006-07 (Govt. of Orissa, Economic Survey, 2007-08, p. 8/15).

National Rural Employment Guarantee Scheme

NREGS came into existence in 2005. Its aim was to provide for livelihood security in rural areas. The programme came into operation in 19 districts of the state during 2006. The districts are Gajapati, Ganjam, Jharsuguda, Kalahandi, Kandhamal, Kendujhar, Koraput, Malkangiri, Mayurbhanj, Nabarangpur, Nuapada, Rayagada, Sambalpur, Sonepur and Sundargarh etc. since 1st April 2007, in 5 districts namely Angul, Baleswar, Bargarh, Bhadrak and Jajpur the NREGA programme is in operation and since 1st April, 2008 the programme was implemented in the remaining 6 districts namely Cuttack, Jagatsinghpur, Kendrapara, Khurda, Nayagarh and Purietc (Ray, 2010, p.199). Its main aim is to provide employment opportunities to the rural households by guaranteeing at least 100 days of wage employment in a year. It is used for the upliftment of the poor people from hunger and distress (GOO, Economic Survey 2007-08 p. 8/7). Its other objectives are to provide or generate productive assets, protect the environment, empower the rural women, reduce the rural urban migration and foster social equity (AICTE, 2009, p.2). The NREGA provides the necessary safety-net for job seeking rural poor. The main features of NREGA are:

- 100 days unskilled wage employment to a rural family in a financial year
- Equal wage for men and women

- Ban on contractors and labour displaying machines
- Participatory planning and identification of works through pallasabha
- Payment of wage on weekly basis but not later than 15 days
- If it fails to provide work to job seeker within 15 days of application unemployment allowance will be provided to the job seeker
- Social audit by Palli/ Gram Sabha
- The participation of Panchayati Raj Institutions (PRIs) in planning and execution of NREGS works
- Registration and providing the Job Card in Gram Panchayat (GOO, Economic Survey, 2008-09, pp.8/8)

The Gram Panchayats therefore play a pivotal role for the implementation and execution of this programme. Since 2009 NREGA which was later renamed as MGNREGA like the other wage employment programme it has generated employment for the poor rural households but only for about 35 to 40 days of wage employment during 2007-10. However it is found that during 2006-07 the performance of MGNREGA in 19 districts was comparatively better. During this period the average days of employment that had been provided to the poor wage seeking households was 35 to 40 days which was lesser than the previous years. It is also found that out of the total registered households about 90 per cent have been issued job cards. During 2007-08 in 24 districts 48.95 lakh households have come under the programme out of which 42.69 lakh job cards were issued (Meher&Padhi, 2010, p. 85).

When the programme was implemented in 19 districts of Odisha in 2006-07, it is seen that about 14.07 lakh (54.26 per cent) households had demanded employment under the MGNREGA and interestingly more than 99 per cent of them were provided wage employment under the programme. But during 2009-10 the picture was different. In these years in 30 districts only 14.13 lakh households had demanded employment under the programme and 99 per cent of them could be given employment for about 40 days during the year. So it can be said that though there is poverty and lack of employment opportunity the programme has failed to attract the wage seeking households in large numbers in recent years (Mehar&Padhi, 2010, p.86). During 2008-09 Ganjam district (59.94 days) recorded highest average days of

employment generated per household and the lowest was in Puri district (10.92 days).(Below we give a table showing the performance under NREGS: 2006-07 and 2007-08 from Meher&Padhi, 2010, p.86).

Table: 2.12

Performance under NREGS: 2006-07 & 2007-08:

| Physical Achievement | 2006-07 | 2007-08 | 2008-09 | 2009-10 |
|---|-------------------|-------------------|-------------------|-------------------|
| 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.

The Centre for Environment and Food Security (CEFS) conducted an audit in seven districts in Odisha and found that large number of people especially Dalits and tribals are not provided any benefits under NREGS. It has been also observed that during 2010 about 77 percent of the very poor of the sampled population did not even

get a single day of NREGS employment while the actual average employment provided to the surveyed families was just 4 days per household. The audit also claimed that in the Dalit-inhabited Arjunpallivillage under Chhatrapur block of Ganjam it has been found that not a single NREGS project has been executed, except for seven to eight labourers who were provided 10 days of employment in a neighboring village in 2007, no one in the village has got work under NREGS in the last five years in this district in Odisha (Express News Service, 9th April, 2011).

Though MGNREGA has been implemented to reduce the acute poverty of the poor in the rural areas by providing minimum 100 days of wage employment to every wage seeker but it has failed to provide the desired outcome. There are several reasons for the failure of this programme till the year 2010. It has been found that:

- i) Projects at the village /GP level are not planned properly
- ii) Though the job cards are issued to every wage worker family to generate at least 100 days of wage employment but the problem relates to the design of the job cards, their distribution and maintenance. The job cards should be reader friendly and maintained properly (AICTE, 2009, p. 3).
- iii) Many poor people do not want to work under MNREGA programme because of unusual delay in payment of wage
- iv) Lack of adequate administrative and technical manpower at the block and GP levels. For this reason it has hampered the preparation of plans, scrutiny approval monitoring, and measurement of works and maintenance of stipulated records at the block and GP level.
- v) Many people are not aware about their entitlements under NREGA such as work on demand, unemployment allowance, worksite facilities, and minimum wages and so on. So it is necessary to make them aware about their entitlements under NREGA otherwise the demand-driven nature of NREGA will be weakened.

RLTAP Special Programme in KBK districts: The Revised Long-Term Action Plan was launched by the state government in consultation with the Govt. of India in 1998-1999 for the speedy development of the KBK districts. The undivided districts of

Koraput, Bolangir, Kalahandi (KBK) is considered as one of the most backward areas in Odisha. They suffer from multi-faceted backwardness. So the RLAP has been adopted since 1998-99 to remove disparities in these districts. It has eleven components which are agriculture, horticulture, watershed Development, Afforestation, Rural Employment, Irrigation, Health, and Emergency Feeding, Drinking water supply, Rural Connectivity and welfare of the ST/SC etc. The objective of this RLAP is several like droughts proofing, speeding up the socio-economic development of this region, poverty alleviation and improved quality of life. RLAP envisaged a total outlay of Rs.6251.06 crore over a period of 9 years from 1998-99 to 2006-07. The funds were to be utilized for the development of all these components under different programmes/ schemes in the KBK districts (Dash, Social Change, 2007). In spite of this the percentage of families living below the poverty line still remains the same. Not only that, it has shown an increasing trend.

The Special Area Development Programme i.e. RLAP has been implemented in all the eight districts of undivided KBK districts. The eight districts are Kalahandi, Nuapada, Bolangir, Sonepur, Koraput, Malkangiri, Nawarangpur and Rayagada etc. These districts are the most underdeveloped and the most backward districts with perpetual poverty. There are some indicators of these districts for that reason KBK region is regarded as the most backward and under-developed districts. The indicators are low level of literacy rate and female literacy rate, high morbidity on account of under nutrition, endemic malaria and other local diseases, scarcity of food, starvation deaths, lack of awareness about the use of family planning methods etc.

About 82.60 percent of families live below the poverty line in KBK districts as per the 1992 census, which was conducted by Panchayati Raj Department, Government of Orissa. For the development of KBK districts different departments of the state Government are implementing several developmental and welfare oriented programmes/schemes. These are watershed Development Project, Rural Electrification, infrastructure, health, rural development, tribal development etc. Its fund is to be shared between the central government and the state government in the ratio of 86.6% and 13.4%. The programme has different activities like dairy and backyard poultry. The objective of this programme is to increase the income source of

rural households so that they can improve the quality of life of the people. The state government has been allocated 1008.84 lakhs during the financial years 2002-03, 2003-04, 2004-05 and 2005-06 for utilization under different activities in the KBK region under the plan. The state government has taken various measures under RLAP for overcoming the problem of water scarcity and recurring droughts in this region through the development of 1,583 LIPs (Lift Irrigation Points) and 25 MIPs (Minor Irrigation Projects) (Meher&Padhi, 2010). For this reason it has also created an additional irrigation potential of 33609 ha for agricultural purposes and the farmers have used HYV seeds, power tillers for the improvement in the agricultural practices. For the afforestation programmes 1.56 lakh ha land area has been taken up. About 47 veterinary hospitals and 74 livestock aid centres has been established under this programme. About 2 lakh old infirm and indigent persons are being covered under the Emergency Feeding Programme and 9.42 lakh children (in the age group of 0-6 years) have been covered annually under the special nutrition programme. Not only that about 740 Anganwadi Centre buildings have been formed and 18,086 women self-help groups have been assisted out of RLAP. Numbers of hostels have been formed for the girls starting from primary level to high school level. In the primary schools 400 forty-seated hostels for girls and 88 girls' hostels for upper primary schools have been established. For the high school students about 112 girls' hostels and 46 boys' hostels have been constructed. As a result the enrollment ratio has been increased in primary and upper primary schools of the region and the drop-out rates has been reduced from 57.13 in 1996-97 to 8.57 in 2007-08 (GOO, Economic Survey, 2009-10, p.248). For the vulnerable sections of the populations particularly for ST and SC population in general and Women in particular the state government has launched Special literacy programmes to increase the literacy level. It has been also observed that the state government from its own funds has also launched a scheme i.e. Biju KBK Plan in KBK districts in the financial year 2006-07 to fill the critical gaps. And for the implementation of this programme the state government has been allocated a total outlay of Rs. 120 crore annually during the 11th Five year plan (2007-2012). The main focus of the Biju KBK Plan is 'Bijli, Sadak, Pani' through the creation of productive infrastructure which includes village electrification, construction of roads, bridges, cross drainage works, irrigation and drinking water resources (GOO, Economic Survey,

p.249). According to Sanjeev Kumar Patro the programme of Biju KBK Plan for 2008-09 has failed to fulfill the aspirations of the people in Odisha. Neither the financial nor the physical score card of the scheme is encouraging. He also argued that the total allocation under the scheme was Rs. 120 crore but only Rs 20 crore had utilized during 2008-09. So it has been observed that the total utilization stand at 16 percent (ExpressNewsService, 9th August, 2010).

Assessment of Poverty Alleviation Programmes in Odisha

Kishore C Samal in one of his article is of the opinion that development is not enough to reduce Chronic Poverty and hunger in Odisha. There are various rural development programmes which are in operation in Odisha like IRDP, JRY, IAY, MWS, EAS, GKY, DWCRA, TRYSEM, DPAP, DDP, RWSS, NSAP but the poor have not got any fruitful result of these programmes. There are flaws in the implementation of these programmes. Most of these programmes have failed to reach the correct beneficiaries. There is another reason for the bad implementation of these programmes and these are; the leakages of benefits and inflation of mandays of employment generated. To him there is one more reason which is responsible for this- the absence of structural change in society. In Odisha the KBK districts is considered as a mostly backward and poverty-stricken areas. To remove poverty in this region the State Government has launched Revised Long-Term Action Plan during 1998-99 in consultation with the Govt. of India. This is an important programme and I have already discussed this programme in Odisha in brief. Let us see whether the programme had met with any success or not.

The Kalinga Centre for Social Development of KIIT conducted a study and found (nd) that the scheme was implemented in all districts of the KBK region in a top-down and target oriented manner. The beneficiaries of these programmes are those people who have cows and buffaloes. For their treatment they need Veterinary Dispensaries/ Livestock Aid Centres. But lack of infrastructure facilities did not provide health care services to the livestock owners. The organization found that there are a number of VDS/ LACs that are functioning in rented houses in KBK districts but the

buildings are not well structured. And they are not suitable for treatment centre. It was observed that among the districts Nawarangpur district spent the highest percentage of its funds for the construction of LACs. The least amount has been utilized in Bolangir district (KCSD, KIIT, Bhubaneswar).

Veterinary health camps have been organized in different health, deworming, heat induction camps in KBK districts under RLTA programme. The main aim of these camps is to provide facilities to the beneficiaries for health check-up, investigation, treatment, deworming and supply medicines for infertility of the animals at their localities. The allocation of funds for these camps was 100%. Though there are some disparities in the district wise allocation of funds. In this field Koraput have got the highest amount of allocation while the Nawarangpur district had got the least amount of financial allocation.

These camps helped the beneficiaries a lot even though the percentage of attendance of the beneficiaries in different camps was not equal. But most of the beneficiaries were in favour of frequent organization of camps. For the continuation of these camps they conducted training programmes for SHG members and unemployed youth as Pashupalan Sahayak so that the beneficiaries can get the opportunity about animal health check-up investigation, type of disease of the animals, vaccination, animal feed for enhancement of milk production etc. But the percentage of attendance of the beneficiaries in the training camps was very poor because of lack of communication and awareness of the beneficiaries. In most of the districts like Rayagada, Nawarangpur, Malkangiri, Subarnapur and Kalahandi they do not take part in any training camps. From the animal sources milk is used for the purpose of trade. OMFED i.e. Odisha State Co-Operative Milk Producers Federation have worked in this field. They used it in the domestic markets as branded, packed liquid milk as well as milk products.

The most important thing about the RLTA is that the programme has given more importance on institutional development in KBK districts. Ninety-two VDS and of LACs have been constructed during the year 2002-06 for the expansion of the animal husbandry of farmers. The department of animal husbandry has been shifted from animal health care services for the prevention and control of animal diseases.

The study by the Kalinga Centre for Social Development also found that there are some problems of implementing agency and service provider. They focused on the guidelines, allocation of funds, utilization of funds etc. They have found that lack of clear guidelines is one of the problems in this programme. Most of the beneficiaries are deprived from the benefits from of the scheme due to inadequate resources. The expenditure for the construction of LAC building is quite low in all the districts. In the camps the supply of medicine is very limited. Though there are various problems in the implementation of the scheme of RLTA but it has been reported by most of the beneficiaries that the programme RLTA is satisfactory. The KIIT have given some suggestions for the implementation of RLTA programme on the basis of some relevant primary and secondary data. They have given more reliance on the development of dairy and poultry in the KBK districts. The following suggestions were made:

- i) Release of funds need to be at regular interval
- ii) Adequate modern instruments and medicines should be provided for different diseases
- iii) Adequate number of vehicle should be provided at the field level for morbidity in remote areas
- iv) More and more number of new Milk Producers Cooperative Societies needs to be formed in the remote areas and the existing one needs to be expanded in order to increase the market accessibility as well as collection of milk
- v) A good number of staff is to be provided for better delivery of services at the doorstep of the farmers

The New Indian Express in 2008 however noted that the Revised Long-Term Action Plan for the eight KBK districts has failed (Patro, 10th Nov, 2008). Though the state government has tried to improve the socio-economic condition of the rural poor through the Revised Long-Term Action Plan but a quarter of the beneficiaries it is a complete failure. There are no noticeable changes seen in the KBK region. The programme has failed in the KBK region due to corruption and maladministration which was shown in drought-proofing works. The watershed project was not fully

implemented. There are some records which show that implementing agencies have failed to provide one-time meal ranging from 28 days (Nawarangpur district) to 186 days (Kalahandi district) per annum. The quality and quantity of food was very bad and almost 38 percent beneficiaries were not satisfied with them. There are some villagers in this region who have migrated from one place to another due to lack of employment opportunities (Patro, Nov, 2008).

It is from The Indian Express dated Feb 21, 2004 we come to learn that there is low utilization of RLTA Funds in the KBK region. It is reported that out of a total allocation of Rs.377 crores only 111 crores have been spent by the state government of Orissa which is less than one third allocation for the financial year 2003-04 (Dash, Social Change, June 2007, Vol. 37 No.2).

Health and medical facilities in the KBK districts is very poor. There are many medical and health posts that had remained vacant. So it can be said that shortage of doctors remains a major problem in the region. The KBK districts are malaria prone. State Government is trying their best to wipe out this disease and also diarrhea or water borne disease. Two more health related problems are seen in the KBK districts i.e. malnourishment and anemia (Social Change, June 2007, p. 90).

Kalahandi district is one of the poverty-stricken districts. Cholera often spreads in this district. Hunger still remains a major concern in this district. A newspaper report reveals that many of the tribal people in Kalahandi district do not have food at all through the year and are compelled to eat poisonous mango kernel in order to meet hunger. In this district the monthly per capita expenditure for the Scheduled Tribes has declined in the state whereas the monthly per capita expenditure of scheduled castes has increased. As a result it is found that the deprived have become more deprived in Odisha (Express News Service, 15th July 2010). Government has failed to provide adequate potable drinking water facilities, lack of medical facilities and communication network in the remote areas. The people of this region especially various tribal communities suffer from high morbidity due to under nutrition (Frontline, Jan, 12, 2007, p.44). These starvation deaths shook the conscience of the nation. It still remains a serious concern in the KBK districts. Crores of rupees are spent on poverty alleviation and development schemes but poverty have not disappeared

from this area/region (The New Indian Express, 16th May, 2012). The newspaper reported that it is well known to all where the money disappeared. Lot of money was spent on development but the schemes are not implemented due to corrupt politicians, officials and contractors. As a result the region becomes poorer than it was in 1980. The developmental and welfare schemes cannot improve the condition of the poor people in this region and change the situation which they face in everyday life (The New Indian Express, 11th Sep, 2009). Not only that, the communication system is a major constraint. For that reason the people of this region cannot have access to markets, health care and educational opportunities or institutions (Frontline, 12th January 2007, p.45).

Though the Government has implemented so many development policies but the policies alone are not enough. It needs proper and appropriate follow-up action/execution. It is also to be pointed out that lack of awareness among the people in the KBK region about the government schemes or programmes is another reason for the backwardness of this region. This can be eradicated by increasing the levels of 'functional literacy' and educational opportunities (Social Change, June 2007, p.92). So it can be said that the Government has tried to perform well for the upliftment and development of the people in the KBK districts specially the disadvantaged groups (Scheduled Castes and Scheduled Tribes) but for some reason the development of the people in the KBK districts still remains a dream. The reasons are lack of dedication, sincerity, integrity, on the part of the officials and official/staff absenteeism etc. (Social Change, June 2007, p.89). It may be mentioned here that the state government has failed to utilize central assistance for the alleviation of poverty to a desired level. From a newspaper source dated 8th May, 2009 it has been found that Panchayat Raj Secretary R N Das has addressed the poor progress to natural calamities like floods and disturbing situation in some districts including Kandhamal and also said that the other reason for the poor implementation of the programmes is inordinate delay in release of funds by the Centre. In addition to that from a newspaper report dated 9th April, 2011 it also reveals that the Dalits and poorest of the poor get a little or no benefit from the development programmes (Express News Service, 9th April, 2011).

Meher& Kar in their study entitled 'Evaluation of Anti-Poverty Programmes in Nawarangpur District, Orissa' had conducted a survey on both self-employment and wage employment related anti-poverty programmes in two blocks of the Nawarangpur District namely Papadahandi and Raigarh. From the survey they have found that Nawarangpur district is one of the socio-economically most backward and the incidence of rural poverty is more acute in this region. Several anti-poverty programmes such as IRDP, DWCRA, TRYSEM, SITRA under self-employment category and JRY, EAS, IAY and MWS under wage employment category were taken to eradicate poverty in the backward districts in the state. From their survey it is also found that the implementation of all the programmes does not reach to the all beneficiaries to a large extent. They have pointed out that the selection of beneficiaries by the Gram Sabha or lower level officials are not taken in a proper way. It is found that some influential non-poor category households enlisted under the BPL have tried to get assistance and funding from the banks by bribing the lower category officials at the block level through manipulation. As a result the non-poor category households have managed to put them under the BPL and they availed the benefits of IRDP, DWCRA, TRYSEM, IAY and MWS Programme. Added to that, the poorest among the poor are unable to take maximum advantage of various schemes. Though it cannot be denied that both self-employment and wage employment schemes of anti-poverty programmes has helped the poor to some extent. Through the self - employment schemes the beneficiaries have succeeded to pursue a gainful independent occupation with the limited assistance provided under IRDP. And it has also been observed that through the different anti-poverty programmes especially the wage employment has created a number of assets, infrastructures such as rural roads, minor irrigation works, soil and water conservation, school buildings, anganwadicentres, public health centres, tube wells, sanitation system, market sheds and the like. In spite of these Nawarangpur district in the KBK region is one of the most backward and poverty-stricken districts of the state as there are large number of tribal population and other depressed category of population, so these are not enough for the improvement of the quality of the life of the people of Nawarangpur district in Odisha.

From the above discussion it can be said that the State Government's in this period had tried to reduce poverty through a number of poverty alleviation measures in collaboration with the Government of India and its own. Though it can never be denied that poverty has declined in the state inspite of these we find till now poverty remains a serious issue in the state especially in the underdeveloped region. The Government has implemented so many programmes but whether it reaches the grassroots level or not government should look after this matter. Many people in the backward regions are seems to be unaware about the Government programes. So awareness campaign in rural areas is must. And the Government must look after the proper execution and implementation of these programmes so that the poor people can get all the benefits and the programmes must reach every nook and corner of the state.

CHAPTER III

The Government's and Education in Odisha (2000-2010)

Introduction

Education plays a very crucial role for the development of a country as well as of a state. It is an instrument of socio-economic development of a country or a state. Through literacy and education, one can acquire better skills, bring new technologies and grasp new opportunities. It is a means for the reduction of socio-economic inequalities among all people in the society. It creates awareness, Confidence and built the personality of a person. Education brings awareness among the people about their rights especially among the women and it provides opportunities to the people to live with dignity and freedom. Through education women can empower themselves in all fields. So it cannot be denied that education is an important tool for the holistic development of a society, a country or a state.

Literacy Scenario in the State: Let us see the education scenario in Odisha. It has been recognized that education is an instrument of human development. State has to provide free and compulsory education to the children up to the age of 14 as enunciated under the constitution of India. The economic Survey 2003-04 of the Government of Orissa shows that during 1951 the literacy rate in Odisha was 15.8%, whereas the all India average was 18.3%. But it increased to 63.6% in 2001 while the all India average was 65.4%. The percentage of male literacy was 63.1% during 1991 which increased to 75.9 in 2001. During 1991 the female literacy rate was 34.68% which increased to 50.97% in 2001 (GOO, Human Development Report 2004, p.102). As per the Economic Survey 2012-13 the literacy rate of Odisha stood at 73.45 percent in 2011 where male literacy was 82.40 percent and female literacy increased to 64.36 percent (GOO, Economic Survey, 2012-13, p.275). So, it is seen that the disparity between male and female literacy has been reduced. But still there is a wide gender disparity in the rural areas than the urban areas. It is also found that in the rural and urban areas the disparity in literacy rate is more prominent amongst females than the males. It is well known to all that if we want to make a developed society, a society needs a higher

percentage of literates. Through education and literacy, one can improve their skills and it also helps in the growth of production.

Table: 3.1

Growth of Literacy in Odisha vis-à-vis India.

| Year | Odisha (Literacy in %) | | | | India (Literacy in %) | | | |
|------|------------------------|--------|-------|--------|-----------------------|--------|-------|--------|
| | Male | Female | All | Growth | Male | Female | All | Growth |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1951 | 27.32 | 4.52 | 15.80 | -- | 27.16 | 8.86 | 18.33 | -- |
| 1961 | 34.68 | 8.65 | 21.66 | 5.86 | 40.40 | 15.35 | 28.30 | 9.33 |
| 1971 | 38.29 | 13.92 | 26.18 | 14.52 | 45.96 | 21.97 | 34.45 | 6.15 |
| 1981 | 46.39 | 20.60 | 33.62 | 4.79 | 56.38 | 29.76 | 43.57 | 9.12 |
| 1991 | 63.09 | 34.68 | 49.09 | 8.12 | 64.13 | 39.29 | 52.21 | 8.64 |
| 2001 | 75.35 | 50.51 | 63.08 | 13.99 | 75.85 | 54.16 | 64.80 | 13.20 |
| 2011 | 82.40 | 64.36 | 73.45 | 10.37 | 82.14 | 65.46 | 74.04 | 9.24 |

Source: GOO, Economic Survey 2012-13, p. 319

One of the important features which we note in literacy in Odisha is that there is an improvement in the male and female literacy rates and the growth rates in female literacy is higher than the males in recent decades (GOO, Economic Survey, 2009-10, p.259). Though the percentage of gender gap in literacy levels has been reduced still it is found that there is a wide gap across social groups and districts in terms of literacy levels. As per 2001 census the percentage of literacy rates among SC and ST communities is 55.53% and 37.37% (GOO, Economic Survey, 2009-10, p.260). So it is clear that the literacy level among SC communities is much better than the STs. The state government has taken different initiatives for the improvement in literacy status among the SC & ST children through various steps such as provision of scholarship, boarding facilities, free distribution of nationalized text books, co-educational schools in Tribal sub-plan areas etc.

Let us come to the districts in terms of literacy. In the Khurda district the literacy rate is the highest, it is 80.19% while it is lowest in Malkangiri district, it is 31.26%. In the Jagatsinghpur district the male literacy rate is high (88.96%) and the female literacy rate is the highest in Khurda district (71.06%). But in the backward southern region of the State, the Male and female literacy rates are low. We also find that there is a significant gap between rural and urban Odisha in the literacy rates at 60.44 and 80.95%. In the rural and urban areas the gender disparity in terms of literacy is also high. The disparity between female and male literacy is also high in the rural and urban areas. Though between, 1991 to 2001 the gender disparity has decreased but it is still high (GOO, Human Development Report, 2004, Orissa).

The primary and upper primary education had been gradually expanded in the rural as well as urban areas. The objective of the State is to provide Primary schools within one Kilometer and upper primary schools within three kilometers, having a population of more than 300 and 500. In 1947-48, the number of primary schools was 6,814. During 2000-01 the number of primary schools had increased to 42,104. From the official data it is found that in 2008-09, the number increased to 50,062. During 1947-48 the numbers of teachers in the schools were 16,525 whereas in the period 2000-01 to 2008-09, 10643 new teachers were added (GOO, Economic Survey, 2009-10, p.260).

Table: 3.2**Number of Primary Schools, Enrolment, Teachers & Gross/ Net Enrolment Ratio:**

| Year | Number of Primary Schools | Number of Teachers | Primary School /100 sq. km. | Teacher Pupil Ratio | Enrolment ('000) | Gross Enrolment Ratio (%) (6 to 11 years) | Net Enrolment Ratio (%) (6 to 11 years) |
|---------|---------------------------|--------------------|-----------------------------|---------------------|------------------|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 1950-51 | 9,801 | 16,525 | 6.3 | 1:20 | 315 | NA | NA |
| 2000-01 | 42,104, | 114,791 | 27.0 | 1:41 | 4,710 | NA | NA |
| 2001-02 | 42,824 | 116,231 | 27.5 | 1:41 | 4,769 | 98.27 | 87.25 |
| 2002-03 | 42,824 | 83,652 | 27.5 | 1:56 | 4,608 | 101.78 | 90.98 |
| 2003-04 | 44,416 | 97,175, | 28.5 | 1:54 | 5,214 | 103.48 | 91.51 |
| 2004-05 | 45,700 | 99,079 | 29.3 | 1:53 | 5,215 | 104.26 | 93.13 |
| 2005-06 | 45,890, | 115,351 | 29.5 | 1:40 | 4,602 | 83.59 | 78.58 |
| 2006-07 | 46,722 | 114,105 | 30.01 | 1:39 | 4,485 | 93.49 | 92.02 |
| 2007-08 | 48,402 | 123,765 | 31.1 | 1:37 | 4,513 | 96.66 | 84.23 |
| 2008-09 | 50,062 | 125,434 | 32.1 | 1:37 | 4,587 | 97.49 | 92.72 |
| 2009-10 | 52,972 | 137,833 | 34.0 | 1:33 | 4,493 | 98.04 | 92.88 |
| 2010-11 | 54,144 | 136,407 | 34.8 | 1:32 | 4,489 | 99.60 | 91.83 |
| 2011-12 | 55,106 | 133,262 | 35.4 | 1:30 | 4,433 | 99.69 | 93.27 |

Source: GOO, Economic Survey 2012-13, p. 319

The number of students in the primary education system has increased through enrolment. During 2003-04, in the primary schools, there were 4.9 million children enrolled. Out of which one million were in upper primary schools and 1.3 million in Secondary schools. But during the 1980s to 1990s, the student's enrolment in schools was lesser than the recent periods. From a survey it was found that there are several reasons behind the poor enrolment and these are poor financial background, illiteracy among parents, lack of interest among children in studies, the burden of domestic work and the need to take care of siblings (Misra&Behra 2000 &GOO,Orissa Human Development Report 2004, p.106).

The Orissa Human Development Report 2004 shows that there is a gender disparity in terms of enrolment in schools. Even though it was found that since 1950-51 and 2000-01 there was an increase of girls in enrolment in comparison to boys. But still girls are lagging behind than the boys in terms of enrolment ratios (GOO, Orissa Human Development Report, 2004, p.107). It is also found that gender disparity still

exists in gross enrolment ratios both in primary and upper primary education. The percentage of SC and ST in the gross enrolment ratio in upper primary education is 55.6% and 41.1% during 1999-2000, so it is seen that the enrolment ratio among the SCs is better than the STs. This is caused due to the fact that most of the SCs live in the coastal districts where educational facilities are much better than in Hilly and Forest areas where STs reside. Here we also find the parity index for both SC and ST population (GOO, Human Development Report, 2004, p.108).

During 2001 under the BJD regime various strategies and guidelines have been adopted to decrease gender disparity through the District Primary Education Project (DPEP) which started in 1996-97 and the SarvaSikshya Abhiyan (SSA) started in all the districts in the state during 2003-04. These are – (i) Supply of free text books for girls; (ii) Provision of separate toilets for girls; (iii) Introduction of Village Education Committee (VEC) and Parent-Teacher Association (PTA) in Schools; (iv) Provision of funds for the construction of 40 seated girls hostel in 396 Kanyashrams in the KBK districts; (v) Opening of 21,875 model cluster schools for girls education under SarvaSikshya Abhiyan (SSA) and (vi) Opening up the residential girls school under Kasturba Gandhi Vidyalaya etc. The District Primary Education Programme (DPEP) was initiated in Odisha in the year 1996-97. It is a centrally sponsored Plan scheme with 85:15 cost sharing basis between the State Government and the Central Government. Its objective is to acquire universalization of primary education along with it, it also has other objectives. They are –

- i) Arrangement of Primary Education for all children;
- ii) Minimization of dropout rate to less than 10%;
- iii) The Gap among gender and disadvantaged social groups are being decreased to less than 5%;

These programme were organized in many districts of Odisha like Bolangir, Dhenkanel, Gajapati, Kalahandi, Rayagada, Baragarh, Keonjhar, Sambalpur, Koraput, Malkangiri, Nawaraugpur, Sonapur, Boudh, Mayurbhanj, Nuapada and Kandhamal etc. In these districts 1,564 new primary schools were set up (GOO, Economic Survey, 2003-04, p.14/4). The District Primary Education Programme Project shows that there are so

many out of school children during 1999-2000. It was almost 21 (twenty-one) lakh which was 26.89 percent of the total children in the 6-14-year age group. From the survey in all the districts [undivided 13 (thirteen) districts], it shows that the out of school children in Odisha was highest in Puri district (43.35%) and in the Kandhamal district it was the lowest (13.51%). A large number of children are still out of school due to poverty in their family, lack of basic necessities like health, nutrition, food, security, clean drinking water and housing. Most of the children do not get a complete average level of education due to poverty. In the Indian education system, the problem of dropouts is a serious concern. High rate of dropouts is found in Odisha. During 2002-03 in the Primary level it was 34.7% and in the upper primary level it was 59%. The dropout rates were higher among the Scheduled Castes and Scheduled Tribes in both primary and upper level (HDR, 2004; p.113). During 2002-03 the dropout rate among SC and ST students were 37.2% and 53.3% respectively which has declined to 12.54% and 16.89% respectively. To reduce the dropout rates and increase the enrollment of these communities the state government has established special schools such as Sevashrams, residential Sevashrams and Kanyashram etc. As per the Economic Survey, Orissa, 2008-09 during 2007-08 there were 1026 numbers of sevashrams and 142 numbers of residential sevashrams working in the state. During this period about 1.68 lakh students including 0.23 lakh SC and 1.20 lakh ST students were enrolled in these schools. It has also been found that during 2007-08 about 29,751 students were enrolled in the Ashram schools under ST & SC Development Department in the state (GOO, Economic Survey, 2008-09, p.20/17). In addition to that as per the decision of the state government during 2008-09 ST girl's hostels and primary school hostels were to be opened in 109 Ashram schools and 142 Sevashrams.

Reasons for Drop Out of Children: There are several factors that are responsible for the high drop out of children especially for girls who belong to the scheduled castes and scheduled tribe's communities. They are:

- i) Lack of education among their parents;
- ii) Job opportunity;
- iii) Basic cultural barriers for girls

- iv) Poverty;
- v) The infrastructure of the schools are not so well;
- vi) Absence of separate Toilet for girls;
- vii) Lack of female Teachers;
- viii) Absence of teaching learning materials etc.

From a survey which was conducted by Orissa Primary Education Programme Authority (OPEPA) it was found that there are several reasons behind the drop out of children in schools. These are:

- i) Lack of attention in their studies;
- ii) Poor economic condition;
- iii) Engagement in their house-hold activities;
- iv) Being earning members of their family etc. (GOO, HDR, Orissa, 2004, p.116)

Table: 3.3
Dropout Rates in Primary and Upper Primary Schools of Odisha (in %).

| Year | Primary | | | Upper Primary | | |
|---------|----------------|-------|-------|----------------|-------|-------|
| | All Categories | SC | ST | All Categories | SC | ST |
| 2000-01 | 41.8 | 52.4 | 64.1 | 57.0 | 59.7 | 74.0 |
| 2001-02 | 41.0 | 51.0 | 63.0 | 56.2 | 58.5 | 73.0 |
| 2002-03 | 32.4 | 37.2 | 53.3 | 59.1 | 47.5 | 77.7 |
| 2003-04 | 33.6 | 35.6 | 52.45 | 57.5 | 63.1 | 75.8 |
| 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 |

Source: Government of Orissa (2010). Economic Survey 2009-10, PP. 261-62, Bhubaneswar, Planning and Coordination Department in Meher & Padhi, NCDS, Odisha, 2010.

Let us come to the number of primary, upper primary and secondary schools in the state. In 1947-48 the number of primary, upper primary and secondary schools

were 6,814, 286 and 106 respectively. And the number of teachers and enrollment during 1947-48 were 1,483 and 32,000. The Government has taken several initiatives to increase the upper primary schools. As a result it is seen that during 2008-09, the number of upper primary schools has increased to 19,057 with 55,832 teachers and 21.28 lakh enrollment. During 2008-09 in both primary and upper primary schools the gross enrolment ratio and net enrolment ratio is high around 90% (GOO, Economic Survey, 2009-10, p.260). In 2000-01, the number of primary schools, upper primary schools and secondary schools have increased to 42,104, 11,510 and 6,165 (GOO, HDR, Orissa, 2004; p.118).

Though the number of schools in primary, upper primary, secondary levels has increased, but it is a fact that most of the children cannot reach to the upper primary level because of lack of institutions. In the year 2009-10 as per the Economic Survey it is seen that in 2000-01 there were 27 primary and about 8 upper primary schools per 100 square kilometer of area which was increased to 32 per 100 squarekilometer and 13 for upper primary schools during 2008-09. Accordingly, to the 6th All India Educational Survey around 36,20,000 children do not get upper primary education because of lack of number of primary schools (GOO, HDR, Orissa, 2004; Orissa, p.114).

To increase the quality of education and decrease dropout rates, proper student-teacher ratio is necessary. During 2008-09, the teacher pupil ratio in the upper primary schools was 1:38. But the dropout rates in the upper primary schools are higher than the primary schools. As we have already discussed earlier that the dropout rate is higher among the SC, ST and Girl students. The Orissa Primary Education Programme Authority (OPEPA) has found that the overall dropout rate at the upper primary level is highest in Nabarangpur district (13.66%) and lowest in Jagatsinghpur district (4.63%). Among the SC and ST communities, the dropout rate of ST communities is higher in Bhadrak district (20.46%) whereas the dropout rate of SC communities is higher in Deogarh district (15.69%)[GOO, Economic Survey, 2009-10, p.262].

Secondary Education: The secondary stage of education i.e. Classes - VIII to X in Odisha is organized and conducted by the Board of Secondary Education. During 2002-03 the number of High Schools, Students and Teachers were 6,811; 12,88,000 and

58,136 respectively. But it further increased to 7,000; 13,00,000 and 61,000 respectively during 2003-04. During 2008-09, the number of high schools, students and teachers has increased. It was 7,500, 14,00,000 and 63,000 respectively. At the secondary level the teacher pupil ratio was 1:22 in 2008-09. Though there has been an improvement in the number of schools, students and teacher but the dropout rate at the high school level is still high among the SC and STs. In 2001-02, the overall dropout rate was 69.5% which got reduced to 59.3% during 2008-09. The Government has paid more attention for the reduction of dropout rates at high level for all communities. Not only the Board of Secondary Education also CBSE, ICSE, 56 KendriyaVidyalayas and independent schools and 13 (thirteen) NavodayaVidyalayas are providing Secondary Education in the State (GOO, Economic Survey, 2003-04). Though the success rate in the CBSE examination was 94% and whereas it was only 47.92% in the BSE (Board of Secondary Education, Orissa) conducted examinations during 2008-09 (GOO, Economic Survey, 2009-10, p.263).

Table: 3.4

Results of Secondary Level Examination (Appeared, Passed and % of success) in Odisha.

| Year | BSE, Odisha | | | CBSE, New Delhi | | | ICSE, New Delhi | | |
|------|-------------|--------|--------------|-----------------|--------|--------------|-----------------|--------|--------------|
| | Appeared | Passed | % of success | Appeared | Passed | % of success | Appeared | Passed | % of success |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2003 | 376.3 | 166.18 | 44.20 | 7.17 | 6.05 | 84.30 | 4.73 | 4.41 | 93.20 |
| 2004 | 395.01 | 182.74 | 46.20 | 7.58 | 6.53 | 86.10 | 5.02 | 4.64 | 92.40 |
| 2005 | 350.41 | 183.37 | 52.30 | 7.91 | 7.07 | 89.30 | 5.15 | 4.80 | 93.20 |
| 2006 | 411.37 | 204.54 | 49.72 | 8.4 | 7.48 | 88.60 | 5.41 | 5.19 | 95.90 |
| 2007 | 394.32 | 223.23 | 56.62 | 9.34 | 8.78 | 94.00 | 5.43 | 5.37 | 98.90 |
| 2008 | 433.14 | 207.57 | 47.92 | 10.16 | 9.63 | 94.85 | 5.64 | 5.55 | 93.30 |
| 2009 | 397.23 | 236.62 | 59.56 | 10.09 | 9.59 | 95.08 | 5.51 | 5.40 | 98.00 |
| 2010 | 423.76 | 291.57 | 66.17 | 10.82 | 10.33 | 95.50 | 5.50 | 5.40 | 98.00 |
| 2011 | 532.98 | 312.69 | 58.67 | 12.26 | 12.23 | 99.80 | 5.84 | 5.75 | 98.50 |
| 2012 | 504.00 | 334.73 | 67.90 | 13.65 | 13.57 | 99.40 | 5.94 | 5.87 | 98.80 |

N. R. Not Reported.

Source: Board of Secondary Education, Odisha, CBSE, India and ICSE, India, in GOO, Economic Survey, 2012-13, p. 322.

Higher Secondary Education: The Higher Secondary Education is conducted by the Council of Higher Secondary Education (CHSE) in the State. It is also provided by the 1,176 General Colleges including 50 (fifty) Government Colleges. The success rate in this examination was higher among the girls in 2009 and the overall success rate in the examination in 2009 was 70.52%. Apart from these colleges 98 schools in association with CBSE/ ICSE also provide Higher Secondary Education. The success rate in the higher secondary examination conducted by the ICSE was very much higher than the Council of Higher Secondary Education (CHSE) in the State(GOO, Economic Survey, 2009-10, p.264).

Vocational Education: Since 1988-89 the Vocational Education Programme at the Higher Secondary level is being implemented by the Government of Odisha with the help of the Government of India. It is a centrally sponsored scheme. The programme visualizes different vocational courses at the +2 level in high schools and also in Government and Non-Government Colleges. The number of Colleges in the vocational courses (Government Higher Secondary Vocational Schools) in the State are 231 which comprises of 72 (seventy-two) functional schools, 80 (eighty) partially functional schools and 79 (seventy-nine) non-functional schools. These courses have helped the students to make themselves self-dependent. In Odisha, these vocational institutions are extended in all areas and the courses are being taught according to the District of Vocational Education Committees. Now there are 20 (twenty) vocational courses which are taught in various vocational educational institutions (GOO, Economic Survey, 2009-10, p.264). As per the report 'Mid-Term Appraisal of Eleventh Five Year Plan of Orissa' conducted by Nabakrushna Choudhury Centre for Development Studies, Bhubaneswar vocational education has not performed well due to some inadequacies such as lack of well-equipped workshop, poor laboratory infrastructure, lack of awareness, motivation and interest among students and parents for vocational education and lack of adequate number of regular teaching and non-teaching staffs (Meher&Padhi, 2010, p.38).

Higher Education: At the university, post-graduate, graduate and higher secondary levels, the education is administered by the Department of Higher Education. It also controls vocational education, encourages professional courses and contributes loan

to institutes for development studies. From the economic survey, it is seen that during 1947 there were 12 (twelve) colleges in Odisha and the number of enrolments were 4,104. But during 2002-03, the number of colleges had increased. There were 1,679 total colleges working in the state. Among these Colleges there were 93 (ninety-three) Government Colleges and 448 were aided colleges.

In 2008-09, three more government colleges and 609 aided colleges had been established. During the period of independence, there was only one University. Now the State has 11 (eleven) Universities. Among these Universities there is one Central University at Koraput and a National Law University at Cuttack which has been set up. During BJD's regime the government has approved the formation of Sri Sri University, Vedanta University, ICFAI University and Sambalpur University Institute of Information & Technology (SU-IIT) in the state (GOO, Economic Survey, 2012-13, p.284). This has proved that the infrastructure facilities for higher education has improved and has also increased the enrollment of students belonging to undergraduate and post graduate courses in arts, science and commerce during 2008-2009 (Meher&Padhi, 2010, p.38).

The State Government has also taken measures through providing Government land for the establishment of 2 (two) more Universities in Cuttack and Puri. The BJD government during 2008-09 has contributed 185,970 acres of Government land in Naraj in Cuttack district for the formation of Sri Sri University and 3,277,73 acres of land in Puri district for the organization of Vedanta University and wanted to make a World Class Multi-disciplinary educational institution. There was an emergence of a number of Non-Government Colleges in the State during the Eighth Plan Period i.e. 1992-1997 (GOO, Economic Survey, 2003-04, p.14/13). The State has put one step forward for the establishment of the National Institute of Science Education and Research (NISER). It was started by the Department of Atomic Energy, Government of India and has also been working in the campus of the Institute of Physics from the Academic Session, 2007-08 (GOO, Economic Survey, 2009-10, p.264). The state government has allocated an outlay of Rs. 5.42 crore for the establishment of Institute of physics, Orissa State Open University, Nabakrushna Choudhury Institute of Development Studies and Ravenshaw University in 2009 (GOO, Economic Survey, 2009-10, p.268).

National Assessment and Accreditation Council (NAAC): To develop the Higher education in the state Universities and Colleges NAAC plays an important role in the field of higher education. Through the NAAC (an autonomous institution of UGC), the educational institutions get recognition by the process of Assessment and Accreditation. There are 19 (nineteen) Government Colleges which has been honored with autonomous status as well as 6 (six) Non-Government aided Colleges(GOO, Economic Survey, 2009-10, p.264).

Technical Education: Technical education is very necessary for the protection of and proper utilization of natural resources with the changing circumstances in the State of Odisha. To increase the man power in Technical Education different subjects have been included, such as Information Technology Electronics and Computer Application, Metallurgy, Chemical Engineering, Pharmacy etc. It is provided through various Colleges and Institutions – like Engineering Colleges, Engineering Schools, Polytechnics, Industrial Training Institutes (ITIs) and Industrial Training Centres. The DTET (The Directorate of Technical Education and Training) has played a crucial role for the implementation of technical education programmes in the State and it has tried to communicate with the State Council of Technical Education, Universities in the State and national level technical institutions.

Biju Pattnaik University of Technology (BPUT) was established in the State in 2002. The objective of this University is to improve the condition of quality education through uniformity in course curriculum, curriculum development, research, same pattern of examination system for the whole state. Under this University there are 5 (five) Government Engineering Colleges and 31 (thirty-one) Private Engineering Colleges which are providing education in the State.

Apart from these Colleges, there are also 13 (thirteen) other Engineering Schools/ Polytechnics including the Film & Television Institute of Orissa in the Government Sector. It provides diploma courses in various disciplines in the Engineering and non-engineering field as per the rules, guidelines followed by the AICTE (All India Council for Technical Education), New Delhi. In the Private Sector, there are 13 (thirteen) Polytechnics/ Engineering schools which has 3360 seats for the

students those who went to take technical education during 2002-03. There are another 47 (forty-seven) Colleges which provide Master Degree Course in Computer Application in the State.

In Odisha the Craftsman Training Scheme has been launched since 1959 under the National Council of Vocational Training (NCVT). It is made for the skilled workers in different trades. Through this training the Government had tried to make the educated youth self-employed. In the State there are 24 Industrial Training Institutes (ITIs) and Industrial Training Centres (ITCs) in the Government Sector with a total intake capacity of 6,200 students (GOO, Economic Survey, 2003-04, p.14/17).

The Orissa University of Agriculture and Technology (OUAT) is one of the second oldest Agricultural University in the Country. It also provides different courses in the field of agriculture. The University has developed a strong research base for generation of technology capable of improving productivity, stability, profitability and sustainability of the major farming systems under varied agro-climate situations of the State. Dissemination of the latest technology covering different areas of agriculture and allied discipline are one of the major responsibilities of the University. During 2004-05 Rs. 72.96 lakh was spent for the proper implementation of the scheme (GOO, Economic Survey, 2004-05, p.14/16) and Rs. 400 lakh was projected for the 11th Five Year Plan and Rs. 85.00 lakh for the Annual Plan, 2007-08 (GOO, Economic Survey, 2008-09, p.14/16).

Important Government Programmes and Policies: There are various programmes and policies that had been taken by the state government for the improvement in the literacy status in the state which are as follows.

Mid-day Meal Scheme

It was launched in all Government Primary Schools and Government assisted Primary Schools. Its main objective is to achieve universal Primary Education of satisfactory quality for all school children below the age of 14 years. Through this programme the Government has reduced high dropout rates, increased retention and has also improved nutritional status of the children. It has also increased enrolment, attendance in schools and concentration level of the students (EPW, June 21, 2008,

p.48). This programme has helped those families who cannot access proper nutrition due to poverty. From a Survey made by Dreze and Goyal (2003) it is found that the noon meal programme has helped to overcome the social barriers on caste and class feeling among the children (EPW, June 21, 2008). It has also helped poor women, widows by providing employment opportunities such as cooks and helpers in the school. During 2008-09, it has covered 46,89,829 students in 66,230 Primary Schools and 1,77,230 students in 18,930 upper Primary Schools. The State Government in Odisha and the Central Government also provided a large amount of fund i.e.Rs.77.19 crore and Rs.517.19 crore for the scheme during 2008-09. The funds are also utilized for the construction of 60,159 kitchen sheds and the replacement of kitchen equipment/ devices in both the Primary and upper Primary schools (GOO, Economic Survey, 2009-10, p.266). Therefore, from the Survey it is seen that the cooked meal scheme has been very beneficial for the students in both of the Primary and upper Primary schools.

Table: 3.5
Year-Wise Physical and Financial Achievement
under MDM:2002-03 to 2009-10

| 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)

National Service Scheme

The scheme is being affected in different Universities and council of Higher Secondary Education in the State. It is a centrally sponsored scheme. Through this scheme the NSS volunteers have engaged in social activities. During 2003-2004, the State Government has provided Rs.60.00 lakh for the working of the NSS Scheme. During 2008-09 Rs.127.88 lakh has been provided for the implementation of the Scheme in different schools, colleges and Universities (GOO, Economic Survey, 2009-10, p.267). Those who worked well in this field they are granted with State NSS Award. During 2002-03 7 (seven) Volunteers, 3 (three) Programme Officers and 3 (three) N. S. S. Units were credited with N. S. S. Award. A number of activities are being performed under this Scheme, like blood donation, Plantation and AIDs awareness programme, Health Awareness Programme etc. There are many volunteers who are engaged in these activities for the smooth implementation of the NSS activities (GOO, Economic Survey, 2004-05, p. 14/14)

SARBASIKHYA ABIYAN (SSA)

It is a centrally sponsored scheme. Its objective is to universalize/ all-round development of education up to Class –VIII to improve the quality of education to all children in the age group of 6-14 years. It is funded on 65:35 basis between the Government of India and the State Government. It wanted to improve the infrastructural development of the schools like construction of new school buildings and class rooms, training of SARVA SIKSHYA ABHIYAN teachers and the study materials for teachers. Since 2003-2004 the programme is operational in all over the state. There are various objectives of this programme. They are:

- i) To provide education to all children of 6-14 years age group in school by 2003;
- ii) By 2007 all children have to complete 5 (five) years of Primary Schooling;
- iii) By 2010 all children have to complete elementary education;
- iv) To overcome the all gender and social category gaps at primary level by 2007 at elementary education level by 2010;
- v) To emphasize on elementary education with satisfactory quality;

vi) To improve the infrastructure facilities in schools;

The Government of Orissa, Economic Survey 2009-10 reveals that a large number of projects have been completed under this scheme which are as follows:

- Number of schools opened in the Primary and upper primary – 7,572 and 8,409;
- The construction of Block Resource Centres – 167;
- The redevelopment of Buildings, Primary 465 and upper Primary 420;
- The construction of Toilets – 5590;
- Number of residential Hostels constructed under KGBV – 157;
- Provision of free uniform to all school going girls in the age group 6-14 years;
- In 1500 schools computer aided education has been given;
- It has supplied text books to 4,372 children reading in Government and Government aided Madrasas (GOO, Economic Survey, 2009-10, p.266-267).

Table: 3.6
Financial Position of SSA and NPEGEL

(Rs. in crores)

| Year | Govt. of India share received | | Govt of Orissa share received | | Total receipt | | Expenditure | |
|---------|-------------------------------|--------|-------------------------------|--------|---------------|--------|--------------------|-------------------|
| | SSA | NPEGEL | SSA | NPEGEL | SSA | NPEGEL | SSA | NPEGEL |
| 2001-02 | 1.50 | 0.00 | 0.00 | 0.00 | 1.50 | 0.00 | 0.54 (0.36) | 0.00 (0.00) |
| 2002-03 | 51.74 | 0.00 | 5.22 | 0.00 | 56.96 | 0.00 | 25.42 (44.63) | 0.00 (0.00) |
| 2003-04 | 133.11 | 3.59 | 18.86 | 0.00 | 151.97 | 3.59 | 157.93 (103.92) | 0.00 (0.00) |
| 2004-05 | 198.07 | 20.00 | 98.57 | 1.20 | 296.64 | 21.20 | 251.90 (84.92) | 18.80 (88.68) |
| 2005-06 | 312.00 | 15.93 | 80.00 | 11.98 | 392.00 | 27.91 | 343.26 (87.57) | 28.39 (101.72) |
| 2006-07 | 405.68 | 34.43 | 155.95 | 11.47 | 561.63 | 45.90 | 613.87 (109.30) | 43.92 (95.69) |
| 2007-08 | 584.82 | 22.41 | 318.19 | 12.07 | 903.01 | 34.48 | 739.57 (81.90) | 30.01 (87.04) |
| 2008-09 | 456.21 | 9.84 | 245.65 | 5.30 | 701.86 | 15.14 | 796.68 (113.51) | 22.10 (145.31) |

- NB: Figures in parentheses refers to percentage
- Source: Government of Orissa (2010) Economic Survey, 2009-10, pp.306, Bhubaneswar: Planning and Coordination Department and Meher&Padhi, 2010

Scholarships: The State Government has provided various Scholarships to the poor and meritorious students. There is a new scheme that has been introduced by the Government of India, Ministry of HRD named – ‘NATIONAL MERIT SCHOLARSHIP’; under the scheme about 637 students have been granted junior/ senior/ PG merit Scholarship. During 2007-08, about 826 students have got the merit-cum-means Scholarships. Apart from these, the primary and secondary schools and to inspire the Girl students 18 scholarships were awarded during 2005-06 for technical professional and Management studies (GOO, Economic Survey, 2009-10, p.268). Like other subjects, Hindi and Sanskrit studies have been taken care of the Government. To

develop Hindi and Sanskrit subjects about 2,163 and 110 students have been provided Scholarships. So, it is seen that the Government has taken several steps to increase the attention, confidence, qualitative education among the students through Scholarships.

Kasturba Gandhi Balika Vidyalaya: This programme is made for those girls who live in educationally backward blocks. Through this programme, girls belonging to the backward classes have been provided Schooling facilities. The scheme is initiated by the Government of India. It is also functioning in those areas where the literacy rate among the females is very low and there is also gender disparity which existed in terms of literacy. For the interest of the girls Scheduled Castes, Scheduled Tribes, OBC and the minorities the Government has provided residential schools with boundary facilities at the elementary level. Not only that, the Government also has provided 157 residential hostels and the numbers of enrolments of Girls belonging to Scheduled Castes, Scheduled Tribes, OBC minorities are 15,410 (GOO, Economic Survey, 2009-10, p.267).

National Programme for Education of Girls at the Elementary Level

The programme was started in 2003 to develop girl's education. It is being affected in 3,159 clusters of 150 blocks and urban slums in 27 Districts. There are so many functions of this programme which are as follows:

- i) Vocational training for 27,873 girls;
- ii) Provision of teaching centers in 2711 clusters among girls (GOO, Economic Survey, 2009-10, p.267);

Quality Improvement in Education

The State Government has tried to improve the quality of education through several initiatives such as development of infrastructure in Schools, providing text books, learning materials to the students, providing Scholarships, training of teachers' incentives to teachers, grants to institutions etc. To increase the quality of education teachers play a vital role in the education system. So, training of teacher's is must. Besides it had tried to reduce drop-outs, increase retention and a small student

teacher ratio which is necessary(GOO, Human Development Report 2004, Orissa, p.122).Therefore, it is seen that the State Government has taken several initiatives to improve the quality of education. It has also tried to reduce dropout rates for both boys and girls.

Expenditure on Education: During the last year of the 10th Five Year Plan i.e. 2006-07 budgetary expenditure of the education sector has come down to 13.67 per cent from a peak of 20.67 percent in 1999-2000.From 2007 onwards it started increasing gradually. If we notice the sectoral expenditure on education in Odisha it has been found that the government of Odisha has allotted more funds on the elementary and secondary sector education. Government has shown sharp negligence in the sphere of/ towards higher and technical education in Odisha. Less than 20 percent of the total budgetary expenditure has been spent on higher and technical education of the state. So the state government should have paid more attention for the development of higher and technical education which can lead to economic development in a state. Secondly the state had largely depended on private sector for the development/improvement of technical education.

Table: 3.7
Sectoral Expenditure on Education in Orissa (in %).

| Year | Elementary | Secondary | Higher | Technical |
|----------------|------------|-----------|--------|-----------|
| 1997-98 | 57.15 | 24.85 | 14.67 | 2.21 |
| 1998-99 | 55.03 | 28.50 | 13.55 | 1.92 |
| 1999-2000 | 64.96 | 22.04 | 10.94 | 1.01 |
| 2000-01 | 59.97 | 25.42 | 12.22 | 1.19 |
| 2001-02 | 58.03 | 21.70 | 18.75 | 1.91 |
| 2002-03 | 58.87 | 25.88 | 14.68 | 2.16 |
| 2003-04 | 59.12 | 25.52 | 14.29 | 2.07 |
| 2004-05 | 57.55 | 26.13 | 15.81 | 1.94 |
| 2005-06 | 55.55 | 28.26 | 15.29 | 2.10 |
| 2006-07 | 55.72 | 25.44 | 17.80 | 1.94 |
| 2007-08 | 51.75 | 21.97 | 16.18 | -- |
| 2008-09 (R.E.) | 50.08 | 25.01 | 13.17 | -- |
| 2009-10 (B.E) | 49.04 | 26.01 | 16.14 | -- |

Source: Government of Orissa, Budget at a Glance (Different years) Bhubaneswar: Finance Department (Meher&Padhi, 2010, p. 41)

However, the state has also tried to improve Tribal female literacy. As stated earlier the percentage of literacy rate among the Scheduled Tribes is low than the Scheduled Castes. We have also found that there are substantial social, regional and gender disparities in terms of literacy. It is seen particularly in among the Scheduled Tribes communities and tribal females in the southern region. The State Government should give attention for the improvement of rural connectivity, so that the hilly and southern regions can access the facilities of schools (Roy, 2010).

Overall if we notice the education scenario in the state it has been found that Orissa had made substantial progress in terms of literacy. During 2008-2009 the total enrollment of children in class I to VIII was 68.15 lakh. That means during this period about 95 percent of children are being enrolled in the age group of 6-14. The drop out ratio among all categories of population at the elementary level also comes down during 2009-10. The male and female literacy (75.35 percent & 50.51 percent) in 2001 has also increased in the state. In spite of this still there exists considerable gap between male and female literacy in Orissa.

So far as school infrastructure is concerned Orissa has done reasonably well in the backward tribal districts in recent years. From a survey conducted by Meher and Padhi with the help of NCDS, Orissa it has been found that in Orissa most of the primary and upper primary schools now have school buildings with minimum classrooms. But they have also pointed out that in the tribal areas and in remote villages most of the primary and upper primary schools are affected with a large number of problems such as poor attendance of students, high rate of absenteeism of teachers and poor quality of teaching. They have also found from their survey that in the tribal areas most of the schools are hardly opened for three to four hours. As a result teachers are not regular in their work. They hardly remain in school in official working hours from 10:00 a.m. to 5:00 p.m. Not only that it is also revealed from their field survey that in most of the schools in remote areas are run by only one single teacher teaching from class I to V in one or two class rooms. Many classrooms are damped because of leakage of rain water from the roof top. In the KBK region consisting of Koraput, Malkangiri, Nawarangpur, Rayagada, Bolangir, Sonapur, Kalahandi and Nuapada the primary schools are run by single para-teacher who are appointed under the SSA (Sarva Shiksha Abhiyan). It is also found that classes are not

held properly in the name of Mid-Day Meal programme in many schools. Mid-Day Meal programme distracts students from their studies. In their studies they have also discussed about the Oriya Daily, Samaja reports published on 07th June, 2011 where the news such as 650 schools in Kalahandi district region are run by only a single teacher. Recent newspapers reports particularly in 'Orissa Daily' and 'The Samaja' also reveals that there are more than the required number of teachers in urban and roadside village schools whereas in the rural areas the number of teachers are less than the urban, semi urban and roadside village schools (Meher&Padhi, 2010).

As per Annual Status of Education Report (ASER) there are 7.1 per cent out of school children under 6-11 years age group during 2009. It is very much higher in tribal districts like Nawarangpur (21.6%), Malkangiri (23.4), Koraput (17.5%), Rayagada (16.1%), Debagarh (13.2%), Kandhamal (10.2%). According to this report, many children reading in class III to V are unable to read and write their text books, write sentences in English, solve any arithmetic problems like calculation, multiplication etc. It is also reported by ASER that around 12-14 percent of the students reading in class I to II are not able to read Oriya Alphabets and also are unable to recognize the numbers 1-9 or more (ASER, 2010: p.192; Meher&Padhi, 2010, p.48)

Most of the primary schools are not well structured and maintained. The poor quality of teaching is also responsible for sending the children in private schools located in semi-urban areas. In the primary schools the recruitment of two categories of teachers, one with regular pay scale another is para teacher with a consolidated salary takes place. For this reason the para teachers are not interested in doing their duties carefully. As a result teaching is not conducted properly with vigour and zeal. Apart from that many posts of teachers in elementary schools is still lying vacant. Meher and Padhi have also pointed out that the matter of poor infrastructure and the poor quality of teaching are a regular news in the leading Oriya Dailies like the Samaja, Sambada, Dharitri, Prajatantra etc.

Poor quality of teaching leads to bad result in 10th and 12th classes than the private English medium schools. The percentage of success among SC, ST and girl students were 57.3, 57.5 and 65.4 percent respectively under the Board of Secondary Education during 2011-12 and during this period the success rate among SC, ST and girls under CBSE/ ICSE Board were 99.2, 98.2 and 99.8 respectively.

It is also to be noted here that the development of higher and technical education in the state is very slow and in the backward districts of Odisha such as Bolangir, Kalahandi, Koraput, Malkangiri, Baudh, Kandhamal, Sonapur, Debagarh there are no higher degree based technical colleges. So the Government should pay more attention in this sector.

However the BJD government under the leadership of Naveen Patnaik has tried to develop the education scenario in the state through several initiatives. And it cannot be denied that the introduction of SSA and MDMS has helped to increase the enrolment level and regular attendance of children in primary and upper primary schools. Not only that through these programme the state has also shown an improvement in the physical infrastructure of primary and upper primary schools in terms of school buildings, class rooms, toilets, drinking water facilities. Though the quality of education in the state is very poor in spite of these it has been observed that the programme's adopted by the state governments has helped very little in improving the quality of education. It has been also found that the government has allotted adequate resources for the improvement in the elementary and secondary education than the higher and technical education. So government needs to pay more attention in the sphere of higher and technical education as well as in ensuring the development of quality education.

CHAPTER IV

The Government's and the Health Sector in Odisha (2000-2010)

The Government of Odisha led by the BJD-BJP combine and later the BJD government alone concentrated on the Health Sector to improve access to health care for the under privileged segments of the population. And this has been made possible through two ways, one way is to consolidate and operationalize the primary, secondary and tertiary health care infrastructure and the second way is the effective implementation of national programmes to fight with the major public health problems. The two major problems or the diseases which have been identified by the Government are communicable diseases and nutrition related diseases. The state government has taken various steps for the improvement in health sector in the state (GOO, Economic Survey, 2003-04, 15/1). These are the major problems especially in the backward areas of the state. All these have been discussed and analysed in this chapter.

Objectives: The Odisha Government in the beginning of the century identified some basic objectives for the Health Sector and these objectives are:

- i) The people of the State are to be provided with adequate and qualitative preventive and curative health care;
- ii) The Government 's objective is to improve maternal and child health and in particular to reduce the maternal and infant mortality;
- iii) The Government objective was to provide equal health care to all, specially to the disadvantaged sections of the people i.e. Scheduled Castes, Scheduled Tribes, Other backward classes and women;
- iv) The Government objective was to provide affordable quality health care to the people of the State through allopathic, homoeopathic and ayurvedic system of medicine etc.

- v) To improve the health system in the state and to develop the skill of the Doctors, Nurses and other paramedical staff, the Government has provided training to them;
- vi) The Government was committed to develop the infrastructure of the hospitals to provide good services at secondary and tertiary level;
- vii) The Government was committed to and had tried to improve the health care facilities in the KBK Districts of the State (GOO, Economic Survey, 2003-04, 15/2)

Health Indicators: We will begin with a discussion on the percentage of crude birth rate and infant mortality rate. In 1998 the crude birth rate in the State was not so much higher than the all India rate of 26.4 but during 1998 crude death rate and infant mortality rate was very much higher than the all India levels of 90 and 72 respectively. The per capita expenditure on health in the State grows very slowly, it was Rs.77.91 during 1996-97 and it increased to Rs.90.98 during 1997-98 (GOO, Economic Survey, 1999-2000, p.15/2).

During 2001 the crude birth rate in the State was 23.4 and it decreased to 23.2 in 2002. Though the crude birth rate has not decreased much, it decreased very little during 2001-02. The percentage of infant mortality rate was 90 during 2001 but it has decreased to 87 during 2002. In the 2007-08 Government of Odisha Economic Survey it is found that the crude birth rate has decreased to 21.9 in 2006 from 23.4 during 2001. If we see the CBR on the basis of all India level during 2006 it was 23.5. But the crude death rate in Odisha was higher i.e. 9.3 as against 7.5 at all India level during this period. In the State of Odisha, the life expectancy at birth 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. In 2006, the infant mortality rate in Odisha was 73 which decreased to 69 in 2008 against 53 at all India level during this time. It has been observed that state continues to fight with high IMR, CBR. From a survey it is found that 64 percent infant deaths are caused due to neo-natal mortality (Express News Service, 24th December, 2015). So, it is seen that it is still very high in the State (GOO,

Economic Survey, 2009-10, p.271). There are various reasons for the high rate of infant mortality.

- i) Absence of professional attendance at birth and the occurrence of pre-mature deliveries.
- ii) High incidence of Malaria, acute respiratory infection tetanus infections and anemia infants and women during the time of pregnancy;
- iii) Poor availability of professional pre and post-natal care;
- iv) Premature deliveries;
- v) Pneumonia, tetanus and diarrhea of new born;
- vi) Lack of proper nutrition etc. (GOO, Economic Survey, 2009-10, p.272).

About 64% of infant deaths are caused due to neonatal mortality. Let us see the CBR, CDR, IMR of Odisha and all India level.

Table: 4.1

Birth Rate, Death Rate and Infant Mortality Rate in Odisha and All India

| Sl. No. | Year | ODISHA | | | ALL-INDIA | | |
|---------|------|----------|----------|----------|-----------|----------|----------|
| | | C. B. R. | C. D. R. | I. M. R. | C. B. R. | C. D. R. | I. M. R. |
| 1 | 1999 | 24.1 | 10.6 | 97 | 26.1 | 8.7 | 70 |
| 2 | 2000 | 24.3 | 10.5 | 96 | 25.8 | 8.5 | 68 |
| 3 | 2001 | 23.4 | 10.2 | 90 | 25.4 | 8.4 | 66 |
| 4 | 2002 | 23.1 | 9.8 | 87 | 25.0 | 8.1 | 64 |
| 5 | 2003 | 23.0 | 9.7 | 83 | 24.8 | 8.0 | 60 |
| 6 | 2004 | 22.7 | 9.6 | 77 | 24.1 | 7.5 | 58 |
| 7 | 2005 | 22.3 | 9.5 | 75 | 23.8 | 7.6 | 58 |
| 8 | 2006 | 21.9 | 9.3 | 73 | 23.5 | 7.5 | 57 |
| 9 | 2007 | 21.5 | 9.2 | 71 | 23.1 | 7.4 | 55 |
| 10 | 2008 | 21.4 | 9.0 | 69 | 22.8 | 7.4 | 53 |
| 11 | 2009 | 21.0 | 8.8 | 65 | 22.5 | 7.3 | 50 |
| 12 | 2010 | 20.5 | 8.6 | 61 | 22.1 | 7.2 | 47 |

Source: Government of Orissa, Economic Survey, 2012-13, p.325

In Odisha the maternal mortality rate was very high. It was 346 in 1997-98 which declined to 303 in 2004-06. The Government has taken steps for the reduction

of maternal mortality rate. It has emphasized on ante-natal and post-natal care for healthy motherhood and safe child birth, institutional deliveries, trained nurse. The Government has also tried to make aware women through awareness programme in different aspect like AIDS, Dengue, National filarial control programme, Tuberculosis, Leprosy etc.

Let us see the doctor-population ratio in Odisha. During 1998-99 the ratio of Doctor-population was 1:7440 and the ratio of Bed-population was 1:2637. So, the health situation in the State was not so well and the people of the State especially in the Tribal Districts do not get proper treatment. During the year of 1998-99 there were 1702 Government Medical Institutions with 13,786 Hospital Beds and 4,888 Doctors (GOO, Economic Survey, 1999-2000, p.15/2). After 2 years i.e. during 2002, it is seen that there were 1701 Government Medical Institutions in the State with 13,886 Hospital Beds. During this period the Doctor-population ratio was 1:7560 and the Bed-population ratio was 1:2685 (GOO, Economic Survey, 2003-04, p.15/5). Economic Survey, 2000-01 shows that during 1999 there were 1703 Government Medical Institutions in the State and there were 13,786 Hospital Beds, 4,919 Doctors. During this year the Doctor-population ratio was 1:7560 and Bed population ratio was 1:2680. In the same way if we look at the Economic Survey 2004-05, we find that there were 1701 Government Medical Institutions in the State with 13,886 Hospital Beds during 2003. And the Bed population ratio was 1:2685 and the Doctor-population ratio was 1:7560. So, it is seen that the Doctor-population ratio was the same as it was in 1999, 2002 & 2003. There was no improvement in the Recruitment of Doctors but when we look at the Bed-population ratio we find that number of population has increased than the number of Beds. During the year 2007, there were 1704 Government Allopathic Medical Institutions with 14,166 Hospital beds in the State and the total numbers of Doctors were 5,095. In 2007, the Bed-population ratio in the State was 1:2803. In the same way during the year 2008-09, there were 1,704 Government Medical Institutions which consists of Hospitals, Community Health Centres, PHCs (new), Mobile Health Units are functioning the State with 15,668 Beds. And in the Private Sector there were 1,089 Medical Institutions comprising Hospitals, Nursing Homes, Diagnostic Centres, Pathology Centres etc. in the State with 6,589 Beds. So, it is seen that the total number of Medical Institutions are 2,793 which provided Medical Care in the State

with 22,257 Hospital Beds. In this year the Bed-population ratio was 1:1798. In Odisha the Private Medical Institutions are spread specially in Cities. So, we find that there was very little improvement of Government Medical Institutions and facilities in the Medical Institutions like Bed and Doctors.

GOO, Economic Survey, 2003-04 reveals that in the KBK Districts in Odisha for the better Health Care Services there were 84 Mobile Health Units (MHU) which were functioning in 80 (eighty) Blocks of the 8 (eight) KBK Districts during 2002. Each MHU comprises of one Medical Officer, one Pharmacist, one Female Health worker and one Attendant.

The Government of Odisha has provided Health Care to the people of the State not only through the Allopathic system of Medicine but also through the Ayurvedic and Homeopathic system of Medicine. It also ensures greater access to primary health care through Mobile Health Units. The importance of Ayurvedic, Homeopathic and Unani Dispensaries has increased due to low cost and minimum side effects. There are 3 (three) Government Ayurvedic Colleges and 4 (four) Government Homeopathic Colleges which are providing Graduate and Post Graduate education in the State (GOO, Economic Survey, 1999-2000, p.15/3).

There were 5 Ayurvedic Hospitals and 519 Ayurvedic dispensaries working in the State with 203 Hospital Beds and 546 Doctors during 1999. Two more Private Ayurvedic Hospitals are also active in the State. Further there were also 4 (four) number of Government Homeopathic Hospitals and 460 Homeopathic dispensaries which were providing services in the State during 1999 along with 125 Hospital Beds and 470 Doctors (GOO, Economic Survey, 2000-2001, p.15/3). During 2008-09, there were 5 (five) Ayurvedic Hospitals with 418 Beds and 4 (four) Homeopathic Hospitals with 125 Beds providing Health Services in the State. During the same period the number of Ayurvedic, Homeopathic and Unani dispensaries in the State were; 619, 590 and 9 respectively. The numbers of registered Homeopathic and Ayurvedic Doctors have increased. And the interests in the subjects of Ayurvedic and Homeopathic have also increased. For this reason the Ayurvedic and Homeopathic colleges offer degree courses in the State with an intake capacity of 90 and 100 (GOO, Economic Survey, 2009-10, p.274).

Table: 4.2**Government Ayurvedic & Homoeopathic, Medical Institutions & Services in Odisha**

| Year | Type of Institution | Hospitals | Dispensaries | Doctors in position | Bed | Patient treated (in lakh) |
|------|---------------------|-----------|--------------|---------------------|-----|---------------------------|
| 1999 | Ayurvedic | 5 | 519 | 546 | 203 | 49.7 |
| | Homeopathic | 4 | 460 | 470 | 125 | 72.6 |
| | Unani | - | - | -- | -- | -- |
| 2000 | Ayurvedic | 5 | 519 | 583 | 203 | 71.5 |
| | Homeopathic | 4 | 460 | 468 | 125 | 78.4 |
| | Unani | - | - | -- | -- | -- |
| 2001 | Ayurvedic | 5 | 519 | 537 | 203 | 68.2 |
| | Homeopathic | 4 | 460 | 460 | 125 | 74.9 |
| | Unani | - | - | -- | -- | -- |
| 2002 | Ayurvedic | 5 | 519 | 515 | 203 | 61.9 |
| | Homeopathic | 4 | 460 | 441 | 125 | 70.9 |
| | Unani | - | - | -- | -- | -- |
| 2003 | Ayurvedic | 5 | 522 | 545 | 203 | 60.5 |
| | Homeopathic | 4 | 480 | 485 | 125 | 67.7 |
| | Unani | - | - | -- | -- | -- |
| 2004 | Ayurvedic | 5 | 607 | 611 | 203 | 63.1 |
| | Homeopathic | 4 | 533 | 494 | 125 | 79.9 |
| | Unani | - | - | 8 | -- | 0.93 |
| 2005 | Ayurvedic | 5 | 607 | 584 | 258 | 68.6 |
| | Homeopathic | 4 | 560 | 512 | 125 | 82.8 |
| | Unani | - | 9 | 8 | -- | 1.04 |
| 2006 | Ayurvedic | 5 | 619 | 563 | 418 | 74.50 |
| | Homeopathic | 4 | 560 | 494 | 125 | 79.20 |
| | Unani | - | 9 | 7 | -- | 1.07 |
| 2007 | Ayurvedic | 5 | 619 | 563 | 418 | 73.40 |
| | Homeopathic | 4 | 590 | 468 | 125 | 78.70 |
| | Unani | - | 9 | 7 | -- | 1.09 |
| 2008 | Ayurvedic | 5 | 619 | 558 | 418 | 72.35 |
| | Homeopathic | 4 | 590 | 488 | 125 | 75.71 |
| | Unani | - | 9 | 6 | -- | 1.13 |
| 2009 | Ayurvedic | 5 | 619 | 603 | 418 | 69.07 |
| | Homeopathic | 4 | 560 | 475 | 125 | 82.70 |
| | Unani | 0 | 9 | 6 | 0 | 1.02 |
| 2010 | Ayurvedic | 5 | 619 | 603 | 468 | 65.99 |
| | Homeopathic | 4 | 561 | 475 | 125 | 71.56 |
| | Unani | 0 | 9 | 6 | 0 | 1.15 |

Source: Government of Orissa, Economic Survey, 2009-10; Annexure 8.18, p.311

So, it is seen that the number of Ayurvedic and Homeopathic dispensaries have increased. The awareness of the people has increased because they have realized that for better treatment they need to go to hospitals. For this reason their dependence on

Homoeopathic and Ayurvedic treatment has increased. They have become conscious about their treatment. What is however noticeable is that the number of Doctors have decreased during 2002. There can be several reasons behind this. May be some Doctors have retired or left government hospitals for better private sector employment and/ or recruitment for the post has not taken place.

Programmes in the Health Sector: As per the reports contained in the Annual Economic Surveys of the Govt. of Odisha, 2007-08 the state governments have adopted several programme / projects in the state. The programmes may be classified into three kinds.

- i) Centrally sponsored in which the entire funds come from the centre for the implementation of the programme that is central plan schemes.
- ii) Programme / projects that are partially central sponsored and partially sponsored by the state government i.e. centrally, sponsored plan schemes.
- iii) Completely State government sponsored Programmes / projects

Let us look at the Programmes in the Health Sector. First of all we will discuss some of the Central Schemes.

The National Iodine Deficiency Disorders Control Programme

Iodine is an important ingredient in our daily requirement. It plays an important role for the development of human growth. According to world Health organization a lack of iodine in the diet can lead to Iodine Deficiency Disorders (IDD) which can cause several diseases like brain disorders, miscarriages, cretinism, goiter etc. (NFHS, 1993, Odisha). A pregnant woman has faced considerable risk of giving birth to children due to lack of iodine. It also affects child rearing ability.

The programme was introduced in the state since Dec. 1989. It is fully sponsored by central Government Funds. So it is a central plan scheme. The objectives of this programme are to control goiter, physically and mental disorders, cretinism and deafness in the state. To tackle the situation the Government of Odisha has banned the usage of common salt in the state from 18. 10. 2001. For this reason Surveys have been conducted in the different districts of Odisha since 1989. In these

districts Surveys were conducted in different years. These districts were; Puri (1989), Nuapada (2001), Balasore (2001), Cuttack (1998), Keonjhar (1999), Baragarh (1995-99) (2002), Sundargah (1987,2006), Ganjam (2003-04), Kandhamal (2003-04), Gajapati (2004), Bolangir (2004), Sambalpur (2005-06), Koraput (2006), Jagatsinghpur (2006), Rayagada (2006) etc. Government of India-UNICEF conducted a special survey on the use of iodized salt in the districts of Puri, Cuttack and Sundargarh where it was shown that nearly 35 percent of people are using iodized salt (GOO, Economic Survey, 2004-05, p.15/10). This Survey has become very important for the protection of the people from different diseases due to lack of Iodized Deficiency Disorders in the state. It is seen that about 2 billion people are suffering for the lack of Iodine deficiency disorders (IDD) in the world (GOO, Economic Survey, 2007-08, 15/7). And 73 million people are the worst sufferers from IDD in our country.

Table: 4.3

Status of IDD survey in Orissa

| Year of Survey | Name of the District | IDD Prevalence rate | Survey conducted by |
|----------------|------------------------|---------------------|---|
| 1987 | Sundargarh | 33.5 | DGHS, New Delhi |
| 1989 | Puri | 19.34 | -do- |
| 1998 | Cuttack | 21.81 | -do- |
| 1999 | Keonjhar | 14.9 | |
| 2001 | Nuapada | 14.4 | VSS MC, Burla, SBP |
| 2001 | Balasore | 0.83 | SCB Medical College, Cuttack |
| 1995-99 | Bargarh | 10.8 | RMRC, Bhubaneswar |
| 2002 | -do-(Resurvey) | 7.66 | VSS Med College, Burla |
| 2003-04 | Ganjam | 15.97 | MKCG MC, Berhampore |
| 2003-04 | Kandhamal | 27.79 | -do- |
| 2004 | Gajapati | 21.15 | -do- |
| 2004 | Bolangir | 8.57 | VSS, MC, Burla |
| 2005-06 | Sambalpur | 10.04 | -do- |
| 2006 | Koraput | 22.39 | MKCG MC, Berhampore |
| 2006 | Jagatsinghpur | 3.08 | SCB Med. Collidge, CTC |
| 2006 | Rayagarh | 19.7 | MKCG, MC, Berhampore |
| 2006 | Sundargarh (Re Survey) | NR | CGS Team, DGHS, New Delhi |
| 2007 | | 33.6% | Central Goitre Survey Team, DGHS, New Delhi |

MC: Medical College

Source: Directorate of Health Services, Orissa, Berhampore (GOO, Economic Survey, 2009-10, p.312)

National Leprosy Eradication Programme (NLEP)

It is a central scheme. It was launched on 1/11/1982. It is being implemented in the state since 1983. The main aim of this programme was to achieve eradication of leprosy by Dec. 2005 which means to bring down its prevalence rate to less than one per 10,000 populations. It has been reported that through the Multi Drug Therapy (MDT) about 8.93 lakh leprosy cases have been detected and 7.82 lakh patients have been declared cured since its inception (GOO, Economic Survey, 2003-04, p.15/10). There are different agencies which are associated with this programme like World Health Organization, World Bank and International Donor agencies i.e. Lepra India, Hoina and the German Leprosy Relief Association (GLRA). Through this programme the government has been successful in bringing down the prevalence rate of leprosy from 121.4 per 10,000 rate population in the year 1982-83 to only 0.80 per 10,000 populations by March, 2008 (GOO, Economic Survey, 2008-09, p.15/8). Among the 30 districts, 23 (twenty-three) districts have achieved its elimination goal and in rest of the seven districts the prevalence rate of leprosy has been reduced from 1.3 per 10,000 population. The government has taken different steps to eradicate this disease. It has extended different diagnosis and treatment facilities of leprosy patients to all the peripheral health institution including Sub- centers. In some districts of the state Re-Constructive Surgery facilities are also available at the Leprosy home and hospitals.

There was no useful treatment for Leprosy till 1981 when WHO prescribed Multi- Drug Therapy, National Leprosy Eradication programme has come in place of National Leprosy control programme after the introduction of MDT. In Odisha the NLEP has been successfully implemented. It has been observed that MDT has changed the leprosy scenario in the state.

National Filarial Control Programme

It is a centrally sponsored plan scheme on a cost sharing basis of 50:50 between the centre and the state. It is being implemented through a Filariasis Bureau which has a research unit at Puri and it has 15 (fifteen) Filarial control units covering 16 urban areas (GOO, Economic Survey, 2003-04, p.15/8). There is one NGO organization i.e. Lepra which has worked on this area. They have found that a large number of female among

the total people is worsely affected by filariasis. The Lepra India has organized different project activities and it has given treatment facilities to the affected people in Odisha. The national Filarial control programme was launched in Odisha in 1949. Lepra India has also worked in Puri and Ganjam districts. They played an active role in filariasis in Odisha. The Puri project in October, 2006 has succeeded. The Lepra India had organized an awareness programme through the people in about 320 villages and 35 (thirty-five) schools which were conducted in October, 2006 – December, 2009. The main issues in these programmes are the prevention of LF, cure of LF as well as issues pertaining to stigma and discrimination (Lepra India health inaction, Thematic report on Filariasis, N.D). To remove the lymphatic filariasis (LF) from the country the Naveen Pattnaik led Government has implemented Mass Drug Administration (MDA) Programme in 20 (twenty) District since 2004 with the co-operation of the Government of India. During 2007 the microfilaria (MF) rate has got reduced from 0.97 to 0.27 in 2008. The Mass Drug Administration Programme has achieved a success in eradicating this disease. For this reason, the Government has decided to continue this programme to cover the other districts. Hence, we note that the Odisha Government had always tried to remove this disease from the state and the Government also appreciated these initiatives taken up by Lepra India. Though, as a voluntary organization, Lepra India had committed itself to remove filariasis from the State (Lepra India Health Inaction, Thematic Report on Filariasis, n.d). Besides it should also be noted that that the Government should be serious about Filariasis through proper planning and geographical focus like clearing ponds and other water bodies from Pistoia plans under the leaves of which the vector breeds.

National Programme for Control of Blindness (NPCB)

The programme was launched by the Government of India in 1976. It is funded by the Central Government. The objectives of this program are:

- i) To reduce the adequacies of blindness from 1.4% to 0.3%;
- ii) To decrease the backlog of blindness by identifying and providing services to the affected population;
- iii) To improve eye care services in all areas;

To fulfill this objective, it has tried to strengthen Central Mobile Units, up gradation of Medical Colleges and also to provide training of ophthalmic surgeons, to set up District Blindness Control Society (DBCS) all over the State. The World Bank helped the Government of Odisha during 1994 till 2002. The Government has given new infrastructural facilities for treatment of Blindness. Every year the cataract operation programme is being organized throughout the State. The performance of Cataract operation was very high in Cuttack district. We have found that to decrease the prevalence of Blindness the State Government has provided training equipment and material to improve the severe condition of the individual in the State. It is also seen that the School eye screening programme is also held in the State. The Government has also provided free spectacles to the students during the year 2004-05. 1,10,716 cataract operations were held during 2008-09 as against 95,690 in 2007-08.

Table: 4.4

Achievement under NPCB in Orissa in numbers

| Item | 2005-06 | 2006-07 | 2007-08 | 2008-09 |
|--|----------|---------|----------|----------|
| Student Screened | 3,17,897 | 359,382 | 3,021,28 | 4,83,409 |
| Students detected with retroactive error | 17,662 | 18,349 | 14,680 | 26,078 |
| Free Spectacles distributed | 7,695 | 9,202 | 7,355 | 10,942 |
| Health worker trained | 3,734 | -- | -- | |
| Number of Teachers | 2,222 | -- | -- | 1,464 |

Source: Directorate of Health Services, Orissa, Bhubaneswar, Economic Survey, 2008-09; p.1517

National Vector Borne Disease Control Programme (NVBDCP): It was launched in 2003-04 by merging National Anti-Malaria Control Programme. Not only that, it has also different programme legislations such as Kala-Azar Control Programme. National Filarial Control Programme, Dengue and Dengue Hemorrhagic fever etc.

Malaria is a serious kind of disease all over the country. This communicable disease is affecting mankind very severely. This is caused by the bite of infective

female Anopheles mosquito. Odisha is one among the states in the country which has high incidence of malaria. The Malaria control programme was launched in 1953 which aims to decrease malaria transmission to a level so that it can never be a serious public health problem. It is a centrally sponsored scheme with a cost sharing basis of 50:50 between the central and state Governments. Under this programme 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. This programme renamed as National Vector Borne Disease Control Programme was affected from December 2003. The activities taken by the Government of Odisha are Surveillance, Distribution of drugs through Drug Distribution Centre (DDC) and Fever Treatment Depot (FTD) and chemoprophylaxis to all pregnant women etc. The 2006-2007 annual activities report of health and family welfare Department shows that 24% of malaria cases are from Odisha whereas it contributes to 30% of the deaths in the country's scenario. In 2000, there were 442 deaths reported due to malaria in the state. And during 2005-2006 around 30 lakh malaria cases were reported and 300 malaria deaths are reported annually. It is a very serious issue in the terrible areas because of their customs, beliefs, poor, health seeking behavior. In the 4 Districts of Odisha such as Kandhamal, Keonjhar, Sundargarh and Mayurbhanj, there is a presence of endemic nature of malaria. In these areas to tackle the situation an assisted project is being undertaken by the World Bank i.e. the Enhanced Malaria Control Project (EMCP) are (GOO, Economic Survey, 2004-05, p.15/11) functioned in hyper-endemic areas. Malaria death is very much higher among the females than males and among children than adults. During the year 2003-04 a sum of Rs.1477.60 lakh has been allotted and Rs.1417.89 lakh has been spent under this scheme. Under the Enhanced Malaria Control Project, the funds are provided for insecticide, medicated, mosquito nets, drugs for early treatment and training etc. (State Health Systems, Orissa, WP-89, November, 2002).

Though the Government has taken several initiatives to decrease Malaria deaths from the State but it still remains a serious concern. In spite of adequate stocks of chloroquine, there is lack of clarity and knowledge about the current treatment guidelines. In the remote areas there is a lack of chloroquine tablets. There are many

deaths due to malaria that go unreported or are reported as 'fever'. The State Government however does not accept this as a malaria related death (State Health Systems: Orissa, WP-89, November 2012). So, the Government should be more and more conscious to improve the monitoring of the malaria control programme in the State.

Let us have a look at the functioning of some State Sponsored Programmes in the state and then come to some central sponsored programmes.

RLTAP Programme in KBK Districts: This programme was launched in 1998-99 for the improvement in the conditions of KBK districts in Odisha. It is a programme through which the State Government has taken different initiatives for the improvement of the conditions of the people in the KBK districts during 2003-04. To provide basic health care services to the people, 90 (ninety) Mobile Health Units are operating in 80 (eighty) blocks of 8 (eight) KBK districts. Among the 90 (ninety) MHU, 39 (thirty-nine) are working with Government vehicles, whereas the remaining 51 (fifty-one) Mobile Health Units is operating with hired vehicles. Each MHU consists of one Medical Officer, one Pharmacist, one Female Health Worker, a Driver (for institutional van) and one attendant. The Mobile Health Units are organizing health camps in the remote areas and provide medicines worth of Rs.1000/- to the people of these areas (GOO, Economic Survey, 2008-09, p.15/16).

Pancha Byadhi Chikitsa: The government realized that there was no clear idea about the quality of medicine in the Public Health Institutions in the State and what medicine would be given to the patient for which disease. There was a tendency of overprescribe. There was no standard of distribution of drugs in any institution. They could not get the equivalent drugs in spite of availability of drugs at the institution. This affected the poor very severely. For this reason the State Government launched the PanchaByadhi Scheme in July, 2001 to provide facilities for those people who can not avail benefits. The scheme was first started in 1999 experimentally for 6 (six) months. A list of major diseases was prepared for what the poor people suffered a lot. Out of these 5 (five) diseases were detected on the basis of availability of doctors, medicines and infrastructures. The Government has provided 3 (three) medicine for 5 (five) communicable diseases like malaria, leprosy, diarrhea, acute respiratory

infections and scabies etc. The guidelines of standard treatment are provided to all the doctors and institutions. The required medicines are supplied to all the hospitals from the sub-centres. For the publicity of this scheme there was an arrangement of media campaign (State Health System, Orissa). This programme helped the poor people a lot. Government has tried to extend this programme to other common diseases. T. B. also has been combined in the list. There is also a management of diagnostic and treatment service for tuberculosis at free of cost for all (GOO, Economic Survey, 2007-08, p.15/10). Through this scheme the Government has succeeded to control and stop the tendency of doctors to prescribe unthinkingly.

National Rural Health Mission: The programme was introduced by the Prime Minister Dr. ManMohanSingh in New Delhi on 12th April, 2005. In Odisha, the National Rural Health Mission was set-up by the Chief Minister, Sri Naveen Patnaik and Union Health Minister, Dr. AnbumaniRamadoss on 17th June, 2005. Its objective is to improve the quality of Health Services for the Underprivileged Sections of the people like women and children, particularly the rural poor. The main goal of this mission is to reduce the child and maternal mortality, prevent and control of communicable and non-communicable diseases, revitalize of local health traditions and mainstream AYUSH, improve the healthy life styles etc. various initiatives have been taken by the National Rural Health Mission which are as follows:

In every village there is a provision of female Accredited Social Health Activist (ASHA). It is provided by the National Rural Health Mission. They act as the interface between the community and the public health system. They help the poor, women and children by giving health care. The Accredited Social Health Activists are selected on the basis of eligibility criteria. They are provided training. Most of the Accredited Social Health Activists are middle aged, educated and married residing in the same village where they were working. Most of the Accredited Social Health Activists are coming from the Scheduled Castes/ Scheduled Tribes or other backward classes' category. The members of Accredited Social Health Activist are selected by the Gram Sabha and Auxiliary Nurse Mid-wife. They were supported by the Anganwadi Workers SHGs, Sarpanch, Local political leader or Mahila Samiti. They have worked in the villages and are able to motivate the rural women for institutional delivery, complete

antenatal checkup, sterilization and mobilizing children for immunization through proper planning and campaigning.

For the better management of the Health Services, there has been an establishment of Rogi Kalyan Samiti in the District, Hospital, PHCs (Public Health Care) taking cross section of the community and local representatives. It provides health care and solves the problems at the local level.

Reproductive and child health programme: It is the component of NRHM. Its main aim is to develop the re-productivity health of men, women and children. There are other objectives of this programme are to decrease the maternal, child mortality and morbidity. RCH emphasized on rural health, gender equity, urban and tribal health and public private partnership.

Janani Suraksha Yojana: It is an umbrella organization under the National Rural Health Mission and also an important component of the maternity Benefit programme in the state. It is being affected in the state from August 2006. Its main aim is to decrease overall maternal mortality ratio, infant mortality ratio etc. It lays more emphasis on institutional deliveries. Most of the beneficiaries of JSY are coming from the backward region, poor segments of the society. They are being provided antenatal care, delivery at hospitals and post-natal care. The Economic Survey 2007-2008 shows that about 2.27 lakh beneficiaries have benefited from the scheme by the end of March, 2007. From a newspaper report it has been observed that the scheme Janani Suraksha Yojana has benefitted only around 50 percent beneficiaries in villages. The reasons behind the low rate of beneficiaries of this scheme in Orissa is lack of motivation among the rural women. Besides lack of awareness among the rural women about JSY is another reason for the failure of this scheme. It is seen that many of the rural households in Orissa didn't know the utility of institutional deliveries on maternal health. The village health and sanitation committees play a vital role in motivating women for the successful implementation of the programme in Orissa (Express News Service, 30th October, 2010).

Table: 4.5

Achievement Level under Janani Surakshya Yojana

| Year | Total Beneficiaries | Financial assistance in lakh (Rs) |
|---------|---------------------|-----------------------------------|
| 2005-06 | 26407 | 253.83(961.22) |
| 2006-07 | 227204 | 2443.80 (1075.60) |
| 2007-08 | 354119 | 4320.75 (1220.14) |

N.B.: Figures in parenthesis refer to average assistance per beneficiary

Source: Government of Orissa (2009) Economic Survey 2008-09, pp. 15/17.

Bhubaneswar: Planning and Coordination Department in Meher & Padhi, NCDS, 2010

The National T. B. Control Programme: There is another important projects/ programme which the State Government is implementing in the state and that is ‘The National T.B. Control Programme.’ It came into operation since 1964. It is a major health problem in the state since there are a large number of poor people in the state. The main aim of this programme is to control Tuberculosis in the community by detecting T. B. patients and providing them with domiciliary treatment so as to check the transmission of T.B. The old programme has been replaced by the RNTBCP (Revised National T. B. Control Programme) adopted in the state since October, 1997 with the assistance of Danish International Development Agency (DANIDA). Under this programme the 66 (sixty-six) Sub-District T. B. units, 519 Microscopy centers are engaged in providing diagnosis and treatment services as on March, 2004.

As per the Economic Survey of the Government of Odisha, 2007-08 in the beginning of Revised National T. B. Control Programme till September 07, 2,49,031 patients have been located and treated with DOTs (Directly Observed Treatment Short Course Chemotherapy). In September, 2007 the new sputum positive case detection rate was 62% against the national norm 70%. With the help of this programme it was reported that 87% of the people were cured (GOO, Economic Survey, 2007-2008, p.15/5). It has been observed that the Government of India delivers anti T.B. drugs at a free of cost to the patients under DOTs (GOO, Economic Survey, 2007-08, p.15/5). Despite all the efforts made it has been found that half of the TB cases are not reported properly. It has been found that the prevalence of TB is very much higher among women. The Express News Service reported that only three districts are covered under the DOTs Plus programme (Express News Service, 25th March, 2011).

Family Welfare: The family welfare programme is a part of the National Population Control Programme in the State. The objective of this programme is to bring down the population growth and to decrease the infant mortality rate in the State through universal Immunization programme. There are different strategies which the Family Welfare Department has taken for limiting the family size, such as sterilization, contraception and IUD etc.

National Maternal Benefit Scheme: It is a centrally sponsored scheme and it was launched in 1995 as a part of the National Social Assistance Programme to give nutrition support to pregnant women from BPL house-holds. In Odisha it is being implemented since 15.08.1995. The objective of this programme is to help the pregnant women of 19 (nineteen) years of age by giving financial assistance and also to those women who belongs to the BPL category. The State Government has also provided each beneficiary Rs.500/-; 8-12 weeks prior to delivery per pregnancy under this programme. This programme is initiated by the child and Development Programme Officer in rural areas and Officer-in-Charge of the P. P. centre in urban areas. But in the Economic Survey, 2008-09, it is seen that the National Maternal Benefit Scheme has been replaced with another name i.e. Janani Suraksha Yojana in a new way. It is also a centrally sponsored scheme. It is being implemented in the State since August, 2006 under the Umbrella of NRHM. The main aim of this programme is to decrease the maternal mortality rate and infant mortality rate. It also lay emphasis on institutional delivery by providing transport assistance.

Immunization: It is one of the important methods for the protection of child hood diseases. The objective of this immunization programme is to bring down the infant mortality and maternal mortality rates and disabilities due to 6 (six) deadly diseases i.e. Diphtheria, T. B., Whooping Cough, Tetanus, Polio, Measles etc. It also aims to prevent the infants from these 6 (six) diseases by making free vaccinations. The ICDS Projects has consolidated the immunization programme. The Anganwadi Workers, Auxiliary Nurses and Mid-wives are involved in this programme. They are playing very active role in this programme. The State Government has immunized the infants and children of 0-5 year's age. The State Government with the collaboration of UNICEF has provided to all the Children under the age group of 1 to 3 years vitamin-A

administration (Report on activities of Health and Family Welfare Department, 2006-07). Under this programme, children are being provided vaccination against each disease.

Table: 4.6

Progress of immunization programme in Orissa

| P | 2003-04 | 2004-05 | 2005-06 | 2006-07 | 2007-08(P) |
|--------------|---------|---------|---------|---------|------------|
| TT (PW) | 7.99 | 8.18 | 8.14 | 8.32 | 8.20 |
| DPT | 8.35 | 8.12 | 8.51 | 8.18 | 7.99 |
| POLIO | 8.37 | 8.20 | 8.53 | 8.20 | 7.99 |
| BCG | 8.83 | 8.65 | 9.25 | 8.70 | 8.48 |
| MEASISE | 7.76 | 7.90 | 8.40 | 7.88 | 7.82 |
| DT | 7.79 | 8.97 | 10.34 | 9.49 | 9.10 |
| TT | 7.69 | 7.8 | 8.49 | 8.80 | 8.74 |
| TT (16 YERS) | 6.51 | 6.82 | 7.59 | 7.87 | 7.87 |

Source: Directorate of F& W Bhubaneswar, Orissa (GOO, Economic Survey, 2008-09, p. 15/17, P: Provisional

Employees State Insurance Scheme: It is combined with Social Security scheme which came into being and implemented in the State since January, 1960. This scheme is made for those workers who are employed in industrial and commercial sectors. It provides full medical care to workers and to their family members. The expenditure is carried out by the State Government and it is shared between the State Government and Employees State Insurance (ESI) Corporation. In the ESI hospitals about 8.20 lakh indoor patients were treated during 2007-08.

Expenditure on Health: Public Sector expenditure on health is about 12% of the gross State Domestic product and about 3% of the annual budget. The allocation of health and family welfare expenditure has declined in general and primary health in particular. In Odisha the per capita expenditure on health was Rs.116.68 during 1999-2000 as against Rs.110.51 during the previous year (GOO, Economic Survey, 2000-01, p.15/2).The expenditure on primary health is low than the total health and family welfare expenditure. Governments are not seriously concerned with primary health sub-sector. It is found that the health infrastructure has not improved in Odisha over

the period 1997-98 to 2002-03 because of less amount of allocation on health sector. As a result what we find is that the population served per medical institution is 13,500 and area served per medical institution is 58 square kilometer. It has also been found that in accession of Public health facilities in Odisha there is a wide disparity in terms of social, regional and gender especially in tribal districts (Ray, 2010).

Extent of Public Health Expenditure

| Year | Health Budget as percentage of State Budget | Health Budget as percentage of GSDP |
|---------|---|-------------------------------------|
| 1991-92 | 4.60 | 1.23 |
| 1996-97 | 4.59 | 1.02 |
| 2001-02 | 4.17 | 1.13 |
| 2002-03 | 4.49 | 1.19 |
| 2003-04 | 4.84 | 1.10 |

Source: HDR, 2004; Ray, 2010.

Evaluation: Though the Government has tried to implement all the Health Programmes, in spite of these there are some problems that has arisen in the State. There are a number of patients who have talked about their helpless condition in the Government Hospitals. They complain of the unavailability of medicine, Doctors, negligence, non-availability of beds, corruption, non-co-operation of medical staffs etc.

Furthermore when we notice the health scenario of the State we also notice that the improvement in health infrastructure had always been very slow. Though the crude birth rate and crude death rate has decreased but the infant mortality rate and maternal mortality rates are still high in Orissa among all the states. For this reason Women and Child Development Department of the Government has focused on the protection of girl child through the intervention of special action plan (Express News Service, 7th October, 2013). There are 3 (three) reasons for the higher rate of infant mortality rate in Odisha. They are lack of professional attendance at birth, high incidence of low birth weight babies and the inadequacies of profession post-natal care. From a survey it reveals that 64% of all infant deaths are caused due to neo-natal

mortality and 38.5% of infant deaths are attributed to premature deliveries. There are many other reasons for infant deaths such as pneumonia, respiratory infection in new born, Tetanus, diarrhea etc (Express News Service, 24th December, 2015). The reasons behind the child deaths are lack of safe drinking water and proper nutrition. For this reason, incidence of diarrhea in rural Odisha is still very high which also lead to infant and other deaths. Children and women particularly in tribal areas are the worst sufferers due to anemia and malnutrition. From the NFHS (National Family Health Survey) data it has been observed that the growth status of children is very slow due to deficiency of nutritional food (Meher&Padhi, 2010). It needs to be pointed out that the incidence of cholera is largely found in the backward region of the state i.e. Rayagada district. Several factors are responsible for this. The miserable condition of this region includes; lack of communication facilities, health services, contaminated water, doctors and paramedical staffs in most of the PHCs. It has also been reported in the newspaper that lack of staff in the administrative department at the block level also creates problems in tackling this situation (Express News Service, 22nd September, 2010).

There is another problem of the worst health situation in Odisha i.e. the health infrastructure is not so well especially in the southern and northern regions because of the distance factor to access public health services (Ray, 2010). This is much less for coastal Districts like Balasore, Bhadrak, Kendrapara and Puri. Though the area coverage of health institution has improved in the case of 14 (fourteen) non-coastal districts (HDR, 2004). In spite of this, in the tribal and interior regions the people suffer a lot due to poor connectivity. Not only that, in the primary health institutions and hospitals there is a lack of improved skill of staff, better equipment and non-availability of drugs. Lack of cleanliness is another problem in Government Hospitals. But the Government has contracted out to a private agency i.e. Sulabh International for Undertaking the Cleaning Services of State's Capital Hospital, Bhubaneswar. And they have done it very well. And it is said that any vacancies of cleaning staff due to retirement or death would not be filled up.

The other problem is that a large number of vacancies of Doctors and Paramedical Staff in the rural areas particularly in the tribal areas though the Government had taken reform process to solve this problem. The doctors are not

willing to go to the remote areas in spite of having guidelines of government to serve the society. It is further found that the Doctor's feel that the salary provided by the government is not very attractive. As a result it has been observed that the people of rural areas as well as tribal areas are suffering for minimum health care services (Gupta, November, 2002). But Government has taken initiatives to solve this problem. Government has introduced one year's mandatory service in difficult areas for all Doctors. The Doctors are compelled to work in these institutions for one year. Thereafter they are allowed to take admission to the P. G. Course after obtaining completion certificate. This has helped to fill up a large number of vacancies in the remote districts (Gupta, 2002).

Lack of Paramedical staff, such as Auxiliary Nurse Mid-wife, nurses, Pharmacists, Laboratory Technicians is another constraint of the health system in Odisha. Though they are the State Employees but they do not go to the interior places because most of the Paramedical staff is women. They mainly come from the more developed coastal districts. For this reason they were reluctant to go to the remote and relatively under developed District's. For this reason many posts remain vacant. To tackle this situation, the Government has decided to form District Cadres. Now the Districts have made all new recruitments. And they prefer those candidates who reside in the same District. As a result this will in the long run reduce the non-availability of Paramedics in difficult areas.

It is also seen that there is a shortage of Doctors in the State. To fill up this situation the Government is trying to fill up these posts by appointing retired Doctor's on contract basis. In many of the PHCs the place of allopathic Doctors has been replaced by the Ayurvedic and Homeopathic Doctors. Not only that there is also a shortage of Doctors in specialties such as pediatrics, obstetrics and anesthetist etc. Government has tried to provide short course training in anesthesia administration. Many Doctors and paramedics are unwilling to go to remote areas due to unavailability of physical and social infrastructure i.e. roads, telecommunications, harassing schools and leisure activities. The Government has taken several initiatives in this regard i.e. Pre-P.G. posting, amendment of the rules etc. (Gupta, 2002). Another factor responsible for the worst Scenario of the health in Odisha is that the

professional negligence of Doctors. There are some patients who have argued that they suffer a lot due to Doctors' negligence.

The acute problem in the health system in Odisha is that the health condition of women especially in tribal areas is not so well. The incidence of anemia among the tribal women is very much higher than any other groups. The NFHS-III survey found that among the 3.7 million adolescent girls about 2.3 million (61 percent) are anemic. In addition to that the survey also says that about 69 percent of pregnant women in the state are anemic against the national average of 58. The state government had implemented the Adolescent Anemia Control Programme in nine districts in 2009 for reducing anemia among the women in the state (Express News Service, 1st December, 2011). Though the secretary of the Women and Child Development, Arti Ahuja argued that Iron and Folic Acid (IFA) tablets will be provided to the adolescent girls in the rural areas and also said that schools give iron tablets to all girls but the consumption level among the girls is very low. For this reason she emphasized on the monitoring system on the consumption of the tablets for proper implementation of this programme. Arti Ahuja, secretary of the WCD Department also explained that high incidence of anemia is not only caused due to under nutrition, but it also occurs because of blood loss caused by malaria and hook worm (Express News Service, 1st December, 2011). It is also seen that most of the women (around 37%) did not have any antenatal checkup. Institutional deliveries are very poor about 22.7% in Odisha and it is much lower in case of Tribal women (8.7%) due to illiteracy, unawareness, unavailability of Auxiliary Nurse Mid-wife workers, PHCs etc. But, now it has changed. Though the institutional deliveries have not increased much but now the deliveries are taking place in better surroundings due to the presence of trained birth attendants, Anganwadi workers and auxiliary Nurse Mid-wives (Auxiliary Nurse Midwife). In spite of this, the consumption of iron, calcium and vitamins during pregnancy is poor. It has been found that in the Tribal Districts within 2 (two) weeks of delivery about 50 percent women are not visited by the Auxiliary Nurse Midwife (ANM) (Ray, 2010). As a result, mother and infant do not get any post-natal care. Besides among the tribal groups the vaccination and immunization of infants and children have been inadequate. It was about 18% Scheduled Tribes children and 9% Scheduled Castes children. The incidence of malaria is still high. About 40% deaths are caused due to

malaria, 47.6% Scheduled Tribes children and 37.4% Scheduled Castes children do not get proper treatment for diarrhea. But there is a significant reduction in the deaths due to diarrhea (Gupta, 2002). The development of Public health care system is not so good in remote areas. Especially the poor people cannot afford quality private health care because of physical isolation and lack of all-weather connectivity roads (Ray, 2010). We have also found that the level of maternal education is very low specifically among the tribal women.

The prevalence of Anaemia among women and children is a serious matter of concern. From NFHS II and NFHS III data it has been observed that there is no change in the anaemia status of women and children. Although the Secretary of the WCD Department Arti Ahuja argued that they will be provided Iron and IFA tablets adolescent girls properly but from the survey it was revealed that the IFA tablets are not distributed among the adolescent girls and pregnant women properly in the rural areas of Orissa. Very few percentage of women (30 to 40 percent) in the reproductive age group have got IFA tablets from the Village Health Workers (Meher & Das, 2007 a b & c; Padhi & Meher, 2010, p.60). In addition to it has been observed that in Orissa the tribals constituted 38.66 percent of the total population in Orissa. Among these 22.13 percent of the total accounted for Scheduled tribe population of the state and 16.53 percent are accounted for Scheduled caste population. As per the 2001 census Mayurbhanj recorded the highest tribal population in the state. In Orissa the incidence of poverty among the Scheduled tribes and scheduled castes population is very much higher than the others. They cannot access the health care facilities due to poverty, illiteracy, ignorance. As a result, tribals are unable to acquire calcium, vitamin A, Vitamin C, nutrition as per their requirement. For this reason, they face a large number of diseases. It is also a noticeable fact that most of the tribals still believe in their own traditional system of medicine such as pujas, black magic, sorcery, worship as suggested by their tribal priests and medicine men. The NFHS II data reveals that most of the tribals face some chronic diseases like malaria, tuberculosis and various types of water borne diseases. From an empirical study it has been noticed that the tribals very much suffer from numerous problems such as low life expectancy, higher infant mortality rate, crude death rate.

There are however reports particularly in newspapers i.e Oriya Dailies such as The Samaja, Sambad, Dharitri, Prajatantraetc and also other newspapers in other languages which states that improvement in the health sector is not so good because of lack of infrastructure, unavailability of Doctors, unwillingness to fulfill the promises, non-availability of beds in Government Hospitals, absence of proper drug assessment, lack of proper treatment, communication facilities and health awareness etc. From the reports it is also revealed that in the backward tribal districts there is a poor delivery of health care services during the early 2000s. Though the Government has implemented several schemes to remove the material mortality rate and infant mortality rate but still it remains high in Odisha. Besides the unavailability of Doctors and other paramedical staff in Government Hospitals leads to severe problems in the health Sector. They are distracted from their work for years together. For that reason the position of doctors and other paramedical staff remains vacant in the majority of the health centres. In addition, it is also found that the Doctors are leaving Government jobs or unwilling to join the Government Hospital. Now the State is trying to fill up these vacancies by providing retired Doctors on contract basis. And also the introduction of one year's compulsory services from Pre-PG, so that the common people of rural areas can get proper health care facilities. Further it has been noticed that due to lack of infrastructure facilities such as metal roads, telephone service, electricity, housing, equipment for treatment, doctors are not interested to join hospitals in tribal areas or rural areas. The government however is providing ayurvedic doctors and homoeopathic doctors for health care services on a contractual basis. But this will not solve problems.

CHAPTER V

The Government's and Social Welfare in Odisha (2000-2010)

Introduction

Development in every sector such as poverty, health, education is very essential for building a nation or a country including a state within the country. Since the notion of the social sector is a vast one hence in this chapter we have analyzed the implementation of women and child development programmes in the state, welfare of the old and disabled, welfare of the handicapped, welfare of the Scheduled Castes or Scheduled Tribes programmes. In the Indian context for the development of women and child the Women and Child development department and the Scheduled Castes & Scheduled Tribes development department play a key role in our society. This chapter mainly focuses on different schemes for women and child development, welfare of the old and disabled which were undertaken by the state government in our study period and it also discusses how far it had its effect in the state. Let us look at child welfare first.

Child welfare: It is ICDS, which is one of the important programmes for the welfare of the children. ICDS i.e. integrated Child Development Scheme was launched in Odisha on 2nd October, 1975. Today it emerges as one of the World's largest and most unique programme for early child-hood development. It provides a 6 (six) package of services, namely – Supplementary Nutrition Programme (SNP), Non-formal Pre-School Education, Immunization, Health check/up, Referral Services and Nutrition & Health Education (GOO, Report on Activities of W & CD Department for the year 2008-09). The objectives of Integrated Child Development Scheme are as under:

- i) The improvement of the Nutritional and Health status of Children below the age of 6 (six) years, pregnant women and lactating mothers;
- ii) To develop the psychological, physical and social condition of the child;

- iii) To decrease the incidence of mortality, morbidity, mal-nutrition and school drop-outs;
- iv) To promote child Development, it is necessary to make a effective co-ordination of policy and implementation among various Departments;
- v) To increase the quality of the mother, so that she can care/ look-after the normal health and nutritional needs of the child through proper health and nutrition education;

Supplementary Nutrition Programme (SNP): It is a centrally sponsored plan scheme. The cost of the scheme is shared between the Central and State Governments in the ratio of 50:50. And its target groups are those children who are between 3 to 6 years old, also for children between the age of 6 months to 3 years, pregnant and lactating mothers and malnourished children. Under this scheme the total number of beneficiaries during 2008-09 were 48,79,722. Among these beneficiaries 40,74,342 were Normal, Mild and Moderate Malnourished children, 36,118 were severely malnourished children and 7,69,262 numbers were pregnant women and lactating Mothers. The State Government took the initiatives to revise the ration cost for these beneficiaries from 2009-10, like the Central Government. (GOO, Report on Activities of W & CD Department for the year 2008-09, W & CD Department, p.2).

From December, 2006, in this scheme the beneficiaries also included those who were from the KBK and Backward Districts in the State. It has 2 (two) broad Components:

- (i) Morning Snacks for 3-6 years old children at the AnganWadi Centre (AWC);
- (ii) Hot cooked meal for 3-6 years old children at the AnganWadi Centre. This programme helped the beneficiaries a lot to. The total beneficiaries under this programme were 33.86 lac. The beneficiaries comprised of 27.47 lac children and 6.39 lac pregnant and lactating mothers avails the benefit through a network of 37,480 AnganWadi Centre's (GOO, Economic Survey, 2007-08).

Immunization: Immunization of children and pregnant women is very necessary to prevent them from various diseases. There are 6 (six) diseases, namely – Poliomyelitis,

Diphtheria, Peruses, Tetanus, Tuberculosis and Measles which effects the children badly. So to protect the children, infants and pregnant women immunization against these diseases are important. The diseases lead to child mortality, disability, morbidity and related malnutrition.

During the year 2008-09, As per the report of the Government it is seen that many people have been immunized from various diseases, like 6.8 lac pregnant women have been covered under TT immunization; 6.3 lac children have been immunized against DPT(Diphtheria) [GOO, Report on Activities of W & CD Department for the year 2008-09, W & CD Department, p.3].

Health Check-up: The AWW and the PHC Staff have provided various health services, like Regular Health Check-ups, recording the weight, immunization, management of malnutrition, treatment of Diarrhea, Deworming and distribution of simple medicines. There are various Health centres which perform the following functions:

- (i) The expectant mothers are being provided ante-natal care;
- (ii) The nursing mothers and the new born babies are being provided post natal care;
- (iii) Care of children under 6 (six) years of age;

The children, adolescent girls and pregnant women and nursing mothers are being provided regular examination check-up in the AnganWadiCenters by the Health functionaries like Lady Health visitor and Auxiliary Nurse Mid-wife(ANM).About 8.6 lac children, pregnant women and nursing mothers have benefited under this scheme during the year 2008-09(GOO, Report on Activities of W & CD Department for 2008-09, W & CD Department, p.3).

Referral Services: Government of Odisha has provided referral services to the identified sick or malnourished children. The AWWs Work is to find out the disabilities in young children. She notes all such cases in a special register and pass on these to the Medical Officer. The usefulness of this service relies on appropriate work, co-

ordination from health functionaries and the willingness of families to use of these services.

The AWCS have provided referral services to the 6.5 lac children, pregnant women and nursing mothers during the year 2008-09.

Non-Formal Pre-School Education: In every Angan Wadi Centre, the State Govt. has provided various types of Education Kits with Toys – each year at a cost of Rs.500/- per kit. During the year 2008-09, it has been observed that 14.4 lac children (3-6 years of age) took admission under pre-school and the attendance was 12.9 lac (GOO, Report on Activities of W & CD Department for 2008-09, W & CD Department, p.3).

Nutrition and Health Education: It is one of the important components of ICDS. Through this service women can easily look-after their own problems, like Health, Nutrition and Development needs and also for their children and families. This service includes various information on basic health, nutrition, utilization of health services, family planning etc. This is made possible through counselling sessions where there is a presence of women's group, mothers meeting etc.

A newspaper report reveals that the nutritional status of only 47.33 per cent under ICDS are detected as normal as on December 2009 which means that over 50 percent of the children under six years have got supplementary nutrition under the ICDS in Odisha are either moderately or severely malnourished. It has also been found that about 0.45 percent children only are severely malnourished in the state and the moderately malnourished are at a whopping 52 percent. It is a noticeable fact that under the ICDS in Odisha the number of children that had received supplementary nutrition has increased from around 37 lakh in 2007 to over 41 lakh in 2009. ICDS is a centrally sponsored scheme and Rs 180 crore or more has been disbursed against the release of 169 crore to the state. Arti Ahuja, Secretary of Women and Development has argued that the implementation of ICDS programme is not possible unless or until the overall nutritional standard in the state improves. She also notes that wrong feeding practices among rural populace and lack of hygiene also leads to malnutrition among the women and children (Express News Service, Patna, 2nd September, 2010).

Orissa State Council for Child Welfare (OSCCW): It is identified by the State Government as a nodal agency. It works for the children to help in their hardships. It is also a scrutinizing agency. It investigates all the applications connected to Adoption as well as Deemed Orphan. The council has controlled 6 (six) Balashrams (orphanages) and 9 Angan Wadi Training Centres in the State (GOO, Economic Survey, 2009-10, p. 285).

Orphanages: It is a residential institution for those children who have lost their parents or who are abandoned by their parents. In these orphanages, they can get shelter, care, education, food, cloth, medical check-up, vocational training etc. It is made for orphans and for homeless children in the age group of 5-18 years (5-25 years in case of Girls). Orphanages are being administered by NGOs and Orissa State Council for Child Welfare. It is funded by the State. The Government Economic Survey 2007-08 shows that at present there are 85 Balashrams (Orphanages) which are operating in 28 districts except Deogarh and Malkangiri. Among the 85 orphanages 6 (six) are supervised by OSCCW (Orissa State Council for Child Welfare) while the remaining 79 are controlled by the NGOs/ Voluntary Organizations, State Government also has taken initiatives for the impoverished children through adoption by host families within India and abroad.

Mid-day Meal Programme: The Mid-Day Meal Programme has been launched in the State since July, 1995. It provides a cooked noon meal to Primary School Children of all Government and Government aided Schools in the State for 210 working days in a year. The objective of this programme is to increase the enrolment, reduce the number of School drop outs and improve the nutritional status of the children. This programme is carried out by the Women and Child Development Department. The programme was introduced in the State for increasing the attendance rate in the Primary School.

The Ministry of Human Resource Development, Department of Elementary Education and literacy, New Delhi is providing free rice @ 100 grams per beneficiary per day for 210 days for Primary Students and @ 150 grams per beneficiary per day for upper primary students every academic year under the scheme (GOO, Report on

Activities of W & CD Department for the year 2008-09). To combat micro nutrient deficiencies, it is very much important for the Government that the meal should contain a good quantity of vegetables particularly dark green leafy vegetables, so school feeding is very useful approach to improve the nutritional status of the children (Mid-day Meal Scheme in Odisha Field Experience).

The Government of Odisha provides funds for bringing Dal, Vegetables, Oil, Condiments from the market and transportation charges under the scheme at the rate of 0.64 paisa per beneficiary per day. In this way the Government of India has provided cooking cost @ Rs.1.58 per beneficiary per day for Primary students and for the upper Primary students the cost was Rs.2.10 per beneficiary per day. During the year 2004-05 to implement the Mid-Day Meal Scheme, the Government has provided Rs. 1,930.00lac; Rs. 18,590.00lac; provision was made for the year 2005-06 for the cooks and the helpers. But till February, 2006 Rs. 13,240.97lac was disbursed. Under Mid-Day Meal Scheme, the estimate for the year 2006-07 is Rs. 17,757.80lac out of which the Central Government share was 11,038.38 lac and the state Government share was Rs. 6,719.42lac.

Emergency Feeding Programme: Under the Revised Long-Term Action Plan (RLTAP), the Emergency Feeding Programme started functioning in the year 1995-96 in KBK Districts. The programme is designed for the old, indigent, infirm persons from the BPL house-holds in the 8 (eight) KBK Districts of the State. The funds come from the Government of India through the Special Central Assistance (SCA).

The reasons behind the intensification of poverty are low productivity of agriculture and the demolition of forest, based lively-hoods, which results in poor, nutritional status of the population and low life expectancy. The old, indigent persons do not earn for the family because of lack of ability. As a result of which they are being neglected by their family members. For this reason through the programme, the Government has provided one square meal a day to old, infirm and indigent persons on a sustained basis to manage the food insecurity.

The cooked meal is provided to the beneficiaries through the Angan Wadi Centres each day under emergency feeding programmes. Each beneficiary get daily ration which was 250 grams of Rice, 36 grams of Dal, vegetables, oil, salt, condiments

and the nutritional value of the food was 812 K. Cal of energy and 21.6 grams of protein. During the year 2002-03, the charges of daily ration cost were increased from Rs.2.70 to Rs.3.03, in 2006. This has been done to increase the quality of food such as nutrition's, vegetables like drumstick, papaya, brinjal, potato, pumpkin etc. During the year 2005-06 for the implementation of this programme the Government has provided Rs. 1,992.16lac in the budget under the Revised Long Term Action Plan for KBK Districts. Under this scheme for the improvement of 2,00,000 persons an amount of Rs. 1671.42 lakh has been distributed in favour of 8 KBK districts(GOO, Report on Activities of W & CD Department for the year 2008-09, WCD Department, p.7).

Welfare of the Handicapped: For the improvement of the handicapped the State Government has taken different initiatives or welfare schemes, like Orissa Disability Pension (ODP) Scheme, Special School for Children with disability and supply of special aids and appliances. The state Government had tried to bring them into a good position in the Society.

Orissa Disability Pension (ODP) Scheme: It is a State Government Scheme introduced on the 2nd day of October, 1984. This scheme has now merged with ModhuBabu Pension Yojana and it is being affected from the 1st day of January, 2008. Under this programme, persons can get pension of Rs.100/- per month. The eligibility criteria for this pension are – 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/-. To cover 1,25,000 beneficiaries an amount of Rs. 2,982.54lac was expended/ disbursed during the year 2006-07. The total expenditure in this regard was Rs. 3,000.00lac. During 2007-08, it was targeted to cover 2.03 lac beneficiaries and it covered 1.53 lac beneficiaries under the scheme with an expenditure of Rs.35.28 crore.

Special School for Children with Disability: The State Government has taken steps to educate the Special Children through the establishment of Special Schools. It is made for the visually impaired, hearing impaired and mentally retarded children. State Government is providing free education in this school for this type of children through specially trained teachers. There are 4 (four) Government Special Schools out

of these 2 (two) made for blind and 2 (two) made for deaf and apart from these Schools there were another 50 (fifty) Special Schools which are administered by different agencies including NGOs with grant in-aid from State Government out of these special schools 18 (eighteen) are for visually impaired, 21 (twenty-one) for hearing impaired and 11 (eleven) are for mentally retarded children. In these schools the student strength is 2939 and staff strength (both Teaching and Non-Teaching) is 620 (GOO, Economic Survey, 2009-10, p.286). During the year 2006-07, the budget against this scheme was Rs.390.00 lac and then it was spent Rs.383.67 lac.

Distribution of Special Aids and Appliances: To help the disabled persons proper materials such as tricycles, blind sticks, crutches, hearing aids etc. are being distributed free of costs to a person if his or her income is Rs. 6,500/- per month or less and 50% discount are being given on the cost of materials to persons whose income ranges between Rs. 6,501/- to Rs. 10,000/- per month. Rs.146.36 lac was spent up to January, 2007 amongst 7,178 persons during the year 2006-07. During 2007-08 about 6588 beneficiaries are being provided with aids and appliances.

Scholarship to Students and Disability: Government is giving Scholarships to handicaps who studies in normal schools from Primary to University and also those who are engaged in technical and vocational education. 6,808 students were the beneficiaries' students during 2006-07 as against 6,092 students during 2005-06. During 2007-08 there have been no changes in the number of beneficiaries under this scheme with budget provision of Rs. 150.76 lakh. Under this scheme during 2008-09 8732 physically challenged students have been benefitted.

Training Centres for Teachers of Handicapped: For training teacher's one Training centre which has a capacity of 20 (twenty) teachers for the blind has been set up in amalgamation with the National Institute for Visually Handicapped (NIVH), Dehradun. In the same way 2 (two) other training centre's i.e. Training Centre for Teachers of the Mentally Retarded (TCTMR) and Training Centre for the Teachers of the Deaf (TCTD) with 20 (twenty) each capacity has been set up in amalgamation with National Institute for the Mentally Handicapped (NIMH), Secunderabad and National Institute for the Hearing Handicapped (NIHH), Mumbai respectively on 2:3 ratio. In this way on

a yearly basis 60 (sixty) Teachers get trained in the State as Special Educators for the Handicaps. To the Government Rs.3.60 lac has been spent during the year 2006-07 for these 3 (three) training centre's. And Rs. 4.70 lakh has been provided by the state government for training of teachers of blind and disabled during 2008-09.

Loan Assistance Scheme under NHFDC: The National Handicapped Finance Development Corporation (NHFDC) provides loan through the concerned State Government agencies to disabled/ physically challenged persons for self-employment such persons with 40% disability or above in the age group of 18-55 years and having annual income not exceeding Rs.1.0 lac in Urban areas and Rs.0.80 lac in Rural areas. The scheme was introduced in 1998. From the emergence of this scheme in 1998 up to the end of March, 2007 National Handicapped Finance Development Corporation provided Loan to the tune of Rs.935.73 lac for 1960 beneficiaries out of whom the Mahila Vikash Samavaya Nigam (MVSN) an authorized State Government agency had released Rs.802.23 lac for 1739 disabled persons (GOO, Economic Survey, 2007-08, p.15/28 & GOO, Economic Survey, 2009-10, p.288).

Social Security Schemes

National Old Age Pension Scheme (NOAP): It is a Central Sponsored Scheme. It is a part of the National Social Assistance. It has been implemented in the State since 1995. The main aim of this programme is to provide Social Security to the Poor and the destitute. The programme has been renamed as the Indira Gandhi National Old Age Pension (IGNOAP). It targets the old persons below the poverty line with 65 years of age or above. Under this programme each beneficiary gets Rs.75/- per month from the Central Government and Rs.25/- per month from the State Government. The Pension has been increased to Rs.200/- and this came to be affected from 1st April, 2006. As per the Government report particularly from the Economic Survey 2009-10 it is found that about 6,43,400 old persons were beneficiaries under this scheme and they received a monthly pension of Rs.200/-.

National Family Benefit Scheme: National Family Benefit Scheme is a second part of NSAP. It has been implemented in the State since 1995. The Government has

provided Rs. 10,000/- to a BPL Family under this programme. During 2008-09 about 33,384 persons are the beneficiaries under this scheme (GOO, Economic Survey, 2009-10, p.288). A newspaper report reveals that the performance of the programme (NFBS) is very poor. It has been noticed that many of the villagers are not aware of it. During the period 2001-2009 it is seen that just 0.2 per cent families had availed the benefits under the scheme as per the Centre for Environment and Food Security (CEFS) report. The report also claims that not a single household in Balangir, Kalahandi, Gajapati and Sundargarh districts has got benefitted during 2001-2009 while one household each in Nuapada, Gangam and Keonjhar districts have benefitted (Express News Service, 9th April, 2011).

Madhu Babu Pension Yojana: The State Government has launched Madhu Babu Pension Yojana in 2008. It came into being by integrating two pension schemes, namely 'Old Age Pension Rules, 1989' and 'Disability Pension Rule, 1985'. As per Government reports the total beneficiaries under this scheme were 12.08 lac during the year 2008-09.

To rehabilitate impoverished old Men and Women the State Government has also taken initiatives by constructing Old Age Homes, Short Stay Homes and Day Care Centre's through NGOs. In the State there were 47 (forty-seven) Old Age Homes, 36 (thirty-six) Short Stay Homes and 70 (seventy) Day Care Centre's during the year 2006-07. The seat capability of each Old Age Homes, Short Stay Homes and Day Care Centre's was 25, 30 and 50 persons respectively (GOO, Economic Survey, 2007-08, p.15/29).

Women Development and Welfare: In the State of Odisha Women face several kinds of difficulties as well as discriminations, as such, illiteracy, poverty, obscurantism and exploitation. There are intense gender inequalities between men and women in the field of literacy, access to health services and other human Development indicators. If we notice the District-wise sex ratio trend in all age groups of population vis-a-vis 0-6 year's age group population in 2001, it is found that there is a wide gap in the female population. The female population for all age groups is 972 per 1000 males and it was reduced to 950 females per 1000 males in the 0-6 year's age group of

population (Orissa Human Development Report, 2004–p.133). The worse situation in this field that has faced the developed Coastal Districts such as Balasore, Bhadrak, Cuttack, Garjam, Jagatsinghpur, Jaipur, Kendrapara, Khurda, Nayagarh and Puri. This is caused due to a large number of sex determination tests through Ultrasound and amniocentesis techniques which leads to female infanticides in large numbers during the early stages of pregnancy (GOO, Orissa Human Development Report, 2004, p.134).

If we turn to the literacy rate in Odisha we find that there is also gender disparity. Out of the total population of Odisha as per the 2001 census it is 36.71 million, the literate persons are 20,053,78 (54.63%). The literacy rates for male and females are 12,118,256 (33.01% of total population) and 7,935,529 (21.62% of total population) respectively. The Literacy rate is the highest in Khurda district, whereas it is the lowest in Malkangiri district. The Male and Female literacy rate is highest in Balasore district, it is 91.75% and in Khurda district respectively, it is 71.06%. And the male and female literacy rate is lowest in Malkangiri district, it is 41.27% and in Nabarangpur, it is 21.02%. In most of the Tribal districts such as Balangir, Boudh, Gajapati, Kalahandi, Kandhamal, Koraput, Malkangiri, Mayurbhanj, Nabarangpur, Nuapada and Rayagada etc. the female literacy rate is very low. So it is seen that the gender disparity in terms of literacy still persists.

Women are not only differentiated from men on the education front but also in terms of their health rights and nutrition's food intake. NFHS –2: Survey reveals that about half of the women population (48%) are badly affected from nutritional deficiencies with body mass index (BMI) less than 18.5. And this deficiency is more prevalent in younger women, illiterate women and women belonging to the SC and ST communities. In the same way the existence of anemia is very high among women in the 15-49 years of age Group and in children below 3 (three) years of age. For this reason they are weaker than male persons.

The numbers of beds are not available for female patients in the Public Health institutions (including Medical College & Hospitals). Apart from these, it is found that the NFHS - 1 & 2 reveals that the presence of malnutrition is very high among male and female children in Odisha. From the NFHS – 2, it is found that the female children are

more malnourished than the male counterparts in terms of weight for age and weight of height indicators (GOO, Human Development Report, 2004, p.137).

From the year 2001 census, it is seen that there were more female workers (33.47%) in rural areas than the urban areas (15.45%). It is also found that about 95% female workers were from the rural areas. In the beginning of the twenty-first century we find that there are wide gender disparities in terms of literacy, access to health, economic opportunities

Women's Employment in Agriculture and Allied Activities: Most of the women actively participate in the agricultural sector. They are engaged in farm operations like – sowing, transplanting, weeding, hoeing and harvesting etc. But the male workers are engaged in ploughing operations. But there are differences of wages among the male and female workers for the same type of jobs. As a result of which the numbers of female agricultural workers have decreased. The total women's workforce has increased from 42.75% in 1981 to 47.07% in 1991 but it declined to 21.43% in 2001 (GOO, Economic Survey, 2009-10, p.288-89).

Employment of women in the organized Sector: In the organized sector the percentage of women employees has increased from 6.7% in 1970 to 16% in 2008. In the public sector the proportion of women has increased from 4.1% in 1972 to 17.2% in 2008 whereas in the Private sector it has decreased from 18.7% to 9.1%.

Government Policies and Programmes for Prevention of Dowry: The dowry system is a big curse of the Indian Society. It exists in every part of India. Though the Government has implemented certain anti-dowry laws, these have not produced the desired results. The Dowry system has been banned through the Dowry Prohibition Act, 1961 but still it is prevalent. There are 3 (three) types of dowry related violence such as dowry suicide, dowry homicide and dowry torture. There were 9691 dowry related violence registered between 1990 and 2000 in Odisha. To wipe out this dowry related violence the State Government enacted the Dowry Prohibition Act in 1991. State Government employees who are involved in Dowry offences will be punished with disciplinary action, Sub-Divisional Magistrates have been appointed by the State Government as the Dowry Prohibition offences to take action against dowry

offenders. At the district level to monitor the problems of sexual harassment of women in the work place a committee with a Senior Lady Officer as Chairperson has been established. As per Government reports the State Government has also provided financial assistance to the NGOs to create awareness among women through organizing dowry less marriages, anti-dowry campaigns, seminars, workshops, street theatres and so on. In spite of these, the problem remains the same and it still exists.

State Commission for Women It was formed in 1993 to settle family controversies/ disputes and problems of women. The State Commission for women is a statutory body. It also observes the situation of women in prisons. The Commission had also looked after the complaints of sexual harassment and trafficking in women. From the Economic Survey, 2009-10, it is revealed that during 2008-09, it got 3,211 complaints out of these 129 cases were on Dowry deaths, 784 cases included in dowry tortures, 82 cases of rapes, 92 cases of Kidnapping and 45 suicide cases. There are also other cases like non-dowry which was also included in complaints.

Orissa State Social Welfare Advisory Board (OSSWAB): The Board was established in 1954. The Central and State Government's has provided grants for various welfare programmes. These programmes were or are as follows:

Rajiv Gandhi National Crèche for Children of the working and ailing Mothers: Financial assistance is provided to the registered voluntary organizations for the construction of crèches for children of working and ailing Mothers concerning to lower income groups. There are 25 children in the age group of 0-6 years in each unit. The organization has provided lot of facilities to the children for such as health check-ups, supplementary nutrition, immunization and sleeping facilities. About 358 Voluntary organizations (Rural – 275; Urban – 83) with 558 units have benefitted from this programme during 2008-09.

Condensed course of Education for Adult women: The main objective of this course is to facilitate Social Welfare and Economic empowerment of women aged 15 and above by means of education and skills Development. To make able the women in the Primary, middle, Secondary and Higher Secondary Examinations women are given 2 (two) years non-residential education. And who have failed in Secondary and

equivalent examination, a non-residential course is also necessary for those people. The Government claimed that 20 (twenty) institutions including 11 (eleven) in rural areas benefited under this scheme covering 500 beneficiaries during the year 2008-09(GOO, Economic Survey, 2009-10, p.290).

Awareness Programme: The Government has taken steps to make the women aware through sharing of their ideas, conferences and in different ways. 120 institutions including 74 in rural areas are the beneficiaries of the scheme during 2008-09.

Family Counselling Centres: Women who are exploited both physically and mentally are being provided preventive, curative and rehabilitative services. These centres's make the children conscious about the prevailing laws relating to atrocities. They are being provided referral services such as free legal aid, police assistance, short stay homes, medical treatment and vocational training. In the rural areas there were 9 counselling centers and the total number of counselling centers were 36 (thirty-six) during the year 2008-09. And it has been observed that Rs. 6.90 lakh has been spent/dispensed to the 1257 beneficiaries.

Working Women's Hostels: Government has also provided hostels for working women through NGOs. These working women have taken one-year training for employment. The hostels are made for the Girl students studying in Post-School professional courses for 5 (five) years. In the State there are 22 (twenty-two) Hostels for working women where the number of seat capacity are 1351. From the economic survey 2009-10 it reveals that 822 women still remains in these Hostels during this period.

Short Stay Homes: Institutional Services were being provided by short stay homes in different matters like counselling of women, medical treatment, development of relationship among women arising out of family disturbances, emotional disturbances and normal danger. In the urban areas there are 33 (thirty-three) short stay homes among 37 (thirty-seven) homes were working in Odisha during the year 2008-09 and the amount released /dispensed for 1110 beneficiaries are Rs.98.63 lac(GOO, Economic Survey, 2009-10, p.290).

Rehabilitation of Women in Distress: To make destitute women self-dependent the Government has taken steps by providing training and support. The women in this category include young widows, unmarried mothers' victims of kidnapping etc. The NGOs are operating this scheme and financial assistance is given by the State Government. During the year 2008-09, Rs.3.10 lac was provided for the operation of the scheme(GOO, Economic Survey, 2009-10, p.290).

Swadhar: It is a central scheme and it has been operating in the State since 2001-02. The state government implements it. It provides a lot of services to women in their miserable condition such as when destitute widows are not accepted by their families, women prisoners released from Jail and nobody support her, and for those women who have lost their families during natural disasters and without any social and economic support. Through this scheme the Government has provided food, cloth, shelter, healthcare counselling, legal support, social and economic rehabilitation through education, awareness generation and behavioural training. The scheme covers 1575 beneficiaries. In the State there are 30 (thirty) Swadhar homes managed by NGOs(GOO, Economic Survey, 2009-10, p.291).

Mahila Vikas Samabaya Nigam (MVSAN): The scheme is designed for the development, welfare and empowerment of women. It is a Women's Development Corporation under W & CD Department and was constituted as the nodal agency. MVSAN has a close connection with ORMAS (Orissa Rural Development & Marketing Society) which is an agency of Panchayat Raj Department. The ORMAS has extended the spaciousness of marketing the products of WSHGS (Women Self-Help Groups) through Palishree Mella and 'SISIR SARAS'. Mahila Vikash Samavaya Nigam provides funds to the handicapped under the loan assistance scheme of the National Handicapped Finance Development Corporation.

Mission Shakti: Mission Shakti is made for empowerment of women in different field. It has come into being in 2001. Its aim is to organize 2.0 lac Women Self-Help Groups (WSHG) covering all revenue villages of the State. It also states that empowerment of women through self-help groups is very necessary for the effectiveness of Mission Shakti. It is an umbrella organization. In different field of

women empowerment such as Banks, NGOs, MFIs and other institutions, Mission Shakti provides support to different stake holders. It has increased their self-confidence through providing opportunities in their self-employment.

Table: 5.1

| Status of Women Self Help Groups in Odisha in the year 2008-09: | | |
|--|--------------------------------|---------------------|
| i) | No. of WSHGS formed; | 3,72,748 |
| ii) | No. of Members; | 44,72,926 |
| iii) | Credit advances; | Rs. 1,294.44 crores |
| iv) | Amount of savings; | Rs.239.93 crore |
| v) | No. of WSHGS credit linked; | 4,13,656 |
| vi) | Federation formed; | 7,593 |
| vii) | No. of SHGS to repeat finance; | 67,659 |
| viii) | Amount of repeat finance; | Rs.460.44 crore |

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

- MDM programme is conducted by WSHGs in 39,034 of 60,008 Schools;
- 7,280 WSHGs are involved as PDS agents for retailing and sub-whole selling of Kerosene;
- 2137 numbers of WSHGs are engaged in LPG Gas distribution through the ‘Shakti Gaon’ Programme;
- The role of 627 Nos. of SHGs is indispensable in the successful implementation of total sanitation campaign;
- 2011 Nos. of WSHGs through HLL are operating as ‘Shakti Dealers’ under the scheme of ‘Shakti Project’;

96,661 Women Self Help Groups have been formed with 12.42 lac members by September, 2003 under this scheme/ programme. There are 300 Women Self-Help Groups per lac population that have been formed for the 10 (ten) newly formed

Districts. Among these 7 (seven) are in the Southern Region. In the Balangir, Koraput, Malkangiri there are 230 Women Self-Help Groups per lac population (GOO, HDR 2004, Orissa,p.150).

There is another special programme for the empowerment of women which has been launched by the State Government and that is 'Swayam Siddha'. It covers 36 Blocks of the KBK (Kalahandi, Balangir and Koraput) Districts and Boudh District. The objectives of this programme are capacity Building of women SHGs involved in different income generating activities. It has created confidence and awareness among the members of SHGs regarding women's status, health, nutrition, education, sanitation and hygiene, legal rights, economic upliftment and other social economic and political issues etc. The programme has been extended to 31.03.2007, Government of India has sanctioned Rs.4.16 crore for the scheme (GOO, Report on Activities of W & CD Department for 2008-09, W & CD Department).

Kishori Shakti Yojona: It is a Central scheme and it is implemented through the state's ICDS infrastructure. It targets the 11-18 years old adolescent girls and it emphasizes their needs of self-development, nutrition, health, literacy, numerical and vocational skills. To implement the scheme Balika Mandal are established at Anganwadi level. During the year 2006-07 onwards under the Kishori Shakti Yojona 22,16,794 adolescent girls are covered in all 326 ICDS projects. They are being provided with iron and de-worming tablets.

Welfare of Scheduled Castes and Scheduled Tribes: The total population of SC & ST is about 38.66% of the total population of the states. The total Tribal community in India is 635 out of which 62 are in Odisha and 13 are from Primitive Tribal Group (PTG). The Government of the State carries out many programmes for the welfare and Development of Scheduled Castes and Scheduled Tribes communities.

To the Government the ideology, ethos and cultural heritage of tribal communities are very amusing and differed from the others and are wide-ranging. They are engaged in food gathering and hunting, agriculture and horticulture. There are so many Primitive Tribal Groups (PTG) which are; Banda, Chuktia, Bhunjia, Dongaria, Khandia, Lodha, Mankadia, Pandi, Bhuyan and Souras etc. They are regarded

as a special category for their distinct socio, cultural and occupational practices. The Primitive Tribal Groups are different from other tribal communities. This is due to their pre-agricultural economy, low levels and literacy, isolated habitations and other characteristics.

In Odisha, the Scheduled Tribes population is very much higher than the Scheduled Castes population. The population has increased from about 42.24 lakh in 1961 to 81.45 lakh in 2001. In the rural areas the percentage of Scheduled Tribes are higher, it is 94.5% as against 91.7% in India. In the 9 (nine) districts of Odisha, such as Malkangiri, Mayurbhanj, Rayagada, Nabarangpur, Kandhamal, Gajapati, Sundargarh, Koraput and Keonjhar, the Scheduled Tribes population live in a large number. In these districts the Scheduled Tribes population constitutes about $\frac{2}{3}$ rd of the State. There are 5 (five) other districts where we find the existence of Scheduled Tribes population. These are – Nuapada, Sambalpur, Deogarh, Jharsuguda and Kalahandi etc. In these 14 (fourteen) districts the total Scheduled Tribes population of Odisha constitute about 80.02%. The maximum Scheduled Tribes population is in Mayurbhanj whereas the proportion of Scheduled Tribes population in the total population is highest in Malkangiri district (57.43%). The Scheduled Tribes populations as per the Economic Survey of 2009-10, continuously search for better livelihood opportunities.

Status of Scheduled Castes: In 1961 the Scheduled Castes population in Odisha was 33.11 lakh and it increased to 60.82 lakh in 2001. Most of the Scheduled Castes live in the rural areas. In the State the number of Scheduled Castes communities are 93. There are some districts where the Scheduled Castes population is higher i.e. Ganjam, Cuttack, Balasore and Jajpur. In the Sonapur district the proportion of Scheduled Castes population to the total district population is the highest.

Literacy: The Literacy rate in Odisha is better in the Scheduled Castes communities than the Scheduled Tribes. The percentage of literacy rate among the Scheduled Tribes during the year 2001 was 37.37% whereas the literacy rate among the Scheduled Castes during 2001 was 35.53. In Scheduled Tribes literacy rates, there are wide inter-district variations. The performance of the Scheduled Tribes community has been better in the northern districts than the southern districts. It is also seen that in 2001

the literacy rate among Scheduled Tribes women is very low than the Scheduled Castes women. It was 23.37% and 40.33% respectively.

Government Projects and Programmes: The main objective of the development policies adopted by the Government of India and the State Government is for the welfare and development of Scheduled Tribes and Scheduled Castes communities. There are several programmes that have taken by the Government of India and the State Government for the improvement of the socio-economic status of the Scheduled Tribes and Scheduled Castes communities.

Tribal Sub-Plan (TSP): Tribal Sub-Plan or scheduled area is near about 44.70% of Odisha. Tribal Sub-Plan extends over 118 Blocks in 12 (twelve) districts and covers 55.46 lakh Scheduled Tribes population. 21 (twenty-one) Integrated Tribal Development Agencies (ITDA) carries out different Tribal Welfare Programme in Tribal Sub-Plan areas. Tribal Sub-Plan approach considers the all-round development of tribal areas. The main aim is to bring forward the area of at par with the rest of the State and increase the amount of welfare of Scheduled Tribes. The main targets of Tribal Sub-Plan approach are on employment, income generating activities and the incidental infrastructure development(GOO, Economic Survey, 2009-10, p.294)

Special Central Assistance (SCA) to Tribal Sub-Plan (TSP): The Government of India has provided Special Central Assistance to Tribal Sub-Plan for promoting income generating activities and establishing infrastructure to boost tribal households. During the 10th Plan period Rs.347.62 crore was received and utilized under Special Central Assistance to Tribal Sub-Plan Rs.102.91 crore was discharged to the executing agencies during the year 2008-09.

Integrated Tribal Development Agency (ITDA): Integrated Tribal Development Agencies was established in the mid 1970's. Plan formulation, programme implementation and operationalization of different development programmes in Tribal Sub-Plan areas were the main objectives for its formulation. As per Government source Rs.74.20 crore was distributed or disbursed as Special Central Assistance to Integrated Tribal Development Agencies during 2008-09 and 837

projects were fulfilled covering 56,630 families (GOO, Economic Survey, 2009-10, p.294).

Grants under Article-275 (1) of the Constitution of India: Article 275 (1) of the Constitution of India states that the annual grants are provided by the Ministry of Tribal affairs to states for the welfare of STs. Tribal Sub-Plan areas are included in this category. Annually Odisha has been receiving Rs.35-40 crore. There are 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, educational complexes, drinking water facilities and electrification of Tribal Busty's etc. During 2008-09 – Rs.29.95 crore was released to complete 453 projects under Article 275(1) (GOO, Economic Survey, 2009-10, p.295).

Modified Area Development Approach (MADA): The objective of this programme is to develop the condition of Tribal populations who are residing outside Tribal Sub-Plan. The area where the population is 10,000 or more or at least constitute 50% Tribal's are included in this programme. In 47 (forty-seven) Blocks of 17 (seventeen) districts there are 46 (forty-six) Modified Area Development Approach pockets with 568 lakh populations in which this plan is in operation in the state. These pockets have implemented individual family-oriented income generating schemes for Scheduled Tribes communities and critical infrastructure development programmes. To Government sources Rs.7.00 crore was approved and spent under this programme out of Special Central Assistance during 2008-09. About 4,889 Scheduled Tribes households have benefited from this programme (GOO, Economic Survey, 2009-10, P.295).

Clusters: During the 7th Plan the Clusters was established. The objective of this approach is to develop the situation of tribal people in smaller areas. Clusters are recognized by the areas with at least 5,000 populations and 50% tribal concentration. In the 13 (thirteen) blocks there are 14 (fourteen) clusters in 10 (ten) districts with 62,021 tribal population. Like Modified Area Development Approach pockets the arrangements in the 14 (fourteen) cluster are the same. For the implementation of this scheme Rs. 70 lakh has been released and expended during 2008-09 and it has

benefitted 593 ST families. In addition to that 21 projects have been completed during this year (GOO, Economic Survey, 2009-10, p.295)

Micro Projects: There are 17 (seventeen) micro projects which aim at holistic development of 13 (thirteen) Primitive Tribal Groups (PTGs) in the State. The aim of the PTGs is the holistic development of the groups and it aims at improving the infrastructure and by providing certain facilities so that poverty is eliminated, increase literacy level, improve health status and the quality of life and help in the preservation of their age-old culture. It has re-assessed the programme for betterment of Primitive Tribal Groups during the 11th Plan period (2007-12) and evolved conservation-cum-development (CCD) Plan. It always tries to develop the condition of Primitive Tribal Groups. From the Economic Survey we come to know that Rs.22.43 crore has been delivered for this programme by the Government of India. During 2008-09; Rs.2 crore was disbursed on 83 (eighty-three) projects for 2,096 Scheduled Tribes families (GOO, Economic Survey, 2009-10, p.296).

Dispersed Tribal Development Programme: The 27% Tribal population is scattered all over the state and also outside the concentrated areas. It is being affected for this Tribal population. There are some salient aspects of this programme which are as follows:

- i) To provide margin money for various Bankable income generating schemes under the margin money loan programme;
- ii) To introduce community minor irrigation projects such as LIPs, WHS and the like;
- iii) To organize training programme for promoting self-employment and wage employment and
- iv) To include Scheduled Tribes households as members of co-operatives;

During 2008-09, the Government of India released Rs.11.80 crore Special Central Assistance and it covered 9,748 families (GOO, Economic Survey, 2009-10, p.296).

JanashreeBimaYojona: JanashreeBimaYojona of the Life Insurance Corporation of India Ltd., was launched in 2004-05. It is a central sector scheme. It covers the

insurance of Primitive Tribal Group families and Government of India has provided 100% grant-in-aid in this field. By the end of 2007-08, about 18,722 Primitive Tribal Group families were covered under JBY.

Special Plan for KBK Districts: The Revised Long-Term Action Plan (RLTAP) for KBK districts introduced in 1988-99 to increase general and female literacy among Scheduled Tribes and Scheduled Castes through scholarships, hostel accommodation and other facilities. In the 2009-10 economic survey we find some achievements made under Revised Long-Term Action Plan for KBK districts.

- i) 440 seated Scheduled Tribes Girls hostels with all basic amenities produced in KBK districts between 1998-99 and 2001-2002;
- ii) Rs.15.83 crore was utilized for the restoration of 471 Primary School hostels between 2002-03 and 2007-08;
- iii) During 2007-08 8 (eight) High Schools have been improved to Higher Secondary Schools and Rs.4.80 crore has been disbursed for infrastructure development in these Schools.
- iv) Between 2005-06 to 2007-08, the state government has constructed 246 hostels for the both ST/SC boys and girls with an expenditure of 32.10 crore (GOO, Economic Survey, 2009-10, p.297).

Medical and Healthcare for Scheduled Tribes and Scheduled Castes: The Government of Odisha has emphasized on Health care services in remote Tribal areas. There are 3 (three) tier health service system which consists of one sub-centre for every 3,000 population, one PHC/ AHC for every 20,000 population and one CHC for every 80,000 to 1,20,000 population. As per the claim of the Government there are 726 Medical Institutions that are working in the Tribal areas of the state with 5,705 Hospital beds (GOO, Economic Survey, 2009-10, p.297).

Education Development of Scheduled Castes and Scheduled Tribes: Education is an important tool for the development of every children. To increase the importance of education among Scheduled Tribes and Scheduled Castes children, the

Government has taken a number of initiatives like free education, scholarship facility, Boarding facility and free distribution of Text Books etc. Under the administrative control of the Scheduled Tribes and Scheduled Castes Development Department there are 1,585 Schools and 3,598 Hostels which functioned in the State during 2008-09(GOO, Economic Survey,2009-10, p.297). There are number of students enrolled in the Schools. In these schools, lots of Scheduled Castes and Scheduled Tribes students appeared at the annual HSC Examination conducted by the Board of Secondary Education, Odisha, of them, students passed the examination. 23,534 Scheduled Castes and 24,688 Scheduled Tribes students emerged at the Higher Secondary Examination administered by the Council of Higher Secondary Education, Odisha during 2008-09. Of them, 15,126 (64.27%) Scheduled Castes and 14,819 (60.02%) Scheduled Tribes students have approved the examination (GOO,Economic Survey, 2009-10, p.297).

Up-gradation of Primary Schools under SSA: In the State of Odisha there are very less number of upper Primary Schools. For this reason, the places where upper Primary Schools are not available within 3 kilometers have been up-graded into upper Primary Schools (up to Class – VIII) from the academic year 2008-09 (GOO, Economic Survey,2009-10, p.297).

New Residential Girls' High School/ Educational Complexes: In the Tribal areas where there were no school for Girls, the Scheduled Tribes and Scheduled Castes Development Department has established 52 (fifty-two) new Residential Girls' Schools from Classes VI to X in 52 (fifty-two) Tribal blocks of 11 (eleven) district during 2008-09. The capacity of each school is 250 Girls Students. There are 19 (nineteen) Educational Complexes that have been launched in Micro project areas for providing higher education to the children (GOO, Economic Survey, 2009-10, p.297).

Bicycle for Scheduled Tribes Girls: During 2008-09, Rs.121.78 lakh has been discharged to supply/ afford bicycles to 5,492 Scheduled Tribes Girls in Integrated Tribal Development Agency areas of the State (GOO, Economic Survey, 2009-10, p.298).

Scholarships: The state government provides scholarship to the SC & ST students for the encouragement of students to engage in education. It increases student's attention in their studies. In ST & SC Development Department Schools, the SC & ST boarders studying in classes I to X and in the school and Mass Education Department the boarders in classes VI to X get scholarship at the prescribed rate. As per Government reports Rs. 126.75 crore was delivered to 5,66,172 ST students and Rs. 22.40 crore for 3,92,261 SC students and exploited towards stipend during 2008-09(GOO, Economic Survey, 2009-10, p.298). And the government also provides post-matric scholarships at different rates for different courses.

Poverty Alleviation Programmes for SCs and STs: In Odisha the proportion of STs and SCs people below the poverty line (BPL) is very much higher than any other communities. Discriminations and disadvantages are also seen towards the STs and SCs and there is an effort to remove poverty and unemployment among ST and SC communities. During 2008-09 a large number of SC and ST families has been benefited from different anti-poverty programmes.

Orissa SC and ST Development Finance Corporation (OSFDC): It was introduced in 1979-80. Its main objective is to implement various economic development programmes for the betterment of SCs, STs, Scavengers and minorities in the state.OSFDC funded Rs. 44.52 crore and 39,438 families benefitted from this scheme. During 2009-10 it has organized an Action Plan to give financial support amounting to Rs. 52.40 crore for 44,628 beneficiaries. The SCA (Special Central Assistance) is applied for the implementation of Dispersed Tribal Development Programme (DTDP) through OSFDC.A SCA is also used for the tribal children under TSP. The Special Central Assistance (SCA) funds are passed on to the ITDAs, Micro Projects and MADA/ Cluster Blocks for implementation of Income Generation Schemes and infrastructure Development Schemes (IDS) in the ratio of 70:30.

Orissa Tribal Empowerment and Livelihood Programme (OTELP): OTELP came into being in the state of Odisha since 2004-05 in place of International Fund for Agricultural Development (IFAD) which was assisted by the Orissa Tribal Development Programme (OTDP) in Kasipur block. OTELP receives monetary help from the

Department for International Development (DFID), IFAD and the World Food Programme (WFP). The objectives of this programme are to improve the livelihood and food security of poor tribal households. This can be ensured by promoting proper use of natural resources which belongs to the tribals.

From the above discussion it can be said that the BJD led governments has tried to improve the conditions of all sections of the society such as children, women, old and disabled, scheduled castes and scheduled tribes through various schemes. It has been observed that during the period of 2000 to 2009 the BJD government under the leadership of Naveen Patnaik has taken different initiatives for the children, women, old and disabled, scheduled castes and scheduled tribes. It has also been found that the children and women have been immunized from various diseases, women has been empowered in different fields through Mission Shakti, number of old age homes, short stay homes and day care centres which has been established for the destitute women and old men through Madhubabu Pension Yojana, nutritional status of the children has increased through Mid-Day Meal programme, the gender disparity in terms of literacy has improved. In spite of these we find that Odisha still now is one of the backward states among other states. We cannot deny that the prevalence of anaemia and malnutrition are very high among women and children, the educational status among SC & ST is still poor. Therefore there are still many impediments that require to be traversed to meet the development goals of the downtrodden sections of the population especially for the improvement of the SCs, STs, women, old and disabled.

CHAPTER VI

THE GOVERNMENT'S AND POVERTY IN BIHAR (2000-2010)

Introduction

This chapter is on the nature and extent of poverty in the state of Bihar and the policies and programmes that have been adopted and were implemented for the alleviation of poverty in the state in the period 2000-2010. We proceed to look at it in the following manner; in the first section of the chapter we look at the extent and magnitude of the problem, the rural urban problem, the problem of regional and district variation, caste wise extent of poverty and more importantly the reasons behind the existence of such problem in the state. In the second section of this chapter which is more important we look at the programmes that are in operation or which the state government is implementing and how far these programmes had been successful in reducing the level of poverty or the impact of the programmes on poverty.

I

The Extent and Magnitude of the Problem

Bihar is the second largest State in India in terms of population and eleventh largest in terms of area but still it is one of the poorest States in the country. In the period 1998-1999 to 2008-2009 the annual growth rate of Bihar's per capita income was very low i.e. 3.77 percent. Hence in Bihar what we note is that low per capita income and high level of poverty ratio has badly affected the economic growth and human development of the state. The rural economy of Bihar is largely dependent on land and agricultural activities. For this reason agriculture is the main source of production and income in the State. About 80 percent of the population is engaged in Agricultural activities which is much higher than the national average and it has produced nearly 40 percent of Gross Domestic Product (GDP) (World Bank Report, 2005, p.2).

Let us come to the point regarding the poverty ratio in the state. The Planning Commission constituted various committees for poverty estimation including the Alagh Committee (1979), Lakdawala Committee (1990), Tendulkar Committee (2009), and the Rangarajan Committee (2012). Here it is not necessary for us to go through the recommendations of the various committees. As per the NSSO (National Sample Survey Organization) Surveys the incidence of poverty in the State of Bihar is very high. A report revealed by the Economic Survey, GOB, 2006-07 indicates that like Odisha, Bihar is one of the second highest poorest States among all the major states in India even though it is found that the incidence of rural poverty had come down from 64.4 percent in 1983 to 44.3 percent in 1999-2000. This is though a substantial drop of 20.1 percentage points still the state remains the poorest State among all the major States in India (GOB, Economic Survey, 2006-2007, p.124). During the same period the percentage of population below poverty line at the all India level has decreased from 45.6 percent in 1983 to 27.1 percent in 1999-2000. Though during the year 1983 to 1999, the rural poverty ratio had declined but paradoxically it is seen that between 1987-88 and 1993-94, the poverty ratio in rural areas in Bihar increased from 52.6 percent to 58.2 percent. Rural poverty in Bihar has declined from a level of 64.4 percent in 1983-84 to 42.1 percent in 2004-05. In the same way urban poverty in Bihar also has declined from 47.3 percent to 34.6 percent between 1983-84 and 2004-05. So it cannot be denied that the poverty ratio in Bihar has declined in the period 1983-84 and 2004-05. But still the poverty ratio in Bihar is quite higher than the corresponding ratios at the national level – rural (28.3 percent) and urban (25.7 percent) (GOB, Economic Survey, 2009-2010, p.181).

The Tendulkar Committee also submitted a report on poverty estimation. The previous method of poverty estimation was different from the new method. The old method estimated poverty on the basis of nutritional requirement or calorie consumption. The energy requirement as calculated by the Planning Commission NSSO Survey is 2,400 Kcal in rural areas per person per day and 2100 Kcal in urban areas per person per day. But the estimates provided by the Planning Commission through various rounds of the NSSO data had created a lot of debate on the methodological issues. For this reason the Tendulkar Committee was constituted.

Poverty estimation method used by Tendulkar Committee is based on monthly per capita expenditure. The new method of poverty estimation not only includes just food expenditure requirements but also education and health that are important basic needs (GOB, Economic Survey, 2009-10, p.182).It includes a range of Public good and Services Managing including Sanitation, Drinking Water, Immunization and Vaccination. It uses the mixed reference period. The poverty estimation that has been brought out by the Tendulkar Committee is very much higher than that of the Planning Commission NSSO survey.And the Planning Commission has accepted the estimates given by the Tendulkar Committee (Diwakar, 2011, p.29). According to the Tendulkar Committee, rural poverty in Bihar was 55.7 percent during 2004-05, compared to an all India average of 41.8 percent. And urban poverty was estimated to be 43.7 percent whereas the all India rate was 25.7 in the same year. In the same period the poverty ratio overall in Bihar was 54.4 percent compared to the National Average of 37.2 percent (GOB, Economic Survey, 2009-10, p.182).

Table: 6.1

NSSO – Survey on Poverty ratios in Bihar and India

| GOB, Economic Survey, 2008-09, p.170 | Sector | Years | Bihar–Poverty Ratios | India – Poverty Ratios |
|--------------------------------------|----------|-----------|----------------------|------------------------|
| | Rural | 1983 | 64.4 | 45.6 |
| | | 1987-88 | 52.6 | 39.1 |
| | | 1993-94 | 58.2 | 37.3 |
| | | 1999-2000 | 44.3 | 27.1 |
| | | 2004-05 | 42.1 | 28.3 |
| | Urban | 1983 | 47.3 | 40.8 |
| | | 1987-88 | 48.7 | 38.2 |
| | | 1993-94 | 34.5 | 32.4 |
| | | 1999-2000 | 32.9 | 23.6 |
| | | 2004-05 | 34.6 | 25.7 |
| | Combined | 1983 | 62.2 | 44.5 |
| | | 1987-88 | 52.1 | 38.9 |
| | | 1993-94 | 55.0 | 36.0 |
| | | 1999-2000 | 42.6 | 26.1 |
| 2004-2005 | | 41.4 | 27.5 | |

Table: 6.2**Poverty Lines and HCR of poverty in Bihar and India**

| Region/ Year | POVERTY LINE | | POVERTY HCR | | |
|-----------------|--------------|--------|-------------|-------|-------|
| | Rural | Urban | Rural | Urban | Total |
| Bihar - 1993-94 | 236.1 | 266.9 | 62.3 | 44.7 | 60.5 |
| India – 1993-94 | | | 50.1 | 31.8 | 45.3 |
| Bihar – 2004-05 | 433.43 | 526.18 | 55.7 | 43.7 | 54.4 |
| India – 2004-05 | 446.68 | 578.8 | 41.8 | 25.7 | 37.2 |

Source: Government of India (2009), Report of the Expert Group to Review the Methodology for Estimation of Poverty, Planning Commission, Tendulkar Committee Report, Annexure – A & B, p.17-18 (Diwakar, 2011, p. 29).

Table: 6.3**Poverty Ratio as per Tendulkar Committee Methodology**

| Poverty Ratio as per Tendulkar Committee Methodology | | | |
|--|-------|-------|-------|
| Bihar –2009-10 | Rural | Urban | Total |
| 2009-10 | 55.3 | 39.4 | 53.5 |
| India –2009-10 | Rural | Urban | Total |
| 2009-10 | 33.8 | 20.9 | 29.8 |

Source: GOB, Economic Survey, 2012-13, p.223

The overall incidence of Poverty in Bihar as per the Tendulkar Methodology 2009-10 is 53.5% which is higher than the all India level of 29.8 per cent during the same year. Rural Poverty in the State has declined from 62.3% in 1993-94 to 55.7% in 2004-05 and it further declined to 55.3% in 2009-10. So, it is seen or found that the incidence of rural poverty has come down but only marginally.

Table: 6.4

Percentage and Number of Poor Estimated from Expert Group (Tendulkar)
MethodologyPoverty Ratio

| Year | Bihar | | | All India | | |
|---------|-------|-------|-------|-----------|-------|-------|
| | Rural | Urban | Total | Rural | Urban | Total |
| 1993-94 | 62.3 | 44.7 | 60.5 | 50.1 | 31.8 | 45.3 |
| 2004-05 | 55.7 | 43.7 | 54.4 | 41.8 | 25.7 | 37.2 |
| 2009-10 | 55.3 | 39.4 | 53.5 | 33.8 | 20.9 | 29.8 |
| 2011-12 | 34.1 | 31.2 | 33.7 | 25.7 | 13.7 | 21.9 |

Source: Diwakar, 2011 & The Times of India, Jul 24, 2013.

There are other expert groups who have also worked on the estimation of poverty. They are Oxford Poverty and Human Development Initiative (OPHI) and the UNDP Human Development Report. They estimated the intensity of Poverty in education, health outcomes and standard of living of the individual. From the estimate it is found that in India around 54.5 percent people live below the poverty line. Among all the States in India, Bihar is one of the poorest State with 81.4 percent MPI (Multi-Dimensional Poverty Index) and 77.3 Million poor (OPHI, 2010). The direct poverty estimation are based on the caloric consumption 2400 Kcal for rural areas and 60.1 percent in Urban areas are below the norms of Poverty Consumption levels. In 2004-05 about 79.5 percent households of Rural Bihar were taking below the 2400 Kcal consumption (Diwakar, 2011, p. 29).

From the different reports it is found that the incidence of poverty has declined but still Rural Poverty in Bihar is very much higher than the all India Level. And also the number of rural poor persons did increase from 31 million in 1993-94 to 45 million in 2004-05 to 51 million in 2009-10 (Singh, Kumar, Jha & Meena 2012, p. 2).

Poverty in Regions and Districts

We have seen that in the State of Bihar, as a whole the extent of Poverty is very high. Prabhat P. Ghosh in his article entitled 'Poverty and Social Assessment: A District-Wise Study of Bihar' has argued that through the Bihar Rural Livelihood Promotion Society (BRLPS) the Government of Bihar is trying to provide rural livelihood opportunities in the rural areas with financial support from the World Bank. The high level of poverty not only exists in the districts of Bihar but also in different Regions of the State. But the severity of Poverty in the regions and districts is not uniform. What we notice is that there are some districts where agricultural productivity is very high and in those districts the incidence of Poverty is lower than other districts. Besides there are some other districts in Bihar where the situation of the local economy is very poor as a result in that districts the incidence of poverty is higher. In different districts the social condition of the people is also not equal (Ghosh, ADRI, 2007). There are some authors like K. M. Singh, Abhay Kumar, M. S. Mehta, A. K. Jha & Anjani Kumar who had made a comparative analysis of Rural Poverty among farm and agricultural labour households. They have found that the incidence of Poverty is very much higher among the agricultural labour households than the farm households. They also opine that during 1993-94 to 2009-10 the incidence of Poverty had declined in farm households than the agricultural labour household. This is caused due to increase in agricultural productivity particularly in increase of food grains productivity. But the wages of agricultural labourers were the same; it did not increase during that period. In spite of this, the incidence of Poverty had declined among agricultural labourers and it was higher than the farm households. It was due to the Government intervention of launching of MNREGA and large-scale employment opportunities in construction work. And it has helped to increase agricultural wages (from 66 in 2004-05 to 104 per day in 2009-10) (JCAR, 2012, p.3).

The authors have worked on the 4 (four) villages of the State of Bihar under the project entitled "Tracking change in rural Poverty in household and village economics in Eastern India". The 4 (four) villages are Arap, Baghakole, Inari and Sassari. The first two villages are located in Patna district which is the most developed district whereas the latter two villages are located in Darbhanga district which is less

developed in the ecologic situation, agricultural development and infrastructure facility. In Patna district the level of education is high than the Darbhanga District. The former 2 (two) villages are very close to national highway whereas the former villages are at a much distance from the national highway. The main source of income of developed villages are from farm sector which is very high than the less developed villages. There are a number of farmsector inputs which are available in Patna district such as per acre fertilizer consumption, seed replacement rate and number of pump set etc.

There are various factors which determine the Poverty level in the various districts of the state. These are: education, health, Land and Tenure, Asset, Residential facilities and migration etc. In the 'Dimensions of Rural Poverty in Bihar: A Village Level Study' the author had surveyed four villages of Patna and Darbhanga district. From their study it was found that in Sassari (73.4%) the poverty level was high than the Inari (55.5%), Baghakole (29.4%) and Arap (16.7%). Low incidence of Poverty existed in Arap village due to better road connectivity, larger size of land holdings, higher level of education etc. To make a village-wise comparison the authors has shown that socio-economic and infrastructure development leads to positive effect on alleviation of Poverty. The study also revealed that the severity of Poverty was the highest in Sassari village (18.1%) and also the incidence of Poverty was higher.

Dimensions of Poverty: Let us see the different dimensions of Poverty which describes the Poverty level in the districts in the state. Lack of economic opportunity is not only the reason of Poverty. One of the prominent economists Amartya Sen has pointed out that Poverty is the lack of capability to function effectively in society. Education is one of the important determinants of Poverty. Through education one may get remunerative service, work properly with skill, increase labour productivity. As a result Poverty can be reduced. In a family, if there are one or two or more earning members, then Poverty will become less. So the Government has provided training for skill development so that the proportion of earning members will increase. A survey conducted in Bihar which indicates that about two third of family members of BPL households are literate in both the district of Bihar. But education gap still exists in post-secondary level of APL and BPL families and existed in both the districts. So it

cannot be denied that the two most important tools i.e. literacy and education levels determines rural poverty in Bihar.

Health is another determinant of Poverty. The total expenditure on health in the state still remains low, which we discuss later in another chapter. From the Annual Health Survey, 2010–11 it is seen that the fertility rate in the state is very high than the national average. Not only that, maternal mortality still remains high. It is about 300 + deaths per 100,000 live births (Singh & Stern, 2013, p. xxviii). The death rate of females is over 50 percent higher than that of males. Most of the mortality belongs to the category of poor labourer from the agricultural sector out of which 20 percent are male and over 30 percent are female. It is to be noted that high mortality is seen among the scheduled caste children. Therefore it can be said that there is a need for the development of the health sector for the improvement in the situation of poverty.

Next let us come to Land and Tenure system which is closely associated with Poverty. It is one of the important assets in the rural areas. There is a clear difference in land holding among the poor non – poor households. The earning members among the non – poor households is very high than the poor households. Lack of land causes Poverty because it is highly correlated with lack of other productive assets. In Bihar most of the people do not have average size of land. In the article “Dimensions of Poverty in Bihar” the authors have discussed an average size of land holding of BPL households in Patna and Darbhanga District (Singh, Meena & Kumar, 2013, p. 5). In Patna district the average size of land holdings among the BPL households is 0.28 hectre whereas it is 0.24 hectre in Darbhanga district. But the APL families possess double of land holding in Patna District than the APL families of Darbhanga district per capita land and is also not equal among the BPL families in both the districts i.e. 520 m² in Patna District and 360 m² in Darbhanga district.

Table: 6.5

Per Capita Land and Tenural status of BPL Households in Bihar, India

| Particulars | BPL - PATNA | HouseholdsDarbhanga |
|---------------------------------------|-------------|---------------------|
| Average size land holding (ha) | 0.28 | 0.24 |
| Per capital land (ha) | 0.052 | 0.036 |
| % of leased in of operational Holding | 9.7 | 0 |
| % of leased out of own land | 21.7 | 1.3 |

(Source: Singh, Meena& Kumar, 2013, p.5)

Poverty may be measured in terms of assets. The possessions of all assets except grain are extremely wide among the big peasants and landlords. It is very much worse among the non – agricultural class than the agricultural labourers (EPW, Oct, 14 – 21, 1995). The availability of assets is very much higher among the male headed households than the female headed households. In Patna district assets owned by BPL families is more than the BPL families in Darbhanga district. Agricultural production in Darbhanga district is very low. Transport and communication assets like bicycle, Scooter are available among the BPL families of Patna and Darbhanga district. There is not so much difference in the sphere of transport and communication assets held among both the BPL families of two districts namely Patna and Darbhanga (Singh, Meena& Kumar, 2013, p. 6). When the authors had surveyed the profile of poor households they have found that the consumption level of meat, egg and fish is higher in poor households (3.6 kg) than non – poor households (2.2 kg). But the consumption level of milk is much lower in poor households (54 kg) than non – poor households (114 kgs) whereas the consumption level of food grains, vegetables and fruits is very much higher on non–poor households than the poor households (Singh, Meena, Kumar& Jha, 2012, p. 5).

The incidence of Poverty also depends on or reflected in the residential qualities of poor households in Bihar. The study also makes an analysis of housing. From the study it is found that in both the districts the majority of BPL households have no pucca house. They live in kutchha (made of soil) house. In Patna District one-fifth of the BPL households have toilet facilities in their house whereas only 6 percent of the households have toilet facilities in Darbhanga district. Electricity connection for

lighting is rare. Though the Government has provided free electricity connection inspite of this 59 percent BPL families of Patna district and only 6 percent of Darbhanga district could get electric connection in their dwelling house (Singh, Meena& Kumar, 2013, p. 7). The usage of domestic assets is very low. They use cooking utensils and only 15 percent of the households own a mosquito net, 25 percent a torch, 15 percent a bicycle and 10 percent a radio (EPW, October, 14 – 21, 1995).

The extent of migration is very much higher in Darbhanga district (about 70 percent) than Patna district (about 34 percent). In the Darbhanga district all the forward castes households and 78 percent of OBC category households have one or more migrants. In Patna district the scheduled caste households do not migrate from Patna district because there is an opportunity for them in the agricultural and non – farm employment in the village. In both the districts the incidence of migration is high. The male person has migrated from Patna district (29.31%) is comparatively low than Darbhanga district (50.7%). Most of the migrants are engaged in non – farm activities than farming. The migrants of developed district of Bihar are employed as monthly wage earners or non – farm workers. So it is seen that during the last seven years there has been a change in the migrant’s employment Pattern at the destination place (Singh, Meena& Kumar, 2013, p.9).

Table: 6.6

Caste category – wise Extent migration in BPL Households in Bihar, India

| CASTE GROUP | PATNA | DARBHANGA |
|--------------------|--------------|------------------|
| FORWARD | 50 | 100 |
| OBC | 54 | 78 |
| SC/ST | 0 | 33 |
| TOTAL | 34 | 70 |

Caste Wise Extent of Poverty

According to the state Government, Poor households are those who are declared as BPL families. The state Government has conducted a survey on the BPL households in Bihar. From the survey it has been found that about 40% households in Patna district and 41% households in Darbhanga district belong to the BPL category. In Patna district 65% OBC households belong to the BPL category whereas in Darbhanga district it is 35%. And all the Scheduled caste households in Darbhanga district belong to BPL category and it is 92 % in Patna district. In both these districts the forward castes households also belong to BPL category. So it can be said that the existence of Poverty is very much prevalent in the marginalized/ vulnerable sections of the society (Singh, Meena& Kumar, 2013, p. 4).

Table: 6.7

Caste-wise Distribution of BPL Households in Bihar, India (%)

Source: Singh, Singh, Meera, Kumar, 2013, p.4

| CASTE CATEGORIES | BPL Households | |
|-----------------------------|----------------|------------|
| | Patna | Darbhangha |
| Forward castes | 17 | 32 |
| OBC (other Backward Castes) | 65 | 35 |
| SC (Scheduled Caste) | 92 | 100 |
| Total | 40 | 41 |

From the above discussion it can be argued that Poverty is not defined only in terms of inadequate income it has multi – dimensional features or characteristics. It is defined in terms of the possibility to have access to education, health, land, residential facilities, etc. From the analysis we note that Poverty in rural areas in the state of Bihar still remains alarming. During the regime of Nitish Kumar, Bihar’s growth performance has improved considerably but surprisingly during 2009 –10 the Poverty ratio in the state has not declined properly. The overall poverty ratio was 53.5% which was 80 % higher than the all India average (Singh & Stern, 2013, p.89). The incidence of rural Poverty is very much high, about 55.3% and the Urban Poverty is also high about 39.4%

which is higher than in any other poor states. To understand the magnitude of the poverty situation in Bihar, we have discussed about four villages of two districts in the state- they are Patna and Darbhanga. Most of the facilities are available in Patna district than Darbhanga district. From the above analysis it reveals that most of the Villages in the state still have no electricity connection, toilet, drinking water facilities, proper residence etc.

There are three most important agro economic and social factors which affects the Poverty situation in state. They are; education, number of earning members and family size. Education is the key factor which helps a man to lead a good life. In Bihar, there has been some improvement in the elementary education but there is no Progress in higher education sector. Though the enrolment in elementary education has increased but infrastructure facilities like classrooms, toilets for girls, drinking water, quality education, number of teachers is very poor. Large number of earning members in the family also reduces Poverty and Smaller size of family leads to fewer expenses and reduces Poverty. Most of the poor persons migrated outside the state for better employment opportunity and they are getting employment in non-farm sector and getting high wages. Hence it reduces Poverty slightly so it can be said that various Poverty alleviation programmes adopted by the state Government have not been very successful in the reduction of Poverty in Bihar. Some researchers argue that there is an urgent need to have a holistic approach for faster reduction in Poverty in Bihar (Singh, Singh, Meena & Kumar, 2013, p. 10).

Though during 2005 –2010 Bihar has witnessed several improvements in different spheres such as law and order, education, health, infrastructure but it still remains one of India's most backward states with the lowest score on the Human Development Index (HDI). There are many reasons for the backwardness of the state such as low levels of Urbanization and industrialization, high Poverty rates and inadequate infrastructure, especially power, water and sanitation (Singh & Stern, 2013, p. xxix).

Region Wise Poverty in Bihar

According to the NSS regions, Bihar is classified into two regions. One is Northern regions and another is Central region. The Northern region consists of 19 districts. They are Anaria, East Champaran, West Champaran, Darbhanga, Gopalganj, Katihar, Kisanj, Madhepura, Madhubani, Muzaffarpur, Purnia, Saharsa, Samastipur, Saran, Sheohar, Sitamarhi, Siwan, Supaul and Vaishali. And the Central region consists of 18 districts. They are Aurangabad, Banka, Begun sarai, Bhagalpur, Bhojpur, Burhanpur, Gaya, Jamui, Jehanabad, Kaimur (Babura), Khagaria, Lakhsarai, Munger, Nalanda, Nawada, Patna, Rohtas and Sheikhpura. If we analyze the Poverty ratio in a state there are mainly four sectors which come under the discussion of Poverty. They are Agriculture, education, services and health. They are intimately associated with Poverty. In the northern region, the performance or agriculture development is very low – due to shocks from drought and periodic monsoon flooding in the region. In the state there has been high level of inter district and inter – regional disparity due to north Bihar's low agricultural productivity, poor irrigation system and high vulnerability to floods. The central region of the state has a better agricultural production in comparison to the northern region. Not in all the districts of the Central region, but some districts which performed well in the agricultural sector they are Rohtas, Kaimur, Nawada, Gaya and Jehanabad. Relatively Jamui and Sheikhpura districts in the central region are very backward in the agricultural sector as well as in the social sector development. So it is seen that there is a high inter – district disparity than inter – region disparity.

In the education sector the northern region in the state is much backward than the Central region. The existence of inter – district disparity in the educational sectors is very high. The low rate of literacy is caused due to Poverty. And also lack of awareness of people towards education is one of the main reasons of Poverty. Not only that in the northern part of the state disparities in the education sector increased day by day. The northern region in Bihar is affected by high Poverty. The development of education is very low in the northern region because the region is highly dependent on agriculture, but the production is very low, which leads to uncertain income. As a result most of the people have migrated from this region for better opportunities.

They go outside the state leave their family behind and uncertainly of their income discourage them to send their children to school. Another reason for the lower performance in education sector in this region is the high dependence on Public Sector Schools where quality of education is very low(Kumari, 2014, p.59).

In the health sector there is also a wide inter district disparity. The health facilities in Patna district is relatively better than the districts in the northern region. In the rural areas of Bihar, the health facilities are very poor. In the northern region of the state most of the villages suffer from inadequate health facilities. The districts in the northern region are Purnia, Darbhanga, Supaul, Kishanganj, Anaria, Madhepura, W. Champaran, Sitamarhi, Sheohar, E. Champaran and Katihar which have poor health facilities. This is caused due to high Poverty and poor socio – economic condition of the people who cannot access health facilities. The government should take effective measures for providing health system by different means of variables like hospital in each block of the district and also by providing high technique medical instrument, service delivery system, hospitality and also other infrastructure relating to the health system at the cost of the government.

From the discussion which we have carried above it can be said that central Bihar of the state is much developed and advanced in comparison to northern Bihar in terms of economic as well as social development in the period 2000–2001(Kumari, 2014). The northern districts have performed poorly in the overall sectional development. At the same time there are some districts which performed very well in terms of social sector development and their position was high in socially developed category during the period 2010-11 for example, Begunsarai, has done well in the health sector than the other districts. The number of hospitals and dispensaries having beds are higher than all the districts. The infant mortality rate is also low in this district. It has done well in the education sector also. In this district there is low pupil – teacher ratio, higher number of schools with safe drinking water facility, trained teacher in primary and upper primary schools. Among all the districts in the northern region Begunsarai marked the highest in female literacy rate and in overall literacy rate it was second best performer (66.23%) after Vaishali (68.56%) during 2010-11 (Kumari, 2014, p.62-63). In the central region the districts Banka and Jamui did not perform very well

in rural literacy. These districts have a very low percentage of school with drinking water facilities per lakh of population and the number was also low in the number of government primary school per lakh population(Kumari,2014, p.63). So from the analysis we note that there is not only the existence of inter district disparity, it also has inter – regional disparities in terms of economic and social development. As Poverty is related to agriculture, health and education, it has been found that the central region is more developed than the northern region in all the sectors. In Bihar, there exists wide regional disparity. This can be because of the fact that the Government expenditure on health and education is not distributed evenly across the regions. Government should be focused and should have taken necessary steps for the development of the backward districts of the state in economic and social development.

Causes of Poverty in Bihar

After having noticed that in Bihar poverty ratio is high let us look at the causes of poverty in Bihar. Bihar is one of the most populous state of the country and also the most backward state of India. The literacy rate in the state is very low. The state of Bihar has the lowest per capita income among all the states of India. During the 1990s, the GDP growth rate in the state has been very low it was just 2.69 percent per annum from 1991 – 92 to 1997 – 98 as against about 6 percent for all the major states of the country (Ahluwalia, 2000; EPW, 2005). The acute Poverty in the state is caused due to backwardness of both its agricultural and industrial sectors. The poor performance of agriculture is both institutional and technological. Both these factors are contributing as a powerful barrier to agrarian transformation. There are so many technological factors which are responsible for the poor performance of the state's agriculture sector such as poor development of infrastructure like irrigation facilities and power, non – availability of modern inputs, low volume of credit and poor extension services etc. (Sharma, 1995, p.2587). Besides in the industrial sector the state also continues to be backward.

Sharma in his article entitled 'Political Economy of Poverty in Bihar (1995)' has explained that the state's backwardness and poverty is very much prevalent in the rural sector i.e. 87 percent of the population of the Bihar lives in the rural areas as against 74.3 percent for India as a whole. It has been noticed that Bihar is the most rural state in the country followed by Assam. The author has pointed out that about 46 percent of the state's income comes from agriculture as against 34 percent for India. But floods in large parts of the state especially in north Bihar are a recurring phenomenon and it destroys crops and the quality of land and it also changes the conditions of life of the individual in a state. Though the Government has implemented different flood control measures, still it continues to be a major problem. In South Bihar the regions are described as drought prone with poor irrigation facilities. In large parts of north Bihar water logging is a chronic problem. So it can be said that the state of Bihar would have improved if flood is controlled and water is managed properly. There is another reason which is equally responsible for the economic backwardness and Poverty of Bihar and that is its high density of population. As a result there is landlessness and that is one of the acute reasons of Poverty in the state. In India, the average per capita operational holding in the state is 0.87 hectre (in 1985 – 86) as against 1.7 hectre for India as a whole and about 2.8 hectares for Punjab. In the state the density of population is so high but the population pressure on land is very low. There are several reasons for the backwardness and Poverty in the state such as low agricultural production, lack of political leadership, bureaucratic inefficiency, rampant corruption and almost total collapse of the administrative and law and order machinery etc. Criminal activities, kidnapping, tensions, violence all these leads to the withering away of the state.

Let us see the Poverty ratio in Bihar. According to 2006–07 Economic Survey of the Government of Bihar during the year 1983 the rural Poverty ratio was 64.4 percent. And during 1999 –2000 rural Poverty decreased to 44.3 percent. But paradoxically it is also found that rural poverty ratio in the state has increased from 52.6 percent during 1987 – 88 to 58.2 percent during 1993 – 94. So it is seen that the state had the highest incidence of Poverty in 1983 – 84, with more than half of its population below the Poverty line. But during 1987 –88 to 1993– 94 the state had

shown practically no sign of decline. In 1999 – 2000 however it was found that rural Poverty ratio had declined. It may be assumed that the state has witnessed several developments but still the Poverty ratio in the state is the highest among all the states in the country. Sharma felt that there are several reasons for the recent decrease in Poverty level in the state such as the moderate growth of its agricultural economy during both the eighties and nineties because of better weather conditions and the use of modern technologies. Second, Migration in the state has increased as a result the migrants have contributed to increased consumption expenditure as well as investment in cultivation. Third, the number of Poverty alleviation programmes is largely financed by the central government, i.e. IRDP, NREP and RLEGF etc (Sharma, EPW,1995). There are several reasons which are responsible for the high rate of Poverty in Bihar and these are:

Landlessness in Bihar: In Bihar, most of the poor people live in the rural sector. They have no resources for this reason; the marginal farmers, landless labourers etc. are dependent on the rich farmers or landowners.

The rural economy of the state is fully dependent on land and agricultural activities. But lack of land for cultivation is the acute reason for rural Poverty in Bihar. And the poor households especially those who live in the below Poverty line they belong to this category. Rural Poverty is very high in the state. Prabhat P. Ghosh in his article entitled 'Poverty and Social Assessment a District Wise Study of Bihar' (2007) talked about the percentage of landless and marginal farmer households. The landless rural households and marginal farmer households constitute about 50.2% and 21.8% in the state. In rural Bihar these two vulnerable groups constitute more than 70 percent of the households whereas it is 54 percent in India as a whole. The incidence of landlessness has increased during the 90's from 9 to 10 percent of the rural population. A research institute ADRI conducted a survey of twelve villages in 2007. The survey revealed that nearly 52 percent of the households are landless. As per the NSS survey it is seen that the number of marginal holdings has increased from 71 percent of total holdings in 1970s to almost 90 percent in 2003. The area has also increased from around 18 percent to 42 percent by the marginal holdings from 1970s to 2003. During the 90's, about 40% of the households in the small land holding

category have lost land. But the size of land holdings in the small category has increased over the period. Poverty is very much related to the ownership of land. It is quite natural that the non –poor own more land than the poor in Bihar. During 1999 – 2000 the percentage of rural poor is 75%. It is seen that the incidence of Poverty has increased for the landless from 51% to 56% during the 90's. So the condition of landless labourer's worsened in the nineties (ADRI, Current Agrarian Situation in Bihar, ADRI, 2008, p. 11).

If we notice about the rural landownership by social groups we find the existence of landlessness among the SCs/STs is very high. According to the NSSO (50th & 55th round) data landlessness among all the social groups has increased from 8.9% to 10.1% during the 1990's (ADRI, Current Agrarian Situation in Bihar, ADRI, 2008, p.12). But there are very few numbers of SC and ST household who possess land. The other groups such as poor peasants, the OBC households also are landless. In spite of these, it is found that very few OBC households have large landholdings of more than 4 hectares.

In Bihar, it is seen that during the 1950's there was land transfer from the twice born castes to the backward castes due to Zamindari abolition. The large landholdings of upper castes had been abolished and there was a creation of land changing hands from the upper castes to the other backward castes especially the Yadavs, Kurmis and Koeris. These upper middle castes had improved their economic condition after independence. They were the main beneficiaries of the so –called green revolution in Bihar. These three castes were traditionally engaged in cultivation and they have managed to produce more from cultivation than the upper castes. They had captured a large portion of the institutional credit. For this reason it has affected the pattern of land distribution in the country side. As a result the main losers of land were upper castes landlords and big peasants and the gainer have been the backward castes especially Yadavs, Kurmis and Koeris. So after independence there have been significant changes in the agrarian and rural class structure in Bihar. But there were no change in the fortunes of the backwards castes, the agricultural labourer's and the poor peasants. The traditional landowners sell their excess land to new groups and most of the land buyers are from the backward castes. The land selling is more than

twice than that of purchasers. Besides it is also seen that for the Schedules Castes, the percentage of buying land (4.48%) is more than households selling land (1.99%). So it is clear from this discussion that there was the creation of a paradoxical situation. The scheduled castes are mainly agricultural labourers. And majority of them are landless. They are working in cultivation and are casual non - farm labour (ADRI, Current Agrarian situation in Bihar, ADRI, 2008, p.16). For this reason during the 1990's, the employment scenario in the non –farm sector has increased marginally.

Low Rate of Agriculture Growth: It is another reason for the prevalence of poverty on a large scale. In Bihar, 90% of the population in rural areas is dependent on agriculture. But during the 90's the growth in the agricultural sector came down. The growth of agriculture had declined due to shocks from both drought and periodic monsoon flooding. Low level of technology is another constraint for the low productivity in agriculture. And landlessness is also the cause for the low performance of agriculture. There are structural constraints for the weak performance of agriculture. This is particularly due to the pattern of ownership and control over land. There are two acute reasons for the extreme backwardness of agriculture and they are institutional and technological though the structural and institutional factors are more responsible for agrarian transformation. There are so many technological factors such as poor development of infrastructure like irrigation and power, lack of modern inputs, low volume of credit and poor extension services which had contributed to the poor performance of the agricultural sector. In Bihar, flood is one of the acute causes of the backwardness of agriculture. The recurring phenomenon of flood destroys a large number of crops, and the quality of land, and threatens the conditions of life and livestock due to large scale displacement. The state Government has taken different flood control measures in spite of these, recurrence of floods affects very adversely on the land also on the population in the state. It is to be noted that after independence the state witnessed a moderate rate of agricultural production. During 1952-53 to 1964-65 the growth of agricultural production was 2.97 percent per annum which was much better than many other states. During the same period the growth of food grains production was better than the national average. It was 3.05 percent in Bihar against 2.50 percent for India as a whole. But during 1969 –

70 and 1983 –84 the annual growth of agricultural production became very less it was 0.42 percent per annum. Besides during the year of mid 1980's agricultural production had slightly improved. So it can be said that very low growth rate in agricultural production is one of the main reasons behind the persistence of Poverty on a large scale particularly in the areas.

Migration: Bihar is one of the states in our country where large scale migration takes place. And it is increasing day by day. There are some key factors which are responsible for heavy out migration from the state. They are lack of infrastructure, institutional barriers and poor governance in the state. And all this has led to under development in the state. The state of Bihar is considered as the pocket of chronic Poverty. In Bihar agriculture still remains the main occupation of the majority of labourers. They are dependent on agriculture for employment and income. But the population pressure has been increasing day by day and it has adversely affected the land – man ratio. For this reason the people of living areas faced different difficulties for finding job and better opportunities. As a result they have migrated to urban and industrial centres or other states for gainful employment and better facilities. Apart from these, flood is a recurring phenomenon in the state and due to natural calamities, they migrate to other states in search of livelihood. R. R. Mishra in his article entitled, 'Migrants from Rural Bihar: SocioEconomic Profile' has pointed out that feudal exploitation and acute Poverty in villages are the main factors of migration. Agricultural labourers have migrated to agriculturally advanced states like Punjab, Haryana, etc. and industrially advanced states like Gujarat, Maharashtra etc. It is to be noted that most of the people are migrating from landless labour families. The percentage of migrant workers is very much higher among the Scheduled Castes and the number of Scheduled Castes has more than doubled from 6.07% in 1981 –82 to 14.01 % in 1999 –2000. Almost 90% migrants are mostly seasonal because majority of them belonged to Scheduled Caste groups with low socio– economic status and had poor access to educational institutions. They worked as agricultural labourers and they had no opportunity of regular employment in their native place and they preferred to go to their destination during the peak time of the respective seasons. They come back home to participate in agricultural operations. Land is still the key

assets for the people of rural areas in the state but due to changes in the landholding status which are seen to go hand – In – hand the poor people had been badly affected and it has also changed the employment scenario. As a result Poverty has increased and they have migrated to and are migrating to other places for better livelihood. It especially affected the landless labourers a lot. Most of the illiterate migrants are seasonal but a large portion of the literate peoples are permanent migrants and it is seen that the percentage of permanent migrants has increased due to literate persons. The percentage of inter-censal migrants among male out migrants was higher (around 46 percent) than female out migrants (around 38 percent). The author Nandan Kumar and R. B. Bhagat in their article entitled ‘Out- migrants from Bihar, Causes and Consequences’ have showed different reasons of migration. According to the Census the reasons of migration are to be divided into six broad categories. These categories are work or employment, business, education, marriage, moved with household, movement after birth (associated with the Custom of Hindu family). And the NSSO classifies the reasons of migrants into 18 categories most of the out – migration takes place in search of better employment. Around 34.3 percent of male out – migration is caused when they get an offer of employment or better employment at the place of destination. According to NSSO data most of the female out – migration is caused due to either the migration of parent or earning member of the family or marriage (Kumar & Bhagat, 2012, p.140). It is seen that Out-Migration of employment is coming not only from poor and socially backward households but also from the members of relatively affluent households for better employment and education opportunities. And this is mainly because of Poverty in the state.

Education: Education plays an important role in the determination of Poverty. If the people are more educated then the unemployment rate as well as poverty will be reduced. In Bihar, the literacy rate is very low and there exists also a considerable gap between male and female literacy and still it remains the same particularly from 1951 to 2011 (Kumari, JSED, July–Dec, 2014). Those who are illiterate they are engaged in agricultural labour and low wage employment. According to the 2001 Census literacy was very low about 47.5% compared to the national level of 65%. In 2001 male and female literacy was 60.3 and 33.6 percent respectively. There was a

wider gap between male and female literacy ratio. It was 26.7 percent. The 2011 census shows that the literacy rate in the state was 63.8% which was very much higher than the 2001 census. The male and female literacy rate was 73.2 percent and 53.3 percent respectively. Though the literacy rate in the state has increased still there exists a gap of 20.1 percent which is higher than the national average. In the primary education the enrolment ratio has increased but the reality is that the classrooms are abysmally poor. Hence it was a big challenge for the JD (U) government for the increase of enrolment. Because it is the base for the future stock of human capital and it also reduces Poverty. During 2007 – 08 the 38.6 percent females and 59.2 males i.e. altogether 49.4 percent population were literate (64th round NSSO). From 2002–03 to 2007-08 the enrolment rate in primary education increased by 69.9 percent. Enrolment among the girls is higher than the boys. The drop out ratio has also come down from 61.06% in 2001–02 to 46.1% in 2006–07 (Diwakar, 2011, p.22).

There are a number of initiatives that has been taken by the JD(U)–BJP Government in terms of improving infrastructure, adult educational programmes and mid-day meal schemes to encourage education. Some of the schemes were the Mukhya Mantri Balika Pashak Yojana, Mukhya Mantri Balika Cycle Yojana etc. In spite of these it is found that there is poor quality of education and irregularity of teachers in government schools. It is due to this most of the people prefers to enrol their children in private schools. The reason behind low literacy is Poverty and lack of awareness of people towards education. Most of the districts have low literacy rates (Kumari, 2014). The main problem which the state faces i.e. is inequalities in educational opportunities. The illiterate people cannot access better employment opportunities through which they can earn more. So employment oriented education and access to all remain the challenges.

Poor Health Facilities

There is a very close relationship between poverty and health. Poor health is caused due to poverty and poverty is one of the crucial factors/ impediments in ill health. People having low income cannot have access to quality health care services and also

get sufficient quantities of quality food and health care. So, a strong health system of any state or a country can improve the health status of a whole population especially among the poor who have ill health and cannot have access to health care services which goes beyond their out-of-pocket spending. The performance of the health sector in the state is not so satisfactory. The expenditure in the health sector still remains low. The infant mortality rate and maternal mortality continues to be high. The health facility in the state is very low. For that reason many villagers are compelled to go outside for better treatment. Lack of medicine, lack of infrastructure, lack of public health institutions are the reasons for the poor health scenario in the state. There is a high maternal mortality rate (MMR) because of lack of antenatal care (ANC) and post natal care (PNC) and high incidence of unsafe deliveries. Only 10% of the woman accesses the antenatal care in the state against the national average of 32%. Many people do not find it possible to go to the hospitals because of Poverty.

Corruption, Poor Governance and Mal –Administration

The state of Bihar has experienced several kinds of corruption at all levels and also social disorder. Besides law and order situation was also weak. Increase in Wealth is not the only means to remove Poverty. Wealth is not distributed among all the sections of the society it is concentrated in the hands of a few politician, bureaucrats, contractors, suppliers and middle class who have exploited it in their own interest. Planning commission observed that in Bihar from top to bottom corruption has taken place. For this reason the improvement in the state has remained stagnant and has not produced a desired result. From top to the bottom level corruption is everywhere in the state. Corruption exists among the bureaucrats, public representatives and so on. The growth rate in the state was much low (2.9%) than the national level (6.1%). There are so many Poverty alleviation programmers such as Jawahar Rojgar Yojana, Indira Awas, Trysem etc. but these are not being properly implemented in the rural areas. For the growth of food production the central funds are not being utilized though the state has fertile land. A large part of the funds which actually remains unutilized are manipulated by the leaders and it is shown in paper that the work has been completed. The utilization certificates are not properly sent, leading to non –

disbursement of more funds. Bihar, fodder scam was the biggest scam. Not only that funds are siphoned off from the health and education department through malpractice. The law and order situation were also bad. Crime rates increased day by day. The acute crisis in the political leadership caused poor security situation. It was threatened. Crime was on the peak because it was supported by politicians. So it hampered development.

Over Population and Apathy towards Family Planning

The population of Bihar has increased and as per the 2011 census it has a population of 104 million. There is absolutely no family planning in Bihar. Policies regarding family planning were at the minimum and no corrective measures were taken in this regard. The MTP (Medical Termination of Pregnancies) Act also did not produce desired results. If the expansion or enlargement of population is not checked, no amount of development is sustainable in Bihar. A door to door survey is needed for the poor and illiterate people who cannot access family planning devices. So the Government and the NGOs should take effective steps in this regard. The Foreign funding agencies also has come for combating population through the NGOs. Hence it can be stated that if the mentality of people is changed, then many of the problems such as over population, poor health, illiteracy and above all the situation in the Poverty front can be improved. If it does not change then many of the problems such as over population, poor health, illiteracy and above all poverty will remain a serious concern.

II

POVERTY ALLEVIATION PROGRAMMES IN BIHAR

After having discussed the nature and extent of poverty in Bihar and the reasons behind poverty situation in this section, let us turn to the poverty alleviation programmes in the state with a focus on what the state governments have done in the period 2000 to 2010 which is our study period. Considering the seriousness of the poverty situation several programmes were and are being implemented in the state. At the end of the 1990's there were some programmes such as Old Age Pension Scheme, NREP, Public Distribution System, SGSY etc. related to poverty alleviation which existed in the State.

Old Age Pension Scheme

The scheme came into being in 1995. It is a centrally sponsored scheme. The objective of this scheme is to provide social security to the old age population living below the poverty line. The programme covers the old persons (above the age of 65) who are poor and have no sources of income from family members or any other sources. A large percentage of people however were unaware of this programme. In the State Advisors Report, April, 2005, it has been stated that the Government of Bihar has a State security scheme, the monthly ownership of the beneficiaries being Rs.100/- only (GOB, State Advisor's Report, 2005, p.34). According to the State scheme, it covers the widows, disabled and individuals who live in urban areas and whose income per annum is less than Rs.5,500/- only and those living in rural areas with an earning of less than Rs.5,000/- only per annum. They are generally people who have been deprived of all the basic necessities. The actual number of beneficiaries covered by the State is almost equal to the targeted number of beneficiaries by the centre for the year 2003-04 is 4.93 lakh. But according to the Central Government the number of beneficiaries of the Scheme in Bihar should be 9.12 lakh (GOB, State Advisor's Report, 2005, p.34).

From the period 2001-02 to 2003-04, there was no change in the number of beneficiaries. During 2001-02 the number of beneficiaries of the scheme was 493,696 which remained the same during 2003-04. It has been found that Rs.86.15 crore should have been spent by the Central Government but the actual amount of allocation by the Central Government in the financial year 2003-2004 was Rs.46.05 crore which was very much less from the required amount and the rest of the amount was allocated by the State Government. From the State Advisors Report, April, 2005, it has been observed that the targeted number of beneficiaries had been raised by the State Government from 3,82,463 to 4,20,709 which was implemented from 01.09.2004. And for this purpose the State Government allocated about Rs.45.89 crore for the year 2004-05 (GOB, State Advisor's Report, 2005, p.35).

For this scheme funds are set aside in the State budget and it is further authorized by an empowered committee. The committee consists of Director (Labour Department) of the State, Secretary of State for labour, the Finance Commissioner, The Development Commissioner and the Planning Secretary. Then the funds are approved by the State Cabinet. And after the inspection from the Finance department, Government order is issued. The State, then releases allotment order and money is taken away by the treasury at the districts and it is delivered to the final beneficiaries.

From a survey conducted by State Advisor (2005) revealed that in Bikram and Palliganj Blocks of Patna district, funds are delivered to the beneficiaries on 6 (six) monthly basis as against the monthly norm. There are some flaws which were marked during the distribution process and these were:

- a. It is very hard/difficult for the old and sick people to travel long distances to obtain the amount from the Block office;
- b. If the beneficiaries fail to collect his previous instalment/ payment he was not given the missed allotment unless or until he got a letter of application signed by the Sub-Divisional Officer;

As per the State Advisor's Survey, it was also found that some beneficiaries had given some recommendations such as their money should be paid through the nearest Post Office so that they can easily collect their money and the village Mukhiya should

not be given the responsibility of distribution because the villagers do not believe them.

The Economic Survey 2011-12 reveals that the JD(U) government in Bihar has reduced the age limit for old age pensioners from 65 to 60 and also increased the pension amount from Rs. 200 to 500 per month for those who are 80 years and above (GOB, Economic Survey, 2011-12, p.246). Though it can be said that the working of the Old Age Pension Scheme was quite better than the other schemes but there has also shown corruption in the disbursal of pension and it has found that one-fourth of the eligible households received pensions. So the government is required to scale it up in terms of both coverage and fund allocation (Singh & Stern, 2013, p.64).

Targeted Public Distribution Scheme (TPDS)

The programme was launched on June 1, 1997. Its objective is to ensure the availability of food to the poor households. The programme is for BPL households for this reason, special cards are given to people living below the Poverty line and the 4 (four) essential commodities such as wheat, rice, sugar and Kerosene oil are distributed to them at subsidized prices through PDS shops which are run by licensed dealers. The 3 (three) schemes are carried out by the PDS. They are BPL, Antyodaya and Annapurna. The main purpose of BPL scheme is to provide BPL families with 35 kgs. of foodgrains i.e. 25 kgs of rice and 10 kgs of wheat per month. From the Government economic survey 2008-09 it is found that around 39,93,973 BPL households were being provided with 35 kgs of food grains per month (GOB, Economic Survey, 2008-09, p.180). From the state Advisor's Report, it has been observed that 73,94,486 families were identified as under the BPL category for the financial year 2004-05 (State Advisor's Report, 2005, p.18).

The functioning of PDS depends upon the amount of food grains lifted and its allocation as a percentage lifting of food grains, such as rice, wheat for the BPL was not equal in the State. During the year 2004-05, the lifting of wheat stands at 47.8%, whereas rice is 8.8%. The percentage of allocation remained static for the past 3 (three) years. Though the off take of wheat was better but there was no improvement

in the off take of rice. Since 2007-08 the PDS allocation in the State was totally controlled by the Central Government. From 2001-02 to 2004-05 there was no increase of lifting and allotment of rice and wheat for BPL. But from 2007-08 onwards the lifting percentage of rice and wheat for BPL has increased. The off take of wheat has been improved. But this does not mean it reaches the final beneficiary. From a field survey which was conducted in Lalganj Sahara village of Palliganj Block, it is found that the dealer had collected 21 quintal of BPL wheat from the SFC Godown but sold the entire stock in the market (State Advisor's Report, April 2005, p.19). So it is seen that there are some flaws in the BPL policies. The reason behind the poor off take of BPL rice is the differences in the market prices and BPL prices. And the second reason is the poor quality of rice. Though the price of medium quality of rice is very much closer to BPL price which was available in the market in spite of these the poor people cannot purchase it. From a Survey (2005) on TPDS (Targeted Public Distribution System) held in Palliganj Block in Patna District, it is found that the beneficiaries were not interested to buy rice because of poor quality. This is the only reason for poor lifting of rice from FCI Godown according to the SFC officials.

The second scheme named Antyodaya Anna Yojana was launched on December, 2000. It tried to make the Target Public Distribution Scheme more focused and targeted. The scheme came into effect from October 2, 2001. Its main aim is to provide BPL families with 35 kgs of food grains per month; 21 kgs of rice at the rate of Rs.2/- per kg and 14 kgs of wheat at the rate of Rs.3/-. Cards are used by those beneficiaries who receive grain from the PDS shop at a very subsidized price. Supreme Court had given orders on the uses of Antyodaya Cards during 2003. The Antyodaya Cards are being distributed among the listed groups:

- i) Widows and other single women with no regular support;
- ii) A number of helpless old persons (aged 60 or above) for their survival;
- iii) Primitive tribes etc.

During 2004-05, the offtake of food grains such as wheat and rice has improved. But some flaws were found in the policies. The PDS dealers are not giving the total quantity (35 kgs) to the beneficiaries but only 30 kgs. And most of the

beneficiaries are illiterate and less conscious about the price and the quantity of food grain entered on their card(State Advisors Report, April 2005, p.24). There are other problems faced by the dealers i.e. the transportation costs, which they receive is inadequate. In the Bikram Block the dealers complained that the Godown Manager cuts 2-3 kgs per lifting per dealer.

It is to be noted here that the lifting as a percentage of allocations for Antyodaya had increased to a higher level in 2005-06 but from 2006-07 to 2008-09 it declined for both rice and wheat (GOB, Economic Survey, 2009-10, p.194).The third scheme i.e. Annapurna which is included in Public Distribution System was launched in the State in April, 2001. Its main objectives is to provide homeless senior citizens who are above 65 years of age with free food grains (10 kgs of food grains i.e. 6 kgs wheat and 4 kgs rice) on a monthly basis. The senior citizens are not covered in State or Central Social Security Pension Scheme.

It was ordered by the Supreme Court dated November, 28, 2001 that the State/ Union Territories should identify the beneficiaries and distribute the grain latest by 1st January, 2002. The total requirement of wheat and rice for the State was 11437.28 Quintals and 76,247.52 Quintals respectively.

Under Annapurna, the grain is to be distributed among the homeless Senior Citizens through the PDS dealers under the supervision of the Block Development Officer (BDO).

The lifting of food grains depends on the population in every district in the state. The number of PDS shops per lakh of population varies from District to District. There are wide differences in both inter- District and intra District in lifting of food grains such as rice and wheat. There are some districts which have more than 60 PDS shops like Saran, East Champaran. And some Districts had more than 50 PDS Shops per lakh of population they are Bhojpur, Munger, Banka, Bhagalpur, Muzaffarpur, Gaya and Arwal. In Lakhsarai there are only 32 (thirty-two) shops per lakh of population. And it is found that in other 10 (ten) Districts there are less than 40 (forty) Shops per lakh of population. In Madhubani, the number of beneficiaries per thousand of population is highest and less in Lakhsarai, Sheikhpura (GOB, Economic Survey, 2008-09, p.182). There are 4 (four) low lifting Districts such as Saran, Purnia, Araria and

Banka where there are less than 10 percent lifting in both wheat and rice under the BPL scheme. And the lifting percentage is much more same under the Antyodaya and Annapurna Scheme. From the Economic Survey, it is noticed that under the BPL Scheme there are low levels of lifting for both BPL wheat and rice in different districts such as Madhubani where there is a large number of beneficiaries per thousand of population and similarly in Lakhsarai where there is a low number of beneficiaries per thousand of population.

It is true that the lifting of food grains as a percentage of allotment is an important tool to measure the functioning of the PDS. The off take of rice was found to be highest in Patna of 98.43 percent followed by Saharsa, East Champaran, Khagaria, Boxer, Siwan, Kaimur, Jehanabad, Bhojpur and Arwal. But it was less in Madhubani, Supaul, Banka and Araria. In the same way lifting of wheat is higher than 90 percent in Katihar, Jehanabad, East Champaran, Bhojpur, Jamui, Gopalganj, Arwal, Siwan, Saharsa and Patna and it was less than 50 percent in Banka, Purnia, Araria, Supaul, Madhubani etc. PDS is a very important source for the food security for the poor, disabled, senior citizens etc. So, Government should have taken important steps for more effective and uniform patterns not only for lifting also for the improvement in distribution and coverage (GOB, Economic Survey, 2009-10,p.194).

SwarnajayantiGramSwarojgarYojana (SGSY)

The scheme named 'Swarnajoyanti Gram Swarojgar Yojana' which was launched as a single self employment programme was affected from 1st April, 1999. It is a centrally sponsored scheme and the funds for the Swarnajoyanti Gram Swarojgar Yojana are shared on the basis of 75:25 ratio between the Central and State Governments. There were many programmes such as Integrated Rural Development Programme (IRDP), Development of Women and Children in Rural Area (DWCRA), Training of Rural Youth for Self Employment, Supply of Improved Toolkits to Rural Artisans (SITRA), Ganga Kalyan Yojana (GKY) and Million Well Scheme (MWS) but the programmes were not sufficient to remove the Poverty level in all the states. As a result, these programmes were merged into a single scheme called 'Swarnajoyanti Gram SwarojgarYojana'.Its

main aim is to bring the assisted poor families i.e. Swarojgaristo sustained level of income over a period of time, so that their income level will be increased in three years by providing them income generating assets through a mix Bank Credit and Government Subsidy (GOI, Ministry of Rural Development & GOB, Economic Survey, 2008-09,p.223). The important characteristic of Swarnajoyanti Gram Swarojgar Yojana is the Social mobilization of the poor in rural areas.

The Swarnajoyanti Gram Swarojgar Yojana scheme provides self employment among communities through self help groups, vis-à-vis the individual self employment schemes. It also provides for marketing of the goods produced by the SwarnajoyantiGramSwarojgar Yojana Swarojgaris. It mainly helps the vulnerable sections of the society among the rural poor.

During the year 2007-08, a number of (Self Help Groups) SHGs were formed i.e. 14,036 under the Swarnajoyanti Gram Swarojgar Yojana scheme which was much higher than the previous year (8,024). Under Swarnajoyanti Gram Swarojgar Yojana there were 17,809 SHGs established in 2009-10 upto October. During 2007-08 the number of women SHGs were 8,120. During 2008-09 upto March there were 20,407 number of SHGs formed. It has been also observed that during 2009-10 there were total 1,58,061 persons assisted through SHGs under SGSY (GOB, Economic Survey, 2010-11, p.243). Among the SHG members, most of the members of SHGs were women. During the year 2007-08, among the newly formed SHGs there were 8,120 women SHGs and in 2009-10, 10,213 were women SHGs (GOB, Economic Survey, 2009-10, p.183). As per the Economic Survey Fund utilization for this scheme was not uniform. In 2007, at the State level 52 percent of the funds meant for Swarnajoyanti Gram Swarojgar Yojana has been utilized, whereas in 2008 (upto the month of December), the utilization decreased, it was 47 percent and upto October, 2009, the funds utilization for this scheme was very less, it was just 26.6 percent.

Through the formation of SHGs and their training, economic assistance for the improvement of economic activities had increased but there was no significant results found in the individual Swarojgarison the same components of the scheme(GOB, Economic Survey, 2009-10, p.183). From a survey, it was found that there was an inter-district variation in the execution of Swarnajoyanti Gram Swarojgar Yojana both in

terms of financial utilization and physical achievements. The high utilization of funds was seen in Patna District (71.6%). There are a number of variations in the sphere of SHGs. In Muzaffarpur, there were highest numbers of SHGs (2149) (GOB, Economic Survey, 2008-09, p.174). According to the Economic Survey 2009-10 Darbhanga has witnessed a higher number of SHGs. The Swarojgari members were provided funds under Swarnajoyanti Gram Swarojgar Yojana. The numbers of Swarojgari members of the SHGs were 85,355 in 2007-08 and 71,733 in 2009-10 and the individual Swarojgaris were 18,205 in 2007-08 and 510 in 2009-10 (GOB, Economic Survey, 2009-10). The Swarojgari members of SHGs and individual Swarojgaris were given training under the programme. The women Swarojgari members of SHGs were also provided training and economic assistance under the programme. So it is seen that all the Swarojgari members of SHGs including Women, Scheduled Castes and also the individual Swarojgaris were given training and economic assistance under the programme through Self Help Groups. Through this programme it has been found that women have become self-employed and have empowered themselves. In spite of these it has been observed that the impact of the SGSY, an important self-employment programme is very limited (Singh & Stern, 2013, p.63).

Indira Awas Yojana (IAY)

Indira Awas Yojana is a Central Scheme. It was launched during 1985-86 as a sub-scheme of RLEGP, Indira Awas Yojana. For the implementation of Indira Awas Yojana 6% of the total funds were allocated during 1989. The main aim of this programme is to provide financial assistance for the upgradation of dwelling units 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 households. The programme is funded on the cost sharing basis between the Government of India and the State Government in the ratio of 75:25. Though, in the case of North Eastern States and Sikkim, funding will be shared between the centre and these States in the ratio 90:10. About 60% of the total Indira Awas Yojana funds and physical targets will be utilized for the construction of dwelling units of Scheduled Castes/ Scheduled Tribes BPL households and the 40% of the funds will be

utilized for non-Scheduled Castes/ Scheduled Tribes BPL rural households. The funds and physical targets are also utilized for the BPL minorities in each State and 3% of the funds are utilized for the physically and mentally retarded persons within the given category. During 2009-10 i.e. up to October, 2009, 35 percent of the houses has been completed by the State Government and 60.43 percent fund was utilized. And in 2009-10 54 percent of the houses for Scheduled Castes and Scheduled Tribes which was below the 60 percent and 14.3 percent of the houses were completed for the minorities which was very much close to the reservation quota of 15 percent. There were wide variations in different districts in the implementation of Indira Awas Yojana. If we compare the data of Indira Awas Yojana physical and financial overview 2007-08 with the data of Indira Awas Yojana physical and financial overview 2009-10 (upto October, 2009), we find there is a reverse picture of the Indira Awas Yojana programme, such as during 2007-08, there were some districts such as Muzaffarpur, Saharsa, Lakhsarai and Jamui, the programme had achieved its physical targets, not only that it also exceeded its targets and average 85 to 93 percent fund utilized for that purpose. But during 2009-10 in these Districts i.e. Muzaffarpur, Saharsa, Lakhsarai and Jamui, the programme could not achieve its physical targets but the fund utilization for fulfilling this programme was better. There are some districts – Araria, Kaimur and Madhubani in which the fund utilization was less than 40 percent but the physical achievements range from 15.6% to 33.5%(GOB, Economic Survey, 2009-10, p.192). So, from various reports it is found that some Districts had achieved its physical targets some had not, in the same way the fund utilization in some Districts were more but there was no improvement in the implementation of the programme. Not only that, in some districts the fund was not properly utilized for the completion of the houses. So it is seen that there is a year-wise inconsistency in the implementation of the programme.

National Rural EmploymentGuarrantee Scheme (NREGS): It is a guaranteed employment generated Scheme. It provides employment opportunities to the downtrodden people of the State. Under the programme any applicant has the right to 100 days of employment. During 2009-10 job cards were provided to 118.5 lakh house-holds in relation to 102.9 lakh house-holds in 2008-09 under this scheme. Till

2010-11 near about 130.44 lakh house-holds were issued job cards. Among them 46.8 lakh (36 percent) were given employment. But 100 days of employment was provided to only 5.6 percent of house-holds during 2010-11 which was slightly better in 2009-10 it was 7 percent house-holds (GOB, Economic Survey, 2011-12, p.226). The fund utilization of this scheme during 2009-10 was 76 percent which increased to 83% percent during 2010-11. But there are inter district disparities in the implementation of this programme. During 2010-11 the number of percentages of employment (1597 lakh) generated across the state was also increased compared to 1137 lakh in 2009-10. During 2009-10, Patna produced the highest level of 39.93 lakh person days of employment with a fund utilization of 94% percent (Government of Bihar, Economic Survey, 2009-10, p.189) although during 2010-11 the highest number of job cards was issued in Samastipur (6.84 percent). There are some districts in Bihar, such as Sheohar (82.0), West Champaran (72.06%) had demanded employment and it was higher than the other districts such as Gopalganj, Saran, Siwan and Madhubani (less than 20 percent). And in regard to the 100 days of employment to the house-holds Begun sarai has proved itself in a higher position than other districts during 2010-11. Nearly 19% percent of house-holds are being provided with 100 days of employment. The number of women participation under this scheme was highest in Sheohar (40.4% percent) whereas women participation rate was lower in Saran (9.5% percent) and Gopalganj (4% percent). The highest number of person days of employment was created in Muzaffarpur district (139.24 lakh) and Sheikhpura (5.76 lakh) had shown the lowest level of person days of employment in 2010-11. There were several districts such as Sitamarhi, Saharan, Nawada which succeeded in utilizing more than 90 percent of the funds in 2010-11 while Samastipur had proved itself as a worst performing district in terms of fund utilization of the scheme. Under this scheme a large number of projects has been completed which are related to rural connectivity and water conservation works. But there are some flaws in the policies. A survey conducted by the Institute of Human Development (IHD) it has been found that the NREGA has failed to fulfil the aspirations of the poor people. It is seen that the percentage of households covered under the programme are very less and number of days worked are also extremely low- only 14 days per month for males and a corresponding 11 days for females. Not only that work was not provided in a regular basis and the IHD survey also reveals that

there were significant leakages in the system. The leakages are there even though the state government has taken initiatives to strengthen the NREGA programme through the e-Shakti project by providing biometric issuance card so that government can take the record of attendance of beneficiaries, can stall false meeting preparation and guarantee full payment to labourers (Singh & Stern, 2013, p.337).Very little asset was created under the NREGA programme. There was heavy outmigration which largely affected the demand for work under NREGA (Singh & Stern, 2013, p.63).

What we have noticed is that among the 29 states in India Bihar is one of the backward states in our country from various aspects. From the above discussion it can be said that in the state as a whole there is a wide inter- district and region-wise disparities in terms of poverty. The state government has taken a number of initiatives for reducing poverty in the state but all the programmes for the elimination of poverty had not been successfully implemented. As a result the performance of the state in the poverty front had been average to poor.

Chapter VII

The Government's and Education in Bihar (2000-2010)

Introduction

For the Development of any state within the country, the development of the Health and Education sector is always necessary. It has been realised by scholars that 'Education is an important social resource and a means of reducing inequality in many other aspects of well-being among the members of the society. Education and knowledge thus act as catalysts in improving the quality of life' (Chakrabarty & Ghosh, 2000, p.2). It has also been recognised that 'In rural India access to education could act as a catalyst to change. Persons acquiring education could break through some of the social and cultural norms associated with certain occupations' (Unni, 2001, p.4). Unni in fact found that 'Educational attainment, even at very low levels, was a definite route out of poverty for the Scheduled Caste and Tribe households. Aided by the reservation policy, these communities were able to obtain salaried jobs and reap high returns to education' (ibid). Education develops or improves the capability of the individual. Bihar, as we all know is one of the poorest states among the major States in India. In the period (1998-99 to 2008-09) the annual growth rate of Bihar's per capita income had been just 3.77 per cent which was much below the national level. One may argue that in the beginning the two major challenges which the state faced were economic growth and human development. For human development the improvement in the education sector was essential. Since this is so in this chapter we focus on the policies of the two governments on improving the condition of this sector.

The Status of Education

Let us begin with the status of education in Bihar. As per the 2001 census the overall literacy rate in India was 64.8 percent while in Bihar it was 47.0 percent which was only a little higher than the National literacy rate in 1981. During 1991 and 2001, the

literacy rate in Bihar had increased by 9.3 percentage points (37.5 percent to 47.0 percent) which was a very low increase. If we see the literacy rate at the National level it was 64.8 percent in 2001 which was higher from 52.2 percent in 1991. It is to be pointed out here that during 2011 the literacy rate has considerably improved. It has increased to 63.8 percent which has shown highest decadal increase in literacy rates in Bihar. If we observe the literacy scenario in the State, it is seen that there is wide Gender disparities in literacy rates. As per the 2001 census the male and female literacy rates in Bihar were 60.3 percent and 33.6 percent respectively. Thus, there is a difference of 26.7 percent. And in 2011 male and female literacy had reached to 73.4 percent (male) and 53.3 percent (female). The Gender difference had been reduced to 20.1 percent (GOB, Economic Survey, 2011-12, p.189). So, if we notice the decadal growth in female literacy rate in Bihar, it is seen that there has been a remarkable progress in female literacy rate (19.7 percent) in Bihar. Therefore, it can be said that awareness of social justice and the demand for education among the population has slightly increased.

Table: 7.1

Trend of literacy rates in India and Bihar

| Year | India | | | Bihar | | | Gender Gap | |
|------|-------|--------|-------|-------|--------|-------|------------|-------|
| | Male | Female | Total | Male | Female | Total | India | Bihar |
| 1961 | 40.4 | 15.4 | 28.3 | 35.2 | 8.2 | 22.0 | 25.1 | 27.0 |
| 1971 | 46.0 | 22.0 | 34.5 | 35.8 | 10.2 | 23.2 | 24.0 | 25.5 |
| 1981 | 56.4 | 29.8 | 43.6 | 43.8 | 15.8 | 32.3 | 26.6 | 28.0 |
| 1991 | 64.1 | 39.3 | 52.2 | 52.5 | 22.9 | 37.5 | 24.8 | 29.6 |
| 2001 | 75.3 | 53.7 | 64.8 | 60.3 | 33.6 | 47.0 | 21.6 | 26.7 |
| 2011 | 82.1 | 65.5 | 74.0 | 73.4 | 53.3 | 63.8 | 16.6 | 20.1 |

Source: Department of Education, Government of Bihar

There are also intra-state disparities in literacy rates. As per the 2001 census districts, such as Patna (62.9 percent) and Kishanganj (31.1 percent) had recorded the highest and lowest literacy rates. But in 2011 the scenario was slightly different. We find that Rohtas (75.6 percent) and Purnia (52.5 percent) recorded the highest and lowest literacy rate in Bihar. The value of Gender Disparity in Literacy Rate (FDLR) in 2001 was different. Patna (144.3 percent) recorded the best, then Munger (147.5 percent) but in 2011 the value of Gender disparity in Literacy Rate in these two districts were reduced to Munger (122.3 percent) and Patna (126.1 per cent). And Supaul recorded the worst GDLR in both the years, 2001 (252.4 percent) and 2011 (153.9 percent) (GOB, Bihar Economic Survey, 2012-13, p.208). Besides, it is found that Kishanganj recorded the highest decadal increase in Literacy Rate (25.09 percent). It is a matter of surprise Kishanganj has recorded the highest decadal increase in literacy rate since the district has a high concentration of Muslims. So it cannot be said that the demand for education among the Muslims is much lower in the state (Ghosh & Rana, 2011, p.14).

The female literacy rate in the 38 districts of Bihar is not the same. We find also a wide variation in terms of female literacy rates in these districts. The highest FLR is in Munger (65.5 percent) and lowest in Saharsa and Madhepura (42.7 percent). So, it can be observed that 15 (fifteen) districts in Bihar where the female literacy rate is less than 50 percent. The demand for literacy among the disadvantaged sections of the society such as SCs, Muslims is very low and this is primarily because of poor educational infrastructure (Ghosh & Rana, 2011, p.15). It is also a noticeable fact that the rural and urban disparity in literacy rate has decreased between 2001 and 2011. As per 2001 census, the rural and urban literacy rate was 43.9 percent and 71.9 percent respectively which increased to 61.8 percent and 78.8 percent in 2011. So, the rural-urban disparities in the state decreased from 28.0 percent in 2001 to 17.0 percent in 2011 (GOB, Economic Survey, 2011-12, p.190). As per 2011 census the overall literacy rate in Bihar was 63.8 percent. Bihar has recorded the highest decadal growth in literacy (2001-2011) rates among all the states in India (GOB, Economic Survey, 2011-12, p.189). During the last decade (2001-2011) the spread of literacy has been faster in Bihar than all over India. Not only the literacy rate in Bihar has increased, the State also has

been able to reduce its Gender difference in literacy rates (GOB, Economic Survey, 2011-12, p.189).

Expansion of Elementary Education: It is a known fact that a state's educational progress depends largely on the expansion of elementary education. In Bihar, the elementary education system had grown very gradually during the 1980's and 1990's (Ghosh, Rana, ADRI, 2011, p.15). There are some educational indicators which determine the status of education in the State such as literacy rate, enrolment ratio, drop out ratio rates and accessibility of education facility. The situation of elementary education largely depends on two crucial educational indices – high enrolment ratio (ER) and reduction in the drop-out rate. And these two indices are mostly influenced by the availability of educational infrastructure, such as schools, teachers etc. We have already discussed the literacy rate in Bihar. Let us see the condition of primary and secondary education in the State.

The Economic Survey of Bihar, 2011-12 shows that there are 42,307 Primary Schools and 25,958 upper Primary Schools in Bihar, taking the total number of elementary education schools to 70,640. The total enrolment in elementary Schools has increased at an annual rate of 8.2 percent during 2002-03 to 2009-10 (GOB, Economic Survey, 2011-12, p.190).

In Bihar, the problem of children who were passing out of primary schools were that they were unable to get further admission in the upper primary due to non-availability of upper primary classes as well as long distance from their home. The problem remains even though the state government has taken measures by upgrading many primary schools to upper primary level during 2007-08 and 2008-09. During the period 2002-03 to 2009-10 the enrolment in upper primary classes had increased at an annual rate of 19.1 percent.

Table: 7.2**Total Enrolment in Primary and Upper Primary Level (2002-03 to 2009-10).**

| Year | Enrolment (in Lakh) | | | | | | | | |
|---------|---------------------|--------------------------|----------------|---------------|--------------------------|----------------|---------------|--------------------------|----------------|
| | All | | | SCs | | | STs | | |
| | Primary (I-V) | Upper Primary (VII-VIII) | Total (I-VIII) | Primary (I-V) | Upper Primary (VII-VIII) | Total (I-VIII) | Primary (I-V) | Upper Primary (VII-VIII) | Total (I-VIII) |
| 2002-03 | 92.28 | 11.70 | 103.97 | 15.52 | 1.37 | 16.89 | 0.96 | 0.09 | 1.05 |
| 2003-04 | 97.32 | 14.82 | 112.15 | 16.31 | 1.71 | 18.01 | 1.29 | 0.12 | 1.42 |
| 2004-05 | 109.17 | 19.36 | 128.53 | 18.03 | 2.37 | 20.40 | 1.22 | 0.17 | 1.39 |
| 2005-06 | 112.34 | 21.63 | 133.97 | 18.19 | 2.50 | 20.69 | 1.50 | 0.22 | 1.72 |
| 2006-07 | 125.27 | 25.62 | 150.89 | 22.12 | 3.37 | 25.49 | 2.28 | 0.28 | 2.57 |
| 2007-08 | 147.30 | 30.42 | 159.06 | 22.30 | 4.14 | 26.44 | 1.89 | 0.29 | 2.18 |
| 2008-09 | 132.01 | 35.22 | 167.23 | 22.48 | 4.91 | 27.39 | 1.49 | 0.30 | 1.79 |
| 2009-10 | 139.07 | 41.27 | 180.34 | 23.54 | 5.33 | 28.87 | 2.03 | 0.54 | 2.57 |
| CAGR | 6.6 | 19.1 | 8.2 | 6.6 | 22.1 | 8.5 | 9.6 | 25.3 | 11.5 |

Source: Department of Education, Government of Bihar.

So, it is seen that there has been improvement in the status of elementary education in Bihar. The enrolment of SCs and STs in Primary Education has also increased. It is very interesting to note that the enrolment of girls' students is increasing in comparison to the boys. It is seen that during 2002-03 to 2009-10 the enrolment of boys in Primary Schools has grown at an annual rate of 6.4 percent whereas for the girls', it is 6.8 percent (GOB, Economic Survey, 2011-12, p. 191). This disparity is much wider in the upper primary classes among the boys' and girls' in enrolment. The enrolment of girl students in the upper Primary level is much higher (23.7 percent) than the boys (17.9 percent). It is also seen among the disadvantages categories like SCs and STs.

Table: 7.3

Gender-wise Total Enrolment of Primary and Upper Primary Levels

| Year | Gender | Primary (in Lakh) | | | Upper Primary (in Lakh) | | |
|---------------------|--------|-------------------|------------|-------------|-------------------------|-------------|-------------|
| | | Total | SC | ST | Total | SC | ST |
| 2002-03 | Boys | 52.99 | 9.45 | 0.59 | 7.54 | 0.95 | 0.06 |
| | Girls | 39.29 | 6.06 | 0.37 | 4.16 | 0.42 | 0.03 |
| | Total | 92.29 | 15.52 | 0.96 | 11.70 | 1.37 | 0.09 |
| 2003-04 | Boys | 55.18 | 9.82 | 0.63 | 9.41 | 1.17 | 0.08 |
| | Girls | 42.14 | 6.48 | 0.41 | 5.42 | 0.54 | 0.04 |
| | Total | 97.32 | 16.31 | 1.04 | 14.82 | 1.71 | 0.12 |
| 2004-05 | Boys | 61.37 | 10.71 | 0.78 | 12.06 | 1.56 | 0.11 |
| | Girls | 47.80 | 7.32 | 0.63 | 7.30 | 0.80 | 0.06 |
| | Total | 109.16 | 18.03 | 1.31 | 19.36 | 2.37 | 0.17 |
| 2005-06 | Boys | 62.50 | 10.69 | 0.88 | 13.23 | 1.65 | 0.14 |
| | Girls | 49.83 | 7.50 | 0.61 | 8.41 | 0.86 | 0.08 |
| | Total | 112.34 | 18.19 | 1.50 | 21.63 | 2.50 | 0.22 |
| 2006-07 | Boys | 88.02 | 8.92 | 0.68 | 31.87 | 4.56 | 0.26 |
| | Girls | 37.47 | 6.04 | 0.43 | 21.80 | 2.67 | 0.15 |
| | Total | 125.49 | 14.97 | 1.10 | 53.67 | 7.22 | 0.42 |
| 2007-08 | Boys | 78.19 | 14.28 | 1.93 | 17.28 | 2.39 | 0.28 |
| | Girls | 68.11 | 11.52 | 1.62 | 13.06 | 1.56 | 0.20 |
| | Total | 146.30 | 25.81 | 3.55 | 30.34 | 3.94 | 0.48 |
| 2008-09 | Boys | 74.27 | 13.13 | 0.89 | 20.66 | 3.08 | 0.19 |
| | Girls | 57.74 | 9.35 | 0.60 | 14.56 | 1.83 | 0.12 |
| | Total | 132.01 | 22.49 | 0.50 | 35.22 | 4.92 | 0.31 |
| 2009-10 | Boys | 77.56 | 13.68 | 1.34 | 23.42 | 3.24 | 0.36 |
| | Girls | 61.52 | 9.85 | 0.73 | 17.85 | 2.09 | 0.18 |
| | Total | 139.08 | 23.54 | 2.03 | 41.27 | 5.33 | 0.54 |
| CAGR (Boys) | | 6.4 | 5.8 | 12.4 | 17.9 | 20.6 | 26.9 |
| CAGR (Girls) | | 6.8 | 7.9 | 12.2 | 23.7 | 27.5 | 29.7 |

Source: Department of Education, Government of Bihar, Economic Survey, 2011-12, p.192

There are a number of elementary education schools (both Primary and upper Primary). It has been increased at a double number of schools per one lakh population

from 60.2 in 2005-06 to 107.3 in 2008-09 within three years (Ghosh, Rana ADRI, 2011, p.16). Number of primary and upper primary schools had increased. The expansion of primary schools had increased from 51.7 thousand in 2005 –06 to 79.8 thousand in 2008 –09. And the upper primary school had increased from 2.1 thousand in 2005–06 to 20.8 thousands in 2008–09. The number of upper primary schools had increased at a doubling rate between, 2005 -2006 to 2010-11. It was found that the number of primary schools increased from about 38000 in 2004-05 to 41000 in 2010-11 and the number of government upper primary schools rose to over 25000 during 2010-11 from 11000 in 2004-05 (Singh & Stern, 2013, p.172).

Drop out Rates at all levels in Bihar: Now let us look at the dropout rates at primary, upper Primary, Secondary, Higher Secondary levels in Bihar. It will help us understand the situation of the elementary education system in Bihar. Though the State Government has improved the enrolment ratio in the State but the dropout rates among the students is a major problem in the state. Number of factors is responsible for the high dropout rates; such as inadequate school infrastructure, social disadvantage of the children, economic factors etc. Many of the families fail to send their children to school because of wage income, domestic work etc. So, the high enrolment ratio does not affect the status of education because of high drop-out rates. During 2001–02 the drop-out rates in primary, upper primary and secondary stages of education was 61.6 percent which was reduced to 42.5 percent in 2009–10. Nearly half of the students cannot get admission in standard V. The story does not end here. It continues in the upper primary levels also. Most of the students cannot reach to the upper primary level because of a number of reasons. During 2001–02 the total dropout rate at upper primary stage was very high and stood at 74.8 percent which has been reduced to 58.8 percent in 2009–10. It has also continued during secondary and higher secondary education.

Table: 7.4

Dropout Rates at Primary, Upper Primary, Secondary and Higher Secondary Levels

| Year | Primary (I-V) | | | Upper Primary (I-VIII) | | |
|---------|-----------------|------|-------|--------------------------|------|-------|
| | Girls | Boys | Total | Girls | Boys | Total |
| 2001-02 | 63.1 | 60.7 | 61.6 | NA | NA | 74.8 |
| 2002-03 | 62.4 | 62.1 | 58.2 | NA | NA | 74.9 |
| 2003-04 | 57.6 | 57.7 | 57.7 | NA | NA | 74.6 |
| 2004-05 | 48.6 | 53.4 | 51.6 | 73.3 | 71.3 | 72.1 |
| 2005-06 | 45.2 | 47.4 | 46.6 | 68.9 | 68.0 | 68.3 |
| 2006-07 | 45.7 | 46.4 | 46.1 | 60.1 | 62.8 | 61.8 |
| 2007-08 | 45.2 | 45.6 | 45.4 | 61.1 | 61.5 | 61.4 |
| 2008-09 | 44.6 | 45.1 | 45.0 | NA | NA | 60.3 |
| 2009-10 | 41.0 | 43.5 | 42.5 | 56.7 | 60.2 | 58.8 |
| Year | Secondary (I-X) | | | Higher Secondary (I-XII) | | |
| | Girls | Boys | Total | Girls | Boys | Total |
| 2001-02 | NA | NA | 82.9 | NA | NA | NA |
| 2002-03 | NA | NA | 82.5 | NA | NA | NA |
| 2003-04 | NA | NA | 82.5 | NA | NA | NA |
| 2004-05 | 83.9 | 79.8 | 81.3 | 87.6 | 85.5 | 86.4 |
| 2005-06 | 83.8 | 79.7 | 81.3 | 86.3 | 84.6 | 85.2 |
| 2006-07 | 79.2 | 75.4 | 76.8 | 82.3 | 82.7 | 81.9 |
| 2007-08 | 75.6 | 72.6 | 73.7 | 83.7 | 82.0 | 82.6 |
| 2008-09 | NA | NA | 72.1 | 80.7 | 79.9 | 80.2 |
| 2009-10 | 67.0 | 69.9 | 68.8 | 73.4 | 76.3 | 75.2 |

Source: Department of Education, Government of Bihar, Economic Survey, 2011-12, p. 193

Very low percentage of students those who enrol in standard I actually complete their secondary education as per the figures for 2009–10. It is also less in higher secondary education. They cannot complete their higher secondary education. The dropout rates of girl students were higher in the primary education level in 2005-

06 but during 2008–09 the dropout rate among the girl students came down in the primary, upper primary and secondary levels, still it is very high.¹State Government should have taken several initiatives to reduce the dropout rate. Special attention should be given to the socially and economically disadvantaged sections of the society. Though the dropout rates of Scheduled Castes and Scheduled Tribes at the different stages of education are higher than the other students but it has come down in recent years. The dropout rate of students belonging to Scheduled Castes and Scheduled Tribes categories has decreased during 2009–10. The girl Scheduled Castes student's dropout rate was higher than the boys at the secondary level from 2006–07 to 2008 –09 but during 2008 – 09 to 2009 –10 the dropout rate among SC girl students was lower than the boys. And it is also seen that the dropout rate of ST girl students was also lower than the boys at every level of education (GOB, Economic Survey, 2012-13, p.214).

¹ The Bihar Government had also claimed that from 2009-10 onwards, more than 33 lakh women have become literate through the implementation of Mukhyamantri Akshar Anchal Yojana. The decadal literacy rate among women has increased about 20 percent as per the 2011 census which was highest than the national average women literacy rate. Some other programmes such as, Mahadalit, Alsankyayak and Extremely Backward classes Akshar Anchal Yojana which was launched in 2013 and 9.69 lakh women at 26,126 centers have been benefited by these Yojanas. During the decade of 2001-2011, Bihar has witnessed great achievements in the literacy rate among the women and Scheduled Castes/ Scheduled Tribes. For this reason the State of Bihar has received National level award (See, Government of Bihar, Marching Ahead, Agenda of Good Governance, 2005-2015, Government of Bihar, Patna, n.d. & Government of Bihar, Marching Ahead, Agenda of Good Governance, 2005-2010, Government of Bihar, Patna, n.d.).

Table: 7.5

Dropout Rates (SC & ST) at Primary, Upper Primary and Secondary Levels.

| Year | SC | | | | | | | | |
|---------|---------|------|-------|---------------|------|-------|-----------|------|-------|
| | Primary | | | Upper Primary | | | Secondary | | |
| | Girls | Boys | Total | Girls | Boys | Total | Girls | Boys | Total |
| 2006-07 | 51.2 | 51.6 | 51.5 | 77.8 | 72.8 | 72.8 | 86.7 | 85.4 | 85.9 |
| 2007-08 | 51.0 | 53.3 | 52.4 | 70.3 | 71.8 | 71.2 | 86.0 | 83.0 | 84.1 |
| 2008-09 | 49.5 | 50.5 | 50.1 | 69.4 | 70.5 | 70.1 | 83.2 | 82.8 | 83.0 |
| 2009-10 | 49.7 | 50.9 | 50.4 | 69.8 | 72.7 | 71.6 | 80.7 | 81.4 | 81.1 |
| 2010-11 | 35.9 | 40.9 | 38.8 | 63.8 | 68.2 | 66.5 | 76.8 | 78.0 | 77.6 |
| Year | ST | | | | | | | | |
| 2006-07 | 32.4 | 35.7 | 34.5 | 61.6 | 79.8 | 66.9 | 81.9 | 83.8 | 83.0 |
| 2007-08 | 25.6 | 35.1 | 31.6 | 57.2 | 67.8 | 64.3 | 82.2 | 82.8 | 82.6 |
| 2008-09 | 29.2 | 30.9 | 30.3 | 55.8 | 65.0 | 61.9 | 75.9 | 79.6 | 78.4 |
| 2009-10 | 15.6 | 8.1 | 10.9 | 20.1 | 11.9 | 14.8 | 62.1 | 66.4 | 65.0 |
| 2010-11 | 19.8 | 31.6 | 27.1 | 46.1 | 56.5 | 52.6 | 66.8 | 70.9 | 69.5 |

Source: Department of Education, Government of Bihar, Economic Survey, 2011-12, p.194.

Expenditure on Education: The expenditure on education is very important for making improvements in the education sector. In 2001 –02 the share of expenditure on education in total expenditure on social services was 73.6 percent which was reduced to 49.7 percent in 2010–11. Although during the recent years the plan and non – plan expenditure on education has increased by more than double between 2007–08 and 2010–11 but the share of education in total budget has decreased from 20.4 percent in 2006 –07 to 15.8 percent in 2010 – 11. In 2010–11 the expenditure on education as percentage of the total budget was 15.8 percent which was increased to 16.8 percent in 2011 – 12. There was a huge increase in the elementary education budget from about Rs 5,600 crore in 2006-07 to over Rs 11,000 crore in 2010-11 (Singh & Stern, 2013, p.172). However, the total expenditure on education has increased during the recent years. So, it is clear that the state Government has made efforts for the progress of education in the state (GOB, Economic Survey, 2012-13, p.215).

Table: 7.6

Expenditure on Education in Bihar

| Year | Expenditure on Education (Rs. in Crore) | | | Expenditure on Education | |
|---------|--|----------|----------|-------------------------------------|---|
| | Plan | Non-Plan | Total | As percentage of total Budget | As percentage of Expenditure on Social Services |
| 2007-08 | 1046.26 | 4741.76 | 5788.02 | 18.3 | 54.3 |
| 2008-09 | 1565.52 | 5099.47 | 6664.99 | 17.9 | 51.7 |
| 2009-10 | 1585.02 | 5958.68 | 7543.70 | 17.6 | 52.7 |
| 2010-11 | 3356.97 | 4667.28 | 8024.25 | 15.8 | 49.7 |
| 2011-12 | 3499.41 | 6585.91 | 10085.32 | 16.8 | 51.6 |
| CAGR | 37.40 | 5.85 | 13.84 | -- | -- |

Source: Department of Education, Government of Bihar, Economic Survey, 2012-13, p.216.

Programmes: The Mid Day Meal Scheme (MDMS) plays an important role for the improvement of elementary education. Through this programme the enrolment of the children and their retention has increased in the school. The scheme has also affected the nutrition status of the children and social equity. It is a central scheme but implemented by the state government. The Mid Day Meal Scheme programme was universalized in 2005 in all primary schools and also in the learning centre's. In 2007 it has been extended to upper primary classes and in 2008 it was universalized at the elementary level.

In 2008-09 in primary school the coverage of Mid Day Meal Scheme was 70.9 percent which decreased to 53.8 percent in 2009-10 and 54.7 percent in 2010-11. It leads to low level of enrolment in primary schools. In the upper primary schools, the situation was almost the same in 2008-09. The coverage of Mid Day Meal Scheme was 81.2 percent but during 2009-10 and 2010-11 it was reduced to 47.1 percent and 48.3 percent respectively.

Table: 7.7**Coverage of MDMS in Bihar (2008-09 to 2010-11)**

| Year | Class - I to V | | | Class – VI to VIII | | |
|---------|---------------------------|---|---------------------|---------------------------|---|---------------------|
| | Total Enrolment (in Lakh) | No. of Children Availing MDMS per day (in Lakh) | Coverage percentage | Total Enrolment (in Lakh) | No. of Children Availing MDMS per day (in Lakh) | 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 | 79.19 | 54.7 | 43.37 | 20.94 | 48.3 |

Source: MDMS, Government of Bihar, Economic Survey, 2011-12, p.196

The coverage of Mid-Day Meal Scheme is not being equally distributed in most of the districts in Bihar. There are wide district wise disparities in the coverage of Mid-Day Meal Scheme. Though the Mid-Day Meal Scheme increased the enrolment and retention in primary and upper primary level but in recent years from the survey on Mid-Day Meal Scheme it is seen that there are a number of problems in the implementation of the Mid-Day Meal Scheme in primary and upper primary schools in Bihar. The problem includes irregular supplies of the midday meal in many of the schools, very low-quality food and so on (Ghosh, Rana, ADRI, 2011, p, 23). There are district wise differences in the coverage of Mid-Day Meal Scheme in Bihar. During 2010–11 at the primary level the low coverage districts were Khagaria (29.4 percent), Samastipur (31.6 percent) and Madhubani (32.8 percent) and the high coverage districts in the primary level were west Champaran (86.6 percent), Lakhsarai (84.7 percent) and Kaimur (81.9 percent). At the upper primary level, the low coverage districts were Sheikhpura (17.6 percent), Katihar (27.3 percent) and Patna (29.1 percent). In 2010–11 the high coverage districts at the upper primary level were Kaimur (96.8 percent), Madhubani (76.4 percent) and Arwal (72.4 percent) etc. (GOB, Economic Survey 2011–12, p.197). In recent years it has been noticed that the fund allocation by the Government for MDMS has increased. During 2008- 09 the total

allocation for MDMS has been increased from Rs.538.5 lakh to 11.00 crore in 2009 –10.² Under this the funds are also sanctioned for other incidental expenses such as staff salary including salaries for MIS coordinators and data entry operators, furniture, computers hardware and consumables and internal and external monitoring and evaluation. During 2008–09 and 2009–10, all sanctioned funds were totally utilized. The overall allocation of capacity building and training of the staff has not changed over these two years. The expenditure on staff salary was 32 percent in 2009–10.

Apart from these during 2005–06 the State Government introduced another incentive scheme for the development of elementary education. State government with its own resources has provided free text books, Scholarships for Scheduled caste/ tribal students and has also provided free uniform to all the students of class III to V and this is also continued for girl students in classes VI – VIII. This scheme helps the students most and it is widely implemented in the state (Ghosh & Rana, ADRI, 2011).

Sarva Shiksha Abhiyan (SSA)

It is a flagship programme launched by the Central government to achieve the universalization of education in the country. The government introduced it in 2001–02 in Bihar in all the districts. And the Bihar Education Project Council (BEPC) has played a major role for implementing the SSA in the state. There are various objectives of SSA. Among them two main aims of the SSA were to acquire the goal of Universal Primary Education by 2007 and Universal Elementary Education by 2010. And also, to reduce all gender and social category gaps at primary stage and at Elementary Education level by

² The Government had also claimed that the State Government has targeted to provide meal to 98,02,783 lakh Boys and Girls in Class – I to V of State Government school, Government aided school, Madarasa, Makhtab Sanskrit school and also in special training centre. Through the Mid-day-meal programme the State Government has also tried to increase parents' participation of targeted class children. The Mid-day-meal are being provided daily in these schools from March, 2008. State Government has taken also initiatives for the daily monitoring of MDMS which is carried out by Interactive Voice Response System. If any problem arises related to the mid-day-meal, State Government will take necessary steps in this regard (See, Government of Bihar, Marching Ahead, Agenda of Good Governance, 2005-2015, Government of Bihar, Patna, n.d. & Government of Bihar, Marching Ahead, Agenda of Good Governance, 2005-2010, Government of Bihar, Patna, n.d.).

2007 and by 2010 were the second main objective of SSA (Kaushal & Patra, n.d. p.2). The other objectives of SSA are capacity building of teachers, providing average number of teachers and keeping teacher – student ratio at the desired level, developing school infrastructure and building Village Education Council (Village Education Committee) at the Gram Sansad (Village Council) level by providing (ensuring) community participation. The programme was implemented in the first year of the 11th plan on a cost sharing basis between central and State Governments in the ratio of 65:35 in 2007-08 and in the second year i.e. 2008–09 of the 11th plan the ratio was equal but during the recent years the funding pattern of SSA has undergone some changes, in 2009–10 the shares of central and state governments were 60:40 and 2010–11 it was 55:45 (GOB, Economic Survey, 2011-12, p.197).

It is through the Bihar Education Project Council the Government of Bihar has made a number of innovations for bringing the out of school children back to the schooling system. Such as Utthan Kendra's for children belonging to the Mahadalit categories, for Muslim children at the age of 6 – 10, Talimi Markaj, Utpreran Kendra for the children in the age group 11 – 14 years and to provide non- residential and residential bridge courses BEPC also made Maktab Madarsa Kendra for Muslim Children. Through the Utthan Kendra's BEPC had succeeded to reduce the number of the out of school children. Much progress was seen through the Maktab Madarsa Kendra's.³ State Government has increased a number of innovative learning centres for the reduction of out – of – school children in the schooling system. From the Economic Survey, GOB, 2010–11 it is observed that the state government has recently

³The Bihar Government also had claimed that the State of Bihar has succeeded to bring 23 lakh out of school children at the age group of 6 to 14 into schools. In 2005 the out of school children were in large number whereas in recent years, it has been reduced. It further claimed that under the 'Vidyalaya Chalo Kendra Programme' number of Programmes has been launched such as Prayas Kendra, Maktab Madarsa Kendra, Talimi Markaj Kendra, Utthan Kendra, Utpreran Kendra which has ensured that more children have been added to the mainstream of the education system in the State. These new innovations have been made for bringing the out of school children back to the schooling system. The state document further claimed Under 'Mukhyamantri Balika Poshak Yojana' scheme funds are distributed for purchasing of school uniforms among the boys and girls from classes I to III. Apart from this the free text books have also been provided to each and every student (See, Government of Bihar, Marching Ahead, Agenda of Good Governance, 2005-2015, Government of Bihar, Patna, n.d. & Government of Bihar, Marching Ahead, Agenda of Good Governance, 2005-2010, Government of Bihar, Patna, n.d.).

started the award in the name of Mukhya Mantri Samagra Shiksha Puraskar for school, Panchayat, blocks and districts having distinction of covering all out of school children and ensuring 80 percent attendance. The State government has allocated sufficient funds for the implementation of SSA programme. The funds are distributed among different components of the schooling system. The SSA fund is very carefully distributed among different heads like teacher's salary, teacher's training, distribution of free textbooks, community mobilization, teaching – learning equipment, resources centre's, research/ evaluation etc. Though the negative side is that that the utilization of SSA funds has declined from 61.3 percent in 2008– 09 to 50.3 percent in 2009–10 (GOB, Economic Survey, 2011-12, p. 198).

Higher Education

A state's economy depends on the status of higher education in a state. The role of higher education is very important for a growing economy in Bihar. In Bihar the higher education sector is divided into general and technical/professional colleges and universities. There were 20 universities in the state in 2011 which was 13 from 2008 onwards. So the apex institutions for higher education have increased. During 2011 there were 815 colleges in Bihar. Among these colleges 451 are government colleges, 97 local body colleges and 267 colleges of other types (GOB, Economic Survey, 2011–12, p. 200). Since 2007 the number of colleges has remained the same. A number of teacher training centres have been opened up for the improvement of quality education and skill development in the State. In 2011 there were 35 teachers training centres. The teacher training centers have been made for the expansion of elementary and secondary education in the state. Comparatively the number of institutions for technical education is very limited in Bihar. The state government has been allotted sufficient resources in the field of higher education. But the less number of government institutions are unable to fulfil the entire demand for higher education. For this reason, a number of private institutions have been set up in the state which imparts technical, medical and vocational education. During 2008–2009 there were 164 private institutions which increased to 252 in 2011. Bihar has tried to improve the ICT (Information and Communication Technology) sector and has laid more emphasis

on e-governance for increasing economic growth in the state. Several IT initiatives have been taken by the state government which includes e-Shakti, Jankari, Bihar Knowledge Centre etc (Singh & Stern, 2013, 337).

Let us come to the enrolment status in higher education in Bihar. It is a very noticeable fact that the share of female students in different streams like arts, science and commerce is low than the male students. And it continued in 2008–09. However, the highest enrolment is in courses from arts category. During 2008–09 the enrolment of female students in Arts has increased compared to previous years. The enrolment in Commerce stream has not increased even though the enrolment in other Institutes such as professional and vocation education increased (GOB, Economic Survey, 2010–11, p.225). But in engineering there was an increase in enrolment of male students with 37.78 percent, whereas, female students increased only by 20.56 per cent. Therefore, it can be said that there is a continuous gender gap in higher education in the state which the government had failed to address.

There was a 16.28 percent increase in enrolment in female SC students in 2008–09 in Arts as compared to 2007–08. But in commerce there was a decline of female SC students in the same period. Particularly there was a less numbers of enrolments of male SC students in higher education including engineering. In higher education number of female SC students has increased in Arts, Education and Polytechnic. In short, there was a considerable decrease in the enrolment of male SC students in Arts, engineering i.e. all courses of higher education whereas the enrolment of female SC students has increased in Arts, Education and Polytechnic (GOB, Economic Survey, 2010–11, p.225).

So it can be said that the overall enrolment of female students has increased in the courses of higher education especially in Arts. Besides, it is also seen that the share of female students is much lower in Science and in Commerce. But in Engineering and Polytechnic institutes the female enrolment is lower whereas the female enrolment is comparatively higher in medicine. From the above it is clear that there was a gender gap which existed in higher education in Bihar (GOB, Economic Survey, 2010–11, p.226). Though the literacy rate, enrolment ratio has increased in Bihar. Besides dropout rate has also decreased. In spite of these it is found that still the

literacy rate in the state lag behind the national average. It is also seen in female literacy rate in the state. In later years within the study period there was some improvement that has taken place in terms of educational indicators of enrolment, access, Dropout rate etc. As per the DISE (District Information System for Education) data the Gross Enrolment Ratio (GER) for primary classes is 135.53 as against the 115.63 for all states (Patnaik, Journal of Social and Economic Studies, Jan – June 2012, p.93).

As per the Economic Survey 2011 we note that there was a reduction in the dropout rates of boys and girls between 2002 and 2009 at the primary, the upper primary and the Secondary levels. About 17 percentage points has been reduced at the primary level whereas at the upper primary and the secondary levels it was 15 and 11 percentage points (Journal of Social and Economic studies, Vol. XXI, No.2, 2011, p.132). At the primary level the dropout rate of children among SC households is higher than ST households. Besides dropout rate among ST households has increased to more than the state averages. Not only that drop-out rates are also higher among the lower backward castes and girls also. There are various reasons for dropouts from school which is as follows – household work, compulsion to earn money, the lack of interest in studies, social and cultural norms, migration of families. There are some other causes which are also responsible for dropout rate of children such as lack of access, failure in exams, non – flexibility in school timing, early marriage etc. Generally, girls leave the school due to household work and boys cannot complete their education because of their earning necessities or economic activities (Patnaik & Deshpande, 2011, p.132).

According to the DISE data, during the year 2006–07 it was seen that the majority of school imparting elementary education were operating in the rural areas. Majority of schools are government schools. It is seen that the number of primary and upper primary schools has increased due to the impact of Sarva Shiksha Abhiyan (SSA). Under SSA it is also found that there is a significant progress in enrolment in the elementary schools. There are other incentives which are provided by the state government such as free text books, Uniform, Stationeries and free mid-day meal all these contributed to the school for better education system. Hence what we have noted is that SSA has created a huge demand for secondary education and

would take necessary actions for setting up of a large number of schools at that level (Patnaik, 2012, p.93).

The enrolment of students has increased. In spite of these non – enrolment in school existed and exists in Bihar. There are various reasons for the non – enrolment of students in schools in Bihar. The percentage of non – enrolment across different ages is higher in Bihar than the national average. There are three main reasons for non – enrolment in schools. They are; lack of interest among the parents; education is not considered necessary and financial constraints. As economic constraints seem to be the important reason for parents to keep away or withdraw children from school, so the State Government should emphasize more on other facilities such as free uniform, free books, mid-day meals etc. The State Government however has taken different initiatives for the improvement in the education system and ensures better enrolment and retention of children in schools (Journal of Social and Economic studies, VOL, XXI, NO.2. 2011, p. 134).

Schools in Bihar (in relation to population) when compared with national figures are less in numbers all in case of primary, upper primary, secondary and higher secondary level. For every 10000 population Bihar has 4.9 primary schools where as at the national level it is 6.3 as of September 2002. The unavailability of teachers and the teacher –pupil ratio is another constraint in the education system in Bihar. All the indicators of education are lower than that of the national level (Patnaik & Deshpande, Journal of Social and Economic Studies, VOL.XXI, NO.2, 2011,p. 135). Besides it has also been observed that as per the ASER (Annual Status of Education Report, 2012) report the learning outcome in Bihar is lower than the many other states.

As per the DISE data and CSS the infrastructure facilities is not satisfactory though DISE data reveals that the basic facilities such as common toilets, separate toilet for girls, drinking water facilities had improved during 2005–2006. But the commissions in its visit to some selected schools found that the picture was different. They found that in most of the schools there was inadequate toilet facilities or there were no toilet facilities. In one school in Patna which was visited by the commission did not even have a hand pump for drinking water for the school. In

several classes there were no blackboard and some good schools had no boundary walls. In most of the schools visited by the commission the presence of students was much less than 50 percent of those enrolled. Bihar still struggles to provide a good number of class rooms for each grade. According to the DISE data 2006-07 Bihar has a depressing figure of 2800 schools at primary schools and 15 upper primary schools without a class room. The commission's visit in some schools shows that two classes were held in the same room. In the capital city of Patna, it was seen that all the classes from I to V were taken in a single rectangular verandah under a roof which is made from straw or reeds. In several schools the post of the head teacher or Headmaster was still not filled. There were inadequate facilities in the secondary schools and also the existence of inadequate library facilities. DISE data has made a comparison between Kerala and Bihar. They had found that 83% of primary and 80% upper primary schools in Kerala have common toilet facilities whereas Bihar has toilet facilities in only 38% primary and 66% upper primary schools. It indicates that most of the schools of Kerala have common toilet facilities whereas in Bihar only 16.2% schools have girl's toilet facilities. This situation had affected the girls' and it can be held as one the reasons behind the lower participation of girls in the primary education in Bihar (Kaushal & Patra, DISE & CSSC, ADRI, 2007).

So, in order to strengthen the elementary education system in Bihar the new government had taken some serious steps in 2006-07. The new government which was formed in 2005 constituted a commission on Common Schooling System in August 2006. The main task of the commission was to prepare a plan action for implementing a common schooling system in the state which will ensure universalization of elementary education by 2012-13 (Ghosh & Rana, 2011. p.3). The commission submitted its report in June 2007. The commission recommended a number of norms and standard for quality education for all children and a system of teacher education in the state. The commission had also estimated the financial resources for the implementation of common schooling system. The recommendations which were provided by the common school system commission are as follows:

- i. There should be a uniform pattern of schooling in the state, with primary from grade I to V, middle from grade I to VIII and secondary including senior secondary from grade IX to XII.
- ii. At present the state government under the SarvaSikha Abhiyan has been providing books and stationery to girl, schedule caste and schedule Tribe students' up to the elementary level i.e. class VIII. The CSS has recommended that these be provided to all students upto class VIII.They have opined that books and stationery are a very necessary means of learning which are covered under the heading "free" education (according to Article 21A of the constitution of India, has to be provided to all children within the age group 6 – 14).
- iii. The CSS recommended supplying two sets of school uniforms to all school children in the age group 6–14 by the state government. As school uniforms makes a sense of identity of a particular school community.It is also to be mentioned here that in the poverty – stricken areas of the state, uniforms meet one of the minimum requirements for the children so that they can reach school in a presentable form side by side uniforms determines self-respect& confidence among the children. Uniforms should be prescribed by the Vidyalaya Shiksha Samiti (V.S.S) for each school in consultation with parents and students. Government must be provided each V.S.S. a cash grant for the usage of uniforms at a reasonable rate per child per year.
- iv. Mid-day meal has become an essential part of the elementary school system in India as well as in all states. According to the CSS the mid – day meals created a massive distraction from teaching. Children are not concentrating on their studies rather than thinking about the meal. The CSS is of the opinion that most of the problems related to the mid – day – meal scheme can be solved by the adoption of suitable right measures. The problem related to mid-day meal Scheme are erratic supply of food grains, lack of storage facilities etc. For this reason, FCI supplies are to be lifted from the district go downs. As a result, there is a disruption in supply of mid–Day meals due to lack of adequate storage facilities. They

recommended that the mid-day meal should be cooked and served in the compound or the school. There must be a requirement of a shed within the school compound for cooking the mid – day meal. The state government should provide financial steps for the construction of the shed and for providing utensils for cooking & serving the meal. Besides, there is a need for additional storage space for at least a fortnight's supply. It was further observed that the coverage of MDMS is not full or only partial since about 28% Government and Government aided schools are not covered under MDMS (Patnaik, 2012, p.93).

The CSS recommended that the mid-day meal scheme should be in the hands of school community so that the barriers of caste, class and religion can be abolished. They do not favour private – public participation for providing mid – day meals not any commercialization of the scheme. The scheme should be extended up to class VIII. There is a provision of mid-day meal to students in classes I to V at present. But the CSS recommended that the scheme should be provided up to class VIII to remove discrimination among the children in the same school. The state government should provide to the student's nutritional supplement along with mid – day meal, which are cheaply available like banana, sweet potato etc.

The MDMS have become popular and a large number of children have participated in this scheme. The scheme plays an important role for the improvement of the enrolment rate of elementary education in the state. The improvement of the quality of the meal is very necessary so that more and more participation of children is possible. As per Article 21 A of the constitution to provide free & compulsory education to all children in the age group 6–14 is essential. So the CSS recommended that the government must ensure that the street children and the children employed as labour are also enrolled and retained in the schools for elementary education. So, child labour should be abolished.

The CSS recommended that Govt. should provide bicycles to all girl students in classes IX to XII who cannot reach school for long distance from their native. If it happens, it will help girl students a lot for ensuring higher level of attendance of girl students in school. It will create a sense of confidence and self-assurance among these

students. Bicycles should be provided to those girl students who have to travel for more than 3 kms. The state government has provided girls hostels in existing schools where there is adequate availability of land (CSSC, ADRI, 2007).

Though the state government accepted the recommendations of the commission but not completely, but the state government made a number of interventions for the improvement in the elementary education system. And the state government has provided bicycle to the girl students (Patnaik, 2012, p.95). There is a shortage of secondary schools. The state government should have taken initiatives for the improvement of the quality of secondary education.

There is another major problem which is very much crucial for poor literacy rates in Bihar i.e. poor rate of attendance in schools. Ghosh & Rana (2011) have noted that although the enrolment ratio increased but that does not mean they are regularly present in school. From the school records and household survey's it is found that about 70.75 per cent students have attended the schools. Though there has been some improvement in the rate of attendance in spite of these state government needs to work hard. The reasons behind poor rate of attendance are parental indifference, inadequate infrastructure, poor functioning of the MDMS etc. This was stated by the headmaster of the schools. However, to them the poor functioning of the MDMS is the main reason for the poor attendance of children. The headmaster's who are the very functionaries and responsible for the management of the scheme have admitted that the MDMS is very irregular (Ghosh & Rana, 2011, p.27). Although parents interviewed have mentioned that lack of interest of the child because of low quality of infrastructure in school, illness and the school authorities have also mentioned that the poor functioning of the MDMS is also the main reason for the poor attendance of students. Another important cause of poor attendance of students in school is child labor mostly for domestic work and sometimes for economic activities. Teachers should have taken the responsibility of these students such as motivational effort and make them aware about their poor attendance in school.

It has been found that from the colonial period there had been depressing literacy scenario in Bihar. But in recent years the state government with the

Collaboration of the Central Government has taken several initiatives for the development in the education sector particularly for promoting elementary education through the Sarva Shiksha Abhiyan (SSA) which was launched in 2000–2001. It is more effective when the Mid – Day- Meal programme was universalized through the country including Bihar. In 2005 after the installation of new government in Bihar there had been some changes in the education sector. The JD (U) government had taken some serious efforts to strengthen elementary education in Bihar. It became true when the state government had constituted a commission on common schooling system in 2006 with the objective of preparing a plan of action for implementing a system that would ensure the universalization of elementary education by 2012–13 (Ghosh & Rana, 2011, p.72). The CSSC made some recommendations but the state government did not accept all the recommendations of CSSC because of inadequate financial resources. But during 2006–07 the state government had made some interventions in the state’s elementary education system.

The educational indicators such as access, enrolment, drop-out rate clearly shows that there has been some improvement in the years or period of our study. Though the education indicators in Bihar are very much low as compared to the national average. According to DISE data the Gross Enrolment Ratio (GER) for primary classes is 135.53 as against the national average of 115.63 during 2009-10 and the GER for upper primary classes is 53.38% as compared to 75.80 for all states. Prabhat P. Ghosh & Kumar Rana in their article entitled ‘Elementary Education in Bihar Progress and Challenges’ have discussed about child enrolment in Bihar. They present a different picture. From the official records they have derived a conclusion that the Gross Enrolment Ratio (GER) for primary classes had increased from 92.1 in 2005-06 to 95.9 in 2008-09. It also increased in case of upper primary classes from 32.0 percent during 2005-06 to 92.7 percent during 2008-09. Their survey reveals that the overall enrolment ratio in elementary education is still very high-98.1 percent for all children (6-14 years) (Ghosh & Rana, ADRI, p.74). However it can be said that the estimate of dropout and enrolment with the national average was much less hence it was necessary for the state government to give more attention on enhancing enrolment

rate, check the dropout rate particularly among the girls and also to reduce the gender parity on all parameters of educational development.

During 2005-06 through the free uniform scheme the enrolment ratio increased and from a survey conducted by ADRI, it revealed that about 48.6 per cent students have benefitted from the scheme. The girl students benefitted more (62.3 percent) than the boy students (36.5 per cent). The government is unable to universalize the scheme due to lack of adequate funds. But the scheme to Ghosh & Rana has strengthened elementary education in Bihar (Ghosh & Rana, 2011, p.65). As we have already discussed earlier that there are four incentive schemes for the students in elementary schools in Bihar, they are Mid-Day Meal Scheme (MDMS), Free textbooks, Free Uniform and Scholarship. Nearly 70 percent of students at that time have benefitted from the two schemes i.e. mid-day meal scheme and free text books scheme. But during the recent years the MDMS has shown some decline. Some reasons for the declining scenario of the MDMS scheme are; irregular supply of mid-day meal and the poor quality of meals served. The state government should strengthen the monitoring mechanism for effective implementation of the scheme (Patnaik, 2012, p.93). But the other two schemes namely free uniform and scholarships have increased the regular attendance of the students in the schools.

So far as the school infrastructure is concerned the infrastructure facilities in the schools are not well constructed or are very inadequate in Bihar. It has been found that not less than one fifth of the buildings were not possessed or owned by the schools and an equal proportion of schools operate in non-waterproof buildings. Even some primary classes are held just under a tree not in a building. From the survey some shortages are found in elementary schools. They are:

- i) Lack of drinking water facilities
- ii) Without toilet
- iii) Without separate toilet facilities for girls
- iv) Without blackboards in the schools
- v) Without adequate kit.

It was found that even the classrooms for primary classes are not available. For that reason standard I and II almost everywhere share a single classroom. It is also to be

pointed out that there is no furniture in the classrooms. As a result, students have to sit on the dusty and uneven floor. The same problem is also found in case of upper primary schools. About one fourth of the upper primary schools do not have a boundary wall and one third of them cannot be safely locked. Some of the common facilities are also not available in upper primary schools such as without drinking water facilities within premises, without toilets for girls. The same problems are also seen in case of classrooms in upper primary school. Here also students of lower classes have share their classrooms.

A school cannot run without the teachers. For a successful functioning of the school, physical infrastructure is very necessary as well as teachers. But from the survey conducted by Ghosh & Rana on elementary education it is found that the strength of teaching personnel for the elementary schools in Bihar is very inadequate/limited. In a primary school the average number of teachers is 3.6 as against the average number of sanctioned posts of 5.4. Numbers of posts are still lying vacant (Ghosh & Rana, ADRI, 2011).

From 2006-07 the elementary education system in Bihar has been widened to a large extent. The number of teachers and schools has also increased. The state government decided to recruit 1.50 lakh additional teachers in elementary schools. During 2008-09 the state government had allotted 1.18 lakh teachers and their number increased from 2.05 lakh in 2005-06 to 3.23 lakh in 2008-09.⁴ During this period Bihar has witnessed huge demand for education. As a result, there has been some improvement among the marginalized sections of the population. They have become socially and politically empowered. Under the regime of JD (U) the educational system has resulted in the near universalization of enrolment of children in the age group of 6-14 years.

⁴The Government later on in a document claimed that the State Government has also succeeded to fill the vacant posts of teachers. Nearly 2.40 lakh teachers have been contractually appointed. About 1947 Librarians appointed. A sum of 20,241 teachers is contractually recruited in various subjects in Secondary schools (See, Government of Bihar, Marching Ahead, Agenda of Good Governance, 2005-2015, Government of Bihar, Patna, n.d. & Government of Bihar, Marching Ahead, Agenda of Good Governance, 2010-2015, Government of Bihar, Patna, n.d).

Though Bihar had shown some appreciable achievements in the education sector in the period of our study and also in recent years, in spite of these the attendance of students in the school is still low and their learning achievements are much below the desired level. Some other problems, which are faced by the state happens to be shortage of teachers and inadequate physical infrastructure. Two institutional mechanisms- the Vidyalaya Shiksha Samity (VSS) and the Gram Panchayat (GP) which are responsible for monitoring the working of local elementary schools have now become dysfunctional. So it has been suggested that the state government should activate the VSSs and the GPs to lay stress on the educational challenges.

So from the above discussion and analyses it is seen that since 2000 and more particularly under the JD (U) government there has been some remarkable progress in the educational sector. The government once again was re-elected for another term. Thus it can be said that their constant effort to strengthen the elementary education has paid them political benefits as well. It was expected that the state government will take some further steps to improve the elementary schooling system in Bihar. In spite of these a number of challenges prevail. The existence of drop-out rate still is high at all stages particularly at the upper primary school level. The JD (U) government did try to reach all the marginal sections of the society but had not succeeded wholly. We note that the State government though have taken several other initiatives to reduce the drop-out rate despite this drop-out rate is still high in the state. So government needs to pay more attention to reduce the dropout rate at all levels of education in the state.

CHAPTER VIII

The Governments and the Health Sector in Bihar (2000-2010)

Introduction: ‘Health is wealth’. This is a very common saying and the development of the health sector is closely associated with the economic development of a country. In the Indian context it can be said very easily that health is an important tool for the economic development of the country as well as for the State’s in India. As we all know healthy people work faster than people with poor health. And it is seen that better health is an important key for human happiness and well being. It also makes an important contribution to economic progress. Besides, poor health reflects their poverty and contributes to it. Researchers have found a strong correlation between better health and faster economic growth. So it can be said that health is an important element for the development of any state or country.

Keeping this in mind let us discuss the situation of the health sector in Bihar and what the governments has done for the improvement of the sector in our study period. We will concentrate on how the Governments performed and what are the programmes that have been undertaken by the Government for improving the health sector in the State.

Health Indicators: Improving life expectancy at birth and ‘infant mortality rate’ are considered as an important indicator of better health. It is seen that Bihar has shown a considerable improvement in important health indicators such as Infant Mortality Rate (IMR), life expectancy and institutional deliveries, Crude Birth Rate (CBR), Crude Death Rate (CDR) and Maternal Mortality Rate (MMR) between 2002-04 and 2009-10, a period which largely comes under the rule of Nitish Kumar.

Let us see what was the infant mortality rate in Bihar? The infant mortality rate was so much high during the 1980’s and 1990’s but in the end of 1990’s the position of the State in the IMR had changed. C4 During 1999-2003 the IMR for rural areas was 65 compared to 75 in India. During the eighties and early nineties, the urban IMR in Bihar was little lower than the national average. So it can be said that the overall trend in IMR in Bihar has declined during the nineties but it has been much slower.

From the Economic Survey 2012-13 it is found that infant mortality rate (the probability of dying before the first birthday) has declined during 2010. In 2006 it was 60 whereas in 2010 it has decreased to 48. So, it can be said that there has been some improvement in the indication of infant mortality rate. It is also found that Patna (39), Begusarai (46) and Bhojpur (48) these are the 3 (three) better performing districts in the case of IMR. And the 3 (three) disadvantaged districts are Khagaria (66), Sitamarhi (67) and Madhepura (71). Ghosh, Khasnobis & Srishti in their articles entitled 'Demographic Profile of Bihar' have talked about the IMR at the District Level across different Socio-religious categories in Bihar. They have used Brass's CEB/CS method using the MORTPAK software. Using this software, they have found that IMR is relatively higher in the north-eastern districts of Bihar than other parts of the State such as Sheohar in the north and Kaimur in the west. It is lower in the Central region district such as Aurangabad and Rohtas in the South west. And the medium IMR zones are situated in the southern and northern parts of the State. They have also discussed about the incidence of IMR by socio-religious categories across districts. And they found that the IMR is significantly higher in almost all the districts among Scheduled Castes and Muslims. Among Muslims Kaimur had the highest IMR and it is higher among the Scheduled Castes in Arwal and among the STs the IMR is higher in so many districts, such as Rohtas, Vaishali and Jamui. They have found that the IMR is basically higher among the socio-economically marginalized sections and minorities than the others. They face higher risk of infant mortality compared to others. They have also pointed out that maternal education is very essential for child health. They said that educated women are more conscious about child bearing and child rearing norms including knowledge of vaccinations, signs, symptoms of common childhood illness and possible treatment options (Ghosh, Khasnobis & Srishti, 2018, ADRI, p.32).

The other important indicator of health status is Life Expectancy at Birth (LEB). If we notice the table of LEB during 2001-05 and 2006-10, we find that Life Expectancy at Birth in Bihar is much less than that in India. During 2001-2005, the LEB in Bihar was 61.0 years and at the all India level it was 63.1 years. And during 2006-10 the LEB in Bihar was 65.8 years and at the all India level it was 66.1 years. So far as LEB at the all

India level is concerned for male and female, it is found that female survives more than the male. There is a wide gender disparity in this regard because of the demographic pattern. Whereas LEB in Bihar for male and female is concerned that LEB for female have shorter life during 2001-05 indicating wide gender disparity. However during 2006-10, the disparities have vanished and LEB for females is little higher than that of males (GOB, Economic Survey, 2012-13, p.189).

Table: 8.1

HEALTH IN BIHAR (Life Expectancy at Birth of Bihar and India)

| State/ India | 2001-05 | | | 2006-10 | | |
|-----------------|---------|--------|-------|---------|--------|-------|
| | Male | Female | Total | Male | Female | Total |
| Bihar | 62.0 | 60.1 | 61.0 | 65.5 | 66.2 | 65.8 |
| India | 62.3 | 63.9 | 63.1 | 64.6 | 67.7 | 66.1 |

Source: Sample Registration System (SRS), office of the Registrar General India, Ministry of Home Affairs, Government of India (GOB, Economic Survey, 2012-13, p.190).

There was also an improvement in the Crude Birth Rate in Bihar which was always higher. During 1991-93, it was 31.7 but in 2010 it decreased to 28.1. And the corresponding All India Figure is 29.1 and 22.1 respectively. Though from 1991 to 2010 there was progressive improvement in health indications over the years but from 2006 to 2010, the gap between CBR of Bihar and India was marginally reduced.

Besides crude death rate in Bihar during 1991 to 1993 was 10.5 and it got reduced to 6.8 in 2010. Whereas the All India level is concerned it was 9.7 and 7.2 respectively. So it is found that there has been some improvement in this area. So it can be said that the crude death rate has declined from 10.5 in 1991-93 to 6.8 in 2010. If we compare CDR in Bihar 2010 with All India level CDE in 2010. We find that in Bihar CDR is lower than that for India. Therefore a low CDR signifies a better health status. So it is clear that there has been some improvement in the indicators of health in

Bihar. But it is very sad to accept that there is an existence of a paradoxical situation in Bihar because one part shows higher Birth rate and the other part indicates lower death rate which results in increase of population which is unexpected. Similarly, it is also found that the Total Fertility Rate (TFR) in Bihar and India, it is higher in Bihar than the national average. So it can be said that the important health indicators in Bihar such as IMR, CDR, CBR, TFR has shown progressive improvement over the years in keeping with the national pattern. Besides we find that so far as the all India level is concerned health indicators such as IMR, CDR, CBR and TFR are higher than any other State. Similarly, it is also found that the natural growth rate of population has recorded an increase in Bihar. For this reason Bihar is lagging behind any other States. In spite of these from the above it can only be asserted that the JD (U) government has taken several initiatives and policies for the improvement of important health indicators and it is found that the important health indicators have shown moderate improvement in recent years more particularly after the government came to power.

From the District Level House-hold and Facility Survey of 2002-04 and census 2001, it was reported that there are 24 (twenty-four) District Hospitals. It is seen that among the 38 (thirty-eight) Districts, 14 Districts are not provided by District Hospitals, 23 (twenty-three) Sub-Divisional Hospitals and 87 (eighty-seven) referral Hospitals of which 70 (seventy) are functioning in the State. The total number of PHCS and additional PHCS in the state are 398 and 1243 respectively. The Department of Health in Bihar has also found that only 19.6 percent of pregnant women visit ante-natal centre as compared to the national average of 50.1 percent. The institutional delivery system is also low for women than any other state (GOB, Economic Survey, 2006-07, p.120).

Now let us come to the situation that exists in the health centres. From the Economic Survey, 2008-09 it is noted that there are 11,107 of all types of Health Centres in the State. Among these 415 are Rural Primary Health Centres (PHCS), 69 (sixty-nine) Urban PHCS, 9,588 Sub-Centres and 1035 additional PHCS that were working in the State. The problem however, was that there are wide districtwise variations in this sphere. Khagaria has 153 Health Centres, while Gopalganj has 89 (eighty-nine) Centres for every lakh of population and in Nawada there are only 8

(eight) Health Centres. It is a noticeable fact that apart from Gopalgang and Khagaria no district has more than 19 centres for every lakh of population. In the Urban and Rural areas in Bihar the total numbers of referral Hospitals are 70 (seventy) [Government of Bihar, Finance Department, Economic Survey, 2008-09; p.161]. In 2009-10, from the Government of Bihar, Economic Survey, it is learnt that there are 10,634 Health centers' as on October, 2009. Among these there are 487 Rural Primary Health Centres (PHCS), 46 (forty-six) Urban PHCS, 8858 Health Sub-centers' and 1243 additional PHCS. The 2008-09, Economic Survey of Bihar indicates that there are 13 (thirteen) Health centers' for every lakh of population while the 2009-10, Economic Survey of Bihar revealed that there are 11 (eleven) Health Centers' in 2009 for every lakh of Population (Government of Bihar, Economic Survey, 2009-10, p.174).¹

Table: 8.2

The State Government has sanctioned regular and contractual posts for Doctors in the State in 2008-09 and 2009-10. A table is given below:

| Economic Survey | Doctors | | Percentage | |
|-----------------|---------|-------------|------------|-------------|
| | Regular | Contractual | Regular | Contractual |
| 2008-09 | 4,643 | 2,369 | 58.4 | 58.8 |
| 2009-10 | 4,738 | 2,411 | 54.1 | 53.2 |

From the Economic Survey it is seen that during 2008-09, the sanctioned posts for Doctors have been filled up in a better manner in comparison to 2009-10, though the posts sanctioned for Doctors in 2009 had increased but the Health Department in the State had failed to fill up the given sanctioned posts for Doctors. For this reason in 2008, 5 (five) Doctors are in position for every lakh of population in the State whereas in 2009 there are 4 (four) Doctors that are in position for every lakh of population in

¹ The Bihar Government also claimed that the primary Health centre's in Bihar are being upgraded as a 30 bedded Hospitals, 30 Bedded community Health Centres (CHCS). There are 533 Block level PHCS. Out of these 410 PHCS are in operation which is upgraded as 30 bedded CHCS (See, Government of Bihar, Marching Ahead, Agenda of Good Governance, 2005-2015, Government of Bihar, Patna, n.d. & Government of Bihar, Marching Ahead, Agenda of Good Governance, 2005-2010, Government of Bihar, Patna, n.d)..

the State, though there is district-wise wide disparity in the availability of Doctors. As we have discussed earlier that in Khagaria (153 health centres) and Gopalganj (89 health centres) there are available health centres for every lakh of population so it is assumed that the availability of Doctors in these Districts in Bihar is also better than the other Districts. There are 49 (forty-nine) Doctors that are available per lakh of population in Khagaria and 38 in Gopalganj. Besides we also find that there is only 1 (one) Doctor available per lakh of population in Arwal.²

Health Infrastructure in Bihar: An important aspect of health infrastructure is availability of health personnel such as Doctors, Nurses, Auxiliary Nurse-cum-Mid-wife (ANM), Accredited Social Health Activist (ASHA), the availability of Doctors in the State. Let us look at this situation in the state. Let us look at the availability of Grade – ‘A’ Nurses in the State. The situation in this sphere is not so good. It is seen that the State Government has not been able to fill up the sanctioned posts for Grade – ‘A’ Nurses either regular or contractual (GOB, Economic Survey, 2012-13; p.197). As per the 2008-09 Economic Survey, there are only two Grade – ‘A’ staff Nurses in position and working for every lakh of population. There are 57.1 percent of the regular and 26.4 percent of the contractual posts that have been filled up. During 2009, the situation has slightly improved for Grade – ‘A’ staff Nurses. In this year it was found that there were 58.8 percent of the regular and 41.2 percent of the contractual posts were filled up (Government of Bihar, Economic Survey, 2009-2010; p. 175). There are also District-wise differences in the availability of Grade – ‘A’ staff nurses in the State. In 2008 while 41 (forty-one) Grade – ‘A’ Nurses are working for every lakh of population in Khagaria and in 2009 it is seen that 4 (four) Grade – ‘A’ Nurses are working for every lakh of population in Patna. Though the Government has tried to fulfil the sanctioned posts for Grade – ‘A’ Staff Nurses in spite of these the State Government has failed to fill all the vacancies in the State. It is seen that the vacancy rate is more than 50 percent in the State as a whole. In some of the Districts the vacancy rate was much higher.

²The government also claimed that from 2005 onwards, a large number of vacant posts of doctors have been filled up by the State Government. During 2005 to 2010, a total of 535 senior resident’s tutor’s assistant and associate HODs have been nominated during 2005 to 2010. And during 2010 to 2015 number of super specialist doctors’ faculties in medical education, other medical and paramedical staff has been appointed (ibid.).

The state government was not able to make improvement in the Auxiliary Nurse-Cum Mid Wife position. As per the 2009-10 Economic Survey of the Government of Bihar, there is no considerable improvement in the availability of ANMs (Auxiliary Nurse-cum-Mid-wife) in the State. In 2009 there are 16 (sixteen) ANMs working for every lakh of population in the State as it was in 2008. In 2011-12, as per the Government of Bihar, Economic Survey the number of ANMs decreased due to inability to include the contractual ANMs to the total work force (Government of Bihar, Economic Survey, 2011-12; p. 208).

The State Government has been successful in appointing ASHA workers in the State. In 2009, it was found that there were 79 (seventy-nine) percent of the 87,136 posts ofASHAs have been filled up in 2009.The state government has provided training to ASHA workers.In 2009 about 92 percent ASHAS were trained in Module 1.There are 72 ASHAS and 67 trained ASHAS for every lakh of population who are working in the state (GOB, Economic Survey, 2009-2010, p. 175).³

It was found that the number of Patients visiting government hospitals was very poor during 2006. There was low turnout at outpatient Departments in rural Bihar.In recent years the situation has changed. It is seen that 95 percent of patients were going to private doctors for treatment (GOB, Economic Survey, 2008–09, p. 164).The table shows the month wise progress since 2006 in number of patients visiting Government hospitals. Not only that the hospitals also admit patients with serious illness for their treatment. During the years, the Bed occupancy rate (BOR) in different health institutions in different districts of Bihar has also increased. The bed occupancy rate in Bihar as a whole has increased from 22.6 percent in 2009 –10 to as high as 94.1 percent in 2011 –12.

³Government documents later on claimed that from 2008-09, the recruitment of MAMTA workers has been started and during 2010-2015 total 4811 MAMTA workers are functional and delivering services. The numbers of ASHA workers has been increased from 29,727 in 2005 to 85,167 in 2015 (ibid).

Table: 8.3**Number of Patients per facility per day**

| Month | 2006 | 2007 | 2008 | 2009 | 2010 (upto Oct) |
|-----------|------|------|------|------|--------------------|
| JANUARY | 39 | 2243 | 2522 | 1597 | 3526 |
| FEBRUARY | 653 | 2224 | 2693 | 3161 | 4288 |
| MRCH | 1018 | 2257 | 2778 | 4264 | 4841 |
| APRIL | 1101 | 2120 | 2825 | 3595 | 4674 |
| MAY | 1306 | 2784 | 3908 | 3155 | 4957 |
| JUNE | 1547 | 3508 | 3900 | 3875 | 5069 |
| JULY | 2758 | 4093 | 4905 | 4538 | 5857 |
| AUGUST | 3063 | 3851 | 4817 | 4591 | 5874 |
| SEPTEMBER | 2685 | 4140 | 5521 | 4280 | 4406 |
| OCTOBER | 2454 | 4513 | 4505 | 3991 | 4768 |
| NOVEMBER | 2638 | 3188 | 3884 | 4819 | -- |
| DECEMBER | 2565 | 1998 | 4000 | 4042 | -- |

Source: State Health Society in (GOB, Economic Survey 2010–11, p. 232).

The number of institutional deliveries in Bihar has increased very rapidly during the recent years. From 2001–02 to 2006–07 there was not so much improvement in the number of institutional deliveries. But in 2007–08 it has increased very rapidly and is estimated to be 8, 38, 481 in 2007–08 (GOB, Economic survey, 2008 –09, p.164). There are some districts in north Bihar where the extent of institutional deliveries is higher such as west Champaran, Sheohar, Vaishali and Madhubani. From the increase in the number of institutional deliveries it can be said that the reason behind better institutional deliveries in Bihar is the successful implementation of Janani EvamBal Suraksha Yojana (JBSY). The programme was launched on July 1, 2006. It has played an important role in the institutional deliveries in Bihar. Under this scheme the Government has provided cash to the mothers who come to health institutions for the deliveries of their children. Through this programme the institutional deliveries in Bihar has increased and it helps to reduce maternal as well as infant mortality.

Table: 8.4

Coverage under Janani Bal Suraksha Yojana

| Year | 2008-09* | 2009-10 | 2010-11 | 2011-12 (upto September) |
|--------------------------------|----------|---------|---------|-----------------------------|
| Coverage under JBSY (thousand) | 492.1 | 1246.8 | 1382.5 | 677.5 |

*From November'08 to March'09, Source: State Health Society in (Economic Survey, 2011-12, p.214).

From a survey conducted by the Institute of Human Development it has been found that that the JSY(Janani Suraksha Yojana) scheme has benefitted one women out of ten and the proportion of households benefitting from the scheme is higher among the poorer groups (Singh & Stern, 2013).

Budget for the Health Sector: The state Government has increased the budget for the health sector. From Rs.398.22 crore in 2005–06 to Rs1040.66 crore in 2009–10. But the actual release has gone up from Rs.124.33 crore in 2005–06 to Rs.626.69 crore in 2009–10. Not only that, the percentage of utilization against receipts has also increased from 31.1 percent in 2005–06 to 89.8 percent in 2009–10 (GOB, Economic Survey, 2010-2011, p.236).The percentage of utilization against receipts was very low during 2006–07. But the funds finally received are very close to the budgeted amount. It is a noticeable fact that a large amount of funds is allocated by the Central Government.Besides we note that the Government of Bihar has been allocated small amount of fund for the development in the health sector in the state. So it can be said that the position has improved in recent years. The health department has also shown its improved efficiency. As a result the percentage of utilization against received funds has also increased (GOB, Economic Survey, 2011–12, p.215).

Table: 8.5**Financial Overview of Health Expenditure**

| Year | Approved Budget | Fund Received | | Total Received | Total Expenditure |
|--------------|-----------------|----------------|---------------|----------------|-------------------|
| | | GOI (NRHM) | GOB | | |
| 2005-16 | 398.22 | 124.33 | -- | 124.33 | 38.62 |
| 2006-07 | 571.42 | 328.75 | 51.84 | 380.59 | 92.14 |
| 2007-08 | 680.70 | 240.20 | 175.37 | 415.57 | 237.80 |
| 2008-09 | 766.69 | 645.10 | 0.19 | 645.29 | 339.75 |
| 2009-10 | 1040.66 | 411.28 | 215.41 | 626.69 | 562.53 |
| TOTAL | 3457.69 | 1749.66 | 442.81 | 2192.47 | 1270.84 |

| Year | Percentage Utilization Against Receipts | Percentage Utilization Against approved budget |
|--------------|--|---|
| 2005-06 | 31.10 | 9.70 |
| 2006-07 | 24.20 | 16.10 |
| 2007-08 | 57.20 | 34.90 |
| 2008-09 | 52.6 | 44.30 |
| 2009-10 | 89.90 | 54.10 |
| TOTAL | 57.96 | 36.8 |

(Source: State Health Society, GOB, Economic Survey, 2010-2011, Feb, 2011)

Programmes in the Health Sector

INTEGRATED CHILD DEVELOPMENT SCHEME (ICDS)

ICDS is a very fruitful programme for all young children and expectant and nursing mothers. It was launched in 1975 and its main objective is to improve the condition of

the children, early stimulation and learning health and nutrition. During 2011-12 it has been found that there are 544 ICDS projects that are working in the state. This programme is composed of six packages of services. They are immunization, Health check-ups, Referral Services, Supplementary feeding, Non-formal pre-school Education and Nutrition & Health education. These can be achieved through a five point programme. They are:

- i) Improve the nutritional and health status of children below the age of six years.
- ii) Develop the proper psychological, Physical and Social conditions of the child.
- iii) Reduction of the incidence of mortality, morbidity, mal nutrition and school drop outs.
- iv) Implementation of various policies among various departments to promote child development.
- v) To give the normal health and nutritional needs of the child, mother should have the capability to look after their child. This can be done through proper health and nutrition education.

The ICDS centre consists of Child Development Programme Officers (CDPO), Lady Supervisors, Anganwadi Workers and Anganwadi Helpers. In 2008-09, there were 86,237 Anganwadi centres and 5440 mini – AWCs (Anganwadi Centers) operational in Bihar. There are 93.3 percent of Sanctioned strength of CDPOS that has been filled up and 99.27 percent posts of Anganwadi Helpers and Anganwadi workers have been filled up during 2009-10. So it is seen that there is an improvement in filling up of the posts of CDPOS, Anganwadi workers, Anganwadi Helpers but the percentage of lady supervisors in ICDS centre is very low compared to their sanctioned strength. In 2009-10, only 7.7 percent posts were filled up but their role in the entire scheme is very significant. Staffing is a very essential thing for the success of the programme because it is a human capital base programme. Soshortage of supervisor staff is still a major concern and the Government was supposed to look after this matter carefully.

Table: 8.6

STAFFING POSITION IN ICDS IN BIHAR

| Year | Posts | CDPO | Lady Supervisor | Anganwadi Worker | Anganwadi Helper |
|---------|-------------------------------|-------|-----------------|------------------|------------------|
| 2008-09 | Sanction Strength | 544 | 3288 | 80797 | 80797 |
| | Actual strength | 485 | 274 | 80211 | 80211 |
| | Vacant | 59 | 3014 | 586 | 586 |
| | Percentage of Actual strength | 89.2 | 8.3 | 99.3 | 99.3 |
| 2009-10 | Sanction strength | 544 | 3288 | 80797 | 80797 |
| | Actual strength | 508 | 254 | 80211 | 80211 |
| | Vacant | 36 | 3034 | 586 | 586 |
| | Percentage of Actual strength | 93.38 | 7.73 | 99.27 | 99.27 |
| 2010-11 | Sanction strength | 544 | 3288 | 91677 | 86237 |
| | Actual strength | 508 | 254 | 80211 | 80211 |
| | Vacant | 36 | 3034 | 11466 | 6026 |
| | Percentage of Actual strength | 93.4 | 7.07 | 87.5 | 93 |

Source: Directorate, ICDS, GOB, Economic Survey, 2011-12, p.218

For the implementation of the ICDS programme in Bihar, the state government particularly the Nitish Kumar led government has increased the fund (resource allocation and utilization). During 2003-04 the budget was Rs.241.97 crore for this programme but during 2009-10 it increased to Rs. 934.40 crore. In 2007-08, 85 percent of the budgeted funds were released which declined to 45 percent in 2008-09 but in 2009-10 it was increased by 75 percent. The percentage of expenditure in budget has also increased from 58.9 percent in 2003-04 to 91 percent in 2009-10. So it is seen that the Government has tried to utilize all the resources for the successful implementation of this programme. From the data it is clearly revealed that both the overall allocation and utilization of funds increased in 2009-10 as compared to previous Years (GOB, Economic Survey, 2010-11, Feb.2011).

The Government of India has published a report of the Special Task Force on Bihar which has provided a road map for the development of the health sector in the state. The report was prepared by a team at the ICICI Bank which worked under the supervision of Task Force Member, Dr. Nachiket Mor. The members of the Planning Commission and the state Health Department also assisted the Task Force by providing information on the state's health sector. The report of the special task force of Bihar which has been provided by the members of the planning commission and the State Health Department stated that Bihar is one among the most populous state in India. It has a poor record in terms of human development indicators.

The main features of Bihar health system as per the report are; very high fertility rate, low level of institutional deliveries, high level of maternal deaths and very low coverage of full immunization, low level of female literacy and poor status of family planning programme etc. This is what we have already discussed. It is also seen that there are large gaps in sub-centres, primary health centres and a very large gap in community health centres. Not only that, it lacks in manpower, drugs and equipment for primary health care and inadequate training facilities (GOI, A Report of the Special Task Force on Bihar, August, 2007).

It has also been reported that Kalazar is a very serious matter of concern in Bihar. It has worsely affected the state. Not only that the existence of vector borne diseases like malaria, filariasis and other communicable diseases like tuberculosis, water borne diseases all these worsened the situation of Bihar. Also Polio cases are found in Bihar, malnutrition among children and women is higher in the state. Anaemia is also seen among the children of 6–35 months and amongst pregnant women. In this background the state Government made efforts to improve the health situation in Bihar by recruiting doctors on contract, diagnostic facilities, free medicines to the poor, ambulance services, through a mechanism of web-based monitoring. All these facilities have changed the health situation in Bihar to some extent.

The state Government and central Government has launched a number of programmes for the reduction of morbidity and mortality rates. The programmes are Janani Evam Bal Suraksha Yojana which have worked under the overall umbrella of the National Rural Health Mission, Anemia Control Programme, Blindness control

Programme, Vitamin – A Disorders, Routine Immunization, programme for elimination of Iodine Deficiency Disorders, Revised National Tuberculosis Control Programme (RNTCP), Kalazar eradication programme etc.

NRHM (National Rural Health Mission) plays an important role for the implementation of all these health programmes. It has been launched in 2004 as a part of the Common Minimum Programme by the Government of India. Its objective is “to promote equity, efficiency, quality and accountability of public health services through community driven approaches, decentralization and improving local governance” (GOI, 2007). NRHM has tried to improve the health care services through the creation of a Cadre of Accredited Social Health Activists (ASHA) and District Health Planning.

The National Family Health Survey (NFHS-3, 2005-06) found that there was substantial progress in the direction than the previous NFHS-2 (1998-99) survey (A Report of the Special Task Force on Bihar, GOI, August, 2007). Such as immunization coverage was increased from 12% to 33%, increase in institutional deliveries from 15% to 22%. In this sphere Janani Evam Bal Suraksha Yojana programme has been implemented in the state. Under the programme women from BPL families are being provided money for registering with clinic and giving birth either in a government or a private hospital.

In the rural areas women are being provided Rs.1400 and in the urban areas Rs.1000 was being provided. The programme helped the woman a lot. About 89839 deliveries have taken place. Through these programmes much improvement has taken place in the health sector in Bihar. Not only the government hospital but also the 53 private nursing homes have been accredited for the successful implementation of this programme.

ROUTINE IMMUNIZATION & PULSE POLIO

Routine Immunization is one of the important parts of the health system in Bihar. Immunization of children means preventing the children from communicable diseases such as BCG, Polio Vaccination and measles. The objective of this programme is to reduce the morbidity, mortality and disabilities which are caused by these six diseases

and it provides free vaccines to all eligible children. State Government had declared the year 2006 as Routine Immunization year. The state Government showed some improvement towards universal immunization in that period and also later. By the end of the year 2007 one notice that Bihar has improved in the field of complete immunization from 11% to 34% (A Report of the Special Task Force on Bihar, GOI, August 2007).The state Government targeted to provide timely and safe immunization with all antigens (plus 2 Dosages of vitamin 'A') to all children between 12-23 months and all pregnant women with 2 doses of FT in the entire district in Bihar by the year 2010.Polio is being provided regularly. Not only that for the successful implementation of the immunization process the state Government has taken different initiatives or micro plans such as area maps and laid stress on information education and communication and social mobilization.What we note is that the state Government has made substantial improvement in the field of immunization during 2011- 12.State Health Department also tried to fulfil the immunization coverage (GOB, Economic Survey, 2012-13, p.199). Sothe planning was routine immunization Programme that covers all children against all communicable and preventable diseases.

Table: 8.7

Antigenwise Immunisation Coverage in Bihar (2008-09 to 2011-12)

| Antigenname | 2008-09 | | | 2009-10 | | | 2010-11 | | | 2011-12 (upto Sept 11) | | |
|-------------|---------------|--------------------|---------------------------|---------------|--------------------|---------------------------|---------------|--------------------|---------------------------|---------------------------|--------------------|---------------------------|
| | Target ('000) | Achievement ('000) | Percentage of achievement | Target ('000) | Achievement ('000) | Percentage of achievement | Target ('000) | Achievement ('000) | Percentage of achievement | Target ('000) | Achievement ('000) | Percentage of achievement |
| TT (P.W) | 3186 | 2535 | 79.6 | 3275 | 3244 | 99.1 | 3085 | 3812 | 123.5 | 3254 | 1815 | 55.8 |
| BCG | 2896 | 2219 | 76.6 | 2977 | 2307 | 77.5 | 2805 | 2398 | 85.5 | 2958 | 882 | 29.8 |
| OPV0 | 2896 | 1196 | 41.3 | 2977 | 1449 | 48.7 | 2805 | 1594 | 56.8 | 2958 | 578 | 19.6 |
| OPV1 | 2896 | 2422 | 83.6 | 2977 | 2300 | 77.2 | 2805 | 2318 | 82.6 | 2958 | 572 | 19.3 |
| OPV2 | 2896 | 2152 | 74.3 | 2977 | 2287 | 76.8 | 2805 | 2264 | 80.7 | 2958 | 579 | 19.6 |
| OPV3 | 2896 | 1985 | 68.5 | 2977 | 2212 | 74.3 | 2805 | 1986 | 70.8 | 2958 | 582 | 19.7 |
| DPT1 | 2896 | 2258 | 78.0 | 2977 | 2435 | 81.8 | 2805 | 2429 | 86.6 | 2958 | 746 | 25.2 |
| DPT2 | 2896 | 1962 | 67.8 | 2977 | 2413 | 81.1 | 2805 | 2299 | 82.0 | 2958 | 805 | 27.2 |
| DPT3 | 2896 | 1823 | 62.9 | 2977 | 2331 | 78.3 | 2805 | 2116 | 75.4 | 2958 | 811 | 27.4 |
| Measles | 2896 | 2164 | 74.7 | 2977 | 2088 | 70.1 | 2805 | 1942 | 69.2 | 2958 | 900 | 30.4 |

Source: State Health Society (GOB, Economic Survey, 2011-12, p.215).

VITAMIN – A SUPPLEMENTATION PROGRAMME

This programme has been implemented by the Government of Bihar and state health society for the Pre-school children. The state Government has targeted the children of the age group 9 months to 5 years in all the 38 districts. The children are being provided six monthly doses of vitamin A Syrup. About 95% children are covered by vitamin –‘A’ syrup.

PROGRAMME FOR ELIMINATION OF IODINE DEFICIENCY DISORDERS

Iodine is a very essential micro nutrient. Lack of iodine can lead to iodine deficiency disorders (IDD). It is the only reason for mental retardation worldwide. It is a very serious issue in Bihar. A large number of population (31.5%) have very low urinary iodine excretion. It shows that there is a very severe iodine deficiency in many districts in Bihar. A report of the Special Task Force on Bihar by GOI, 2007 pointed out that only 40% of the households use adequate iodized salt. The IDD elimination programme had been launched in Bihar in the late 1960's in some districts. It seems that it is a major public health problem in Bihar. However, the Government of India has banned the sale of non-iodized salt in all states including Bihar and Union Territories by 1988 (GOI, Special Task Force on Bihar, August, 2007, p.17).

NATIONAL VECTOR BORNE DISEASES CONTROL PROGRAMME (KALAZAR)

Kala -Azar is a life-threatening disease all over India. It is a major public health problem in Bihar. It is a very noticeable fact that more than 90 percent of VL cases in India are coming from Bihar alone. Among the 38 districts 30 districts in Bihar are badly affected by this endemic disease (Singh, Ranjan, Topno & Verma 2010). The programme was launched in 2003 by the Government of India.

In 31 Kalazar endemic districts the State Government has provided insecticidalresidual spray of DDT. There are a number of medicines like SAG (Sodium Antimony Gluconate) Amphotericin -B, Miltefosine which are very essential for Kala-azar treatment which are now available at PHC and in district hospitals, medical colleges. The state Government has tried to provide Amphotericin -B in all the districts and medical colleges in Bihar. It has also provided rk - 39 dipsticks for quick and effective diagnosis (A Report of theSpecial Task Force on Bihar,GOI, August, 2007, p.17).

NATIONAL RURAL HEALTH MISSION

NRHM is one of the important health programmes all over India including most of the states. The programme was launched on September 2004 by the Government of India as a part of the Common Minimum Programme. Its main aim is to promote equity, efficiency, quality and accountability of Public Health Services through community driven approaches, decentralization and improving local governance (GOI, 2007, p.19). It wants to provide accessible, affordable, accountable, effective and reliable facilities to the primary health care among the poor and vulnerable sections of the population. It also focuses on the creation of a cadre of Accredited Social Health Activists (ASHA), a village health plan which is headed by the Health & Sanitation Committee of the Panchayat, also strengthening of the rural hospital for the improvement of the health care services in the state. It also emphasizes on local health tradition and mainstream AYUSH in to the public health system. It also looks after the health determinants like sanitation and hygiene, nutrition & safe drinking water through a district plan for health. NRHM also provides overarching umbrella to the existing programmes of Health and Family welfare i.e. RCH – Malaria, Blindness, Iodine deficiency, Filariasis, Kala – azan, T.B. Leprosy etc.

There are some other initiatives which have been taken by the state government which are Muskaan EkAbhiyaan, Sector Wide Approach to Strengthening Health (SWASTH), NayiPeedhiSwasthya Guarantee Yojana, The Yukti Yojana. Muskaan Ek Abhiyan which was launched by the state government and United Nations Children's Fund (UNICEF) in 2007 aims to increase the level of immunization among children across the state. The programme also aims at providing inter- sectoral convergence and coordination between the department of health and the department of women and child development to ensure universal access to basic social services. It has been observed that through this programme the immunization levels among children have increased in Bihar during 2009. There was another programme i.e. Sector Wide Approach to Strengthening Health also referred to as SWASTH was introduced in 2009. It was one of the important health sector reform programmes in the state with funding for six years from Department for International Development (DfID), UK. The main objectives of the programme are to increase

access to health, nutrition, water and sanitation services, especially for the poor and excluded groups in Bihar. The other programme is NayiPeediSwasthya Guarantee Yojana was initiated in 2011 on Bihar Diwas (22 March).It aims at providing Health Entitlement Cards to all boys under the age of 14 years and all girls under the age of 18 years (Singh & Stern, 2013).

As a result of all this the state has shown some improvement in the health sector such as reduction of Infant Mortality Rate through home based neo natal care, increasing immunization coverage reduction of Maternal Mortality Ratio through Janani Evam Bal Suraksha Yojana, increasing institutional deliveries, reduction of Total Fertility Rate –through behavioural change communication, reduction in malnutrition by better Co–ordination with ICDS, increase in the age of marriage of girls. The report also discusses the strengthening of district hospitals including blood bank facilities where there is shortage of sub –district hospitals/ community health centre’s.

For the implementation of the entire health programme in Bihar in all the districts the state Government has decided to set up District Health Plans.District Health Plans have assumed a new centrality and urgency as per the mandate of NRHM. The main reason behind the existence of the District Health Plans is to address local needs and local specificities of health and nutrition in a district.

In spite of these there are large gaps in the health system in Bihar. These are:

1. Large gaps in Primary Health Care Infrastructure.
2. Shortage of manpower, drugs, equipments for primary health care.
3. Shortage of good training centre’s.
4. Existence of very high fertility rate.
5. Malnutrition among children and woman.
6. The coverage of full immunization and pulse polio is low.
7. Illiteracy among the woman leads to lack of awareness among woman about antenatal, intra natal and post-natal care in the rural areas.

8. And poor status of family planning programme (A Report of the Special Task Force on Bihar, GOI, August 2007, p.13-14).

It has also been reported that a large number of programmes have been undertaken by the state government to remove the gaps in the health care but all the programmes are not completely successful. One of the important programmes is National Vector Borne Diseases Control Programme which covers Kala-azar, malaria, Filariasis and other diseases. Among the diseases Kala-azan is very much prevalent in Bihar and it is a major health hazard in the state. It generally affects the poorest of the poor who are not aware about the disease and cannot afford to take diagnosis and treatment. The National Vector Borne Disease Control Programme is not successfully implemented due to various reasons such as poverty, lower literacy rates, economic status, poor housing conditions, lack of preventive measures in the form of illiteracy and low levels of sanitation etc (Bhunia, Kesari, Kumar & Das, Vol. No. 4 (2), 2010, p.155-165).

Kalazar is deeply influenced by climatic and geographical factors through a female sandfly vector. The state Government has taken steps to remove Kala-Azar from the state. For this reason the Government has provided free medicine i.e. multifosin amphotericin B etc. One test for VL i.e. rk – 39 dipstick test which is very essential for VL affected person are not available in public centre. As a result patients are referred to private facilities for diagnosis. Besides most patients are treated with sodium stibogluconate (SSG) rather than miltefosine. It leads to patients at risk. So it is necessary to provide regular supply of miltefosine. For this reason it is very important to keep the medicine in stock so that patient may not fall in a serious problem (Singh, Malaviya, Shankar, Boclaert & Sundar, Vol.15, 2010).

It is to be noted that the highest VL endemicity is seen in the district of Muzaffarpur, Kanti Block. Singh Reddy, Rai & Sundar (2006) in their article entitled 'Serious underreporting of Visceral Leishmaniasis through passive case Reporting in Bihar, India' has pointed out some reasons for the poor implementation of this programme. To them most of the patients are coming from the villages with very low income and cannot afford to pay for the treatment and they prefer organizations offering free services. In their study they have also pointed out the reasons for the

poor utilization of public health facility. They are; distance of the facility, non-availability of medicines, behavior of the health care providers etc. Due to non-availability of medicines in the public health outlets people are forced to go to private doctors or NGOs (Sharma, Datta&Ghose, 2012, p.339).

Achintya Kumar Dutta in his article (2008) entitled 'Black Fever in Bihar experience and responses' also discusses about Kala-azar in Bihar which to him is a very life-threatening disease. He says that in the rural areas the number of Kala-azar centres is very small. And the special grant for purchasing drugs for Kala-azar which is provided by the state government is insufficient most of the people are depended on local resources like village quacks or 'Ojhas' due to inadequacies of medical aid in the tribal areas. They can not go to the public health centre's because of the distance factor. It is a very serious matter of concern that there are no dispensaries near the place where they lived. So the state Government should take steps to solve this critical situation. Not only that, Government should look after the identification of the VL cases in the community through ANM (Auxiliary Nurse Midwife who is also called a female multipurpose worker). The government has also taken initiatives for the elimination of Kala-azar from the Indian subcontinent such as free diagnostics or drugs at public and NGO facilities. In spite of these it was felt that the government is required to take efficient measures to increase the awareness of the disease among local health care providers and also increase awareness among the population for reducing of the overall cost burden of the disease.

Another programme i.e. Vitamin A Supplementation Programme is also not implemented properly due to weak urban health infrastructure. Though the care givers in urban areas have more knowledge about the benefits of VA than the rural areas but they are unaware about VA dose. It means they do not know how and where to get VA dose. So it can be argued that the Government should have taken steps for improving the processes to inform and educate the care givers (Lakshman, Pandey, Chowdhury, Prakash& Singh, 2009) and also there should have been an increase in the availability, access, awareness of VA sites in the urban areas. It was also necessary to increase the budget allocation by the state Government for the implementation of this programme.

Moorthy, Pandav, Tiwari & Karmakar in their study (2006) named 'Tracking progress towards Sustainable Elimination of Iodine Deficiency Disorders in Bihar' have pointed out that iodine deficiency is a major health problem in Bihar. They have also said that most of the people are aware of iodised salt, they buy salt sold in packets but they are unaware about the health benefits of consuming iodised salt. To them this is very painful but still there exists lack of awareness among the people on the benefits of iodised salt in the community. They just use it for the trends of packet culture. The existence of goiter has been reduced due to iodine deficiency disorders control programme. During the emergence of National Goitre Control Programme in 1962, the prevalence of goiter was very common only in the districts of East and West Champaran, Sitamarhi and parts of Muzaffar districts. In these districts the goitre problem which is caused by the use of non-iodised salt was so endemic. From their study it reveals that there is a significant progress in the usage of iodised salt. In spite of these, it is found that iodised salt coverage is low still it continues to be a major health hazard in Bihar. The Government has taken a series of steps like organizing workshops for spreading the health benefits of iodized salt. In 2005, a workshop was held for this reason and several important recommendations were arrived at for the elimination of iodine deficiency disorders in Bihar.

State Government has emphasized more on polio eradication and Vitamin A campaign (Moorthy, Sarkar, Pandav, Tiwari, Karmakar, 2006) and 74 percent of the total immunization budget has been devoted to pulse polio but the allocation to TB, Malaria and diarrhoeal diseases have been much lower than the allocation to pulse polio (EPW, Vol.No.14 (15), pp.23-26, 2010). As a result routine immunization was perhaps weakened because of the focus on polio (EPW, Vol. No.14 (15), 2010, pp.23-26). So it is seen that the polio cases have been reduced.

From the above discussion it can be concluded that the health system in Bihar was not that well organized. Though the State Government took and has taken different initiatives to improve the health situation in the state still Bihar has witnessed and what was noted at that period was several problems such as low levels of literacy, workforce participation rate, high infant and child mortality, low age of marriage, high fertility, inadequate infrastructures such as access to electricity, poor

sanitation, drinking water facilities, lack of qualified attendants or staffs in PHCS minimum number of doctors severe medical supplies, equipment, beds and other facilities low investment in health etc. Structural inequalities in terms of class, caste and sex, low levels of child immunization, safe deliveries and so on (World Bank, May, 2005 & Singh, 2004). Apart from these lack of transport facilities, greater involvement of doctors and nurses in private practices, inadequate facilities all these have contributed to the poor health situation in the state. One of the important causes behind the high infant and child mortality is low level of literacy among women which is seen in the case of women belonging to the SCs, STs and the Muslim Community. It has the worst performance among any Indian state in terms of female literacy. What is noticed is that in the beginning of the 21st century the literacy level among women improved under the present government. About 63 percent of women suffer from Anemia. There is another problem which is barely prevalent in Bihar i.e. Kala-Azar in 2001 (World Bank, May, 2005). Besides it was found that many people are unable to access the health services due to distance. There is no PHCs nearby their native place and in many sub-centers, the post of ANMs is still lying vacant. As a result they depend on the 'quacks' or 'ojhas' or informal unqualified providers such as Traditional Birth Attendants (TBAs), faith healers, pharmacists or pharmacy assistants etc. Most of the people in Bihar go to public hospitals despite of their limited income. But they are compelled to go to the private sector because of inadequate public health facilities. In the private sector also there are several problems. The survey has been done under NFHS II. The reasons behind the poor infrastructure of private sector are:

- i) Unavailability of doctors in time of need
- ii) Arrogant attitude of the staff
- iii) Unable to take medical facilities due to distance
- iv) Experienced charging of illegal fees for services that were supposed to be free
- v) Unaware of the range of services provided by the PHC

So it is seen that even though the government has done well and is doing well still the health system in Bihar has not improved much.⁴ Though the percentage of people going to public hospitals has increased but about the health infrastructure in Bihar, it's a big question among the people. Not only that, in the private hospitals the situation is almost the same. So a very big question that arises among the people where will they go? Where are they going to get proper treatment at a low cost? It is a very common matter that many poor people do not have access to the medical facilities in the private sector because of the high cost. So for the poor people the only solution for treatment is public hospital. But so far as in public hospitals they confront a large number of problems. They are not getting medicines at free cost or there is non-availability of doctors, nurses and so on. The State Governments particularly the Nitish Kumar led government as discussed earlier has tried to improve the health situation in Bihar. As a result some improvement took place in the period (2005-2010) and has taken place in the health sector in recent years but that is very less. So the state government should increase the funds in the health sector and should take fruitful steps to improve the health sector so that poor people can get all the facilities they want.

⁴The Government in its documents claimed that the Government of Bihar has taken several initiatives for the improvement of the health sector in the State. The State Government has developed the health system based on an inclusive and comprehensive strategy for the all rural development of the State and ensures a better health system in the State. The State Government has been provided several health facilities which are: a. Availability of six beds across the facilities; b. Accessibility of medical, nursing, paramedical and other required staff; c. Provision of free medicine, diagnostics and pathological services; d. Provision of free food for all the patients; e. Through outsourcing power back up and cleanliness services in the facilities; f. Provisions of quality primary health care services including family Planning and maternal and child health services etc. Though these facilities the State Government has tried to improve the health system in the State. And it leads to a huge increase in the total patients getting Services at Public Health facilities. During 2005, the number of patients per month per facility was 39 which was increased at 11000 patients per month per facility. These facilities helped the poor people lot. For the implementation of all the health facilities in the State i.e. 24 X 7 services for all the people across the State necessary arrangements have been done (See, Government of Bihar, Marching Ahead, Agenda of Good Governance, 2010-2015, Government of Bihar, Patna, n.d. & Government of Bihar, Marching Ahead, Agenda of Good Governance, 2005-2015, Government of Bihar, Patna, n.d).

CHAPTER IX

The Government's and Social Welfare in Bihar (2000-2010)

After independence no commission was set up or established by the state government for the welfare of the scheduled caste and scheduled tribes. But in 2007 the state government led by Nitish Kumar decided to set up a commission i.e. State Mahadalit Commission for the development of the underprivileged and deprived sections of the people i.e. for the Scheduled Castes and Scheduled Tribes in Bihar. According to the Commission, there are 22 (twenty-two) Scheduled Castes in Bihar. Among them 21 (twenty-one) were categorized as most deprived in the sphere of educational, economical, Socio-cultural and political status. As per the 2001 census, the Scheduled Castes constitute about 15.7 percent of its population and 0.9 percent of the state's population are considered as Scheduled Tribes.

Schemes for the SCs & STs: There are various schemes that were adopted by the JD (U) and BJP government in Bihar for the welfare of the Scheduled Castes and Scheduled Tribes. The schemes are:

- i) Scholarships and stipends are provided to the pre-metric and post-metric students;
- ii) State Government has established 65 (sixty-five) residential schools for Scheduled Castes [52 High schools, 1 Middle school and 12 Primary schools] and 15 (fifteen) residential schools for Scheduled Tribes (8 High Schools and 7 Middle Schools) for 28520 students during 2010-11 (GOB, Economic Survey, 2011-12, p.231).
- iii) For the School and College students, the State Government has provided 130 Hostels for lodging facility during 2010-11.
- iv) As per the Economic Survey of 2011-2012 training facilities has been provided to the Scheduled Castes/Scheduled Tribes students for the preparation of competitive examinations, such as UPSC, BPSC, Railways, Banks etc (GOB, Economic Survey, 2011-12, p.231).

- v) Legal and financial assistance was provided for victims of atrocity under the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989.
- vi) The Government as claimed has implemented a Special Programme for the Development of Tharu Tribe which was included in Scheduled Tribes category on 2003.

As claimed by the Government the total allocation for Scheduled Castes/ Scheduled Tribes welfare has been increased from Rs.311.2 crore in 2009-10 to Rs.403.36 crore in 2010-11 (GOB, Economic Survey, 2010-11, p. 249).¹

Mahadalits

For the Development of the 21 (twenty-one) most deprived sections amongst the Scheduled Castes, the Bihar Mahadalit Vikas Mission (BMVM) has taken several initiatives on the recommendations of the State Mahadalit Commission (2007). BMVM was established in 2008 on the recommendations of the State Mahadalit Commission as an autonomous body functioning under the SC/ST welfare department.

- i) Under the Mukhamantri Mahadalit Pashak Yojana till 2009-10, 8,42,537 students were studying in Government schools.
- ii) The State Government helped the Mahadalits for the constructions of Toilets free of cost with assistance from the Mahadalit Vikas Mission under the Scheme of total sanitation campaign.
- iii) As per the claims of the Government under the Mahadalit Development Scheme, the State Government has been provided 3 (three) decimals of land to

¹The Government also claimed that a.22000 Scheduled Castes/ Scheduled Tribes students have been benefitted from the Post Matric Scholarship scheme with an expenditure of 5 (five) core during the financial year 2005-06. Through this scheme 55823 BC & EBC students has also been benefitted during the financial year 2007-08 b. Under Scheduled Castes/ Scheduled Tribes Welfare Department 80 residential schools are in operation in the State. The sanctioned strength of the school was 13208 which have been increased to 30560 at present. The amount of real and other articles of residential schools has been increased. Government has taken several initiatives to fill the vacant posts through the 680 retired Teachers in residential schools(See, Government of Bihar, Marching Ahead, Agenda of Good Governance, 2010-2015, Government of Bihar, Patna, n.d.&Government of Bihar, Marching Ahead, Agenda of Good Governance, 2005-2015, Government of Bihar, Patna, n.d).

each Landless Mahadalit Family for the construction of houses (GOB, Economic Survey, 2010-11, p.249).

- iv) Some other welfare schemes were also adopted by the State Government for the Mahadalits which are Mahadalit Awas Yojana, Mahadalit Water Supply Scheme, Mahadalit Anganwadi, Mahadalit Crèche Special School or Hostel for Mahadalits, Mukhamantri Nari Jyoti Scheme, Mobile Public Distribution System, Eradication of Scavenging System, Construction of Community Hall-cum-Work shade, Mukhamantri Jeevan Drihsti etc.
- v) As per the Government of Bihar the State Government has appointed 9530 Vikash Mitra for the proper implementation of Mahadalit Vikash Schemes.
- vi) The State Government has provided vocational training to the 8000 educational Mahadalits with the co-operation of 5 distinguished institutes/ non-Government Organizations under Dashrath Manjhi Kaushal Vikas Yojana (GOB, Economic Survey, 2011-12, p.233).²

Women's Empowerment

Women in Bihar are socially and economically disadvantaged in the sphere of literacy and education. The sex ratio of the State was 919 in 2001 which was reduced to 916. Though the sex ratio has been reduced inspite of this we find that Gender disparity still exists in the State. The reasons behind gender inequality in the state are some social norms, cultural traditions which directly and indirectly bring out social change in attitude and perception towards women. The State Government has made some interventions for the reduction of gender disparity such as child protection (Kanya Suraksha Yojana to stop female feticide) and social and economic security (Laksmibhai Social Security Pension Scheme, KanyaVivah Yojana and Nari Shakti Yojana) (GOB,

² The Government also claimed that a. for the implementation of 'Mahadalit Sanchalaya Nirman Yojana', Bihar Mahadalit Vikas Mission i.e. Bihar Mahadalit Vikas Mission has given RS.900 crore to the beneficiary for the successful implementation of the scheme. 301401 Mahadalit persons are the beneficiaries of the scheme and the total expenditure of Rs.19.42 crore has been spent by the State Government. b. Another programme for the Mahadalits is 'Dashrath Manjhi Kaushal Vikash Yojana' started in 2010-11. Its main aim is to improve the Socio-economic condition of Mahadalit community. Through the programme the State Government has been provided employment opportunities by giving them skill development training in different trades through different reputed agencies (GOB, Marching Ahead, Agenda of Good Governance, 2005-15, GOB, Patna, n.d. p. 144).

Economic Survey, 2011-12, p.236). Another programme i.e. The Mukhamantri Nari Shakti Yojana (MNSY) was launched in 2007-08 by the Women's Development Corporation throughout the State for the empowerment of Women and make them self-reliant. The main objective of this programme is to sensitize and empower and assist women to lead a life based on self-respect and confidence by boosting their economic position through collective behaviour. The Programme lays stress on social, economic and cultural empowerment of women as well as the holistic empowerment of women (Government of Bihar, Economic Survey 2010-11, p. 252).

For the economic empowerment of Women, the State Government had taken steps under the SHG programmes. Through the SHGs women has become self-dependent and mentally strong. As claimed the State Government has given Rs.535.8 lakh to the 61 (sixty-one) women SHGs for livelihood creation, food security, self-development and employment generation (GOB, Economic Survey, 2010-11,p.252). Through this programme women can develop their collective strength and leadership qualities so that they can manage and own their institutions i.e. SHGs and Federations. The State Government has taken several initiatives for the economic empowerment of women.³

³ Later on the Government of Bihar claimed that: a. The State Government has provided 50 percent reservation to women in local level Panchayati Raj institutions and also in Urban level which is very much higher than the other Panchayati Raj system in India for the of equal rights, equal social status and equal opportunities to women. This is one of the historical initiatives by the State Government in Bihar. More than 50 percent women in Bihar plays an important role in the election of the tiers of the three tier Panchayat Raj system; b. The State Government has provided 50 percent reservation to women in Primary School teaching, so that they get equal opportunities in School Teaching; c. The State Government has launched Mukhyamantri Balika Poshak Yojana to attract Girls and Guardians towards Schools. For the School going girls in classes 1-8 the State Government has provided a fixed amount for the school uniform, under Bihar Shatabdi Mukhyamantri Balika Poshak Yojana from 2011-12 onwards the State Government has also provided a fixed amount to the Girls in classes 9-12 in Schools (Inter Colleges for the Purchasing of School Uniforms), d. another programme i.e. Mukhyamantri Balika Cycle Yojana has been introduced in 2007 to increase the Girl's attention in Schools. Many Girls cannot attend regular schools due to long distance from their native place. About 40 lakh school girls has been benefitted from this scheme e. Under Mukhyamantri Balika Protsahar Yojana Scheme the girls who secure 1st Division in Matriculation Examination are being provided an incentive amount of Rs.10,000/- only f. Construction of 530 Kasturba Gandhi Vidyalayas for the Girls and 535 Kasturba Gandhi Vidyalayas are in operation with an enrolment of 46,000 Girls. Among them about half of them are from the Scheduled Castes and 4,200 Girls are belongs to Minority Communities(See, Government of Bihar, Marching Ahead, Agenda of Good Governance, 2010-2015, Government of Bihar, Patna, n.d.&GOB, Marching Ahead, Agenda of Good Governance, 2010-2015, Government of Bihar, Patna, n.d.).

For the Social Empowerment of Women, the State Government has given several facilities for women such as helpline, short stay home, protection home, working women hostel, crèche etc. Apart from these, the programme proposes to create awareness among the various women on the issues of female feticide, child marriage, dowry, domestic violence and witchcraft through various means such as Nuked Noatak, Puppet Shows etc. (Government of Bihar, Economic Survey, 2008-09, 2010-11, p. 188, p. 253). The government claimed that Rs.95.00 lakh has been disbursed among the district level from the Social Rehabilitation fund to help the women victims in cases like trafficking, rape, domestic violence etc (GOB, Economic Survey, 2011-12, p.238).

For the cultural empowerment of women exhibition -cum- gender fair 'Sapnokochalichhoone' programme has been launched in 20 women's colleges in 6 districts. From Bakkho community a programme has been started for capacity development of women (GOB, Economic Survey, 2010-11, p.253). Organization of Nari Shakti Utsav is another initiative by the state government for the cultural empowerment of women.

Welfare of Backward and Extremely Backward classes

60 percent of Bihar's populations are considered as backward classes. So development of the backward and extremely backward classes is very necessary for Bihar's human development. In April 2007 the state government has constituted a separate department of Backward Classes (BC) and Extremely Backward Classes (EBC) welfare for the welfare of their educational and economic development.

There are some welfare measures that have been taken by the state government in collaboration with the central government for the BC and EBC.

- i) In October 2010, Scholarships to students from backward and extremely backward classes were launched. About 4.44 lakh students have availed this facility till Dec.2011.
- ii) Stipendis being given for primary middle and high school.

- iii) Pre –Matric Scholarship which is a centrally sponsored scheme with a cost sharing basis of 50:50 between central and state government for the students. Till 2011-12, 91.5 thousand students have benefitted from this scheme.
- iv) The state government has also provided for residential school and hostels.
- v) Merit UnnayanYojona (Up gradation Scheme)
- vi) Mukhamantri Medha Vritti Yojona for the Extremely Backward Classes.
- vii) Jananayak Karpuri Thakur Hostels for Extremely Backward classes.
- viii) Another programme i.e. Swayam Saksham which is included in the educational loans, Rs. 5 lakh has been utilized for professionals and Micro Finance Scheme and for other important measures.

Table: 9.1

Financial Progress of BC and EBC Welfare (Rs. crore)

| Details: | 2008-09 | 2009-10 (upto Oct., 2009) |
|--|---------|------------------------------|
| Total outlay | 6,150.5 | 6,742.0 |
| Total approved amount | 6,022.5 | 6,742.0 |
| Total Expenditure | 4,785.8 | 6,684.0 |
| Expenditure as percentage of approved amount | 79.5 | 99.1 |
| Expenditure as percentage of total outlay | 77.8 | 99.1 |

Department of BC and EBC welfare, Government of Bihar (GOB, Economic Survey, 2010 – 11, p.255).

Minority welfare

In Bihar, Muslims constitute around 16.53 percent of the population 0.03 percent are Christians and 0.21 percent belong to other religious minorities. So it is seen that total religions minorities constitute about 16.71 percent of the population of the state. Anaria, Purnia, Katihar and Kishanganj– these districts is basically important for Muslims because the largest population share of Muslims lives in these districts and the lowest share of minorities is in Lakhisarai. Since in the state Muslims are large in

number, the state government has taken several welfare measures for the upliftment of the minority sections of the people. As per the Sachar Committee Report, the status of education among the Muslims is not so well as compared to the other general population so the state government has tried to remove this disparity of this deprived section of the population. So it has adopted the following welfare measures and the welfare measures are:

- i) Constructions of Hostels for minority students both for boys and girls in Katihar, Begusarai, Madhubani, Khagaria, Madhepura, Bhagalpur, Jehanabad, Rohtas, Gaya, Patna and Bhojpur Districts. In Patna Mother Teresa Hostels are established for minority girls which are operational and work for the construction of similar hospitals is in progress in East Champaran, Gaya and Nalanda.
- ii) From the Minority Community there is construction of monuments in the memory of great personalities.
- iii) Scholarship is also provided to the college students of minority community.
- iv) During 2006-07 for better job opportunities in administrative, technical and commercial sector, the State Government has started coaching plans to the minority students. As per Government reports about 151 students have availed this facility (GOB, Economic Survey, 2011-12, p.243).
- v) Under Muslim Mahila Parityakta Yojana Rs. 10,000/- is to be given to the Muslim women for the improvement of their economic condition, 600 women have benefited from the scheme during 2010-11 (GOB, Economic Survey, 2011-12, p.243).
- vi) The Government had claimed that for the training of minority artisan and Unemployed Youth Mukhamantri Shram Shakti Yojana have been launched in the State. Rs.1.00 lakh has been provided to the Youths for their self-employment through the Bihar State Minority Finance Corporation (GOB, Economic Survey, 2011-12, p.243).
- vii) Under Mukhya Mantri Vidyarthi Protsahar Yojana about 20,201 students have benefited from the Scheme in 2010 (GOB, Economic Survey, 2011-12, p.243).

- viii) The State Government has also provided financial assistance to abandoned Muslim women.
- ix) Forencouraging minority students Mukhamantri Alpasankhyak Vidyarthi Protsahar Yojana has been introduced in the State.
- x) A large amount was allocated for Bihar State Sunni wakf Board (Rs.23 lakh) and Bihar State SiyaWakf Board (Rs.10 lakh) during 2010-11 (GOB, Economic Survey, 2011-12, p.243).
- xi) The State Government has disbursed a grant of Rs. 34.76 lakh for the development of Bihar Urdu Academyin 2010-11 (GOB, Economic Survey, 2011-12, p.243)

Social welfare for Old and Disabled

The State Government had not only shown concern about the Welfare of Women and Child it also focuses on the Welfare of the differently abled persons through various pension schemes. There are several schemes both in the Central Sector and State Sector for the old aged, widow and those with disabilities. The Central Sector 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 are Laxmi Bai Pension Scheme, Bihar State Social Security Pension Scheme. Bihar Disability Pension Scheme, Kabir Antyesti Grant Scheme, Mukhamantri Samarth Yojana, Scholarship to Disability Scheme, MukhamantriNitishktjan Rin Yojana, Survey of Handicapped, Up gradation of Special Schools etc (GOB, Economic Survey, 2012-13, p.249).

Apart from these, the state has taken some more initiatives that have been taken by the State Government for the welfare of Senior Citizens and disabled persons which are given below:

- i) During the period of 2012-13 Chief Minister's Disabled Empowerment Scheme (SAMBAL) has been implemented by the state government by merging new and old schemes for the betterment or welfare of disabled persons in the

society. Under this scheme Scholarship, artificial limbs, machines, certification, special schools, service provider centres, education loans, self-employment loans and protection homes are provided to these people. A budget of Rs.300 lakh is released by the state government for this scheme in the year 2017-18 (GOB, Economic Survey, 2012-13, p.249).

- ii) Under Laxmi Bai Pension Scheme income limit of Rs. 30,000/- has been increased to Rs. 60,000/-.
- iii) Under IGNWPS (Indira Gandhi National Widow Pension Scheme) scheme the rate of pension from Rs.200/- and the eligibility criteria from the present age grant of 40-59 years has been increased to Rs.300/- and 40-79 years respectively (GOB, Economic Survey, 2012-13, p.250).
- iv) The same has happened in the IGNDPS (Indira Gandhi National Disability Pension Scheme). Under this Scheme the rate of pension has been increased from Rs.200/- to Rs.300/- per month per beneficiary and also the eligibility criteria have been increased from age group of 18-64 years to 18-79 years.
- v) At Purnia, Sitamarhi, Siwan, Supaul, West Champaran, Rohtas, Bhagalpur, Seven District Disability Rehabilitation Centres (DDRC) has been sanctioned by the Ministry of Social Justice and Empowerment to provide integrated facilities for persons with Disabilities (GOB, Economic Survey, 2011-12).
- vi) From the above discussion it can be argued that the JD(U) government under the regime of Nitish Kumar has taken several initiatives for the improvement of the Mahadalits, Scheduled tribes and Scheduled castes, women, old and disabled. Number of schemes has been adopted by the state government for Mahadalits such as Special School or Hostel for Mahadalits, Mahadalit Toilet Construction Scheme, Mukhyamantri Jeevan Dristi Programme etc. Through the Mukhyamantri Nari Shakti Yojana women have become empowered and self-reliant. For the welfare of minorities different schemes has been taken by the JD(U) government in Bihar such as Mukhyamantri Alpasankhyak Vidyarthi Protsahan Yojana, Mukhyamantri Shrama Shakti Yojana, Muslim Mahila Parityakta Yojana. The state government has also taken some steps for the

welfare of the old and disabled such as SAMBAL, Laxmi Bai Pension Scheme. So it can be said that in Bihar from the year 2005 there have been some improvement in different field but before that there was no noticeable improvement in those field in the state. So it can be said during the Laloo Prasad's regime (1990-2005) there was no development in the social sector in Bihar. Laloo Prasad Yadav had emphasized more on 'izzat' and 'security' of the downtrodden sections of the people what one may call the 'respect' agenda instead of development. But his 'izzat' and 'security' cards did not last long. Though Lalu had succeeded in providing political stability, ensuring communal harmony and bringing the marginalised groups into political mainstream but he failed to provide other facilities to the people of the state such as electricity, pensions, pukka houses and the subsidised saris and dhotis for those below the poverty line. So it is correct to say that during the 2005-2010 under the Nitish Kumar's regime development has shown in different sectors whether it is in education or health or social welfare sector.

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 (55th 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 10th plan period it has revived and the primary sector has grown at a healthy rate of 11.48 percent. In the beginning of the 21st Century State's economic growth was at a sluggish rate but during 9th and 10th 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 1st 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 2nd 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 1st 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**

| Physical Achievement | 2006-07 | 2007-08 | 2008-09 | 2009-10 |
|---|-------------------|-------------------|-------------------|-------------------|
| 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 10th and 12th 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 1st 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 3rd 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 (10th 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 propylaxis 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

backward classes 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. "Mahadalit Sauchalaya Nirman Yojana" with the help of Bihar Mahadalit Bikash Mission (Bihar Mahadalit Vikas 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, Mahadalit Poshak Yojana, Dashrath Manjhi Shramik Training Institute, Mukhyamantri Jeevan Dristi Programme, Mukhyamantri Public Distribution System, Dhanvantari Mobile Ayurvedic Chikitsa.

Under Mahadalit Poshak Yojana 842537 students studying in government schools have been benefitted till 2009-10 (GOB, Economic Survey, 2010-11, p. 249). Under Mahadalit Awas Bhumi Yojana the state government has provided 3 decimals of land to each landless Mahadalit family for construction of houses (GOB, 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 programme Dashrath Manjhi 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 Mukhyamantri Nari 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 1st 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.

CHAPTER XI

Conclusion

Development has become a crucial issue in India. Keeping this in mind all the political parties that come to power or compete for coming to power in our country have tried to focus on development in each sector such as agriculture, industry, power, health, education, social sector for coming to political power. Our thesis has focused on the issue of development in the social sector in the backward states of Bihar and Odisha during the period 2000-2010. The following are the research questions which we raised and answered in our thesis in different chapters.

1. How far the successive BJD-BJP alliance Governments in Odisha in the period 2000-2009 was able to implement the poverty alleviation measures in the state and how far it was successful in this front?
2. How far the programmes in the field of education, health and general social welfare adopted and pursued by the BJD-BJP alliance Governments in Odisha during the period 2000-2009 benefitted the desired sections of the society?
3. How far the RJD-Congress alliance government (2000-2005) and the JD (U)-BJP alliance government led by Nitish Kumar in its first term (2005-2010) was able to implement the poverty alleviation measures in the state and how far it was successful in reducing poverty in the state in the period 2000-2010?
4. What are the policies and programmes which the RJD-Congress alliance government (2000-2005) and the JD (U)-BJP alliance Government led by Nitish Kumar in its first term (2005-2010) adopted and pursued in the social sector in the field of literacy and education, health, and development of the marginalised sections? What was the outcome of these policies and programmes?

In the introductory part of our first chapter we have discussed about the various political parties in Bihar and Odisha i.e. how RJD and JD(U) in Bihar and BJD in

Odisha have come to political power through the slogan of development of the different sectors. Though our thesis is only concerned with the social sector i.e. poverty, health, education, Scheduled Castes & Scheduled tribe's welfare in Bihar and Odisha. In the first chapter we reviewed a number of articles, books, dissertations, thesis on different categories in this research area. Some authors have concentrated on election and electoral outcomes and some authors have emphasized on issues relating to development. From the review we found that during the period 2000-2010 RJD and JD(U) in Bihar and BJD in Odisha have taken a number of initiatives for reducing poverty and also for the development in the social sector i.e. health, education and welfare of scheduled tribes and scheduled castes. Various studies have found that the state government in Bihar and Odisha has shown considerable improvement in the education and health sector during the period of 2000-2010. Though in Bihar in the period 2000-2005 during Laloo's regime there was no substantial improvement in the different sectors. But we have also observed that there were very few studies which also looked into the poor performance of the state government in both the states of Bihar and Odisha in the social sectors. For these studies we have used both primary and secondary materials. We have done documentary analysis in our research work. In the primary data we have used different government reports like Economic Survey of Odisha and Bihar pertaining to different years from 1999-2000 to 2012-13, Odisha Human Development Report 2004. And the secondary data is concerned different journals, books, articles, newspapers, magazines.

The second chapter dealt with the various poverty alleviation programmes pursued by the government or governments in Odisha during the period of 2000-2010. In this chapter we have given an overview of the percentage of population below poverty line in Odisha as compared to other major states in India. We have discussed about the two committees for the poverty estimation in Odisha. They are Lakdawala Committee and Tendulkar Committee. As per the Tendulkar committee the percentage of population living below the poverty line was 59.10 percent for the year 1993-94 in comparison to 48.56 percent as per Lakdawala committee methodology. And in the year 2009-10 the percentage of poverty as per the Tendulkar committee

methodology was 37 percent. Some have found that the percentage of population living below the poverty line has declined from 1993-94 to 2009-10. We have analyzed several poverty alleviation programmes like SGSY, SGRY, OBB, NREGA, RLTA which were undertaken by the central and state governments for reducing poverty in the state. How far the programmes were successfully implemented have been discussed in this chapter. One of the important programme is NREGA. Its main aim is to provide employment opportunities to the rural households by guaranteeing at least 100 days of wage employment in a year. But from the study it is found that the programme has not succeeded at all. Another important programme is Revised Long Term Action Plan (RLTAP) which was initiated by the state government in consultation with the Government of India in 1998-99 for the development of the backward areas i.e. Koraput, Bolangir, Kalahandi in the state. Under this programme there are several developmental and welfare-oriented schemes which have been implemented. But what we note is that the programme has failed to reduce poverty in KBK regions in the state.

In the third and fourth chapters we have analysed about the education and health situation in Odisha. In the third chapter we have learnt that the literacy rate in Odisha has increased from 49.09 percent in 1991 to 63.08 percent in 2001. It is seen that though the literacy rate has increased but gender disparity still remains in the state. From the study we have found that the drop-out rate in Odisha is very high. State government has established several schools, hostels to reduce the drop-out rate in the state. From the secondary sources we have found that several colleges, Universities have been established in the state. In this chapter we also try to understand and analyse the policies and programmes in the education sector which had been taken by the state government for the improvement in the literacy status in the state and these are Mid-Day Meal Scheme, National Service Scheme, Sarvashiksha Abhiyan, Scholarship, Kasturba Gandhi Balika Vidyalaya etc. We have observed that Orissa has made substantial progress in the educational sector. Though the enrollment ratio has increased but the drop-out rate is still high. And the government also should pay more attention to the quality of education in the state.

The fourth chapter explains the health scenario in the state of Odisha. In this chapter we have discussed the birth rate, death rate and infant mortality rate in Odisha. From the analysis we have come to learn that the infant mortality rate in Odisha is very high. This chapter also analyses the number of doctors, nurses and beds in the state. From the discussion we have learnt that the numbers of beds, doctors, nurses are very less. To improve the health system in Odisha the state government has implemented number of programmes like National Leprosy Eradication Programme, Iodine Deficiency Disorder Control programme, National Filaria Control Programme, RLTAAP programme in KBK districts, Panchawadi Chikitsa, Immunization programme. We have analysed all the above programmes. We have also found that there is lack of doctors and paramedical staffs in government hospitals in the rural areas and also the prevalence of anemia is seen largely among the women and children in the rural areas.

The fifth chapter focuses on social welfare in Odisha. The state government has taken steps for the welfare of the disabled, SCs & STs, women and child. For child welfare ICDS programme plays a key role in the state. But we have found that still over 50 percent of the children are severely malnourished. For the disabled persons the state government has taken different welfare schemes like Orissa Disability Pension (ODP) Scheme, Special School for Children with Disability and Supply of Special Aids and Appliances. Through these programmes a number of disabled persons have benefitted. One of the important programme which was adopted by the state government for social security is Madhubabu Pension Yojana. From the study it has been observed that during 2008-09 about 12.8 lac persons have benefitted under this scheme. We have also found that the state government has also provided employment in agriculture and allied activities in the organized sector. For the employment of women different programmes has been taken by the state government i.e. Mahila Vikas Samabaya Nigam, Mission Shakti. We have also analysed the different steps taken by the state government for the welfare of the SCs & STs but from the discussion we have learnt that the educational status among SC & ST is still poor.

From the sixth chapter onwards we concentrate on Bihar. The sixth chapter deals with the issue of poverty in Bihar. We have discussed the poverty ratio of Bihar for different years. From the data we have found that rural poverty is very much high in the state. We have also observed that the high level of poverty not only exists in the districts of Bihar but also in different regions of the state. From the study we have understood that various factors determine the level of poverty in the state. They are education, health, land and tenure, asset, residential facilities and migration. The state government has taken several poverty alleviation programmes i.e. Targeted Public Distribution System (TPDS), Indira Awas Yojana (IAY), Swarnajayanti Gram Swarojgar Yojana (SGSY), National Rural Employment Guarantee Act (NREGA). From the study it is seen that there are some flaws in the implementation of these policies. The benefits of these programmes do not reach all the beneficiaries in the state. For this reason it has been observed that poverty still remains in the state.

We have elaborated the status of education in Bihar during the period 2000-2010 in the seventh chapter. We have provided literacy rate of Bihar for different years. The data shows that there is a slow pace of growth in the field of education in Bihar. And there are wide gender disparities in literacy rates. We also find that there is an improvement in the enrolment ratio in the state but the drop-out rates among the students is still a major concern in the state. The chapter also describes the various educational programmes in Bihar in the area of research which included Mid-Day Meal Programme, SarvaShikshya Abhiyan. We have also tried to evaluate the programmes of educational development in the light of secondary sources and primary sources. We have also found the other initiatives taken by the state government like providing books, school uniforms, bicycles to the children in the school. These initiatives have increased the enrollment ratio of the children in the state. From the data it has been observed that the state of Bihar has shown considerable improvement in the educational sector during the period of 2005-2010. In spite of these the government should pay more attention on elementary education as well as quality education in the state.

The eighth chapter of the thesis has analyzed the health situation in Bihar during the period 2000-2010. We have discussed the health indicators of IMR, CDR,

CBR, LEB in different years in the state. Then we have discussed the number of PHC's in some districts in the state. There is also discussion on the funds that assigned for the health system like funds received from Government of Bihar, Government of India. Here we have also included various policy initiatives of health sector reforms taken by the state government and also central government which includes NRHM, Routine Immunization, Muskaan Ek Abhiyan, Nayi Peedi Swasthya Guarantee Yojana. We have done evaluation of different health sector programmes in the state. We have found that there is very little improvement in the health sector in Bihar. It is still a long way to fulfill the aspirants of the people in terms of health infrastructure because the benefits of these programmes do not reach to every nook and corner of the state.

The ninth chapter describes social welfare in Bihar. In this chapter we have discussed several steps that have been taken by the state government for the development of the scheduled castes, scheduled tribes, Mahadalits, extremely backward classes, women, old and disabled. For the empowerment of women several schemes has been taken by the state government. One of the important programme is Mukhyamantri Nari Shakti Yojana (MNSY). Through this programme women has been empowered in different spheres. We have also found that the state government has also taken steps for the welfare of the minorities. So it can be said that there has been some improvement in all the sections of the society in the state.

The tenth chapter is a comparative study on 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 in these two states. We have also compared the different poverty alleviation programmes in Bihar and Odisha and tried to find out the common programmes in it. In the second section we have compared the literacy rates in Bihar and Odisha. Also the enrolment ratio of these two states has been compared in this section. There are several common initiatives that have been taken by the state government for the development in the education sector in these two states that are also analysed and discussed in this section. The third section focuses on the health indicators i.e. IMR, CDR, CBR, LEB of these two states. There are many programmes which are framed by the Centre but implemented by the States. Hence we have observed that there are

some common programmes which have been implemented in these two states for the development of the health sector. 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 in top position in the poverty list during 2009-2010. In this chapter we have found out in which state the performance related to poverty alleviation had been better.

We have found that all the political parties in Orissa (BJD+BJP) and Bihar (RJD+ Congress & JD (U)+ BJP) have come to political power on the plank of development of the social sector. It must however be pointed out that Laloo Prasad Yadav concentrated more on respect agenda than the issue of development in different sectors. For this reason economic development of the state was neglected. He believed that development cannot win the elections as caste combinations can. He won three successive elections of 1990, 1995, 2000 on the basis of caste combination. During the reign of Laloo Prasad Yadav there was no development shown in Bihar because Laloo Prasad Yadav used a popular slogan which was 'VikasNehi, Sammamchahiye'. During 1991-2005 the average growth in real per capita income was only 0.9 percent which increased to 10.4 percent between 2006 and 2012. We know that Orissa and Bihar are the two most backward states among the 28 states in India. The state government in both the states has taken different development initiatives for the development of these two underdeveloped states. If we notice the poverty ratio of these two states we find that as per the NSSO survey¹ and Lakdawala Committee methodology using the Uniform Recall Period the incidence of poverty of Odisha and Bihar during 1999-2000 (55th NSS Round), were 47.15 percent and 42.6 percent respectively. In Odisha it declined to 37.0 percent. In Bihar it was 53.5 percent during 2009-10 (66th NSS Round) as per the Tendulkar Committee methodology by using mixed recall period.² Thus a large number of population live below the poverty line in these two states. So it can be assumed that both the state governments of

¹The NSSO survey has estimated poverty for four years from the inception of eighties. For this reason one can see the poverty ratios during the eighties and nineties

²As per the NSS data and Tendulkar Committee Methodology during 1993-94 the incidence of poverty in Odisha and Bihar were 59.10 percent and 60.5 percent respectively which was reduced to 37.0 percent and 53.5 percent during 2009-10 respectively by using the mixed recall period (MRP).

these two states have implemented several poverty alleviation measures for reducing poverty in these two states. If we look at the state of Odisha we find that a number of poverty alleviation programmes were implemented in collaboration with the Central government i.e. SGSY, SGRY, SJSRY, OBB, RLAP, NREGA. Through the SGSY programme 106,271 Swarojgaris were assisted with an expenditure of 148.34 crore during 2008-09. This programme has benefitted mostly the SCs, STs and Women in the rural areas. Though the programme has provided employment opportunities to the vulnerable sections of the population especially to women through the Self-Help Groups in spite of these we find the programme of SGSY does not reach to all poor households due to inept management of SHGs. We have done evaluation of different poverty alleviation programmes which included SGRY, SJSRY, OBB, GGY. There is also a detailed discussion on State Sponsored Schemes like Mo Kudia Scheme, RLAP special programme in KBK districts. If we notice the Mo Kudia Scheme we have found that during 2009-2010 only 223 houses were completed against the target of 28,355 houses. So the programme was not successfully implemented. Another state sponsored scheme is RLAP Programme which is designed for the KBK regions of the state, the most backward areas in Odisha. RLAP has been implemented in all eight districts of undivided KBK districts. Under RLAP programme different departments of the state government has implemented various developmental and welfare-oriented schemes in different spheres for the welfare of the KBK regions in the state. Under this programme 740 Anganwadi Centre buildings have been formed and 18,086 women Self-help groups have been assisted.³ From the detailed discussion of this programme it can be said that Revised Long-Term Action Plan has not been successfully implemented. Though the state government has tried to improve the socio-economic condition of the rural poor through the Revised Long-Term Action Plan but it does not reach the beneficiaries. The programme has failed in the KBK region due to corruption and maladministration which was shown in drought proofing works. It has also been observed that health and medical facilities in the KBK districts are very inadequate. There are cases of malnourishment and Anaemia among the Women and Children in the KBK regions of the state. So what we notice is that the

³This information has been collected from Government of Orissa, Economic Survey, 2009- 10, p.248.

state government has tried to improve the conditions of the people of the KBK regions in the State through the special programme of RLTA. And it must be admitted that the state has shown some improvement in the KBK regions, the most backward regions in the state but in spite of these we have observed that the programme has failed to benefit all the poor people in the KBK region. Kalahandi is one example in this regard. Still now the tribal people in Kalahandi district do not get proper food through the year and are compelled to eat poisonous mango kernel in order to meet hunger. Different reasons are responsible for the poor implementation of the programme. The reasons are lack of clear guidelines, lack of awareness about the programme facilities, nexus between the corrupt politicians and service providers, lack of employment opportunities among the people for this reason people of some villages in Odisha migrate from one place to another, low utilization of RLTA funds in the KBK region, inadequate resources etc.

Another programme is NREGA which was implemented in the state with the cooperation of Central government. It has provided employment opportunities for the poor rural households only for about 35 to 40 days of wage employment during 2007-2010. But it has failed to provide 100 days of wage employment in a year. It has also failed to stop people from migrating in search of job. Various factors are responsible behind the failure of this programme. These are lack of adequate administrative and technical manpower at the block and GP levels, lack of awareness about their entitlements under NREGA etc.

In Bihar we have also observed that several poverty alleviation programmes were implemented in the state, which are NREGA, Public Distribution System, SGSY etc. We have elaborated regarding the programmes in our previous chapters. The most important programme is NREGA which provides employment opportunities to the downtrodden people of the state. It also guarantees at least 100 days of wage employment in a year. But 100 days of employment was provided to only 5.6 percent of households during 2010-11 whereas the performance of this programme was comparatively better in 2009-10, it was 7 percent households. Like Odisha we note that there are district wise disparities in the application of NREGA programme. So it is seen that very small percentage of households are covered under the programme and

the number of days are also low. Though the state government has tried to improve the condition of rural households but the programme has failed due to leakages in the system and the number of days of work which was provided to the rural households it was asymmetrical. Another programme is Swarnajayanti Gram Swarojgar yojana which provides self-employment among the vulnerable sections of the population through Self-help groups vis-à-vis the individual self-employment schemes. Though there are a number of Self-Help Groups formed but there is inter-district variation in the execution of SwarnaJayanti Gram Swarojgar Yojana both in terms of financial utilization and physical achievements. So it was seen that the success of SGSY programme is very limited.

The other programme is Public Distribution System in Bihar which ensures the availability of food to the poor households. The three schemes i.e. BPL, Antodaya, Annapurna are carried out by the PDS. Under the schemes the state government has provided available foodgrains to the BPL households, widows and other single women, a number of helpless old persons, primitive tribes and homeless senior citizens but the quality of food available is very bad. Here we have also observed that there are some flaws in the implementation of the policies. We find that most of the dealers are involved with corrupt officials and the political leaders as a result dealers are easily selling PDS rice in black market secretly. So we can argue that all the poverty alleviation measures are not successfully implemented and there is a need to make proper planning and execution with infrastructure. Besides, the government must be more active about delivery mechanism. Not only that the role of PRIs and bureaucracy is also important for the effective implementation of these programmes.

In the education sector we find both the states i.e. Odisha and Bihar still has remained backward in India. We all know that there is a close relation between education and the economic condition of a population. In Odisha in 1951 the literacy rate was 15.8% which increased to 63.08% during 2001 and again it has increased to 73.45 percent as per the 2011 Census. Besides it is also found that the male literacy during 1951 was 27.32% which has increased to 75.35% in 2001 and female literacy during 1951 was only 4.52% which has increased to 50.51% in 2001. And in 2011 the male and female literacy has increased to 82.40 percent and 64.36 percent respectively. So

it is a noticeable fact still there exist wide gender disparities in terms of literacy rate in Orissa. But the literacy rate has increased during 2001 we cannot deny it. There is also wide gap across social groups and districts in terms of literacy levels. As per 2001 census we have found that the percentage of SC and ST population is 55.53% and 37.37%. To improve the literacy level among SC & ST children the state government has taken several initiatives with the provision of Scholarship and they are boarding facilities, free distribution of nationalized text books, co-educational schools in tribal sub-plan areas. The number of primary schools has increased and the enrolment ratio has also increased still it has been observed that gender disparities exists in gross enrollment ratios both in primary and upper primary education. In Odisha the dropout ratio is also high among the Scheduled castes and Scheduled Tribes in both primary and the upper primary level. For this reason the state government has established several sevashrams, residential sevashrams and kanyashrams for reducing the drop-out rate and increasing the enrollment of these communities. We have also discussed various reasons behind the high drop-out rate of children especially among the girls in school. Several programmes have been implemented by the state government for the improvement in the drop-out ratio and the enrolment ratio among the children which are Mid-Day Meal Programme, Sarvashiksha Abhiyan, Kasturba Gandhi Balika Vidyalaya etc. Through this programme many children have been able to satisfy their hunger and it also improves the nutritional status of the children. And through Sarva Shiksha Abhiyan there has been some infrastructural development in the schools which are construction of toilets, new school buildings and class rooms, training of SSA teachers, provision of free uniform to all school going girls in the age group 6 to 14 years. No programme is flawless. Though there are pitfalls in the system like false attendance and poor quality of food to children but we have also seen that mid-day meal programme and SSA programme had helped in increasing enrolment ratio of children and reducing drop-out rate in the primary and upper primary level in the educationally backward state of Odisha.

In Bihar as per the 1961 Census the overall literacy rate was 22.0 percent which increased to 47.0 percent during 2001 and again it has increased to 63.8 percent as per the 2011 Census. Here we also find wide gender disparities in literacy rates in the state.

As per the 1961 census the male literacy was 40.4 percent which increased to 60.3 percent during 2001 and the female literacy was only 15.4 percent which increased to 33.6 percent in 2001. As per the 2011 census the male and female literacy has increased to 73.4 percent and 53.3 percent respectively. Though the male and female literacy in the state has increased in spite of this there still exist gender disparities in literacy rates. There is intra-state disparity in literacy rates also that we have discussed in details earlier in our chapters on Bihar. It is also found that as per the 2001 Census the overall literacy rate among the Scheduled Castes and Scheduled Tribes communities were 28.47 percent and 28.17 percent in Bihar there has been improvement in the status of elementary education. Here we also find that the enrolment of girl students in the upper primary level is very much better than the boys. But though the number of primary and upper primary schools has increased in the state but the drop-out ratio in the state is high as in Odisha. It is very much high among the Scheduled Castes and Scheduled Tribes at different stages of education. But the government's initiatives have reduced the drop-out rates especially among the girl students in the primary, upper primary and secondary levels. Several factors are responsible for the drop-out rates among the children which we have discussed in different chapter pertaining to Odisha in our thesis. The Sarva Shiksha Abhiyan (SSA) programme has helped to increase the enrollment ratio in the elementary schools. Similarly another programme MDMS also increased the enrolment and retention in primary and upper primary level. But there are some flaws in the implementation of the MDMS which are irregular supplies of mid-day meal in many of the schools and low quality of food. The other schemes which are provided by the state government are free text books, scholarships for SC & ST students, free uniform to all the students of class III to V and this facility is continued for girl students in classes VI-VIII. Through the Bihar Education Project Council (BEPC) the government of Bihar has established a number of Centres for bringing the out of school children back to the schooling system which are; Utthan Kendra, Talimi Markej, Utpreeran Kendra, Maktab Madarsa Kendra. So it has been observed that Bihar has shown considerable improvement in the education sector.

So from the discussion it is found that both the state governments has shown tremendous improvement in the literacy scenario and both the states i.e, Odisha and

Bihar has tried to improve the education system in many ways but still we have found that the drop-out ratio in these two states are high and the quality of education is also low. So the governments should pay more attention in this front for the effective implementation of these programmes.

To improve the health situation in both the states, the state government has implemented several programmes in the health sector also. In Odisha we find that Crude Death Rate and Infant Mortality Rate are comparatively high than the state of Bihar. From the secondary sources we have found that in Bihar though infant mortality rate has decreased in comparison to Odisha but the IMR in Odisha is still high. In Odisha number of programmes has been taken by the BJD government in collaboration with the Central government which are; The National Iodine Deficiency Disorders Control Programme, National Leprosy Eradication Programme, National Filariasis Control Programme, National Programme for Control of Blindness, RLTAAP Programme in KBK districts, PanchaByadiChikitsa, National Rural Health Mission, Janani Suraksha Yojana.

National Leprosy Eradication Programme was implemented in the state since 1983. It has been observed that through the Multi Drug Therapy (MDT) about 8.93 lakh cases have been detected and 7.82 lakh patients have been declared cured since its formation. So it can be argued that MDT has improved the leprosy scenario in the state.

Another important programme, which was taken by the state government i.e. RLTAAP programme in the KBK districts. Through this programme the state government has tried to improve the conditions of the people in the KBK regions of the state. For providing better health services to the people of this region there was a creation of 90 Mobile Health Units in 80 blocks of 8 KBK districts which consists of one Medical Officer, one pharmacist, one female health worker, a driver (for institutional van) and one attendant.

PanchaByadiChikitsa was also implemented in the state in July 2001. It is for those people who can not avail the benefits from the Public Health Institutions. This programme helped the poor people a lot.

National Rural Health Mission (NRHM) is an important initiative taken by the BJD Chief Minister Sri Naveen Patnaik for improving the quality of health services for the vulnerable sections of the society like women, children particularly the rural poor. Under NRHM, ASHA (Accredited Social Health Activist) plays an important role to motivate the rural women for institutional delivery. Under this programme Janani Suraksha Yojana also succeeded to decrease overall maternal mortality ratio, infant mortality ratio in the state. It also increased the number of institutional deliveries in the state.

So from the evaluation we have found that the state government has tried to improve the health situation in the state. But when we look at the health infrastructure of the state we find there is a lack of doctors, nurses, beds, medical equipments, staff, non-availability of drugs and so on. Not only that lack of awareness, illiteracy among the tribal women, lack of communication facilities, lack of auxiliary nurse mid-wife workers, PHCs these are the reasons which largely affects the health situation in Odisha.

We have found that like Odisha, in Bihar also Infant Mortality Ratio is so high. In 2006 it was 60 which have decreased to 48 during 2010. In case of LEB for male and female is concerned that LEB for female have shorter life during 2001-2005 which indicates wide gender disparities in terms of LEB. There has shown an improvement in the Crude Birth Rate, Crude Death Rate in Bihar which was always higher in the state. Besides it is also found that in Bihar the natural growth rate of population is so high. From the secondary sources we have come to learn that there are a number of PHCs, Health Sub-Centres which has been established in the state. After Nitish Kumar came to power during 2005 it has been observed that the state has shown some improvement in the health system in Bihar. Though number of doctors are so less and there is no improvement in the Auxiliary Nurse- Cum- Mid Wife position. Several programmes have been taken by the state government such as Janani Evam Bal Suraksha Yojana, Anaemia Control Programme, Revised Tuberculosis Control Programme, National Vector Borne Disease Control Programme etc. Muskaan EkAbhiyan, NayiPeediSwasthya Guarantee Yojana, The Yukti Yojana. The Janani Evam Bal Suraksha Yojana which have worked under the overall umbrella of the National

Rural Health Mission has played an important role in the institutional deliveries in Bihar. This programme also helps to reduce the maternal as well as infant mortality ratio in the state. To eradicate Kalazaar from the state of Bihar the state government has provided insecticidal residual spray of DDT, other medicines in 31 Kalajar endemic districts. Another programme which was launched by the state government in 2007 is Muskaan Ek Abhiyan which helps to increase the level of immunization among children across the state in 2009. The other programme i.e. NayiPeediSwasthya Guarantee Yojana which was introduced in 2011 on Bihar Diwas provides Health Entitlement Cards to all boys under the age of 14 years and all girls under the age of 18 years.

As we have seen that the state government has tried to develop the health system in Bihar through several initiatives in spite of these we have observed that there is still a large gap in the health system in the state such as lack of primary health care, infrastructure, shortage of manpower, drugs, medical equipments, lack of proper sanitation, malnutrition among children and women, poor status of family planning programme, lack of awareness among the people about the government programmes and so on.

In the social welfare sector both the state government of these two states has taken several initiatives for the old and disabled, handicapped, women and Child, SCs & STs. For the welfare of the children and women ICDS plays a major role in Odisha. It has taken measures for the improvement of the nutritional and health status of children below the age of 6 (six) years, pregnant women, lactating mothers. From a newspaper report it reveals that the nutrition status of only 47.33 percent under ICDS are detected as normal as on December 2009. So it can be assumed that over 50 percent of the children under ICDS in Odisha do not get proper nutrition. For the welfare of the handicapped the government has taken a number of steps such as Orissa Disability Pension (ODP) Scheme, Special School for Children with Disability, Distribution of Special Aids and Appliances, Scholarship to Students and Disability. The state government has provided various materials such as tricycles, blind sticks, crutches, hearing aids to the disabled persons. About 6588 beneficiaries were provided with aids and appliances during 2007-08. Another important scheme is

Madhubabu Pension Yojana which was implemented for providing social security of the people. According to government reports about 12.08 lac were the beneficiaries of the scheme during the year 2008-09. For the empowerment of women, the state government has established MahilaSamabaya Nigam, Mission Shakti. During 2008-09 about 3,72,748 WSHGs were formed. The state government also looks after the welfare of the Scheduled Castes and Scheduled Tribes. Various schemes have been taken by the state government for the development of tribal's which included ITDA, TSP, MADA. In spite of these it is seen that the condition of tribal's has not changed much.

We have found that in Bihar the state government has also implemented several schemes for the Mahadalits, SCs & STs, Women and Child and also for the old and disabled. For the welfare of the Mahadalits, the most important scheme, which was implemented by the state government i.e. MukhyamantriMahadalitPoshak Yojana, Dasharathi Majhi Kaushal Vikas Yojana. To reduce the gender disparity in Bihar the state government has made some interventions such as Kanya Suraksha Yojana, Lakshmibhai Social Security Pension Scheme. And for the empowerment of women the most important programme which was taken by the state government is MukhyamantriNari Shakti Yojana. The state government also took steps for the welfare of the Backward and Extreme Backward Classes. Like Merit Unnayan Yojana, MukhyamantriMedhaVritti Yojana, JananayakKarpuri Thakur Hostels, Swayam Saksham. For the minorities the state government has provided scholarship, hostels. For the Muslim women 'Women Muslim Parityakto Yojana' is one of the good initiatives taken by the state government. The state government has also taken steps for the development of the old and disabled such as SAMBAL, Laxmi Bai Pension Scheme.

So we have observed that during the period 2005-2010 under the reign of Nitish Kumar the state of Bihar has taken a number of initiatives for all the sections of the society than Odisha. In spite of these we find that Bihar is lagging far behind any other state in our country.

From our study we have come to the conclusion that Odisha and Bihar are really backward or underdeveloped states in India. Both the state governments had

attempted to alter the situation. But when we compare these two states we have found that Bihar is a more backward state than the state of Odisha. One of the reasons is that the poverty ratio is high in Bihar than Odisha. We find that the incidence of poverty of Odisha during 2009-2010 was 37.0 percent whereas in Bihar it was 53.5 percent.⁴ So we can see that Bihar had the highest rate of population below the poverty line during 2009-2010 which was 80 percent higher than the all-India average. Landlessness is the acute reason behind the existence of poverty in Bihar. This is the situation even though both the state governments have implemented several poverty alleviation programmes for eradicating poverty in these two states. The programmes however have failed to achieve its desired outcome. There are several reasons behind this which are nexus between the corrupt politicians with service providers, lack of awareness of the beneficiaries about the programme, lack of clear guidelines, lack of employment opportunities among people for this reason people of some villages in Odisha migrate from one place to another, low utilization of RLTA funds in the KBK regions in Odisha. Secondly, the literacy rate in Odisha is far better than Bihar. As per 2011 census the literacy rate in Odisha was 73.45% whereas in Bihar it was only 63.8%. Besides we have also discussed the literacy rate of SCs & STs in Odisha and Bihar as per 2001 census. We have found that the literacy rate among the tribal communities is higher than the state of Bihar. Though there will be no exaggeration to say that in the education sector both the states have made constant efforts to improve the education scenario in the state. One of the evidence is that we note that the female literacy rate has increased in both these two states and the literacy rate among the tribals has also increased. There is a reduction in the drop-out rate and increase in the enrolment ratio among the children. Sarvashiksha Abhiyan and Mid-Day Meal programme had played an important role in all the sections of the society. So both the states have improved their position in the education sector, but it is also a noticeable fact that the overall tribal situation has not changed much. So Tribals are deprived of many benefits not only in the education sector but also in the health sector. They do not get adequate facilities from the public health institutions for this

⁴ During 2011-2012 the proportion of people below poverty line in Odisha and Bihar has declined to 32.6% and 33.7 percent respectively. So Bihar has shown considerable improvement in the poverty ratio. Since our study period is 2000-2010, hence we have not given emphasis on the developments that has taken place in the later period.

reason they easily believe on their traditional system of medicine like they depend on 'ojhas' who are tribal priests and medicine men among the tribes, quack doctors. Though we have observed that there has been improvement in the health indicators such as IMR, CBR, CDR, LEB in both of the two states i.e. Odisha and Bihar. But the health situation of these two states till now is poor though Odisha performs slightly better in terms of infrastructure facilities than Bihar. Although it can't be called good, it is far from developed. Several programmes have been implemented by the government of these two states in spite of these we have found that still there is a large gap to fulfill the aspirations of the population in the health system. So, fulfilling all the gaps in the health system is still a dream of the government because still the IMR in Odisha is high and the growth of population in Bihar is still high. In social welfare sector we have found that both the states have implemented several programmes for the old and disabled, women, SCs & STs which are Madhubabu Pension Yojana in Odisha for old people, Eklavya Model Residential Schools, Mukhyamantri Nari Shakti Yojana, Mission Shakti in Odisha and Mahadalit Sauchalaya Nirman Yojana, Mahadalit Poshak Yojana, Mukhyamantri Balika Poshak Yojana, Muslim Mahila Pratikriya Yojana in Bihar.

Though Odisha performs better than Bihar in all aspects but it can be mentioned here that during the period 2005-2010 Bihar's growth performance in all sectors improved significantly. If we notice the GDP rate of Odisha and Bihar we have found that Odisha's per capita income or GDP rate is comparatively low during 2009-2010 it was only 4.55 percent than the state of Bihar. Whereas during 2009-2010 the GDP rate of Bihar was about 7.09 percent. It is caused due to severe climatic situation in Odisha such as drought, flood, cyclones and other natural calamities. Bihar is not an exception from this situation. It has also faced severe droughts in both 2009 and 2010 in spite of these Bihar has been able to increase its GDP rate. It has been possible due to unbalanced pattern of growth in the state. In the construction and services sectors, particularly trade, hotel, restaurants it has succeeded to achieve its GDP growth. Not only that after Nitish Kumar came to political power in Bihar in 2005 the law and order situation has also improved which was threatened and bad during Laloo's regime. The number of criminal activities such as dacoity, kidnapping, robbery has got reduced. If

we notice the state of Odisha we find that in Odisha during 2000-2010 under the regime of Naveen Patnaik a lot of improvement in different sectors has taken place. Not only that in Odisha under the leadership of Naveen Patnaik the corruption cases has also been reduced but in Bihar during Laloo's RJDs 15 years tenure (1990-2005) there was no considerable improvement in every spheres because he did not given any priority to development. For this reason Bihar's economic growth got stagnated and law and order situation has deteriorated. There was a rule of dacoit's, criminals, kidnapping, security of the people was threatened but after JD(U) leader Nitish Kumar came to political power in 2005 there was shown improvement in every aspect. He has tried to overcome all the difficulties what the state had faced during Laloo's regime. It is found that after JD (U)-BJP Coalition came to political power they at first laid more emphasis on law and order then he concentrated on development issues. So we can see the picture of these two states i.e. Odisha and Bihar. Both the Chief Ministers of Odisha, Naveen Patnaik and Bihar, Nitish Kumar has won the fourth successive elections of 1999, 2004, 2009, 2014 (Naveen Patnaik) and 2005, 2010, 2015, 2020 (Nitish Kumar) for their good performance though this is not our research area. So in our research period (2000-2010) we find that both the state governments has taken many measures from all sides but it is inadequate, as a result Odisha and Bihar are lagging behind in all aspects especially in the health sector. It would be wrong to say that both the states did not try to reduce the IMR,MMR, CBR, CDR. It must be admitted that both the states have improved in the health indicators of IMR, MMR, CBR, CDR but the improvement is not so high.It is found that most of the infant deaths in these two states are caused due to neonatal mortality and it is not only for the premature deliveries also for the respiratory infections, pneumonia, tetanus and diarrhea.One can say that the government had to do much more by providing necessary infrastructure in smaller hospitals through which government could perform better in the health sector from the abysmal situation in the health indicators of these two states. Government must also increase the budget substantially in the health sectors need to increase the number of hospitals, doctors, beds etc. Proper sanitation through the building of toilets is necessary. So government needs to pay more attention in this front. The pen in the register shows that the program has been implemented but it does not reach to every nook and corner of these two states

because of corruption and mis-utilization of funds. There are a number of reports on this in different sources. So the government should look after the implementation of these programmes very carefully and should also strengthen the monitoring mechanism for effective implementation of the programmes. And those who are linked to the corrupt official's government should have taken strict action against them so that poor people can get the facilities of all the programmes. Not only government, people also have to be honest and the mentality of the people needs to change for the poor so that everyone can benefit from the program. And girls need to be much more educated in these two states for this reason parents should come forward in this front. So the government needs to give more emphasis on this matter and also increase awareness among these people through awareness campaign.

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CONTENTS*From Editor's Desk.....***Articles**

- The Problem of Poverty and the State in Odisha (2000-2010)* 1-21
Anushuya Pal
- NGOs Working on Women Issues: Some Findings from Nanded District of Maharashtra* 22-36
Baburao Sambhaji Jadhav
- Citizenship for peace: Identity and conflicts in multiethnic Malaysia* 37-52
Khalid Ansari
- Security Mechanisms of Shanghai Cooperation Organisation (SCO)* 53-69
Manabhanjan Meher
- Contesting Development: Understanding the Interface between Development Discourse and Subalterns Politics in Bihar* 70-83
Pankaj Kumar
- People, PRIs and Rural Development: A study in the context of the hills of Darjeeling in West Bengal, and Sikkim* 84-99
Ramesh Dural
- Listening: Key to Counter Democratic Deficit* 100-114
Ranjita Chakraborty
- Workers' Resistances in the Indian Railways and the General Strike of May 1974* 115-133
Sanghamitra Choudhury
- Collective Mobilisation for Shelter: Politics of Informal Housing in Chandigarh Slums* 134-145
Shashi K. Negi

The Problem of Poverty and the State in Odisha (2000-2010)

Anushuya Pal

Abstract

Odisha has been one of the poorest state's among the 29 (twenty-nine) states in India. Though the incidence of Poverty has come down from 47.15% in 1999-2000 to 39.90% in 2004-05, still the state remains the poorest state among all the major states in India. Various methodologies have been used for the estimation of poverty and from this we have come to deduce that poverty has declined. There are two important reasons that are responsible for the reduction of poverty. Odisha in recent years has experienced economic growth. There has also been intervention of the state through poverty alleviation measures. We argue in this paper that both the factors have contributed to the decline in poverty.

Keywords: Odisha, Poverty, Poverty Alleviation Measures

1. Introduction

Odisha has been one of the poorest state among the 29 (twenty-nine) states in India. It consists of 30 (thirty) districts. It is generally divided into 3 (three) regions; Northern region, Southern region and the Coastal region. A report of the Planning commission indicates that Odisha continues to be the poorest among all the major states of the country. Though the incidence of Poverty has come down from 47.15% in 1999-2000 to 39.90% in 2004-05, inspite of this Odisha still remains the poorest state among all the major states in India. The percentage of population below the poverty line at the all India level in 2004-05 was 21.8 percent as against 26.1 percent during 1999-2000. Thus what we notice is compared to many other states Rural poverty in Odisha is still very high, even though successive Governments have taken different initiatives to reduce the level of poverty (Government of Orissa, Economic Survey, 2008-09). In the state during 1973-74 the percentage of population below poverty line was 66.18% and it declined to 65.29% in 1983. But in 1977-78 it increased to 70.07%. During the period 1987-88 the percentage of population living below the poverty line was 55.58% and finally it declined to 39.90% in the year 2004-05.

The number and percentage of BPL population for the 61st NSS round (2004-05) based on mixed recall period (MRP) and uniform recall period (URP) for all the states and Union Territories, tells us that poverty has declined by 20.2 percentage points from 57.2 percent in 2004-05 (61st NSS round) to 37.0 percent in 2009-10 (66th NSS round). This clearly indicates that there is a welcome sign in drop in Poverty incidence during 2004-05 to 2009-10 (Government of Odisha, Economic Survey, 2012-13, p.263). The Planning

commission has appointed so many committees for poverty estimation. But among the various committees there are 2 (two) committees i.e. Lakdawala Committee formed in 1993 and the Tendulkar Committee constituted in 2005 which are the most important ones. These Committees have estimated the number and percentage of poor.

The estimates of poverty from 1973-74 to 2004-05 are based on Lakdawala Committee Methodology and those for the year 1993-94, 2004-05 and 2009-10 are based on NSS data and Tendulkar Committee Methodology. According to Lakdawala Committee the percentage of population living below the poverty line in Odisha has declined by 19.78 percentage points from 66.18 percent in 1973-74 to 46.40 percent in 2004-05. And the poverty estimates of the Tendulkar Committee for the year 1993-94 was 59.10 percent in comparison to 48.56 percent, as per the Lakdawala Committee Methodology. In the year 2009-10, the percentage of poverty as per the Tendulkar Committee was 37 percent. Hence an analysis of the estimates tells us that from 1993-94 to 2009-10, the percentage of population below the poverty line has declined. It is observed that the Lakdawala Committee used uniform recall period Methodology whereas the Tendulkar Committee used mixed recall period Methodology to find out the poverty ratios in Odisha. The table shows the percentage of population below poverty line in Odisha as compared to other major states in India.

| Sl. No. | State | Head Count Ratio (percent) | | | | | | |
|---------|----------------|----------------------------|---------|-------|---------|---------|----------|----------|
| | | 1973-74 | 1977-78 | 1983 | 1987-88 | 1993-94 | 2004-05* | 2009-10* |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 | Andhra Pradesh | 48.86 | 39.31 | 28.91 | 25.86 | 22.19 | 29.9 | 21.1 |
| 2 | Bihar | 61.91 | 61.55 | 62.22 | 52.13 | 54.96 | 54.4 | 53.5 |
| 3 | Gujarat | 48.15 | 41.23 | 32.79 | 31.54 | 24.21 | 31.8 | 23.0 |
| 4 | Haryana | 35.36 | 29.55 | 21.37 | 16.54 | 25.05 | 24.1 | 20.1 |
| 5 | Karnataka | 54.47 | 48.78 | 38.24 | 37.53 | 33.16 | 33.4 | 23.6 |
| 6 | Kerala | 59.79 | 52.22 | 40.42 | 31.79 | 25.43 | 19.7 | 12.0 |
| 7 | Madhya Pradesh | 61.7 | 61.78 | 49.78 | 43.07 | 42.52 | 48.6 | 36.7 |
| 8 | Maharashtra | 53.24 | 55.88 | 43.44 | 40.41 | 36.86 | 38.1 | 24.5 |
| 9 | Odisha | 66.18 | 70.07 | 65.29 | 55.58 | 48.56 | 57.2 | 37.0 |
| 10 | Punjab | 28.15 | 19.27 | 16.18 | 13.20 | 11.77 | 20.9 | 15.9 |
| 11 | Rajasthan | 46.14 | 37.42 | 34.46 | 35.15 | 27.41 | 34.4 | 24.8 |
| 12 | Tamil Nadu | 54.94 | 54.79 | 51.66 | 43.39 | 35.03 | 28.9 | 17.1 |
| 13 | Uttar Pradesh | 57.07 | 49.05 | 47.07 | 41.45 | 40.85 | 40.9 | 37.7 |
| 14 | West Bengal | 63.43 | 60.52 | 54.85 | 44.72 | 35.66 | 34.3 | 26.7 |
| | All India | 54.88 | 51.32 | 44.48 | 38.36 | 35.97 | 37.2 | 29.8 |

Based on MRP consumption of Tendulkar Committee Methodology (GOO, Economic Survey 2012-13, pp.265)

Given below is another table which shows the poverty lines and poverty Head count ratio using the Tendulkar Methodology and Lakdawala Methodology for the year 1993-94, 2004-05 and 2009-10 (GOO, Economic Survey, 2012-13, Odisha, Feb, 2013, p.263).

| Committee | Methodology | Year | Rural | Urban | Combined |
|-----------|-------------|---------|-------|-------|----------|
| LAKDAWALA | URP | 1993-04 | 49.72 | 41.64 | 48.56 |
| | | 2004-05 | 46.80 | 44.30 | 46.40 |
| TENDULKAR | MRP | 1993-94 | 63.00 | 34.50 | 59.10 |
| | | 2004-05 | 60.80 | 37.60 | 57.20 |
| | | 2009-10 | 39.20 | 25.90 | 37.00 |

The incidence of poverty has declined during 2004-05 to 2009-10. There has been a significant or sharp decline in poverty from 57.20% in 2004-05 to 27% in 2009-10. Odisha still has a high incidence of poverty and the proportion is much higher than the national average. Still as noted earlier as per the report of the Planning Commission and also to other reports poverty ratio has declined in the State. There are several reasons that can be attributed for this decline. Two important reasons for the decline of poverty can be, first there is economic growth in Odisha in more recent times and second it is due to the adoption and implementation of several types of poverty alleviation programmes or measures. To improve the economic condition of the rural and urban poor, the Central Government as well as the State Government has adopted several poverty alleviation measures. Both the factors could have contributed to the decline in the incidence of poverty. We discuss below the rate of economic growth in Odisha then turn to examine the poverty alleviation measures that have been adopted in the state and how far the measures have been successful in its desired effect.

Though poverty has declined in all the NSS Regions of the state but the extent of poverty in Southern and Northern Regions of Odisha is still high. According to Haan and Dubey (2003) though rural poverty in the Coastal and Northern Regions has declined but in the Southern Region the incidence of rural poverty has increased from 80.76% in 1983 to 86.16% in 1999-2000 (Shah, 2010, p.6). This is to some extent because the State has witnessed wide Regional and Social disparities in development more particularly economic growth. The development of all the Regions did not go hand-in-hand or simultaneously. According to NSS data, the Coastal Region has the lowest incidence of poverty while the incidence of poverty is the highest in the Southern and Northern Regions. During the early 1980s poverty in the Southern Region increased (Amit Shah, ODI working paper 325, 2010). From the analysis of NSS data, it is seen that the incidence of

poverty has experienced a large fall from 45 percent in 1993-94 to 27 percent in 2004-05 in the Coastal Region. But in the Southern Region it increased by 4 percentage points from 68.8 percent in 1993-94 to 72.7 percent in 2004-05 and the Northern Region has also witnessed the biggest rise in the incidence of rural poverty by 13 percentage point from 46 percent in 1993-94 to 59 percent in 2004-05. Among the three regions, the percentage of poverty is higher in the Southern region than the Northern and Coastal Region. In the Southern region, the very bad condition that prevails is in Koraput (undivided district), where 92% of people lived below the poverty line (Panda, 2004:14). Poverty is chronic in this region. Thus in the Coastal region, the poverty ratio has declined, whereas in the Northern region and in the Southern region it has increased.

2. Odisha's Economy

We have argued in the previous section that there has been a decline in poverty in Odisha in the recent period even though Odisha remains one of the poorest states among all the major states in the country. The incidence of poverty has come down from 57.2 percent to 37 percent during the period 2004-05 to 2009-10. Several reasons can be attributed for this reduction in the rate of poverty. This has been possible because Odisha in recent years has experienced economic growth and this is likely to have affected different sections of the population in a positive manner. It must also be because of the intervention of the state through poverty alleviation measures. Let us first in this section turn to the story of economic growth in Odisha.

Odisha's economy has been classified into three categories which are; agriculture, industry and services. If we compare the Indian economy with the economy of Odisha, we find the economy of Odisha is more agricultural less industrial and less service oriented. But now in the recent period high growth have taken place in the industrial sector followed by the service sector and the agricultural sector. The growth rate in the agricultural sector has fluctuated over the years, due to natural calamities such as cyclones, draughts and floods. But the high growth in Odisha happens to be in the industrial sector. Odisha's industry is mineral based.

Let us first start our discussion of the Odisha's economy with the agricultural sector since it is this sector on which Odisha's economy largely depends. A large percentage of people depend on agriculture. Agriculture provided direct and indirect employment opportunities to around 64 percent of the total work force of the state as per the 1991 census. Agriculture and allied sectors contribute less than 30% towards the state's Gross Domestic Product and Agriculture and Animal Husbandry contributed 28.68 percent of the Net State Domestic Product of the State in 1997-98. The production therefore is low. It is generally held that low productivity in agriculture is because of the predominance of traditional agricultural practices, inadequate capital formation and low investment,

inadequate irrigation facilities and because of the uneconomic size of the holdings.

Keeping the importance of agriculture in mind the State Government formulated a comprehensive Agricultural Policy in 1996. The main aim of this policy was to double the production of food grains and oil seeds, generation of adequate employment opportunities in the rural sector and to adopt agriculture as the main route for eradication of poverty. It stated its main objectives as: to give importance on agriculture so that young persons can accept agriculture as a means of Self Employment, to generate adequate employment opportunities, to create skilled labourer's for management of modern agriculture, to help mechanization of agriculture to increase productivity, to increase area under tea, coffee, rubber, cashew and other plantation crops, to take up extensive training in the field of agriculture and related activities, to reorient agriculture towards export(GOO, Economic Survey, 2000-2001, p.4/2).

Despite of all this effort the growth in the agricultural sector declined due to super cyclone which hit Odisha in October, 1999. Agriculture and Animal Husbandry contributed 32.88 percent of the Net State Domestic Product of the State in 1999-2000. It contributed 28.13 percent to the Net State Domestic Product of the State in 2001-02. It contributed 22.09% of the Net State Domestic Product to the State in 2002-03 at 1993-94 prices.

Production of food grains in the State has also fluctuated over the years. In 1991-92 there was a bumper harvest of production of food grains. It was 72.3 lac tones. But during 1992-93, the production of food grains was very low. It was just 59.6 lac tones which was 17.56% less than the production during 1991-92 (GOO, Economic Survey, 2000-01, p.1/4). In 1993-94, the food grain production was 72.2 lac tones which were just below the level of Production in 1991-92. But production continuously declined during the next three years. In 1994-95, the production of food grains declined to 69.0 lac tones due to unfavourable weather conditions. It further declined to 67.8 lac tones in 1995-96. In 1996-97, low production was recorded; it was just 48.1 lac tones. During 1997-98 and 1998-99, production was 66.1 lac tones and 57.9 lac tones respectively. But during 1999-2000, the production of food grains was seriously affected by the cyclones which hit the 14 fertile coastal districts of the State in October, 1999. This cyclonic storm devastated four coastal districts of Odisha, namely Ganjam, Gajapati, Puri and Khurda. The economy of the State suffered a lot. As a result the Development of the State was seriously affected (Govt. of Odisha, Economic Survey, 1999-2000,p.1/13).

Food grain production declined to a very low level of 49.75 lac MT in 2000-2001 due to draught situation. Though it had taken a long time to come back to the earlier stage, but during 2001-02 there was a record production of good grains of 75.40 lac MT as a result of bumper production of rice. Again it

declined to a very low level of 35.55 lac MT on account of severe draught in the State during Kharif, 2002 (Govt. of Odisha, Economic Survey, 2003-04, p.4/3). Due to increase in population, the State's per capita availability of cultivated land which was 0.39 hectare in 1950-51 declined to 0.17 hectare in 1999-2000 and in 2002-03, it declined to 0.16 hectare (Govt. of Orissa, Economic Survey 2000-01, p.1/5, 2003-04, p.1/6).

Let us now turn to Industry in the state. The State placed an important position on industries because of various reasons. The reasons are availability of vast mineral resources, abundance of raw materials and comfortable power situation. There are many important industries which were set up in the State during the different plan periods i.e. Rourkela Steel Plant, National Aluminum Company (NALCO) Indian Charge Chrome Ltd., Paradeep Phosphate and Coal based power plants at Talcher, Kaniha and Banharpali. The State has various large and medium industries and there are three nodal agencies which are engaged in promoting these industries (GOO, Economic Survey, 2003-04, pp. 1/11). The three nodal agencies are Industrial promotion and Investment Corporation Ltd. (IPICOL), Industrial Development Corporation Ltd. (IDICOL) and Odisha State Electronics Development Corporation (OSED) etc. By the end of 1998-99, Odisha had 334 large and medium industries with an investment of Rs.1, 841.99crore and employment potential for 81,188 persons (Government of Odisha, Economic Survey, 1999-2000, p.1/9). In the same way during the year 1999-2000, the State had 339 large and medium industries with an investment of Rs.1,880.36crore and employment potential for 82,533 persons. Similarly by the end of 2002-03 Odisha had 358 large and medium industries with an investment of Rs.3, 584.71crore and employment potential for 85,777 persons (Government of Odisha, Economic Survey, 2003-04, p.1/11).

To improve the industrial sector, the State Government reformulated its industrial policy in March, 1996. The emphasis of the policy were as follows: harnessing Orissa's vast natural resources and the potential for accelerated industrial growth consistent with the protection of environment; attracting and facilitating large investment in infrastructure and industries both from within the country and abroad; generating employment on a large scale in industrial/commercial activities; development of backward areas/regions of the State through industrial/mining ventures, stimulating and strengthening local entrepreneurial base/talent, development of Skills/ expertise etc. (Government of Odisha, Economic Survey, 1999-2000, p. 9/1).

The State Government later on reformulated the industrial policy in December, 2001. The main objectives of Industrial Policy, 2001 are: to create a business climate conducive to accelerate investment in industry and infrastructure projects, to raise income, employment and economic growth in the State, to reduce regional disparities in economic development, to balance utilization of the natural resources for sustainable development. To fulfill the above objectives

the state Government aimed to: encourage private initiative and restrict Government intervention in such areas where it enjoys a distinct comparative advantage; invite Private Investment for development and operation of quality infrastructure; promote the image of Odisha as an attractive destination for investment and tourism; encourage the creation of small scale industries (SSI) clusters in similar lines of business (Government of Odisha, Economic Survey, 2003-04, p. 9/1).

During 1999-2000, four large and medium industries have been set up with an investment of Rs.10.54 crore and employment for 968 persons. Nine large and medium industries has been set up earlier namely – Hindustan Aeronautics Ltd. unit at Sunabada, Rourkela Steel Plant at Rourkela, Indian Rare Earth Ltd at Chhatrapur, Carriage Repair Work Shop at Anugul, Fertilizer Corporation of India (FCI) Units at Talcher, Heavy Water Project at Talcher, National Aluminium Company units at Angul and Damanjodi and Paradeep Phosphate Ltd at Paradeep have been set up in the State in the Central Sector. These are the Units which were set up prior to 1990-91(Government of Odisha, Economic Survey, 2000-2001, p.9/3). As a result the contributions of manufacturing sector in NSDP have been going up over the years. The net value added by manufacture in the State at constant (1980-81) prices was Rs.358.14 crore in 1980-81 which went up to Rs.726.99 crore in 1997-98. The share of the manufacturing sector in the NSDP was 10.40% in 1980-81; 11.20% in 1990-91; 7.37% in 1993-94; 5.31% in 1997-98; 4.57% in 1998-99; 4.30% in 1999-2000 and 7.88% in 2002-03(Government of Odisha, Economic Survey, 2003-04, p.9/2).

For rapid industrialization in the State, emphasis was given and is being laid on infrastructure development. It has been realized that economic growth depends on infrastructural development. Adequacy of infrastructure in the transport and communication sector is crucial for attracting investment. The Industrial Policy, 1996 accorded special priority to infrastructural development so that more and more funds will be used for large investments in the industrial sector. Development of transportation infrastructure is also important for marketing of agricultural products and enabling the farmers to get a fair price.

It is very much important to improve the quality of life and economic conditions in rural areas in every village. To develop the agricultural condition, rural connectivity is necessary. Improvement of the rural economy is important and for that the State Government has accorded high priority to the development of rural connectivity. According to estimates available with the Planning Commission, about 40% of villages in Odisha have all weather connectivity as compared to 60% at the national level. During 2000-01, the state realized that funds are necessary for development of Rural Roads and Bridges. Rural connectivity has been given highest priority within the Pradhan Mantri Gramodaya Yojana and Rs.175.00 crore has been earmarked for the purpose.

The State Highways, Major District Roads and other District Roads have been constructed and maintained by the Works Department of the Government of Odisha. It also maintains 2,752 km of National Highway and 30 km of Express Highway on behalf of the Government of India (Government of Orissa, Economic Survey, 2000-2001, p.12/2).

The Central Sponsored Scheme i.e. Pradhan Mantri Gram Sadak Yojana (PMGSY) has been implemented in the State. During 2000-01, Government of India sanctioned an amount of Rs.179.70 crore under this scheme for construction/ improvement of 574 roads (GOO, Economic Survey, 2003-04). The State Government proposed to implement various projects to improve the road communication between the State Capital and north-western Districts of the State. There is another project i.e. Bhubaneswar Integrated Road Net Work Project (BIRNWP) on Build Operate Transfer (BOT) basis with an estimated cost of Rs.170 crore has been implemented to remove congestion on NH 5 in the vicinity of Bhubaneswar (GOO, Economic Survey, 1999-2000, 12/3).

The contribution of the tertiary sector i.e. transport, communication, trade, storage etc. to the Net State Domestic Product of Odisha at Factor cost at 1993-94 prices was 17.97 (Economic Survey 2003-04). The contribution of the tertiary sector i.e. Transport, communication, trade, storage etc. to the Net State Domestic Product of Odisha at Factor Cost of 1993-94 prices was 17.97 (Government of Orissa, Economic Survey 2003-04).

The Gross State Domestic Product (GSDP) of India increased from Rs.18,612.73 crore in 1993-94 to Rs.23,417.98 crore in 1998-99 at 1993-94 prices, showing a compound annual growth rate of 4.70% over the period (Govt. of Orissa, Economic Survey, 1999-2000, p.1/4). The Net State Domestic Product (NSDP) commonly known as State Income increased from Rs.15,861.30 crore in 1993-94 to Rs.19,329.31 crore (Quick estimate) in 1999-2000 at 1993-94 prices. The increase in NSDP in 1999-2000 over the corresponding figure for 1993-94 is mainly attributable to the increase in SDP of Tertiary Sector as well as Finance and Service/Sector (Govt. of Orissa, Economic Survey, 2000-01, p.1/4).

The Gross State Domestic Product (GSDP) at constant prices (1993-94) of Odisha has increased from Rs.18,536.66 crore in 1993-94 to Rs.25,539.01 crore (Quick estimate) in 2002-03, registering an annual compound growth rate of 3.62 percent over the period. The Net State Domestic Product (NSDP) commonly known as State Income increased from Rs.16,184.88 crore in 1993-94 to Rs.21,861.91 crore (Quick estimate) in 2002-03 at 1993-94 prices. During 1999-2000 the GSDP at constant (1999-2000) price of Orissa has increased from Rs.42,909.62 crore to Rs.73,542.26 crore (as per the advance estimate) in 2007-08 registering an annual compound growth rate of 6.97 per cent over the period. It has been found that the growth rates of the agriculture sector are not

always the same followed by industry and then services. It is because of natural calamities such as cyclones, droughts and floods which Orissa faced frequently. As a result the agricultural sector was badly affected. During 2008-2009 the growth rate of agriculture has remained low whereas the industrial sector has shown a tremendous growth (GOO, Economic Survey, 2009-2010, p.14).

3. The Programmes

We have stated earlier that the decline in poverty ratio can be attributed also to the implementation of poverty alleviation programmes. Hence let us look at the programmes in this section. There are several programmes that were implemented and are being implemented like the Swarnajayanti Gram Swarajgar Yojana (SGSY), Sampoorna Gramin Rojgar Yojana, Rehabilitation of Bonded Labourer's, Drought Prone Area Programme (DPAP), Swarna Jayanti Sahari Rojgar Yojana (SJSRY) several housing programmes etc. We will discuss some of these programmes of poverty alleviation.

3.1 Gram Swarajgar Yojana (SGSY)

The scheme named 'Swarnajayanti Gram Swarajgar Yojana' came into existence on 1st April, 1999. It is a centrally sponsored scheme and it is jointly funded by the Govt. of India and the State Government in the ratio of 75:25. There are various programmes which were in operation in the rural areas till the end of 1998-99, they were Integrated Rural Development Programme (IRDP), Development of Women and Children in Rural Area (DWCRA); Training of Rural Youth for Self Employment (TRYSE); Supply of Improved Toolkits to Rural Artisan's (SITRA), Ganga Kalyan Yojana (GKY) and Million Well Scheme (MWS) etc. These programmes it was realized were not sufficient to remove the poverty level in Odisha in a coherent manner. For this reason these programmes were merged into a single scheme called 'Swarnajayanti Gram Swarajgar Yojana'.

Its objective is to bring the assisted poor families (Swarozgaries) above the poverty line by ensuring appreciable sustained level of income over a period of time i.e. increasing the income level of families (Swarozgaries) above the poverty line (with income of Rs. 2,000/- p.m. in three years by providing them income generating assets through a mix bank credit and Govt. subsidy (Govt. of India, Ministry of Rural Development and Economic Survey, 2008-09, Government of Odisha, p.8/4).

The Scheme helps the rural poor through the Self Help Groups (SHGs). It emphasizes skill development through well designed training courses. It also provides for marketing of the goods produced by the Swarnajayanti Gram Swarajgar Yojana Swarozgaries. It gives importance on the vulnerable groups among the rural poor. During the 2003-04, its target was to assist 54,348 Swarozgaries, but it has assisted 59,289 Swarozgaries. During 2006-07, 68,687 Swarozgaries have been assisted under Swarnajayanti Gram Swarajgar Yojana

scheme against the target of 66,250 Swarozgaries in Odisha. During 2007-08, the target of SGSY programme was to assist 81,656 Swarozgaries but it has succeeded to assist 87,171 swarozgaries under the scheme which showing an achievement of 107 per cent (Government of Odisha, Economic Survey, 2007-08, p,8/4). The State Government has encouraged self-help groups (SHGs) and it has described it as an important tool for removal of poverty particularly for women living below the poverty line. The Swarnajayanti Gram Swarozgar Yojana mainly concentrates on those exploited groups in the rural areas who have been deprived. In the 2000-01 Economic Survey we find that the Swarnajayanti Gram Swarozgar Yojanawasto cover at least 50% beneficiaries who belong to the Scheduled Castes and Scheduled Tribes etc.

In October, 1999 Odisha had faced a critical situation, a Super Cyclone had devastated the rural economy in 14 districts. The worst hit districts were Ganjam and Gajapati districts. In these 2 districts and also other coastal districts the economic condition of the people was terrible. To tackle this situation, a number of individual oriented schemes were implemented in these districts. For this reason the total expenditure during 2000-01 upto 04.11.2000 under Swarnajayanti Gram Swarozgar Yojana was Rs.6.84 crore (Govt. of India, Economic Survey, 2000-01). In the Gajapati district the percentage of women Swarozgaries was 67% and 5% in the Nawarangpur district.

3.2 Sampoorna Gramin Rojgar Yojana

Lack of employment is one of the main reasons for rural poverty. The Sampoorna Gramin Rojgar Yojana came into existence with effect from 25th September, 2001 for the reduction of unemployment in rural areas. The two wage employment generating schemes, namely JGSY (the Jawahar Gram Samiridhi Yojana) and EAS (Employment Assurance Scheme) have merged with Sampoorna Gramin Rojgar Yojana scheme which is a centrally sponsored scheme with funding pattern of 75:25 of the cash component between the Central and the State. The main aim of this programme is to provide additional wage employment in all rural areas and thereby provide food security and improve nutritional levels. There is another objective of this programme i.e. the creation of durable community, social and economic assets and infrastructural development in rural areas. Its programme strategy is 5% of the fund and food grains under the Sampoorna Gramin Rojgar Yojana will be kept in the Ministry for usage in the rural areas affected by Super Cyclone and flood affected.

During 2006-07, the Scheme was used in 11 (eleven) districts; Angul, Balasore, Baragarh, Bhadrak, Cuttack, Jagatsinghpur, Jajpur, Kendrapara, Khurda, Nayagarh and Puri. In 2006-07, the target of man day's employment was 183.60 lac but it created 183.61 lac man days employment. The expenditure in these circumstances was Rs.132.23 crore and it showed 100% achievement (Government of Odisha, Economic Survey, 2007-08, p. 8/5). During 2007-08, the scheme was used in 6 districts i.e. Cuttack, Jagat Singhpur, Kendrapara,

Khurda, Nayagarh and Puri. In 2007-08, the target of man day's employment was 88.27 lac but it created 74.17 lac man days employment. The total expenditure in this field was Rs. 68.65 crore and it showed an achievement of 84%. When Odisha was in a bad condition, the programme helped the rural landless agricultural labourers through the supply of food grains (Government of Odisha, Economic Survey, 2008-09, p.8/6).

Though Sampoorna Gramin Rojgar Yojana programme emphasizes or lays stress on wage employment and food security to poor rural wage seekers, the Government however have given more emphasis on development of village infrastructure like market complexes, village roads with drains and improvement of village water bodies under the title of 'Bazar', Sadak and Pani' (Government of Odisha, Economic Survey, 2008-09, p8/6).

3.3. Biju Gramin Bazar Yojana (BGBY)

Biju Gramin Bazar Yojana has been launched during 2003-04. It creates self-employment through the development of village structure 3,378 shopping complexes have been constructed during 2003-04. During 2004-05, it has been planned to build 15,700 shopping complexes and 314 model tanks/ ponds.

3.4. Gopabandhu Gramin Yojana (GGY)

Gopabandhu Gramin Yojana is a new scheme, which had been launched by the State Government during 2006-07. It provides additional development assistance to the targeted 11 (eleven) districts. They are – Angul, Balasore, Jagat Singhpur, Kendrapara, Khurda, Nayagarh and Puri.

The Main objective of the scheme is to provide additional development funds. It also provides infrastructure facilities like, Bijli, Sadak and Pani to the targeted districts and every revenue village in the identified eleven districts. Government has allotted Rs.10.00 crore per annum for a period of 6 (six) years i.e. from 2006-07 to 2011-12. It has been increased from Rs.10.00 crore to Rs.15.00 crore per district effective from the year 2008-09. Panchayat Raj Department has played an important role for the purpose of administration of the Gopabandhu Gramin Yojana.

Odisha Rural Housing Development Corporation has allotted an amount of Rs.646.59 crore in favour of 1,62,458 cases under different schemes. After 2006-07 no proposal has been sanctioned (Government of Orissa, Economic Survey, 2007-08, p. 8/14).

4. Housing

Like food, cloth, housing is one of the basic necessities for human survival. A house is very important for any normal citizen, because it gives economic security and dignity to a citizen in Society. There are some problems for some of the people who do not get any support to build houses. For this reason the Central Government announced a National Housing and Habitat Policy and its

objective is to provide 'Housing for all' by the end of the Tenth Plan period. The scheme was meant for people in the rural and urban areas, people who live below poverty line. In the rural areas the Housing scheme is implemented by Panchayat Raj Development and in the urban areas the Housing schemes are implemented by Housing and Urban Development Department. Now let us turn to these programmes.

4.1 Rural Housing Programme

There are various programmes which are being implemented in the rural areas, like Indira Awas Yojana Normal and Upgraded and PMGY etc.

Indira Awas Yojana (Normal)

Indira Awas Yojana Scheme was launched during 1985-86 as a sub-scheme of RLEGP, IAY and its sub-scheme was Jawahar Rojgar Yojana (JRY). It is a centrally sponsored scheme funded on cost sharing basis between the Government of India and the State in the ratio of 75:25. The objective of the Indira Awas Yojana is primarily to help construction/ up gradation of dwelling units of members of Scheduled Castes/ Scheduled Tribes, Freed bonded labourers, minorities in the below poverty line category and other below poverty line non SC/ ST rural house-holds by providing them a lump sum financial assistance. The beneficiaries under this scheme are selected by Gram Sabha/ Palli Sabha and houses are constructed by the beneficiaries themselves. During 2003-04, the Target to build houses was 66,026 and the total fund in this field was Rs.135.25 crore, 58,996 houses have been constructed in the state by utilizing Rs.126.36 crore with an achievement of 89 per cent (Govt. of Orissa, Economic Survey, 2004-05, p.8-11). During 2007-08 about 90,627 houses were completed against the target of 1,11,431 houses with an expenditure of Rs.23,371.67 lakh. However the achievement under the IAY (Normal) was 81 Per cent.

Indira Awas Yojana (IAY) (Up Gradation)

During 1999-2000, there are some steps which have been taken to improve the Rural Housing (RH) Programme. The objective of this scheme is to upgrade the kutchha houses to pucca one with fire proof roof. The unit cost of each unit is Rs.10,000/- only.

Additional Indira Awas Yojana (out of 5% allocation for Natural Calamities)

As per this scheme, the Govt. of India has sanctioned 4923 numbers of additional Indira Awas Yojana for Flood victims out of which 5% allocation is earmarked for Natural Calamities victims. By 2006-07, the number of houses completed was 4651 and the total expenditure in this area was Rs.930.51 lac (Government of Odisha, Economic Survey, 2007-08, p,8/13).

Additional Indira Awas Yojana (for Cyclone, Flood victims)

In 1999 the Super Cyclone severely devastated most of the houses and it affected the people severely for this reason, the Govt. of India has allotted 6 lac additional Indira Awas house to Cyclone victims. For the Cyclone victims, Govt. of India has sanctioned Rs. 165 crore to construct the one lac Indira Awas Houses in 24 districts which were affected by the flood in 2001. During 2006-07, the Indira Awas Yojana Schemes have acquired a good result. It shared an achievement of 99.85% (Government of Odisha, Economic Survey, 2007-08, P8/13).

Mo Kudia Yojana

The scheme 'Mo Kudia' has been introduced on 1st April, 2008. Its aim is to provide dwelling houses to the needy rural poor those who are living below the poverty line. It shall also improve the resources under Indira Awas Yojana and increase the availability of housing for the rural poor. As per newspaper reports the achievement under the State sponsored Mo Kudia Scheme in the year 2010-11 is comparatively better than the 2009-10. During the 2009-10 only 223 houses were completed against the target of 28,355 whereas about 4280 houses were completed during 2010-11 against the target of 40,677 with utilization of Rs. 12 crore (Express News Service, July 2010)

5. National Rural Employment Guarantee Scheme

NREGS came into existence in 2005. Its aim was provide for livelihood security in rural areas. The programme came into operation in 19 districts of the state during 2006. The states are Gajapati, Ganjam, Jharsuguda, Kalahandi, Kandhamal, Kendujhar, Koraput, Malkangiri, Mayurbhanj, Nabarangpur, Nuapada, Rayagada, Sambalpur, Sonepur and Sundargarh etc. since 1st April 2007, in 5 districts namely Angul, Baleswar, Bargarh, Bhadrak and Jajpur the NREGA programme is in operation and since 1st April, 2008 the programme was implemented in the remaining 6 districts namely Cuttack, Jagatsinghpur, Kendrapara, Khurda, Nayagarh and Puri etc (Ray, 2010, pp.199). Its main aim is to provide employment opportunities to the rural households by guaranteeing at least 100 days of wage employment in a year. It is used for the upliftment of the poor people from the hunger and distress (GOO, Economic Survey, 2007-08 pp. 8/7). Its other objectives are to provide or generate productive assets, protect the environment, empower the rural women, reduce the rural urban migration and foster social equity (AICTE, 2009, pp.2). The NREGA provides the necessary safety-net for job seeking rural poor. The main features of NREGA are:

- 100 days unskilled wage employment to a rural family in a financial year
- Equal wage for men and women
- Ban on contractors and labour displaying machines

- Participatory planning and identification of works through panchayat
- Payment of wage on weekly basis but not later than 15 days
- If it fails to provide work to job seeker within 15 days of application unemployment allowance will be provided to the job seeker
- Social audit by Panchayat / Gram Sabha
- The participation of Panchayati Raj Institutions (PRIs) in planning and execution of NREGS works
- Registration and providing the Job Card in Gram Panchayat (GOO, Economic Survey, 2008-09, pp.8/8)

The Gram Panchayats therefore play a pivotal role for the implementation and execution of this programme. Since 2009 NREGA which was later renamed as MGNREGA like the other wage employment programme it has generated employment for the poor rural households but only for about 35 to 40 days of wage employment during 2007-10. However it is found that during 2006-07 the performance of MGNREGA in 19 districts was comparatively better. During this period the average days of employment that had been provided to the poor wage seeking households was 35 to 40 days which was lesser than the previous years. It is also found that out of the total registered households about 90 per cent have been issued job cards. During 2007-08 in 24 districts 48.95 lakh households have come under the programme out of which 42.69 lakh job cards were issued (Meher, Padhi, 2010, p. 85).

When the programme was implemented in 19 districts of Orissa in 2006-07, it is seen that about 14.07 lakh (54.26 per cent) households had demanded employment under the MGNREGA and interestingly more than 99 per cent of them were provided wage employment under the programme. But during 2009-10 the picture was different. In these years in 30 districts only 14.13 lakh households had demanded employment under the programme and 99 per cent of them could be given employment for about 40 days during the year. So it can be said that though there is poverty and lack of employment opportunity the programme has failed to attract the wage seeking households in large numbers in recent years (Meher, Padhi, 2010, p.86). During 2008-09 Ganjam district (59.94 days) recorded highest average days of employment generated per household and the lowest was in Puri district (10.92 days).

Though MGNREGA has been implemented to reduce the acute poverty of the poor in the rural areas by providing minimum 100 days of wage employment to every wage seeker but it has failed to provide the desired outcome. There are several reasons for the failure of this programme till the year 2010. It has been found that:

- i) Projects at the village /GP level are not planned properly

- ii) Though the job cards are issued to every wage worker family to generate at least 100 days of wage employment but the problem relates to the design of the job cards, their distribution and maintenance. The job cards should be reader friendly and maintained properly (AICTE, 2009, PP. 3).
- iii) Many poor people do not want to work under MNREGA programme because of unusual delay in payment of wage
- iv) Lack of adequate administrative and technical manpower at the block and GP levels. For this reason it has hampered the preparation of plans, scrutiny approval monitoring, and measurement of works and maintenance of stipulated records at the block and GP level.
- v) Many people are not aware about their entitlements under NREGA such as work on demand, unemployment allowance, worksite facilities, and minimum wages and so on. So it is necessary to make them aware about their entitlements under NREGA otherwise the demand-driven nature of NREGA will be weakened.

6. Assessment of Poverty Alleviation Programmes in Odisha

Kishore C Samal in one of his article is of the opinion that development is not enough to reduce Chronic Poverty and hunger in Odisha. There are various rural development programmes which are in operation in Odisha like IRDP, JRY, IAY, MWS, EAS, GKY, DWCRA, TRYSEM, DPAP, DDP, RWSS, NSAP but the poor have not got any fruitful result of these programmes. There are flaws in the implementation of these programmes. Most of these programmes have failed to reach the correct beneficiaries. There is another reason for the bad implementation of these programmes and these are; the leakages of benefits and inflation of mandays of employment generated. To him there is one more reason which is responsible for this-the absence of structural change in society. In Odisha the KBK districts is considered as a mostly backward and poverty stricken areas. To remove poverty in this region the State Government has launched Revised Long Term Action Plan during 1998-99 in consultation with the Govt. of India. Since this is an important programme hence let us discuss the RLTAAP programme in Odisha in brief.

The Revised Long Term Action Plan was launched by the state government in consultation with the Govt. of India in 1998-1999 for the speedy development of the KBK districts. The undivided districts of Koraput, Bolangir, Kalahandi (KBK) is considered as one of the most backward areas in Odisha. They suffer from multi-faceted backwardness. So the RLTAAP has been adopted since 1998-99 to remove disparities in these districts. It has eleven components which are agriculture, horticulture, watershed Development, Affore station, Rural Employment, Irrigation, Health, and Emergency Feeding, Drinking water supply, Rural Connectivity and welfare of the ST/SC etc. The objective of this

RLTAP is several like droughts proofing, speeding up the socio-economic development of this region, poverty alleviation and improved quality of life. RLTAP envisaged a total outlay of Rs.6251.06 crore over a period of 9 years from 1998-99 to 2006-07. The funds were to be utilized for the development of all these components. In spite of this the percentage of families living below the poverty line still remains the same. Not only that, it has shown an increasing trend.

The Special Area Development Programme i.e. RLTAP has been implemented in all the eight districts of undivided KBK districts. The eight districts are Kalahandi, Nuapada, Bolangir, Sonepur, Koraput, Malkangiri, Nawarangpur and Rayagada etc. These districts are the most underdeveloped and the most backward districts with perpetual poverty. There are some indicators of these districts for that reason KBK region is regarded as the most backward and under-developed districts. The indicators are low level of literacy rate and female literacy rate, high morbidity on account of under nutrition, endemic malaria and other local diseases, scarcity of food, starvation deaths, lack of awareness about the use of family planning methods etc.

About 82.60 percent of families live below the poverty line in KBK districts as per the 1992 census, which was conducted by Panchayati Raj Department, Government of Orissa. For the development of KBK districts different departments of the state Government are implementing several developmental and welfare oriented programmes/schemes. These are watershed Development Project, Rural Electrification, infrastructure, health, rural development, tribal development etc. Its fund is to be shared between the central government and the state government in the ratio of 86.6% and 13.4%. The programme has different activities like dairy and backyard poultry. The objective of this programme is to increase the income source of rural households so that they can improve the quality of life of the people. The state government has been allocated 1008.84 lakhs during the financial years 2002-03, 2003-04, 2004-05 and 2005-06 for utilization under different activities in the KBK region under the plan.

The Kalinga Centre for Social Development of KIIT conducted a study and found (nd) that the scheme was implemented in all districts of the KBK region in a top-down and target oriented manner. The beneficiaries of these programmes are those people who have cows and buffaloes. For their treatment they need Veterinary Dispensaries/ Livestock Aid Centres. But lack of infrastructure facilities did not provide health care services to the livestock owners. The organization found that there are a number of VDS/ LACs that are functioning in rented houses in KBK districts but the buildings are not well structured. And they are not suitable for treatment centre. It was observed that among the districts Nawarangpur district spent the highest percentage of its funds for the construction of LACs. The least amount has been utilized in Bolangir district.

Veterinary health camps have been organized in different health, deworming, heat induction camps in KBK districts under RLTA programme. The main aim of these camps is to provide facilities to the beneficiaries for health check-up, investigation, treatment, deworming and supply medicines for infertility of the animals at their localities. The allocation of funds for these camps was 100%. Though there are some disparities in the district wise allocation of funds. In this field Koraput have got the highest amount of allocation while the Nawarangpur district have got the least amount of financial allocation.

These camps helped the beneficiaries a lot even though the percentage of attendance of the beneficiaries in different camps was not equal. But most of the beneficiaries were in favour of frequent organization of camps. For the continuation of these camps they conducted training programmes for SHG members and unemployed youth as Pashupalan Sahayak so that the beneficiaries can get the opportunity about animal health, check-up investigation, type of disease of the animals, vaccination, animal feed for enhancement of milk production etc. But the percentage of attendance of the beneficiaries in the training camps was very poor because of lack of communication and awareness of the beneficiaries. In most of the districts like Rayagada, Nawarangpur, Malkangiri, Subarnapur and Kalahandi they do not take part in any training camps. From the animal sources milk is used for the purpose of trade. OMFED i.e. Odisha State Co-Operative Milk Producers Federation have worked in this field. They used it in the domestic markets as branded, packed liquid milk as well as milk products.

The RLTA programme has given more importance on institutional development in KBK districts. Ninety two VDS and of LACs have been constructed during the year 2002-06 for the expansion of the animal husbandry of farmers. The department of animal husbandry has been shifted from animal health care services for the prevention and control of animal diseases.

The study by the Kalinga Centre for Social Development also found that there are some problems of implementing agency and service provider. They focused on the guidelines, allocation of funds, utilization of funds etc. They have found that lack of clear guidelines is one of the problems in this programme. Most of the beneficiaries are deprived from the benefits from of the scheme due to inadequate resources. The expenditure for the construction of LAC building is quite low in all the districts. In the camps the supply of medicine is very limited. Though there are various problems in the implementation of the scheme of RLTA but it has been reported by most of the beneficiaries that the programme RLTA is satisfactory. The KIIT have given some suggestions in the implementation of RLTA programme on the basis of some relevant primary and secondary data. They have given more reliance on the development of dairy and poultry in the KBK districts. The following suggestions were made:

- i) Release of funds need to be at regular interval
- ii) Adequate modern instruments and medicines should be provided for different diseases
- iii) Adequate number of vehicle should be provided at the field level for morbidity in remote areas
- iv) More and more number of new Milk Producers Cooperative Societies needs to be formed in the remote areas and the existing one needs to be expanded in order to increase the market accessibility as well as collection of milk
- v) A good number of staff is to be provided for better delivery of services at the doorstep of the farmers

The New Indian Express in 2008 however noted that the Revised Long Term Action Plan for the eight KBK districts has failed (The New Indian Express, Nov, 2008). Though the state government has tried to improve the socio-economic condition of the rural poor through the Revised Long Term Action Plan but a quarter of the beneficiaries it is a complete failure. There are no noticeable changes seen in the KBK region. The programme has failed in the KBK region due to corruption and maladministration which was shown in drought-proofing works. The watershed project was not fully implemented. There are some records which show that implementing agencies have failed to provide one time meal ranging from 28 days (Nawarangpur district) to 186 days (Kalahandi district) per annum. The quality and quantity of food was very bad and almost 38 percent beneficiaries were not satisfied with them. There are some villagers in this region who have migrated from one place to another due to lack of employment opportunities (Patro, Nov, 2008).

It is from The Indian Express dated Feb 21, 2004 we come to learn that there is low utilization of RLTA Funds in the KBK region. It is reported that out of a total allocation of Rs.377 crores only 111 crores has been spend by the state government of Orissa which is less than one third allocation for the financial year 2003-04 (Dash, Social Change, June 2007, Vol. 37 No.2).

Health and medical facilities in the KBK districts is very poor. There are many medical and health posts that had remained vacant. So it can be said that shortage of doctors remains a major problem in the region. The KBK districts are malaria prone. State Government is trying their best to wipe out this disease and also diarrhea or water borne disease. Two more health related problems are seen in the KBK districts i.e. malnourishment and anemia (Social Change, June 2007, p. 90).

Kalahandi district is one of the poverty stricken districts. Cholera often spreads in this district. Hunger still remains a major concern in this district. A newspaper

report reveals that many of the tribal people in Kalahandi district do not have food all through the year and are compelled to eat poisonous mango kernel in order to meet hunger. In this district the monthly per capita expenditure for the Scheduled Tribes has declined in the state whereas the monthly per capita expenditure of scheduled castes has increased. As a result it is found that the deprived have become more deprived in Orissa (Express News Service, 15th July 2010). Government has failed to provide adequate potable drinking water facilities, lack of medical facilities and communication network in the remote areas. The people of this region especially various tribal communities suffer from high morbidity due to under nutrition (Frontline, Jan, 12, 2007, p.44). These starvation deaths shook the conscience of the nation. It still remains a serious concern in the KBK districts. Crores of rupees are spent on poverty alleviation and development schemes but poverty have not disappeared from this area/region (The New Indian Express, 16th May, 2012). The newspaper reported that it is well known to all where the money disappeared. Lot of money was spent on development but the schemes are not implemented due to corrupt politicians, officials and contractors. As a result the region becomes poorer than it was in 1980. The developmental and welfare schemes cannot improve the condition of the poor people in this region and change the situation which they face in everyday life (The New Indian Express, 11th Sep, 2009). Not only that, the communication system is a major constraint. For that reason the people of this region cannot have access to markets, health care and educational opportunities or institutions (Frontline, 12th January 2007, p.45).

Though the Government has implemented so many development policies but the policies alone is not enough. It needs proper and appropriate follow-up action/execution. It is also to be pointed out that lack of awareness among the people in the KBK region about the government schemes or programmes is another reason for the backwardness of this region. This can be eradicated by increasing the levels of 'functional literacy' and educational opportunities (Social Change, June 2007, p.92). So it can be said that the Government has tried to perform well for the upliftment and development of the people in the KBK districts specially the disadvantaged groups (Scheduled Castes and Scheduled Tribes) but for some reason the development of the people in the KBK districts still remains a dream. The reasons are lack of dedication, sincerity, integrity, on the part of the officials and official/staff absenteeism etc. (Social Change, June 2007, p.89).

From the above discussion it can be said that the State Government has tried to reduce poverty through a number of poverty alleviation measures in collaboration with the Government of India and its own. Though it can never be denied that poverty has declined in the state inspite of these we find till now poverty remains a serious issue in the state especially in the underdeveloped region. Government has implemented so many programmes but whether it

reaches the grassroots level or not government should look after this matter. Many people in the backward region are unaware about the Government programmes. So awareness campaign in rural areas is must. And the Government must look after the proper execution and implementation of these programmes so that the poor people can get all facilities which are mostly essential and the Government programmes must reach every nook and corner of the state.

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