

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

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(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.